

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

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

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

### Things to Remember

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

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** GA-501 - Georgia Balance of State CoC

**CoC Lead Agency Name:** Georgia Department of Community Affairs

## 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:** Georgia Department of Community Affairs

**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:** Other (specify)

**Specify "other" legal status:**

State Government Agency

**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)** 68%

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

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

The Georgia Department of Community Affairs is governed by a 21 member board appointed by the Governor. As a State Agency, board membership and governance are established by state statute.

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

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

**Specify "other" process(es):**

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

Yes. The Department of Community Affairs, through the State Housing Trust Fund for the Homeless currently administers ESG and Shelter plus Care programs statewide so it would not have to create capacity but instead expand capacity. Flexible administrative funds would allow us to expand our activities related to technical assistance, leveraging outside funds, and providing project oversight, particularly for grantees with limited organizational capacity.

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

**Instructions:**

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

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

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
State Housing Trust Fund for the Homeless Commission	Nine member commission appointed by the Governor to implement the 3 million dollar annual allocation. Provides strong support for ESG, HMIS, Shelter Plus Care, and CoC efforts with resources.	quarterly (once each quarter)
Continuum of Care Review Team	Unbiased team of nonprofit providers, state agency representatives, local government representatives and citizens that rank and review Continuum of Care proposals.	annually (every year)
Georgia HMIS Steering Committee	Each of 6 CoC's in Georgia that use Pathways, along with Pathways Community Network, meet to coordinate Georgia's HMIS Implementation and share best practices on improving data quality and coverage.	Monthly or more
Balance of State Planning Committees	CoC priorities are established by the Balance of State Planning meetings. Members represent the full range of interests related to the persons in Georgia experiencing homelessness. Participants advise DCA and CoC on implementation of CoC, ESG, State and other homeless programs.	Monthly or more
Georgia Interagency Homeless Coordination Council	Established by the Governor, state agencies meet to coordinate homeless services and improve access to mainstream services for individuals and families experiencing homelessness. Council has four subcommittees as well - Access to Mainstream Resources, Supportive Housing, Discharge Planning, and Data/Evaluation.	quarterly (once each quarter)

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

The Continuum of Care Review team only meets once a year during the NOFA. Balance of State planning meetings occur once a year in each of the Georgia Department of Community Affairs regions and monthly in certain areas of the Continuum (Albany, Valdosta, Macon, Dalton, Gwinnett, Northeast Georgia).

## 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
DHR Division of Family and Child Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
Georgia Department of Education	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Georgia Emergency Management Agency	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Georgia Family Connection Partnership	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Georgia State Board of Pardons and Parole	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Georgia Department of Corrections	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Department of Community Health, Division of Pub...	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Department of Behavioral Health and Development...	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Georgia Brain and Spinal Injury Trust	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Georgia Department of Labor	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Department of Community Affairs	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Georgia Alliance to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Albany, City of	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Athens-Clarke County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Augusta-Richmond County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Dekalb Human and Community Development Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Fulton County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

Abiding Place Transitional Housing & Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Action Ministries (Central Office)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Action Ministries, Inc. (d/b/a Rome Ministries)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Action Ministries, Inc. (dba Gainesville Minist...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Advantage Behavioral Health System (BHS)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Asian American Resource Foundation, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Avita Community Partners (fka GA Mtns CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Battered Women's Shelter, Inc (d/b/a The Haven)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Brother Charlie Rescue Center, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
C.A.R.E. Services of Pickens County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Calhoun Affordable Housing Dev., Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Calvary Refuge, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Carroll County Emergency Shelter, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Central City AIDS Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Chatham-Savannah Authority for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Citizens Against Violence, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Clayton County Housing & Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Cobb - Douglas Co. Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

Colquitt County Serenity House Project, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Community Service Board (CSB) of Middle GA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Comprehensive AIDS Resource Encounter, Inc. (CARE)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Concerted Services, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
CSRA Economic Opportunity Authority, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Dalton - Whitfield County Nonprofit Development...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Department of Veteran Affairs	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Faith Community Outreach Center, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Family Crisis Center of Walker, Dade, Catoosa &...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Flint Circuit Council on Family Violence, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Gainesville, City of	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Gateway Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Gateway House, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Georgia Legal Services Program, Inc (Macon)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Goodwill Industries of Middle Georgia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Gwinnett Housing Resource Partnership, Inc (GHR...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Healing Place of Athens, Inc. (The)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Hinesville, City of	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE

HODAC, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Homeless Shelter Action Committee, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Hope Shelter, Inc. (The)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Impact International, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Interfaith Hospitality Network of Augusta, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Kirk Healing Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Liberty House of Albany, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Loaves and Fishes Ministry of Macon, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Lowndes County Board of Health (a/k/a South Hea...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Lowndes Associated Ministries to People	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Macon Bibb County EOC, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Macon, City of	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Maranatha Outreach, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
McIntosh Trail Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Middle Flint Behavior Health Care (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Ministries United for Service and Training, Inc...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Mulberry Street United Methodist Church	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
N.O.A.'s Ark, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

