

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.

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

CoC Lead Organization Name: Newport News Department of Human Services

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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

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) 70%

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

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

Specify "other" process(es):

There is an open invitation throughout the region. Interested agencies and individuals pay \$20 annual dues, volunteer and are assigned to work on committees, participate in educational opportunities, receive weekly eblast newsletters, and perform work required in committees.

Briefly describe the selection process including why this process was established and how it works.

The Greater Virginia Peninsula Continuum of Care Council (GVPCCC) Task Force on Homelessness is a regional body comprised of 6 separate political jurisdictions. The Task Force elected the leadership for the Task Force, but the Task Force itself is open to any and all agencies, programs, and individuals interested in working to end homelessness on the Virginia Peninsula. There is no desire to restrict membership in this very vigorous and collaborative entity. The meetings are open and advertised on the GVPCCC website, members discuss joining the CoC with interested parties at any networking opportunity, regional conferences and workshops are advertised with membership discussed at these sessions, members receive weekly emails notifying membership of grant opportunities, fundraising events, new related reports, employment opportunities, program and agency news, links to useful information and tools, etc.

*** 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 HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

If these funds were to be available, the Task Force on Homelessness would be able to work toward more comprehensive project oversight and monitoring to improve continuum wide outcomes as well as develop new initiatives. The Task Force would look into becoming a 501(c)3 organization, which would allow it to apply for additional funding available from other resources. The Task Force would also create a dedicated regional website.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Permanent Housing...	Monthly or more
Coordinated Servi...	Monthly or more
Mayors and Chairs...	Monthly or more
HMIS Oversight Co...	Monthly or more
Ranking and Revie...	Monthly or more
Standards of Care...	Monthly or more

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Permanent Housing & Other Shelter Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works to increase number of affordable housing units in region, reduce regulatory barriers, coordinate more rapid access to permanent housing from shelters and street, maintain inventory of housing, and undertake annual point in time counts.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Coordinated Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works to increase coordination among service providers, establish and monitor standards of care provision, maintain inventory of services, establish more seamless access to mainstream services. Shelter Coordination Assessment Team efforts.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mayors and Chairs Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Helps to create a new, more collaborative way of doing business among providers and localities, establishes more cohesive data collection and reporting, also working to reduce regulatory barriers within localities. Works to create, edit and establish the Ten Year Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Oversight Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Establishes and maintains web-based information services, collects information about homelessness for localities, general public and agencies.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Ranking and Review Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Provides year-round monitoring of HUD-funded homeless projects performs annual site reviews of finances, outcomes and utilization; sets annual project prioritization efforts; informs region of submission requirements; names non-conflicting review panel, reviews hold-harmless levels.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Standards of Care Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To improve the quality, efficiency, and effectiveness of services to homeless persons.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Virginia Cooperative Extension	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Virginia Employment Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
City of Hampton	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
York County	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
James City County	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
City of Poquoson	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
City of Williamsburg	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
York County Division of Housing	Public Sector	Public c ...	Committee/Sub-committee/Work Group	NONE
James City County Housing Division	Public Sector	Public c ...	Committee/Sub-committee/Work Group	NONE
Virginia Employment Commission - VAMC	Public Sector	Local w...	Committee/Sub-committee/Work Group	Veterans
Workforce Investment Act - TNCC	Public Sector	Local w...	Committee/Sub-committee/Work Group	Veterans
Avalon	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
ACCESS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Authoring agency for ...	HIV/AIDS
Center for Child and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
First Call	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Foodbank of the Peninsula	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Greater Virginia Peninsula Continuum of Care Council				COC_REG_v10_000503
Hester House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
H-NN Community Services Board	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Authoring agency for ...	Substance Ab...
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
United Way of Virginia Peninsula	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Volunteer Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Warwick SRO/Community Housing Partners	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
HELP, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Faith for Living Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Paul's Episcopal Church	Private Sector	Faith-b...	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

Greater Virginia Peninsula Continuum of Care Council			COC_REG_v10_000503	
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	NONE, Veterans
Lackey Free Clinic	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Riverside Hospital - First Call	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Consortium of Free Clinics	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Peninsula Institute for Community Health	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Lynne Finding	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
James Greene	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Karen Scott	Individual	Homeles..	None	NONE
Peninsula Institute for Community Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
City of Newport News	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Newport News Redevelopment/Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
City of Hampton Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Newport News Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Gloucester Matthews Clinic	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

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

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

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

Several emergency shelter programs closed.

Safe Haven Bed: Yes

Briefly describe the reasons for the change:

Additional six individual beds opened.

Transitional Housing: Yes

Briefly describe the reasons for the change:

New program under development.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Additional nine individual beds opened.

