

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): VA-505 - Newport News/Hampton/Virginia Peninsula CoC

CoC Lead Organization Name: Avalon: A Center for Women and Children

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

Instructions:

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

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

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

Name of primary decision-making group: GVPCCC Task Force on Homelessness

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 73%

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

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

Specify "other" process(es):

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

There is an open invitation throughout the region for individuals and agencies to join the Greater Virginia Peninsula Continuum of Care (GVPCCC) Taskforce on Homelessness, which encompasses six political jurisdictions. Interested agencies and individuals pay \$20 annual dues, volunteer and are assigned to work on committees, participate in educational opportunities, receive weekly eblast news announcements, and perform work required in committees. This process was established to encourage community-wide participation and inclusion. City departments and State agencies also appoint staff representatives to the Task Force who work on committees and participate in events and general membership meetings.

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

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

Specify "other" process(es):

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

If these funds were to be available, the Task Force would pursue establishing a 501(c)3 organization, which would allow it to apply for additional funding available from other resources as well as establish itself as Lead Entity to distribute federal grants to other regional organizations.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Program Monitoring Committee	Provides year-round monitoring of HUD-funded homeless projects, sets annual project prioritization efforts, informs providers of submission requirements, coordinates the non-conflicting review panel, and ensures all projects adhere to HUD policies and procedures.	Monthly or more
HMIS Committee	Provides oversight and guidance on issues related to the implementation of the Homeless Management Information System. Ensures that HMIS users meet the established Standards of Care. Review data quality reports monthly and work towards an open system of shared, non-confidential information.	Monthly or more
Mayors and Chairs Commission on Homelessness	Appointed city leadership that collaboratively developed the regional 10-Year Plan to End Homelessness, plans system-wide allocations to homeless services, oversees policy and procedures within each city's homeless service providers, manages the technical assistance provided by the CoC Coordinator, assures that homeless individual and family issues are addressed.	Monthly or more
Coordinated Services Committee	Oversees system-wide coordination among service providers, maintain inventory of specific services, and establish more seamless access to mainstream programs to improve the quality, efficiency, and effectiveness of homeless services.	Monthly or more
Point in Time Committee	Coordinates the PIT count on an annual basis, ensuring the survey forms are complete and updated, the street outreach sites are formed and scheduled, informs the entire homeless service provider agencies to conduct their individual on-site counts, coordinates volunteers, collates data and develops report to the Task Force, cities and funding agencies.	Semi-annually

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

The Point in Time Committee meets several times during December, January and February if each year, coordinating all activities, forms, volunteers and reports related to the Count.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Virginia Employment Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
City of Hampton	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
York County	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
James City County	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
City of Poquoson	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
City of Williamsburg	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
York County Division of Housing	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
James City County Housing Division	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Virginia Employment Commission - VEC	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Avalon	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
ACCESS	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
United Way of the Virginia Peninsula	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
H-NN Community Services Board	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Housing Development Corp. of Hampton Roads	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
LINK of Hampton Roads, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Office of Human Affairs	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Planning Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Salvation Army - Peninsula	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Salvation Army - Greater Williamsburg	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Transitions Family Violence Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
United Way of Greater Williamsburg	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Volunteer Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
HELP, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Menchville House Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Natasha House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Bernardine Franciscan Sisters Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Riverside Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Caroll Prescott, Web Design	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
VA Medical Center - Hampton	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
Mary Immaculate Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Healthcare for Homeless Veterans	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Veterans, NONE
Lackey Free Clinic	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Karen Scott	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE

Peninsula Institute for Community Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
City of Newport News	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Newport News Redevelopment/Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Peninsula Homeless Intervention & Rehabilitation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
PHRI, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
All Nations Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Hampton Redevelopment and Housing Authority	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Project Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Catholic Charities of Hampton Roads	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Foodbank of the Virginia Peninsula	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Peninsula Agency on Aging	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Jeromes Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Paul Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Vincent De Pauls	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

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

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

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

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

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

The only change noted is for seasonal (winter) shelter beds, which rotate between churches for one-week periods from November - March or April each year. Depending on the space available within each participating church, the bed space increases and decreases.

Safe Haven: Yes

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

Six additional individual beds were created by the Hampton-Newport News CSB, all in HMIS.