New Horizons Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
North Georgia Mountain Crisis Network, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Northeast Georgia Homeless Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Northwest Georgia Family Crisis Center, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Oconee Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Open Arms, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Partnership Against Domestic Violence, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Pathways Community Network, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Rainbow Community Center, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Rainbow Village, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
River Edge Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Rockdale County Emergency Relief Fund, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Safe Haven Transitional, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
SAFE Homes of Augusta, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Salvation Army (Albany)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (LaGrange)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Macon)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Salvation Army (Thomasville)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Valdosta)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army, A Georgia Corporation (DHQ) Nor...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
South Georgia Coalition to end Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
South Georgia Community Service Board (CSB)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Totally Free, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Travelers Aid of Metropolitan Atlanta, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Ujamaa House Wellness Outreach Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Union Mission, Inc (Savannah)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Way of Metro Atlanta	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Way of the CSRA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Valdosta, City of	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Waycross, City of	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Women In Need of God's Shelter, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Individual		For merl..	Attend 10-year planning meetings during past 12 months	NONE
Thomasville, City of	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Gwinnett County	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
BelAir Estates Transitional Shelter, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE

Clayton County Family Care, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Fight Abuse in the Home in Rabun County, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domesti c Vio...
Georgia Legal Services Program, Inc. (Gainesvil...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Gordon County Board of Education	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months	Youth
GRN Community Service Board (CSB)	Public Sector	Othe r	Committee/Sub-committee/Work Group	Seriousl y Me...
Gwinnett Housing Resource Partnership, Inc (Imp...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Habersham Homeless Ministries, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Highland Rivers CSB	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Housing Authority of the City of Carrollton	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Milledgeville Cares, Inc.	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Perry Volunteer Outreach, Inc,	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Volunteers of America	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Rainbow Community Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Brunswick)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Dalton)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Gainesville)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Griffin)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army (Waycross)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Samaritan Clinic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Satilla Community Service Board (CSB)	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Sconiers Homless Prevention	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Waycross Area Shelter for Abused Persons, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Covenant Community Development Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Friendship Ministries, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Glynn Community Crisis Center, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domesti c Vio...
GRN Community Service Board (CSB)	Public Sector	Othe r	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Hayes Faith Temple Baptist Church, Inc.	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months	NONE
Highland Rivers CSB	Public Sector	Othe r	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Hindsight 20 20, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
House of Joy Transitional Programs	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
JF Osborn	Individual	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Macedonia Baptist Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months	NONE
Mt. Olive Community Outreach Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Pineland Area CSB	Public Sector	Othe r	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Volunteers of America	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Positive Response, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	HIV/AIDS
S.H.A.R.E. House, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domesti c Vio...

Sam Kids, c/o TVT Investment & Business Service...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Shepherd's Rest Ministries, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domesti c Vio...
South Georgia Partnership to End Homelessness, ...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Southern Georgia Regional Commission (f/k/a Sou...	Public Sector	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Urban Residential Development Corporation (URDC)	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Individual		For merl. ..	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...
Individual		For merl. ..	Attend 10-year planning meetings during past 12 months	NONE
Individual		For merl. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Individual		For merl. ..	Attend 10-year planning meetings during past 12 months, C...	NONE
Individual		For merl. ..	Attend 10-year planning meetings during past 12 months	NONE

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

### Instructions:

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

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

**Open Solicitation Methods:**  
**(select all that apply)** f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, 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, 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, f. Voting Members Abstain if Conflict of Interest

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

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

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

**For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.**

**Emergency Shelter:** Yes

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

There was a decrease in the Emergency Shelter bed availability for several reasons. Some of the loss was due to agencies either decreasing bed capacity or closing their program entirely. Some of the loss was also due to changes in how the agencies classified their beds. Some beds were re-classified as Transitional or Overflow or agencies shifted to Recovery Facilities which do not target homeless individuals.

**Safe Haven:** Not Applicable

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

**Transitional Housing:** Yes

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

We have lost a number of beds due to facilities changing their mission to be Recovery Facilities (not targeted toward homeless individuals). Over the past two years, at least four programs shifted to Recovery Facilities. There is also a natural fluctuation in bed capacities due to the fact that program capacity changes based on who is being served. Many programs have a certain number of units which they use for individuals or families based on current need. The number of family beds shifts based on the size of the families currently staying in the units. The Continuum has also shifted the emphasis to more rapid rehousing versus increasing transitional housing beds.

**Permanent Housing:** Yes

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

There was a very minimal decrease in overall permanent supportive housing beds due to the fact that a large Shelter Plus Care projects was transferred to a sponsor in another Continuum of Care in Georgia.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

## **1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods**

**Instructions:**

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

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

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

**Must specify other:**

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

**Specify "other" data types:**

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

Information from national studies and provider opinion (through survey) were used to determine the percentage of each category that would likely need emergency, transitional, permanent supportive housing. These percentages, the sheltered count, housing inventory count, and unsheltered count were used to complete the HUD unmet need formula.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

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

- Select the HMIS implementation coverage area:** Regional (multiple CoCs)
- Select the CoC(s) covered by the HMIS: (select all that apply)** GA-501 - Georgia Balance of State CoC, GA-506 - Marietta/Cobb County CoC, GA-507 - Savannah/Chatham County CoC, GA-504 - Augusta CoC, GA-500 - Atlanta/Roswell/DeKalb, Fulton Counties CoC, GA-503 - Athens/Clarke County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Not Applicable
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** PATHWAYS COMPASS
- What is the name of the HMIS software company?** Pathways Community Network, Inc.
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 05/01/2003
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Poor data quality, Other, No or low participation by non-HUD funded providers
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

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

The Planning Group is continuing to implement a number of measures this year that will overcome challenges and barriers including increasing staff time on Data Quality, improving efficiency of monitoring procedures and improving ability of software to produce the data needed to complete Exhibit 1 of the application (housing inventory chart and sheltered count). In addition, the reports subcommittee has worked with Pathways to develop a number of continuum level monitoring and data quality reports that were implemented in the past year. DCA has begun to monitor all grantees HMIS utilization quarterly and will add additional data quality monitoring to this process in 2011.

