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## Part I: CoC Organizational Structure

<b>HUD-Defined CoC Name:*</b>	<b>CoC Number*</b>
District of Columbia	DC-500

### A: CoC Lead Organization Chart

<b>CoC Lead Organization: The Community Partnership for the Prevention of Homelessness</b>		
<b>CoC Contact Person: Sue A. Marshall</b>		
<b>Contact Person's Organization Name: The Community Partnership for the Prevention of Homelessness</b>		
<b>Street Address: 801 Pennsylvania Avenue, S.E., Suite 360</b>		
<b>City: Washington</b>	<b>State:DC</b>	<b>Zip: 20003</b>
<b>Phone Number: 202-543-5298</b>	<b>Fax Number: 202-543-5653</b>	
<b>Email Address: suemarshall@community-partnership.org</b>		

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### B: CoC Geography Chart

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Washington, D.C.	110006		

## CoC Structure and Decision-Making Processes

### C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
<b>CoC Primary Decision-Making Group</b> (list only one group)						
<b>Name:</b>	<b>The Community Partnership for the Prevention of Homelessness Board of Directors</b>		<b>x</b>			<b>16</b>
<b>Role:</b>	The Board manages the CoC and determines HUD's projects' priorities as they relate to implementing the 10 year plan. The Board's chairman runs the Project Priority Review Committee which determines NOFA project priorities and oversees application submission.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	Interagency Council on Homelessness		<b>x</b>			<b>30</b>
<b>Role:</b>	The Interagency Council was appointed in 2006. It will take over responsibility as Decision Making Group for the CoC under the leadership of Mayor Adrian Fenty. The Community Partnership will continue its role as designated agent to prepare the NOFA applications.					
<b>Name:</b>	Interagency Council on Homelessness Subcommittee on Public Hearings		<b>x</b>			<b>10</b>
<b>Role:</b>	This subcommittee planned and scheduled public meetings to obtain consumer and community input on the work policy and planning work of the ICH for the 2007 fiscal year.					
<b>Name:</b>	Interagency Council on Homelessness Subcommittee on Hypothermia		<b>x</b>			<b>8</b>
<b>Role:</b>	This subcommittee strategizes on ways of improving the Winter Plan and Hypothermia services; it will provide regular oversight of hypothermia activities in fy08.					
<b>Name:</b>	Interagency Council on Homelessness Subcommittee on Youth		<b>x</b>			<b>8</b>
<b>Role:</b>	This subcommittee planned strategy and designed program implementation concepts focused on developing more targeted homeless programs to serve youth.					
<b>Name:</b>	Council of the District of Columbia <i>Committee on Human Services</i>	<b>x</b>				<b>5</b>
<b>Role:</b>	This committee provides regular oversight of the homeless CoC. Hearings have focused on budget oversight, hypothermia, the ten year plan and program monitoring.					
<b>Name:</b>	Department of Human Services: Family Services Administration (FSA) Monthly Meetings	<b>x</b>				<b>4</b>
<b>Role:</b>	FSA funds District homeless services; meetings are held with The Community Partnership to address CoC issues in the Continuum and to plan strategy around long term issues.					