Transitional Housing: Yes

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

Transitions shifted two of their beds to house individuals without dependents. Salvation Army Williamsburg increased their beds for families by 10 and created six beds for individuals without dependents. Menchville Ministries determined their beds are for individuals without dependents instead of families. HELP increased their beds for families by four. Lily House Corp beds can no longer be counted in the eHIC.

Permanent Housing: Yes

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

CANLINK I now has 52 beds for families and 19 for chronic homeless. ACCESS changed 15/36 beds to be available for individuals. Project Onward (last year's New PH project) added 6 more beds.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC spreadsheet	11/22/2009

Attachment Details

Document Description: eHIC spreadsheet

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 10/01/2009
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
(select all that apply)

Must specify other:

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

Specify "other" data types:

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

Throughout the year, the CoC Coordinator and the Program Monitoring Committee discuss and seek data to estimate the Continuum-wide unmet need. Surveys are distributed and collected, shelter and HMIS data is reviewed, the HUD formula is reviewed and applied where applicable, and the results are shared with CoC members.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: VA-505 - Newport News/Hampton/Virginia Peninsula CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

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

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

Indicate the date on which HMIS data entry started (or will start): 10/02/2006
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: HMIS unable to generate unduplicated count of homeless persons, HMIS is unable to generate data for PIT counts for sheltered persons, Inadequate bed coverage for AHAR participation
(select all the apply):

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

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

CoC plans to do the Shelter PIT Count utilizing HMIS in 2010 although there will remain at least one shelter provider that does not utilize HMIS. CoC is attempting to recruit all agencies onto the HMIS database.

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

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

Organization Name The Planning Council

Street Address 1 130 W. Plume Street

Street Address 2

City Norfolk

State Virginia

Zip Code 23510

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

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

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

Prefix: Ms.
First Name Julie
Middle Name/Initial A
Last Name Dixon
Suffix
Telephone Number: 757-622-9268
(Format: 123-456-7890)
Extension 3002
Fax Number: 757-622-4223
(Format: 123-456-7890)
E-mail Address: jadixon@theplanningcouncil.org
Confirm E-mail Address: jadixon@theplanningcouncil.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	0-50%

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

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

The CoC has a large amount of dedicated DV transitional housing, which exclude them from being included in HMIS. A large percentage of emergency shelter beds belong to the local Rescue Mission, which is not HUD funded and does not participate regularly in the CoC although outreach efforts have been made. This contributes to the low percentage of HMIS participation in year-round emergency shelter beds. The start of HPRP in November 2009 has generated more interest in HMIS and several agencies are in training to use HMIS for all homeless clients so the CoC should see improved bed coverage in 2010.

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	5%	0%
* Date of Birth	2%	0%
* Ethnicity	4%	1%
* Race	3%	0%
* Gender	1%	0%
* Veteran Status	2%	5%
* Disabling Condition	2%	3%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	22%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? No

Did the CoC or subset of CoC participate in AHAR 5? Yes

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

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

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

The HMIS Systems Administrator runs data quality reports and client listings on a monthly basis and distributes them to the users. The HMIS Committee reviews overall quality and performance issues and addresses them immediately.

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

Agency agreements include language that both entry and exit data are recorded and reviewed quickly and accurately.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Never
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Monthly
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Never

How often does the CoC assess compliance with HMIS Data and Technical Standards? Monthly

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

Does the CoC have an HMIS Policy and Procedures manual? No

If 'Yes' indicate date of last review or update by CoC:

If 'No' indicate when development of manual will be completed (mm/dd/yyyy): By September 30, 2009

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Never
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	30	26	4	60
Number of Persons (adults and children)	67	70	10	147
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	198	179	45	422
Number of Persons (adults and unaccompanied youth)	198	179	45	422
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	228	205	49	482
Total Persons	265	249	55	569

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	62	16	78
* Severely Mentally Ill	116	11	127
* Chronic Substance Abuse	147	20	167
* Veterans	98	3	101
* Persons with HIV/AIDS	5	3	8
* Victims of Domestic Violence	53	1	54
* Unaccompanied Youth (under 18)	2	0	2