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

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

**Organization Name** Department of Community Affairs

**Street Address 1** 60 Executive Park South, NE

**Street Address 2**

**City** Atlanta

**State** Georgia

**Zip Code** 30329

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** State or Local Government

**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:** Dr.  
**First Name** Lindsey  
**Middle Name/Initial**  
**Last Name** Stillman  
**Suffix**  
**Telephone Number:** 404-327-6813  
**(Format: 123-456-7890)**  
**Extension**  
**Fax Number:** 770-357-9343  
**(Format: 123-456-7890)**  
**E-mail Address:** lindsey.stillman@dca.ga.gov  
**Confirm E-mail Address:** lindsey.stillman@dca.ga.gov

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

### Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

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

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

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

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

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

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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	3%
* Date of Birth	0%	1%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	5%
* Disabling Condition	0%	6%
* Residence Prior to Program Entry	21%	9%
* Zip Code of Last Permanent Address	21%	5%
* Name	0%	0%

**How frequently does the CoC review the quality of client level data?** At least Semi-annually

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

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

Monitoring of system usage by funders; System Utilization Reports from Pathways to Continuum Representatives; Automated data quality reports for agencies within system; Training and technical assistance for Agencies on data quality; Web Tutorial for Client Search.

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

Web Tutorial for Program Enrollment and Program Discharge; Program Roster Report available to Agency with time left/over from entry (based on average length of stay for program); Monitoring of Total Program Enrollment Numbers by Funders.

**Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

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

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

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

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

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

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least Monthly
<b>Point-in-time count of sheltered persons:</b>	Never
<b>Point-in-time count of unsheltered persons:</b>	Never
<b>Measuring the performance of participating housing and service providers:</b>	At least Annually
<b>Using data for program management:</b>	At least Quarterly
<b>Integration of HMIS data with data from mainstream resources:</b>	Never

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

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

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

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

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

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

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

**If 'Yes' indicate date of last review or update by CoC:** 10/15/2010

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Quarterly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

### **Instructions:**

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

**How frequently does the CoC conduct a point-in-time count?** biennially (every other year)

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/23/2011

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

**Emergency Shelter:** 90-99%  
**Transitional Housing:** 90-99%

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

Interestingly, there was an increase in the number of households in emergency shelter and a decrease in the number of households in Transitional Housing. The decrease in Transitional created a slight overall decrease in the number of sheltered households and persons. This decrease is due to the decrease in the number of transitional beds available and the result of families in Emergency Shelter being rapid rehoused versus entered into Transitional Housing.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guessimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

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

**If Other, specify:**

**Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).**

Sheltered count data was collected via an online survey sent to all known shelter and transitional housing providers. Non-responders or programs that submitted incomplete data received a follow up phone call in order to collect accurate information.

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

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

**If Other, specify:**

**Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).**

The questions on the Shelter Survey asks providers to report aggregate subpopulation data on anyone housed on the night of the count. A follow up phone call or email was placed to anyone that did not complete the survey.

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

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count:  
(select all that apply)**

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

**If Other, specify:**

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

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

**Instructions:**

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

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

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

<b>Public places count:</b>	
<b>Public places count with interviews:</b>	X
<b>Service-based count:</b>	X
<b>HMIS:</b>	
<b>Other:</b>	

**If Other, specify:**

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

**Instructions:**

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

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

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** Other

**If Other, specify:**

The Georgia Balance of State Continuum of Care includes 152 counties, much of which is rural and suburban in nature. For these types of counties, the service-based count is the best approach; however, the Balance of State Continuum is still faced with the problem of trying to organize a service-based count in a very large number of counties. In addition, many of the rural counties have no homeless service providers. Given the complexity of counting the Georgia Balance of the State, DCA entered into a contract with Kennesaw State University (KSU) to develop a sampling methodology and predictive model for the state. The resulting methodology included cluster analysis using approximately 300 census variables. Service-based counts were conducted in 2009 within sample counties in each of the 9 county clusters. KSU statisticians developed a regression model to provide a predicted unsheltered count using the service-based counts in the sample counties. A complete description of the cluster analysis and the regression model are available in *Every Georgian Counts: Final Report on Sampling and Modeling* by Dr. Jennifer Lewis Priestley, May 2008 (available at [http://www.dca.state.ga.us/housing/specialneeds/programs/homeless\\_count.asp](http://www.dca.state.ga.us/housing/specialneeds/programs/homeless_count.asp)).

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

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

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)**

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

**If Other, specify:**

All data entry was performed by a trained research assistant at Kennesaw State University.

**Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):**

Minimal identifying information was collected in order to allow Kennesaw State to de-duplicate the data from the collected surveys.

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

The State Housing Trust Fund provides funding for the continuum of services that would reduce homeless households with dependent children including prevention assistance, emergency shelter, transitional housing, hotel/motel vouchers, and service funding. In addition, the CoC has a number of Permanent Supportive Housing Projects that serve families in which the head of household has a disability.