<b>Name:</b>	Hypothermia-Hyperthermia Group	<b>x</b>				<b>16</b>
<b>Role:</b>	This group meets year round to prepare for extreme hot and cold weather conditions. They provide training, organize outreach efforts and coordinate public education efforts.					
<b>Name:</b>	Coalition of Homeless & Housing Organizations	<b>x</b>				<b>40</b>
<b>Role:</b>	This group of homeless providers and advocates discusses current CoC issues. The group also convenes focus groups to discuss strategies to assist homeless subpopulations.					
<b>Name:</b>	Downtown D.C. Homeless Shelter Stakeholders	<b>x</b>				<b>10</b>
<b>Role:</b>	This group of public/private stakeholders convened by the Deputy Mayor engages the government and community to provide and preserve housing and shelter in the central city.					
<b>Name:</b>	Comprehensive Housing Strategy Taskforce	<b>x</b>				<b>28</b>
<b>Role:</b>	This group of public/private stakeholders presented a Comprehensive Housing Plan to the DC Council for approval. It includes recommendations to achieve 10-year plan housing goals.					
<b>Name:</b>	Child and Family Services Administration and The Community Partnership Collaboration		<b>x</b>			<b>10</b>
<b>Role:</b>	This group coordinates early intervention strategies for youth aging out of foster care. This prevention effort focuses on connecting at risk youth with community family support centers.					
<b>Name:</b>	D.C. Health Advisory Taskforce	<b>x</b>				<b>30</b>
<b>Role:</b>	Public/Private Stakeholders recommend ways to expand health coverage and impact policy for marginalized communities. Recommendations are made annually through a report to the Mayor.					
<b>Name:</b>	Department of Mental Health Partnership Council	<b>x</b>				<b>20</b>
<b>Role:</b>	The Council identifies issues with accessibility, utilization and quality of services offered by the Department. Recommendations are made through an Annual Report to the Director.					
<b>Name:</b>	The Campaign for Inclusionary Zoning	<b>x</b>				<b>55</b>
<b>Role:</b>	Comprised of Public/Private stakeholders, this group has developed a proposal for the incorporation of a mandatory inclusionary zoning program.					

### D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	N/A			
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	Interagency Council on Homelessness			
	Office of the Deputy Mayor for Children, Youth Families and Elders (Human Services Cluster)			
	Department of Human Services			
	Office of the Deputy Mayor for Housing and Economic Development			
	Office of the City Administrator			
	Department of Employment Services			
	Department of Housing and Community Development			
	District of Columbia Housing Finance Agency			
	District of Columbia Emergency Management Services			
	Department of Health (DOH)		(SA)	(HIV)
	Addictions, Prevention and Recovery Administration		(SA)	
	Office of Medicaid Public Provider Reforms		(SA)	(SMI)
	Office of Veterans Affairs		(VET)	
	District Department of Mental Health		(SMI)	(SA)
	Child and Family Services Agency		(Y)	
	<b>PUBLIC HOUSING AGENCIES</b>			
	District of Columbia Housing Authority		(SMI)	
	<b>SCHOOL SYSTEMS/UNIVERSITIES</b>			
	DC Public Schools		(Y)	
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	Metropolitan Police Department		(SMI)	(SA)
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	Workforce Investment Council			
	<b>OTHER</b>			
	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	Access Housing		(VET)	
	Bethany Inc.		(SMI)	
	Coalition for the Homeless		(SA)	

Covenant House DC		(Y)	
Community Connections		(SMI)	
Community of Hope			
Community Council for the Homeless at Friendship Place		(SMI)	
DC Central Kitchen			
Families Forward			
Green Door		(SMI)	
Healthy Families Thriving Communities Council			
House of Ruth		(DV)	
Jobs for Homeless People			
Latin American Youth Center		(Y)	
Latino Transitional Housing Partnership		(Y)	
Manna, Inc.			
Miriam's House		(HIV)	
My Sister's Place		(DV)	
N Street Village		(SA)	
Neighbors' Consejo		(SA)	
Residing In Group Housing Together		(HIV)	
Sasha Bruce Youthworks		(Y)	
Pathways to Housing		(SA)	(SMI)
TERRIFIC		(HIV)	
Transitional Housing Corporation		(SA)	
Woodley House		(SA)	(SMI)
US Veterans Initiative		(VET)	
United Planning Organization			
<b>FAITH-BASED ORGANIZATIONS</b>			
Catholic Charities		(SA)	
Christ House			
Community Family Life Services			
Damien Ministries		(SA)	(SMI)
Gospel Rescue Ministries		(SA)	
New Hope Ministries			
Salvation Army		(SA)	
So Others Might Eat		(SA)	(SMI)
Georgetown Ministry Center		(SA)	(SMI)
Capitol Hill Group Ministries			
Interfaith Conference of Metropolitan Washington			
<b>FUNDERS / ADVOCACY GROUPS</b>			
Bread for the City			
FEMA Board			
Fannie Mae Foundation/Corporation			
Metropolitan Washington Council of Governments- Homeless Services Committee			
D.C. ACORN			
Washington Legal Clinic for the Homeless			