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

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

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

For volunteers conducting street outreach as well as for shelter and housing providers, a survey must be completed for each person only during the hours of the Point-in-Time count. Client identifiers (i.e. list of names, etc) without completed surveys are not counted. Interviewees record the location, the program name, and allow respondents to self-identify whether they are sheltered or unsheltered and proceed. Questions contained within the Unsheltered and Sheltered surveys are specific about family information, dependents, city of last residence, subpopulation issues such as Substance Abuse, HIV, etc. as well as all demographic information (age, race / ethnicity, gender, etc.) For unsheltered counts, a question is included that asks: Where did you stay last night? This allows the data to be filtered by provider agency, street, car, abandoned building or other locations not meant for human habitation. It also identifies those who report staying in a doubled up situation that does not meet the HUD definition of homeless.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The 2009 point-in-time count demonstrated a slight decrease in the sheltered population count. This can be attributed to the 9-bed increase in chronically homeless beds, as well as the regular coordination of case managers regarding resources and housing opportunities. It is important to note that many of the agencies providing shelter had reached their full capacity at the time of the count, and those that had not are now at capacity. The CoC is constantly working to locate and utilize vacant properties to provide permanent housing for persons on the Peninsula.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *¿A Guide for Counting Sheltered Homeless People¿* at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

For volunteers conducting street outreach as well as for shelter and housing providers, a survey must be completed for each person only during the hours of the Point-in-Time count. Client identifiers (i.e. list of names, etc) without completed surveys are not counted. Interviewees record the location, the program name, and allow respondents to self-identify whether they are sheltered or unsheltered and proceed. Questions contained within the Unsheltered and Sheltered surveys are specific about family information, dependents, city of last residence, subpopulation issues such as Substance Abuse, HIV, etc. as well as all demographic information (age, race / ethnicity, gender, etc.) For unsheltered counts, a question is included that asks: Where did you stay last night? This allows the data to be filtered by provider agency, street, car, abandoned building or other locations not meant for human habitation. It also identifies those who report staying in a doubled up situation that does not meet the HUD definition of homeless. All surveys are collected by the CoC Coordinator and entered into a spreadsheet to develop a full report.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

During this year's Point in Time count, it was revealed that there were increased numbers of households both with and without dependent children as emergency shelters and transitional housing programs were at, or very close to, maximum capacity. Many residents were unable to move on to self-sufficiency due to long term unemployment barriers. Throughout the various subpopulation data, it was revealed that each category except for Domestic Violence had a significant decline in 2009. This can be attributed to an increase in supportive housing units that were developed as well as a better system of reporting data. By improving both the surveys to collect sheltered data and training volunteers, better data was collected at each site. Only completed survey forms for each individual and household were reported instead of assumptions made by homeless assistance providers. The number for Domestic Violence victims increased only by one, not signaling any significant change to this sheltered population.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
 (select all that apply)**

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

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

All surveys of sheltered clients are collated and entered into a spreadsheet while client identifiers are reviewed to identify any duplications. During this process, the question 'Where did you spend last night' allows the CoC Coordinator to verify that responses meet the HUD definition of homeless and are confirmed by each shelter provider agency. This information is also used to report to local jurisdictions for Continuum-wide planning and resource allocation purposes.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	X

If Other, specify:

Instructions are distributed and explained through the email listserve, the Taskforce on Homeless website and through direct phone contacts.

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Each survey is reviewed for accuracy and all data is entered into a spreadsheet. Those persons interviewed are given unique identifiers based on their initials and partial SSN. The unique identifier, along with the descriptive information within the survey, can assist the PIT Committee to identify any duplicative surveys. In addition, the response to the question 'Where did you spend last night' allows for filtering of persons and families not meeting HUD's definition of homeless. This information is reported to each jurisdictions Council and City Leadership to further plan and allocate appropriate resources.

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

1. Initiate regional Prevention Resources Team (PRT)
 - a. Identify major prevention/ intervention funding sources and agencies
 - b. Collate regulations and limitations of each source or entity
 - c. Create tool for regular reporting of utilization of prevention funds
 - d. Analyze gaps and utilization

2. Develop skill-based curriculum targeting areas of vulnerability: home care, budgeting and money management, employment interview skills, etc.

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

Local jurisdictions have PATH mental health and other outreach workers who regularly go into streets, woods, and other known habitats to engage individuals. The individuals are brought into services through a formal intake process unless they refuse. All individuals are offered assistance of some sort and re-engaged if they choose to remain on the streets or in other places not meant for human habitation. Outreach conducted in emergency shelters also allows for information to be gathered as to known locations of homeless persons out of care.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The 2009 point-in-time showed no significant changes in the unsheltered population. The majority of the CoC's unsheltered population are found in known places such as parks, bridges and walk-in service programs and are familiar with service providers. Our member agencies constantly engage the unsheltered population through outreach. They work to build relationships of trust and continue to offer housing solutions when available.