**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):**

In 2009, DCA continued to use the unsheltered count methodology developed by Kennesaw State University (KSU) including a sampling methodology and predictive model for the state. The methodology includes cluster analysis using approximately 300 census variables. Service-based counts were again conducted within sample counties in each of the 9 county clusters. KSU statisticians developed a regression model to provide a predicted unsheltered count using the service-based counts in the sample counties.

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

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

#### Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

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

#### **Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).**

In the next 12 months, the CoC will set a target to ensure the 48 chronic beds under development and the 39 chronic beds awarded in 2009 become available for occupancy in 2011. DCA has assigned a staff person that will be responsible for ensuring those projects with chronic beds that are currently in development will become available for occupancy within the year. Department of Behavioral Health has also hired a new staff member who will focus on the development and sustainability of permanent supportive housing and ensuring appropriate services and training are available to projects to sustain and increase the beds for individuals and families that are chronic.

#### **Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).**

DCA assigned a staff person that will be responsible for ensuring projects with chronic beds that become available and stay available. This staff person will also work with new projects to ensure they include the chronic population in their project planning. They will also work closely with the newly hired staff person at Department of Behavioral Health to ensure appropriate services are available to the Permanent Supportive Housing projects to sustain and increase the beds for individuals and families that are chronic. DBH will also be hiring six regional housing specialists and increasing the number of ACT teams in the State.

- How many permanent housing beds do you currently have in place for chronically homeless persons?** 257
- In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 275
- In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 350
- In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 500

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

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

**Instructions:**

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

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

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

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

The Shelter Plus Care coordinator will spend time working with S+C sponsors on improving utilization and housing stability. Five of the 24 sponsors account for almost 50% of the participants leaving before 6 months. The coordinator will target these agencies first to identify and solve the reasons for this low housing stability. We will also begin to monitor housing stability on a quarterly basis at a minimum and provide technical assistance to any agency with housing stability lower than 77%. DCA will collaborate with the new Department of Behavioral Health housing director to ensure appropriate services are available and will continue to hold ongoing technical assistance sessions and the annual Shelter plus Care conference.

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

The Shelter Plus Care coordinator will spend time working with S+C sponsors on improving utilization and housing stability. We will also begin to monitor housing stability on a more regular basis throughout the year and provide technical assistance to any agency with housing stability lower than 77%. We will also examine the systemic barriers to housing stability for this population and address through the Interagency Homeless Coordination Council. DCA will collaborate with the new Department of Behavioral Health housing director to ensure appropriate services and training are available to providers.

**What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 67

**In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 72

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

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

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

**Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

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

**Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

DCA has implemented Housing Support Standards for all of its grantees which focus on housing stability from the moment the family or individual enters the program and to set goals that move towards permanent housing as quickly as possible. We will continue to monitor housing stability of all HUD funded transitional housing providers within the Continuum and provide technical assistance to those agencies that fall below 65%. We will also hold several meetings with the Transitional Housing providers to discuss the challenges in meeting this goal and share best practices.

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

DCA will continue to monitor housing stability of all HUD funded transitional housing providers within the Continuum and provide technical assistance to those agencies that fall below 65%. In addition, all Transitional Providers are required to complete the Barriers to Housing Stability on all participants. DCA will use the Barriers assessment data and other HMIS data to identify any systemic barriers which can be addressed through the Interagency Homeless Coordination Council.

**What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 66**

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

**In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 75

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

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

#### Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

##### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

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

#### Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The continuum will continue to work closely with the State Interagency Homeless Coordination Council and the Department of Labor to provide linkages between homeless service providers and career/workforce services. DCA will work specifically with agencies that have low rates of participants employed at program exit to create linkages to mainstream and specialized employment agencies. We will also work with the Department of Behavioral Health to educate permanent supportive housing providers about the supported employment opportunities available for individuals with disabilities.

#### Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The continuum will continue to work closely with the State Interagency Homeless Coordination Council and the Department of Labor to provide linkages between homeless service providers and career/workforce services. DCA will work specifically with agencies that have low rates of participants employed at program exit to create linkages to mainstream and specialized employment agencies. We will also work with the Department of Behavioral Health to education permanent supportive housing providers about the supported employment opportunities available for individuals with disabilities.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 22
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 30
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 35
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 40

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

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

**Instructions:**

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

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

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

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

With the continued implementation of the Homelessness Prevention and Rapid Re-Housing Program, it is hoped that the Continuum will begin to decrease the number of homeless households with children despite the slight increase this year. DCA has worked with HPRP grantees to ensure all counties in the Balance of State have access to HPRP resources. DCA will work to continue this accessibility with the transition to the Emergency Solutions Grant program. In addition, all agencies that are funded by DCA are required to follow the Housing Support Standards which place an emphasis on setting goals targeted toward ending homelessness as quickly as possible and connecting families with mainstream services.

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

The State Interagency Council on Homelessness has added a Family and Child Homelessness subcommittee and goals to work on decreasing the number of homeless families statewide through state agency partnerships and policy change. DCA will continue to strengthen connections with regional providers such as Community Action Agencies to ensure that all counties within the continuum have access to prevention and rapid rehousing resources. We will also provide training and technical assistance to shelter and housing providers on the rapid rehousing model. All DCA and HUD funded agencies in the continuum are required to complete the Barriers to Housing Stability at entry. This data will be used to identify systemic barriers that can be addressed through the Interagency Homeless Council.