Coalition for Nonprofit Housing and Economic Development			
Fair Budget Coalition			
Coalition of Homeless and Housing Organizations			
Community Foundation for the National Capital Region			
<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
Bank of America			
Curry and Wilbourn, P.L.L.P.			
Downtown Business Improvement District			
Fannie Mae Corporation			
Golden Triangle Business Improvement District			
Hogan and Hartson Law Firm			
Carr America Corporation			
City First Bank of Washington, D.C.			
Telesis Corporation			
William C. Smith Company			
<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
D.C. Health Care Alliance		(SMI)	(HIV)
Unity Healthcare		(SA)	(SMI)
Georgetown Medical Mobile Van Unit			
<b>HOMELESS/FORMERLY HOMELESS PERSONS</b>			
Gerald McCorkle, TCP Board Member, PPRC		(VET)	
Grace Contee, TCP Board Member		(DV)	(SA)
Cheryl Barnes-Homeless Advocate, PPRC		(SMI)	
Frances Priester, DMH Consumer Advocate		(SMI)	
Until We're Home-The Committee to Save Franklin School			
<b>OTHER</b>			
James O. Gibson, Center for the Study of Social Policy chairs the Community Partnership Board and convenes the SuperNOFA Project Priority Review Committee (PPRC)			
Guyton Harvey, Department of Housing and Community Development, PPRC			
Scott Schenkelberg, Miriam's Kitchen, PPRC		(SMI)	
Schroeder Stribling, N Street Village, PPRC		(SMI)	
Deborah Rowe, Department of Health, PPRC		(HIV)	(SMI)
Laurel Weir, National Law Center on Homelessness & Poverty, PPRC			
Cedric Brown, DC Housing Finance Agency			
Chet Grey, Downtown Business Improvement District			

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

### E: CoC Governing Structure Chart

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p><input checked="" type="checkbox"/> Yes, a 501(c)(3)  <input type="checkbox"/> Yes, a 501(c)(4)  <input type="checkbox"/> Yes, other – specify: _____  <input type="checkbox"/> No, not legally recognized</p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring?</p> <p>The Community Partnership already serves as the designated agency responsible for applying for HUD funding. The organization also serves as the project grantee, provides program oversight and conducts program monitoring as needed.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p>90%</p>
<p>4a. Indicate how the <b>members</b> of the primary decision-making body are selected (check all that apply):</p> <p><input checked="" type="checkbox"/> Elected                      <input type="checkbox"/> Assigned/Volunteer  <input type="checkbox"/> Appointed                      <input type="checkbox"/> Other – specify: _____</p>	
<p>4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.) The By Laws of the Partnership require Board representation from four categories: District of Columbia government, Homeless Service Providers, Formerly Homeless Individuals/Community Members and Business Representatives. Board Members from the District of Columbia government are named by the Mayor and accepted by the full Board. All other categories have one lead appointed representative who is responsible for making recommendations to the Nominating Committee for additional members to represent their stakeholder group. These recommendations are reviewed and voted on once a year by the full Board.</p>	
<p>5. Indicate how the <b>leaders</b> of the primary decision-making body are selected (check all that apply):</p> <p><input type="checkbox"/> Elected                      <input type="checkbox"/> Assigned/Volunteer  <input checked="" type="checkbox"/> Appointed                      <input type="checkbox"/> Other – specify: _____</p>	

## F: CoC Project Review and Selection Chart

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

## G: CoC Written Complaints Chart

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

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Change, Incorporated	X	X	X															
Columbia Heights/Shaw Family Support Collaborative	X	X	X						X	X								
Families Forward Exit Assistance		X	X															
Georgia Avenue/Rock Creek East Family Support Collaborative	X	X	X						X	X								
Catholic Charities Northeast & Southeast Family Centers	X	X	X						X									
North West Church Family Network		X	X						X	X								
Plymouth Congregational United Church of Christ	X	X	X															
Refuge of Hope Disciple Center	X	X	X															
Edgewood/Brookland Family Support Collaborative	X	X	X						X	X								
Near Northeast Community Improvement Corporation	X	X	X															
Community Family Life Services	X	X	X						X									
Capitol Hill Group Ministry	X	X	X			X			X									
South Washington/ West of the River Family Support Collaborative	X	X	X						X	X								
Virginia Williams Family Resource Center	X	X	X						X							X		
Perry School Community Services Center	X	X	X						X									
Marshall Heights Community Development Organization	X	X	X															
East River Community Development Organization		X	X															