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Hampton-Newport News CSB Project Onward program will place 9 more chronic homeless within the next 12 months. In addition, a Hampton-Newport News Community Services Board permanent housing program, Dresden Apartments, which was funded through a tax credit program, will house up to 8 chronic homeless individuals this next year.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The CoC will continue to utilize agencies with prior chronically homeless housing experience such as the Hampton-Newport News Community Services Board and LINK of Hampton Roads. The CSB has continually increased permanent housing for chronic homeless by transitioning Safe Harbors clients to new housing. The CoC has used the Samaritan Initiative (now the Permanent Housing Bonus) to create new beds and will continue in this manner.

How many permanent housing beds do you currently have in place for chronically homeless persons? 83

How many permanent housing beds do you plan to create in the next 12-months? 17

How many permanent housing beds do you plan to create in the next 5-years? 40

How many permanent housing beds do you plan to create in the next 10-years? 70

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has exceeded the threshold of 77%, and will maintain it by utilizing the long term plan described below.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has partnered with the City of Newport News to utilize a Housing Broker Team. This team, which is a national best practice, engages landlords of affordable property who are willing to provide housing to homeless households who face various housing barrier. The CoC also coordinates an inter-agency case management working group that meets bi-weekly to discuss clients and select the best housing and services options available for them within their resources. The CoC believes that addressing client issues through case management and housing has been the driving force in meeting the objective to remain in housing.

What percentage of homeless persons in permanent housing have remained for at least six months?	88
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	90
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	95
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	98

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has exceeded the threshold of 65%, and will continue to maintain it by utilizing the long-term plan described below.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has implemented monthly housing provider trainings on various topics of importance to assist case managers in growing their clients independence. Each transitional housing agency has agreed to provide intensive life skills training and case management to clients at so they can obtain independent living in permanent housing.

What percentage of homeless persons in transitional housing have moved to permanent housing? 80

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 82

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 90

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 95

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has exceeded the threshold of 20%, and will continue to maintain it by utilizing the long-term plan below.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC is comprised of several employers, such as the Virginia Employment Commission, whose representatives work with homeless agencies to secure employment for clients. Case Managers on staff also work with area businesses to recruit potential employers for clients, and at times provide part-time employment (clerical duties, maintenance work) for clients alongside agency staff. The CoC is also working with local schools to implement a skills-based curriculum targeting vulnerable areas including interview techniques, money management and home care. Case managers continuously work to ensure the appropriate evaluation of skills and abilities of clients in order to locate employment opportunities prior to exit. The U.S. Department of Veterans has implemented vocational rehabilitation and retraining programs for veterans through the Wounded Warrior and other initiatives.

What percentage of persons are employed at program exit? 37

In 12-months, what percentage of persons will be employed at program exit? 25

In 5-years, what percentage of persons will be employed at program exit? 35

In 10-years, what percentage of persons will be employed at program exit? 50

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

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

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The Housing Broker Team will work within the City of Newport News to rapidly house families with children who are homeless and provide them with housing support to assist with stabilization for several months. The CoC will also partner with jurisdictions receiving HPRP funding to prevent families from becoming homeless in the first place. Federal HPRP funds were awarded to Newport News, while State funds were awarded to all six jurisdictions that will allow for a regional program serving families needing prevention and rapid re-housing assistance, as well as other support. Malachi House will offer 14 transitional housing beds to female veterans who may have children.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The recent awards of HPRP money will prevent families who are at risk of homelessness from actually losing their housing and this will have an impact on the resources needed to re-house and serve those who are currently homeless. The CoC plans to expand upon the newly developed Housing Broker Team that is currently launching in Newport News only and offer this best practice program to rapidly house families throughout the Greater Virginia Peninsula. The Newport News Department of Human Services will continue to staff local shelters to quickly identify and respond to households with children. The CoC has also directed all agencies to utilize a state-wide database, VirginiaHousingSearch.com, which provides a listing of affordable housing in each jurisdiction with multiple options for their clients.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 60

In 12-months, what will be the total number of homeless households with children? 50

In 5-years, what will be the total number of homeless households with children? 40

In 10-years, what will be the total number of homeless households with children? 30

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Virginia Department of Social Services (VDSS) established a service plan policy for children with legal goals of Independent Living. Policies and procedures are outlined in the foster care policy manual. Local Departments of Social Services (LDSS) Social Workers are required to develop a Transitional Living Plan to submit with the Foster Care Service Plan for children with the goal of Independent Living which specifically outlines how the child will learn to house, feed and economically support himself and what LDSS services are needed for a successful transition to adulthood.