**What is the current total number of homeless households with children, as reported on the most recent point-in-time count?** 1,058

**In 12-months, what will be the total number of homeless households with children?** 900

**In 5-years, what will be the total number of homeless households with children?** 700

**In 10-years, what will be the total number of homeless households with children?** 500

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

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

**For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)**

#### Foster Care (Youth Aging Out):

If a youth in care reaches 18 and is unable to transition to independent living or be reunited with their family, they have the option of signing a Consent to Remain in Foster Care. This allows the youth to stay in the foster care system until such time that they are able to live independently or until the time that they are 24 years of age. In addition, youth in foster care are assigned an Independent Living Coordinator and work with staff to develop a Written Transitional Living Plan.

#### Health Care:

The Money Follows the Person Initiative (MFP) is a five-year grant award that was made available as part of the Federal Deficit Reduction Act of FY 2006. The grant is designed to shift Medicaid Long-Term Care from its emphasis on institutional care to home and community-based services. MFP uses home and community based Medicaid waiver services and one-time transition services to help people resettle in the community. MFP is a joint effort between the Department of Community Health (DCH) and the Department of Human Services (DHS) to transition 1,312 consumers from institutions to community settings. Through MFP, the state will establish a seamless information and referral process, transition coordinators, support services, transition peer counseling and increased availability of affordable housing and transportation. The target populations include older adults, adults and children with physical disabilities and/or Traumatic Brain Injury, and adults or children with mental retardation and/or developmental disabilities. The goal is to transition individuals from nursing facilities, hospitals and/ or Intermediate Care Facilities for Mental Retardation (ICF-MR) to qualified community residences and rebalance the long-term care system by offering enhanced transition services for 12 months for qualified persons transitioning from a qualified institution to a qualified community-setting. DCA has committed 100 Housing Choice Vouchers to MFP eligible consumers.

**Mental Health:**

The Continuity of Care Transition Planning Guidance is provided to all state mental health hospitals. The hospitals are asked to develop a Transition Plan for all individuals being discharged which addresses multiple areas including housing and residential supports. Case Expeditors work with consumers who have support needs that warrant additional resources. Staff conduct assessments to identify those individuals that are at risk of readmission, including whether or not they have been or will be homeless. Staff and community providers identify services that will address these needs and determine how services will be made available. Transition planning begins at admission including linking individuals up with community based service providers. Regional coordinators oversee the Continuity of Care planning and assure that collaboration is occurring between hospitals and community based providers. The State has implemented the Transition Planning Protocol for those individuals that are on the Mental Health Olmstead List. Any individual that has been hospitalized more than 60 days and is considered appropriate for discharge is placed on the Mental Health Planning List. No person on this list is discharged without an appropriate Person Centered Transition Plan that provides for the individuals receipt of appropriate community services. The State is monitoring performance measures that track the quality and consistency of the transition planning process.

**Corrections:**

An individual is only eligible to receive Parole from the State of Georgia Board of Pardons and Parole if they have an approved residence plan which has been verified by a parole staff member. The residence must be considered stable and suitable. A homeless shelter is not considered to be a valid residence; therefore, no individual is released on parole directly to a homeless facility or to homelessness. In order to facilitate the transition of individuals that are eligible for parole but lack a residence, the Reentry Partnership Housing Program was formed. This program is a collaborative effort between the State Board of Pardons and Parole, the Department of Corrections and the Department of Community Affairs. The program provides participating organizations with short term financial assistance in exchange for the provision of stable housing and food. In addition to the Reentry Partnership Housing Program, the Department of Corrections has several reentry initiatives for individuals that are maxing out of prison. There are four Pre-Release Centers throughout the State which address the reentry needs of offenders who have two years or less to serve. These centers focus on locating suitable housing and meaningful work upon discharge. The Department of Corrections also has a Faith and Character Based Initiative which matches ex-offenders with faith based organizations that assist the individual with housing and mentoring upon release.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** Objective #8: Provide housing necessary for Georgia's homeless to break the cycle of homelessness to accommodate an average of 21,500 individuals and/or provide supportive services necessary for Georgia's homeless to break the cycle of homelessness to accommodate an average of 43,500 individuals (FY 2005 - 2010 Consolidated Plan of the State of Georgia)

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

On behalf of Georgia Housing & Finance Authority, the Department of Community Affairs is administering the HPRP initiative for all but two of the counties within the Balance of State Continuum of Care. In addition, we are in close coordination with the three local governments within the Balance of State that received HPRP funds directly. We have worked very hard to ensure that individuals and families within all 152 counties within the Balance of State have access to HPRP funds.

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

DCA is also administering the NSP initiative and has been able to fund several Permanent Supportive Housing Projects through the initiative. In addition, our Rental Assistance Division has applied for and received a number of VASH vouchers in one of the Balance of State counties.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** No

**If yes, please describe the established policies that are in currently in place.**

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

Through the State Interagency Homeless Coordination Council, a partnership has been established with the State level McKinney Vento Education Liaison. Through this partnership, the Continuum is connecting each of the funded projects, as well as the ESG grantees, to their local McKinney Vento Liaison. In addition, the McKinney Liaisons are assisting with the 2011 Homeless Count.