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Salvation Army-East River Initiative & Grate Patrol		X	X			X												
Parklands Community Center		X	X						X									
North Capitol Area Healthy Families Collaborative		X	X						X	X								
Far Southeast Family Support Collaborative		X	X						X	X								
Washington Legal Clinic for the Homeless				X	X													
University Legal Services				X	X													
Bread for the City				X	X				X				X					
Department of Human Services & DC Housing Authority Rental Vendor Program		X																
First Seventh Day Adventist Church						X												
Bethany Women's Center						X			X									
Community Council for the Homeless		X	X			X			X			X	X					
Covenant House of Washington						X			X									
Downtown BID Service Center						X			X	X		X						
Downtown Cluster of Congregations						X												
Georgetown Ministries						X			X				X					
Neighbor's Consejo				X		X			X	X	X			X				
Rachael's Women's Center						X			X	X								
Unity Healthcare						X	X		X			X	X					X
Union Temple Mission						X												
Allen Community Outreach Center						X												
McKenna's Wagon						X												
DOH/APRA- Andromeda, Youth, Drug Abstinence, RAP, Demeter Programs									X		X		X					
Columbia Road Health Services												X	X					
Community Clinic												X	X					
Comprehensive Psychiatric Emergency Program												X	X					
Joseph's House									X			X	X	X				

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
La Clinica de Pueblo									X				X	X				
George Washington University Medical Center Mobile Mammography Program							X						X					
SOME Health Services; Employment and Training										X			X	X	X	X		
Washington Free Clinic													X	X				
Walker Jones Adult Clinic													X					
Zacchaeus Free Clinic													X	X				
US Vets Americorps Project						X												
Veterans Affairs Medical Center Outreach Team						X			X	X								
Department of Mental Health (DMH) Homeless Street Outreach Team									X	X	X	X	X					
Department of Mental Health-Isaiah House						X			X									
DMH-DC Assertive Community Treatment Teams						X			X	X	X	X	X					
DMH and Addiction Prevention, Department of Health (DOH) and Recover Administration (APRA)-Project Orion						X	X		X	X				X				
Golden Triangle						X				X								
DC Central Kitchen						X				X					X	X		
DC Comprehensive AIDS Resource Education Consortium						X								X				
Damien Ministries									X		X	X	X					
Food and Friends														X				
Family Medical Counseling Services														X				
Whitman Walker Clinic				X	X				X									
Latin American Youth Center						X			X			X	X	X				
Sasha Bruce Youthworks						X			X				X	X				
Safe Harbor						X												
Legal Aid Society				X	X													
Lutheran Social Services									X			X	X	X				
Samaritan Ministry of Greater Washington									X				X	X	X			

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
93% of emergency shelters in the Continuum of Care have a substance abuse program or coordinate with APRA or AA to provide meetings in shelter											X							
DMH-St. Elizabeth's crisis unit; Office of Consumer Rights				X	X				X		X	X			X			
Catholic Community Center-Archdiocese of Washington											X				X			
DMH 17 Core Service Agencies funded through Medicaid									X			X						
DMH <i>Our House</i>									X			X						
Department of Health Housing Opportunities for Persons with Aids (HOPWA)														X				
APRA – Detox Centers, Methadone Clinics, Aftercare Counseling and Referrals									X		X		X					
DOH DC General HIV/AIDS Program													X	X				
Family Medical Counseling Services									X				X	X				
APRA and Unity Healthcare-First Street Health Center (FSHC)											X		X	X				
Washington Free Clinic (3 locations)											X	X	X	X	X			
Whitman Walker Clinic									X		X	X	X	X	X			
House of Ruth Kidspace									X								X	X
Bright Beginnings Child Development									X								X	
DHS Income Maintenance Administration funds childcare slots for TANF families in work program																	X	
Parks and Recreation Children's Services																	X	
DC Public Schools Homeless Services Unit																		X
Head Start Child Development Program															X		X	
Catholic Charities Model City Daycare & Parenting Program										X					X		X	
CentroNio																	X	
Center for Family Health											X	X	X	X	X			