Health Care:

Discharge Planning staff in area hospitals and free clinics working within the GVPCCC have established region-wide practices based upon protocols previously established with CANDII around HIV/AIDS discharges. The homeless provider agencies are working with ACCESS Partnership, a regional non-profit that advocates for healthcare for low-income and uninsured individuals, to develop a more formalized approach to comprehensive health care access and referrals.

Mental Health:

Virginia Department of Behavioral Health and Developmental Services (DBHDS) has long-established discharge planning policy and protocols 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 the regional state hospital and local medical centers to meet weekly with care coordination team at the hospital, plan for discharge, and coordinate housing & services upon approval for discharge. Housing placement is a required field in the individual discharge plans.

Corrections:

State and Federal prisons have protocols in place and transition teams to assist with housing for inmates upon discharge. Formal protocols are still in early stages of development. A local Sheriffs Department participated in the 10-Year Planning forums and discussed the need to establish a working group on this issue as well as housing needs.

3C. Continuum of Care (CoC) Coordination

Instructions:

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 existing homeless systems 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.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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

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

More effectively prevent people from becoming homeless in the first place

Move people into Housing First models rather than costly and ineffective emergency shelters

Stop discharging people into homelessness, especially from correctional facilities

Emphasize and focus on permanent solutions using best practices

Create innovative and effective partnerships that share information and assist one another to identify the best solutions to a problem

Implement a regional data collection system throughout the Peninsula

Emphasize regional cooperation and collaboration of plans, processes, and resources

Increase the supply of permanent supported housing

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

Shortly after the HPRP program was announced, an interactive meeting to review the HPRP program and solicit input for prioritization of this assistance was held on April 15, 2009 with CoC members who are key, longstanding providers of assistance to individuals and families. The CoC Coordinator was also appointed to the HPRP Steering Committee. The City of Newport News received a federal entitlement allocation while the CoC applied for, and was awarded, additional funds from the balance funds for the State of Virginia that would allow for direct assistance in the other 5 jurisdictions. The utilization of these funds, and subsequent provider allocations and trainings, are coordinated collaboratively with the CoC general membership and Program Monitoring Committee. All subgrantees of the HPRP awarded grants - both Entitlement funds and State funds - are members of the CoC and must maintain good standing in the CoC to receive funds. A bi-weekly coordination team has also been put in place to ensure collaboration within the Peninsula is maximized for all clients who are offered assistance as well as referrals. HMIS has increased user licenses for more agencies across the CoC so that clients seeking assistance within each jurisdiction can access HPRP.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Shortly after the ARRA was announced, several meetings began to discuss initiatives and changes to programs such as NSP, HUD VASH and other programs. Utilization data and updates of ARRA programs are announced at the monthly general membership meetings by the agencies that received the various funds so that providers know how to appropriately access and refer to the programs. The Veteran's Affairs representatives regularly update and provide data to the CoC on all VASH and supportive housing programs within the region.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	292	Beds	15	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	80	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	75	%	80	%
Increase percentage of homeless persons employed at exit to at least 19%	40	%	37	%
Decrease the number of homeless households with children.	300	Households	60	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The HUD awarded programs CANLINK III and Project Onward equalled only 15 new beds that were added to the inventory designated specifically for chronic homeless. In the employment sector, the economy has affected everyone, including clients with less skills that face difficulties in securing ongoing and sufficient income. Although not far from the proposed achievement, the CoC is still working to overcome employment obstacles and link clients to needed job trainings and opportunities. The target to decrease homeless households with children was set high as the Rapid Re-housing program within the CoC was expected to be launched and provide funding to significantly re-house families with children. This program is expected to launch in the City of Newport News in November 2009. Policies regarding housing youth and males has also changed this past year, which affects the success rates of DV families. Additional governmental support and funding has increased the support and collaboration amongst providers to ensure successful outcomes for clients, even if it means they stay in shelter longer to achieve self-sufficiency.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	378	49
2008	247	58
2009	78	83

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$5,050				
Total	\$5,050	\$0	\$0	\$0	\$0