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

The Housing Support Standards, required of all agencies receiving Balance of State CoC funding or ESG funding through the state, include a component of connecting families to community services. In the 2011 revision of the Housing Support Standards, additional requirements will be put in place around the support of children's educational needs while in emergency and transitional shelters and the collaboration with McKinney-Vento homeless education liaisons. We will continue to work at the state level to connect the local McKinney Education liaisons to local Emergency and Transitional housing providers.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)**

The State Interagency Homeless Coordination Council includes participation from the Veterans Affairs. In addition, Georgia Housing and Finance Authority has collaborated with Veterans Affairs to apply for and implement VASH vouchers throughout Georgia. The Housing Trust Fund staff work closely with the Rental Assistance staff to ensure effective planning around the vouchers. Staff at DCA have met with the Veterans Affairs regional and local coordinators and local HUD representatives in order to streamline the enrollment of Veterans in VASH or other appropriate Veterans programs. This year, the Continuum also included bonus points within the scoring criteria for new projects that propose to serve Veterans.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

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

- Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No
  
- Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

## 4A. Continuum of Care (CoC) 2009 Achievements

### Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	50	Beds	3	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	75	%	67	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	72	%	66	%
Increase percentage of homeless persons employed at exit to at least 20%	32	%	22	%
Decrease the number of homeless households with children.	900	Households	1,058	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

**If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.**

Several of the projects serving individuals that are chronically homeless have remained under development due to issues with the sponsors implementing these projects. DCA is working with these sponsors to identify a plan of action in order to get these projects into production. A DCA staff person has been assigned to work with new and existing projects to ensure that all beds reserved for chronic individuals are available for occupancy as soon as possible. DCA has identified 5 agencies (of 24) that account for 50% of the PSH participants that left before 6 months. Staff will target these sponsors to identify the reasons for early exits and identify strategies to increase the housing stability rates of these agencies. The drop in homeless persons moving from transitional housing to permanent housing and the drop in homeless persons employed at exit is due in part to the economic crisis. Multiple transitional housing providers have reported longer stays due to the inability to find employment and affordable housing options at exit. The continuum did not do an unsheltered count in 2010 so the minimal decrease in the number of homeless families is due to a decrease in sheltered families. It is anticipated that a drop will be seen in the 2011 homeless count results.

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

**Instructions:**

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.**

Year	Number of CH Persons	Number of PH beds for the CH
2008	725	224
2009	1,306	263
2010	1,221	257

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.** 3

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$18,684	\$0	\$7,623	\$0	\$14,797
<b>Total</b>	\$18,684	\$0	\$7,623	\$0	\$14,797

**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):**

Although 3 new PSH beds reserved for chronically homeless were added, the total decreased slightly due to one project slightly decreasing their total number of beds. A number of beds reserved for the chronically homeless were erroneously listed as new on the 2010 Housing Inventory but were counted as new in the 2009 application rather than this application. Many beds are still under production due to issues with the sponsors implementing the projects, due in part to the mental health system. We are working closely with Behavioral Health to put the appropriate supports in place to for these sponsors. 48 beds are under development currently and 39 beds in 2009 new projects. We will ensure these beds are available as soon as possible.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

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

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	442
b. Number of participants who did not leave the project(s)	768
c. Number of participants who exited after staying 6 months or longer	247
d. Number of participants who did not exit after staying 6 months or longer	566
e. Number of participants who did not exit and were enrolled for less than 6 months	185
<b>TOTAL PH (%)</b>	<b>67</b>

**Instructions:**

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

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

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	301
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	199
<b>TOTAL TH (%)</b>	66

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

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

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

**Total Number of Exiting Adults: 1,238**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	141	11	%
SSDI	70	6	%
Social Security	47	4	%
General Public Assistance	9	1	%
TANF	33	3	%
SCHIP	18	1	%
Veterans Benefits	4	0	%
Employment Income	282	23	%
Unemployment Benefits	16	1	%
Veterans Health Care	0	0	%
Medicaid	95	8	%
Food Stamps	582	47	%
Other (Please specify below)	43	3	%
ASK TINA			
No Financial Resources	339	27	%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

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

### **Instructions:**

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

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

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

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

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

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

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

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

Annually review APR data and include in ranking process. Programs with low enrollment receive technical assistance as well as general training and technical assistance for all programs around the importance of connections to mainstream services.

**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.**

**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.** No

**If "Yes", specify the frequency of the training.** Never

**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.**

Pathways COMPASS has the ability to pre-screen for the following mainstream programs: Adult Literacy Programs, County Indigent Program, PeachCare, Food Stamps, Medicaid, SSDI, SSI, Section 8 Housing, TANF, Veterans Healthcare for Homeless Veterans and the Workforce Investment Act. In addition, we are collaborating with the Department of Human Services to increase the use of the state eligibility screening and application tool that looks at state mainstream benefits such as food stamps, TANF, and CSBG funding.