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	VA-505 HIC	09/30/2008

Attachment Details

Document Description: VA-505 HIC

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/24/2008
(mm/dd/yyyy)

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Housing inventory
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

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

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

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

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
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

CoC plans to do the Shelter PIT Count on HMIS this year. CoC is attempting to get all agencies in the system.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement De...	09/26/2008

Attachment Details

Document Description: HMIS Agreement Details

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

Enter the name and contact information for the HMIS Lead Organization.

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

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

Prefix:

First Name Julie

Middle Name/Initial

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:

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

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	76-85%
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	65-75%

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

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

Over 40% of our transitional housing and emergency shelter beds are DV, which exclude them from being included in HMIS. Licenses are in place for those TH and PH agencies not using HMIS to implement the tool over the next year.

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

Instructions:

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 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	3%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	2%	1%
* Disabling Condition	2%	5%
* Residence Prior to Program Entry	1%	10%
* Zip Code of Last Permanent Address	1%	20%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

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

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 participating agencies.

HMIS staff runs data quality reports and client listings on a monthly basis.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Agency agreement is that entries are recorded in a timely manner.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following 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	Never
* Restrictions on access to HMIS via public forums	Never
* 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: By March 31, 2009

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/24/2008

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	Transitional	Unsheltered	Total
	Emergency			
Number of Households	19	23	1	43
Number of Persons (adults and children)	52	78	2	132
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	330	26	38	394
Number of Persons (adults and unaccompanied youth)	330	26	38	394
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	349	49	39	437

Greater Virginia Peninsula Continuum of Care Council			COC_REG_v10_000503	
Total Persons	382	104	40	526

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	117	30	147
* Severely Mentally Ill	136	22	158
* Chronic Substance Abuse	173	16	189
* Veterans	139	2	141
* Persons with HIV/AIDS	9	5	14
* Victims of Domestic Violence	52	1	53
* Unaccompanied Youth (under 18)	0	0	0

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/29/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data 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:

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 most emergency shelters and transitional housing programs.

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

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Survey

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
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 the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Provider surveys and interviews.

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

Instructions:

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

**Indicate the steps used 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 type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

Instructions on email listserv, website, direct phone contacts.

Describe the techniques used to reduce duplication.

None

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

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 routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Counselors regularly go into streets, woods, and other known habitats to engage individuals. Annual Project Connect being initialized.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Develop permanent supportive housing for clients graduating from Safe Harbors	Joy Cipriano, HNNCSB
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	286
Numeric Achievement in 12 months	292
Numeric Achievement in 5 years	300
Numeric Achievement in 10 years	350

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to develop low barrier housing for homeless clients	Joy Cipriano, HNNCSB
Action Step 2	Utilize Housing Specialist to address landlord/tenant issues	Stacie Walls-Beegle, ACCESS
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	75
Numeric Achievement in 12 months	80
Numeric Achievement in 5 years	85
Numeric Achievement in 10 years	90

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide intensive life skills training and case management to clients at TH so they can obtain independent living in PH.	Marcy Wright, Transitions
Action Step 2	Initiate regular training program to improve case management for homeless service providers	Beverly Gooden, GVPCCC Task Force on Homelessness
Action Step 3	Develop Rapid Re-housing program to move homeless persons from TH to PH	Rapid Re-housing Committee Chair, GVPCCC Task Force on Homelessness

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	71
Numeric Achievement in 12 months	75
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	85

CoC 10-Year Plan, Objectives and Action Steps Detail**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Ensure a continuous evaluation of skills and abilities of clients in order to locate employment opportunities prior to exit	Coordinated Services Committee Chair, GVPCCC

Greater Virginia Peninsula Continuum of Care Council		COC_REG_v10_000503
Action Step 2	Engage the VA to provide onsite employment counseling to Veterans at shelters and other known sites	Carl Preston, Virginia Employment Commission
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	40
Numeric Achievement in 12 months	40
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	50

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Address homeless households with children gaps through developing continuum wide Rapid Re-housing planning	Joel Kirsch, Newport News Department of Human Services
Action Step 2	Continue to have Newport News Human Services staff onsite at winter shelters to provide immediate assistance to families with children	Joy Cipriano, HNNCSB
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	287

Greater Virginia Peninsula Continuum of Care Council		COC_REG_v10_000503
Numeric Achievement in 12 months		300
Numeric Achievement in 5 years		400
Numeric Achievement in 10 years		500

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol:	Formal Protocol Implemented
Health Care Discharge Protocol:	Initial Discussion
Mental Health Discharge Protocol:	Formal Protocol Implemented
Corrections Discharge Protocol:	Initial Discussion

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Virginia Department of Social Services (VDSS) established 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

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Discharge Planning staff in area hospitals and free clinics working with GVPCCC to establish 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 Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has long-established discharge planning policy & 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 Discharge

For initial discussion, indicate the collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

State and Federal prisons have protocols in place and transition teams to assist with housing for inmates upon discharge. Protocols are in very early stages of discussion. Local Sheriffs Dept participated in 10-Year Planning forums & discussed need to establish working group on this issue as well as housing needs.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Independent Livin...	08/28/2008
Mental Health Discharge Protocol	No	Discharge Plan	08/28/2008
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: Independent Living Brochure

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Discharge Plan

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?