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

The number of beds named for the chronically homeless in previous years included non-HUD funded agencies that housed single individuals, only some of whom were chronic, and thus the number was inflated. Currently, the CoC has 83 beds that are officially designated for the chronically homeless with 17 more to be created in the next twelve months. In 2007 and 2008, the COC had 49 and 58 HUD-funded CH beds, respectively. The CoC has focused on developing CH beds with Samaritan Initiative funding over the past several years and thus increased the amount of beds for chronic homeless individuals.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

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 permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	58
b. Number of participants who did not leave the project(s)	114
c. Number of participants who exited after staying 6 months or longer	38
d. Number of participants who did not exit after staying 6 months or longer	77
e. Number of participants who did not exit and were enrolled for less than 6 months	34
TOTAL PH (%)	67

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	5
b. Number of participants who moved to PH	4
TOTAL TH (%)	80

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing 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 all projects within the CoC.

Total Number of Exiting Adults: 63

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	12	19	%
SSDI	5	8	%
Social Security	1	2	%
General Public Assistance	1	2	%
TANF	2	3	%
SCHIP	2	3	%
Veterans Benefits	4	6	%
Employment Income	21	33	%
Unemployment Benefits	1	2	%
Veterans Health Care	0	0	%
Medicaid	4	6	%
Food Stamps	16	25	%
Other (Please specify below)	3	5	%
Medicare, Alimony			
No Financial Resources	6	10	%

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

**Does CoC have projects for which an APR Yes
 should have been submitted?**

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

Instructions:

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

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

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

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

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

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

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

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

The Program Monitoring Committee meets monthly to review and monitor program performance, address weaknesses and collaboration, and work towards overall systems improvement.

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

If "Yes", indicate all meeting dates in the past 12 months.

October 21, 2008
November 18, 2008
January 21, 2009
February 17, 2009
March 17, 2009
April 21, 2009
May 19, 2009
June 16, 2009
July 21, 2009
August 18, 2009
September 15, 2009
October 20, 2009

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Quarterly

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

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

Food Stamps, SSI, SSDI, TANF, Veterans Health, SCHIP, Medicaid, Medicare, General Public Assistance.

Has the CoC participated in SOAR training? Yes

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

August 27 - 28, 2007
February 14 - 15, 2006
December 1 - 2, 2005

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Outreach workers and case managers survey clients at intake and over the course of their contact to evaluate clients eligibility for mainstream benefits.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Food Stamps, SSI, SSDI, TANF, Social Security	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Outreach workers and case managers provide client follow-up and record all benefits and household status.	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	<p>Yes</p>
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<p>No</p>
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<p>Yes</p>
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	<p>No</p>
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	<p>No</p>
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	No
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	No
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
CHAP Peninsula	2009-10-20 16:40:...	1 Year	CANDII, Inc.	272,097	Renewal Project	SHP	PH	F
CANLINK I	2009-11-18 17:06:...	1 Year	LINK of Hampton R...	323,934	Renewal Project	SHP	PH	F
CANLINK III	2009-11-16 16:54:...	1 Year	LINK of Hampton R...	80,359	Renewal Project	SHP	PH	F
Avalon Next Phase...	2009-10-26 21:00:...	2 Years	Avalon: A Center ...	114,893	New Project	SHP	PH	P1
Safe Harbors	2009-10-28 15:29:...	1 Year	Hampton-Newport N...	287,681	Renewal Project	SHP	SH	F
Peninsula Shelter...	2009-10-20 16:38:...	1 Year	Newport News Rede...	86,784	Renewal Project	S+C	SRA	U
CANLINK II	2009-11-11 14:12:...	1 Year	LINK of Hampton R...	256,582	Renewal Project	SHP	PH	F
ShelterLink Penin...	2009-10-28 09:11:...	1 Year	The Planning Council	54,090	Renewal Project	SHP	HMIS	F
NEXT STEP-SHP	2009-11-20 08:02:...	1 Year	Transitions Famil...	137,852	Renewal Project	SHP	TH	F
Residential Servi...	2009-11-20 16:21:...	1 Year	Avalon: A Center ...	64,454	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$1,477,049
Permanent Housing Bonus	\$114,893
SPC Renewal	\$86,784
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Combined Jurisdic...	11/19/2009

Attachment Details

Document Description: Combined Jurisdictions Certifications