**Has the CoC participated in SOAR training?** Yes

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

January 20/21; March 17/18; April 28/29; May 26/27; June 10/11; August 11/12

## 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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	80%
One on one case management services, needs assessment and benefits eligibility screening, provide referrals to State Agencies, advocate for clients, assist with completing forms and gathering documentation	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	70%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	84%
<b>4a. Describe the follow-up process:</b>	
Transport clients to appointments, follow up in case management sessions, keep copies of benefits applications and letters received; advocate for clients, follow up with referral agency, assist with appeals	

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

**EX1\_Project\_List\_Status\_field** List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Georgia Southeast. ..	2010-11-09 12:01:...	2 Years	Gateway Communit y...	350,406	New Project	SHP	PH	F2
Supportive Housin...	2010-11-11 16:44:...	1 Year	Calvary Refuge Ce...	203,326	Renewal Project	SHP	TH	F
Day Center / Day ...	2010-11-10 08:44:...	1 Year	Lowndes Associate..	140,571	Renewal Project	SHP	SSO	F
Douglas CSB S+CR2	2010-11-09 08:15:...	1 Year	Georgia Housing &...	292,848	Renewal Project	S+C	SRA	U
Transitiona l Livi...	2010-11-12 11:16:...	1 Year	Colquitt County S...	198,901	Renewal Project	SHP	TH	F
Lowndes Co. BoH S+CR	2010-11-09 11:25:...	1 Year	Georgia Housing &...	236,640	Renewal Project	S+C	SRA	U
McIntosh Trail CS...	2010-10-29 13:28:...	1 Year	Georgia Housing &...	153,600	Renewal Project	S+C	SRA	U
HUD Supportive Ho...	2010-10-21 16:23:...	1 Year	Macon-Bibb Econom...	99,750	Renewal Project	SHP	TH	F
Gateway Cottage R...	2010-10-13 15:31:...	1 Year	Hodac, Inc.	42,891	Renewal Project	SHP	TH	F
Job Connectio n WO...	2010-10-21 18:06:...	1 Year	Goodwill Industri...	110,310	Renewal Project	SHP	SSO	F
Transitiona l Hous...	2010-10-13 15:16:...	1 Year	Gwinnett Housing ...	73,447	Renewal Project	SHP	TH	F
(SHP Transitiona l...	2010-10-21 16:15:...	1 Year	Loaves & Fishes M...	74,199	Renewal Project	SHP	TH	F

Douglas County SH...	2010-10-21 10:20:...	1 Year	Travelers Aid of ...	56,556	Renewal Project	SHP	TH	F
AVITA Community P...	2010-11-04 15:40:...	1 Year	Georgia Housing &...	188,136	Renewal Project	S+C	SRA	U
SPC Case Manager	2010-10-20 16:10:...	1 Year	Dalton-Whitfield ...	31,058	Renewal Project	SHP	SSO	F
Pineland CSB S+CR2	2010-11-09 16:30:...	1 Year	Georgia Housing &...	105,936	Renewal Project	S+C	SRA	U
Transitional Hous...	2010-10-19 12:22:...	1 Year	Asian American Re...	157,408	Renewal Project	SHP	TH	F
Dalton-Whitfield ...	2010-11-03 21:17:...	1 Year	Georgia Housing &...	98,172	Renewal Project	S+C	SRA	U
HMIS Expansion	2010-11-09 16:20:...	1 Year	Georgia Housing &...	63,000	Renewal Project	SHP	HMIS	F
Transitional Hous...	2010-11-10 12:52:...	1 Year	City of Albany	116,217	Renewal Project	SHP	TH	F
Transitional Hous...	2010-10-19 09:55:...	1 Year	Georgia Coalition...	342,584	Renewal Project	SHP	TH	F
Transitional Hous...	2010-10-14 09:57:...	1 Year	Gwinnett Housing ...	146,895	Renewal Project	SHP	TH	F
Statewide HMIS Im...	2010-11-15 16:22:...	1 Year	Georgia Housing &...	588,000	Renewal Project	SHP	HMIS	F
SHP	2010-11-01 21:16:...	3 Years	The HomePlace She...	219,450	New Project	SHP	SH	X
Douglas County SH...	2010-10-21 10:43:...	1 Year	Travelers Aid of ...	56,378	Renewal Project	SHP	TH	F
Maranatha Serenit...	2010-11-04 17:17:...	1 Year	maranatha outreach	60,178	Renewal Project	SHP	TH	F
Arbor Center Tra...	2010-11-11 17:58:...	2 Years	Southwest Georgia...	477,149	New Project	SHP	TH	F6
Gateway CSB S+CR	2010-11-01 17:01:...	1 Year	Georgia Housing &...	147,528	Renewal Project	S+C	SRA	U
Cherokee County P...	2010-11-08 09:29:...	1 Year	MUST Ministries	70,560	Renewal Project	SHP	SSO	F