Yes

If yes, briefly list a few of the goals 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

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?

Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?

Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. PREVENTION Closing the Front Door

It costs less to prevent homelessness than to pay the high emotional, economic, social, and political cost of dealing with it after the fact.

2. PERMANENT HOUSING Opening the Back Door

The lack of permanent, affordable, and decent housing is the most critical factor in ending homelessness as identified by extensive research.

3. APPROPRIATE/COORDINATED/INDIVIDUALIZED SERVICES No Wrong Door

Providing housing first involves very extensive and individualized access to services. Services come to the individual and family and are offered immediately and often.

4. EDUCATION & PUBLIC AWARENESS A Continuum of Commitment & Care
Ending Homelessness must be everybody's business and commitment.**5. SYSTEMS IMPROVEMENTS A NEW WAY OF DOING BUSINESS**

Collaboration Information Support

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	250	Beds	261	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	75	%	76	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	80	%	50	%
Increase percentage of homeless persons employed at exit to at least 18%	40	%	34	%
Ensure that the CoC has a functional HMIS system	10	%	4	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	378	111
2007	247	119
2008	147	128

Indicate the number of new PH beds in place ⁹ and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$84,353	\$0	\$0	\$0	\$19,081
Total	\$84,353	\$0	\$0	\$0	\$19,081

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	35
b. Number of participants who did not leave the project(s)	100
c. Number of participants who exited after staying 6 months or longer	29
d. Number of participants who did not exit after staying 6 months or longer	73
e. Number of participants who did not leave and were enrolled for 5 months or less	24
TOTAL PH (%)	76
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	6
b. Number of participants who moved to PH	3
TOTAL TH (%)	50

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 41

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	13	32 %
SSDI	6	15 %
Social Security	0	0 %
General Public Assistance	0	0 %
TANF	4	10 %
SCHIP	0	0 %
Veterans Benefits	0	0 %
Employment Income	14	34 %
Unemployment Benefits	0	0 %
Veterans Health Care	0	0 %
Medicaid	11	27 %
Food Stamps	17	41 %
Other (Please specify below)	6	15 %
Medicare, Child Support		
No Financial Resources	6	15 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

Annual monitoring review of APRs and agency assessment process.

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 16, 2007

November 20, 2007

January 15, 2008

February 19, 2008

March 18, 2008

April 15, 2008

May 20, 2008

June 17, 2008

July 22, 2008

August 19, 2008

September 16, 2008

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. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? Yes

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

Food Stamps, SSI, SSDI, TANF

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%
Case managers survey clients at intake and over the course of stay to evaluate for mainstream benefits.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	88%
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:	
Case managers survey clients at intake and over the course of stay to evaluate for mainstream benefits.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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>	Yes
<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>	No
<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>	Yes
<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>	No
<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>	No
<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

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? 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)	No
*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. 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?	Yes
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.	
*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?	Yes
*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?	No
*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.)	No
*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?	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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
ShelterLink Peninsula...	2008-09-17 11:12:...	1 Year	The Planning Council	54,090	Renewal Project	SHP	HMIS	F9
CHAP Peninsula	2008-10-02 10:06:...	1 Year	CANDII, Inc.	265,640	Renewal Project	SHP	PH	F4
Peninsula Shelter...	2008-09-24 10:46:...	1 Year	Newport News Rede...	86,784	Renewal Project	S+C	SRA	U10
CANLINK II	2008-09-22 17:13:...	1 Year	LINK of Hampton R...	249,989	Renewal Project	SHP	PH	F6
CANLINK I	2008-09-22 17:05:...	1 Year	LINK of Hampton R...	314,709	Renewal Project	SHP	PH	F5
CANLINK III	2008-09-22 17:18:...	1 Year	LINK of Hampton R...	77,648	Renewal Project	SHP	PH	F3
Safe Harbors	2008-10-16 08:23:...	1 Year	Hampton-Newport N...	227,673	Renewal Project	SHP	SH	F2
Residential Servi...	2008-09-08 10:32:...	1 Year	Avalon: A Center ...	64,454	Renewal Project	SHP	TH	F8
NEXT STEP-SHP	2008-10-20 12:06:...	1 Year	Transitions Famil...	137,852	Renewal Project	SHP	TH	F7
Project Onward	2008-09-26 13:45:...	2 Years	Hampton-Newport N...	114,893	New Project	SHP	PH	S1

Budget Summary

FPRN	\$1,392,055
Rapid Re-Housing	\$0
Samaritan Housing	\$114,893
SPC Renewal	\$86,784
Rejected	\$0