Douglas CSB S+CR	2010-11-09 08:12:...	1 Year	Georgia Housing &...	168,816	Renewal Project	S+C	SRA	U
Transitiona l Hous...	2010-10-14 11:10:...	1 Year	Gwinnett Housing ...	183,928	Renewal Project	SHP	TH	F
Homeless Preventi...	2010-10-21 13:06:...	1 Year	City of Hinesville	64,929	Renewal Project	SHP	TH	F
Mountain Initiative	2010-11-08 13:29:...	2 Years	Action Ministries..	368,476	New Project	SHP	TH	F9
HODAC S+CR	2010-11-01 16:49:...	1 Year	Georgia Housing &...	192,648	Renewal Project	S+C	SRA	U
Highland Rivers C...	2010-11-03 21:19:...	1 Year	Georgia Housing &...	110,040	Renewal Project	S+C	SRA	U
South GA CSB S+CR	2010-11-03 21:09:...	1 Year	Georgia Housing &...	346,764	Renewal Project	S+C	SRA	U
Job Connectio n WO...	2010-10-21 18:55:...	1 Year	Goodwill Industri...	148,066	Renewal Project	SHP	SSO	F
House of Dawn Tra...	2010-11-15 16:39:...	2 Years	House of Dawn, Inc	123,060	New Project	SHP	TH	F7
Advantage BHS BOS...	2010-11-01 16:55:...	1 Year	Georgia Housing &...	174,120	Renewal Project	S+C	SRA	U
Central City AIDS...	2010-11-10 10:59:...	1 Year	Georgia Housing &...	126,288	Renewal Project	S+C	SRA	U
Satilla CSB S+CR	2010-11-10 13:54:...	1 Year	Georgia Housing &...	212,160	Renewal Project	S+C	SRA	U
Home Sweet Home S...	2010-11-11 16:27:...	2 Years	The Salvation Arm...	517,484	New Project	SHP	TH	F5
Oconee S+C 2010	2010-11-10 12:29:...	5 Years	Georgia Housing &...	462,360	New Project	S+C	SRA	F3
River Edge CSB S+CR2	2010-10-28 14:38:...	1 Year	Georgia Housing &...	31,392	Renewal Project	S+C	SRA	U
Douglas County Pe...	2010-11-08 09:37:...	1 Year	MUST Ministries	35,280	Renewal Project	SHP	SSO	F
S.H.A.R.E. House ...	2010-10-20 15:00:...	1 Year	S.H.A.R.E. House,...	128,396	Renewal Project	SHP	TH	F

Balance of State ...	2010-10-21 16:19:...	1 Year	Hope through Divi...	597,000	New Project	SHP	PH	X
Middle Flint BHS ...	2010-11-03 20:10:...	1 Year	Georgia Housing &...	152,640	Renewal Project	S+C	SRA	U
CSB of Middle GA ...	2010-10-28 09:36:...	1 Year	Georgia Housing &...	32,880	Renewal Project	S+C	SRA	U
Oconee Supportive ...	2010-10-29 11:57:...	1 Year	Advantage Behavio...	167,095	Renewal Project	SHP	TH	F
HUD Supportive Ho...	2010-10-21 16:18:...	1 Year	Macon-Bibb Econom...	94,500	Renewal Project	SHP	SSO	F
River Edge Behavi...	2010-11-12 16:03:...	5 Years	Georgia Housing &...	1,182,000	New Project	S+C	SRA	P1
McIntosh Trail CS...	2010-11-01 17:09:...	1 Year	Georgia Housing &...	205,296	Renewal Project	S+C	SRA	U
TRANSITIONAL HOUSING	2010-11-08 12:53:...	1 Year	Action Ministries..	486,342	Renewal Project	SHP	TH	F
Transitiona I Livi...	2010-10-21 16:25:...	1 Year	Citizens Against ...	265,464	Renewal Project	SHP	TH	F
Willows Veterans ...	2010-11-11 18:05:...	2 Years	Southwest Georgia...	185,868	New Project	SHP	PH	F8
Oconee CSB S+CR	2010-10-28 14:32:...	1 Year	Georgia Housing &...	75,192	Renewal Project	S+C	SRA	U
Red Hill AGR FY2010	2010-11-09 11:29:...	1 Year	New Horizons Comm...	45,122	Renewal Project	SHP	PH	F
GRN CSB S+CR	2010-11-04 10:36:...	1 Year	Georgia Housing &...	176,040	Renewal Project	S+C	SRA	U
Douglas County SHP	2010-11-08 15:34:...	1 Year	Douglas County Co...	105,639	Renewal Project	SHP	PH	F
River Edge CSB S+CR	2010-11-03 21:24:...	1 Year	Georgia Housing &...	523,392	Renewal Project	S+C	SRA	U
AVITA Community P...	2010-11-10 12:16:...	5 Years	Georgia Housing &...	503,640	New Project	S+C	SRA	F4
Welcome Home	2010-11-12 09:02:...	1 Year	Barbara Williams	109,000	New Project	SHP	PH	X

(SHP) Transitiona ...	2010-10-21 16:10:...	1 Year	Loaves & Fishes M...	23,230	Renewal Project	SHP	TH	F
Travelers Aid of ...	2010-11-04 14:38:...	1 Year	Georgia Housing &...	172,800	Renewal Project	S+C	SRA	U
Transitiona l Hous...	2010-11-12 11:01:...	1 Year	Rainbow Village, ...	226,295	Renewal Project	SHP	TH	F
MUST Ministries B...	2010-10-29 10:27:...	1 Year	Georgia Housing &...	223,632	Renewal Project	S+C	SRA	U
Transitiona l Hous...	2010-10-19 08:58:...	1 Year	Lowndes Associate..	145,917	Renewal Project	SHP	TH	F
Transitiona l Hous...	2010-10-19 15:04:...	1 Year	Georgia Coalition...	91,072	Renewal Project	SHP	TH	F
Pineland CSB S+CR	2010-11-10 10:31:...	1 Year	Georgia Housing &...	83,196	Renewal Project	S+C	SRA	U
Supportive Servic...	2010-10-20 16:35:...	1 Year	South Georgia Coa...	248,500	Renewal Project	SHP	SSO	F

## Budget Summary

<b>FPRN</b>	\$8,080,447
<b>Permanent Housing Bonus</b>	\$1,182,000
<b>SPC Renewal</b>	\$4,230,156
<b>Rejected</b>	\$925,450

## Attachments

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

## Attachment Details

**Document Description:** Certificate of Consistency