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
D.C. Central Kitchen Job Training Program									X						X	X		
Department of Employment Services (DOES) One Stop Career Center (6 locations)																X		
US Department of Labor-Job Corps Training Program										X					X	X		
Families Forward Employment Training									X						X	X		
Friendship House Association-Job Training															X	X		
Goodwill of Greater Washington																X		
Adult Education and GED Providers															X			
Perry School Community Service Center-Economic Empowerment Program									X	X					X	X		
Parks and Recreation and DHS Hypothermia Transportation																		X
Tokens are provided by most programs for individuals to travel by Metro to receive services																		X
Cease Fire													X	X	X			
Capitol Hill Group Ministry Youth Empowerment Program									X						X	X		
Clean and Sober Streets									X	X	X				X	X		
City Lights School															X	X		
D.C. Health Care Alliance												X						
DOH DC Healthy Families												X						
Planned Parenthood												X						
Spanish Catholic Center												X	X	X			X	
DC Travelers Aid																		X
Anacostia Community Health Center												X						
Community of Hope Clinic												X						
Christ House-Medical Beds									X		X	X	X					
CCS Refugee Center									X	X					X	X		
Center City Community Corporation		X	X							X					X	X	X	

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Alliance for Children and Families	X	X	X															
ARCH Fatherhood & Youthbuild Initiatives															X	X		
Father McKenna Center	X	X	X	X														X
Greater Washington Urban League	X	X	X															
Neighbor's Consejo Emergency Assistance	X	X	X															
Shiloh Family Center		X	X	X														
Southwest Community House Assoc.		X	X															
Department of Housing and Community Development-Home Purchase Assistance Program	X																	
DC Energy Office-Low Income Home Energy Assistance Program			X															X
Ethiopian Community Center		X	X						X									
Barney Neighborhood House												X	X	X				
Community Medical Care											X	X	X					
Sexual Minority Youth Assistance League												X	X	X				
Jacob Burns Community Legal Clinics for Domestic Violence				X	X													
Holy Comforter-St. Cyprian Community Action Group									X	X	X							
DOH New Rising Women's Center, Women's Methadone and Aftercare Programs											X							
Alcoholics and Narcotics Anonymous Groups											X							
United Planning Organization		X	X	X		X			X							X		X
Homeless Children's Playtime Project																	X	
DC Action for Children				X														
DC Metropolitan Police Department-Hypothermia Taskforce								X										
Anchor Mental Health Vocational Training and Supported Emp. Program											X			X	X			

## I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
<b>Current Inventory</b>			Ind.	Fam.									
Capitol Hill Group Ministries	Congregation Based Shelter Project	PA		33	110006	FC		10	33		33		
Catholic Charities	Sacred Heart Catholic Church	PA			110006	SM						25	
Catholic Charities	Hermano Pedro	PA	15		110006	SF				15	15		
Catholic Charities	Franklin School Shelter	PA	240		110006	SM				240	240	60	
Catholic Charities	Harriet Tubman Shelter	PA	75		110006	SF				75	75		
Catholic Charities	801 East	PA	334		110006	SM				334	334		
Catholic Charities	801 East-TRP	PA	60		110006	SM				60	60		
Catholic Charities	801 East-Project Rise	PA	15		110006	SM				15	15		
Catholic Charities	John Young Center at FCS	PA	85		110006	SF				85	85	20	
Catholic Charities	1355-1357 New York Avenue HAC	PA	360		110006	SM				360	360		
Catholic Charities	Adams Place	PA			110006	SM						150	
Catholic Charities	Community of Christ	PA			110006	SF						15	
Catholic Charities	Seventh Day Adventist	PA			110006	SM						25	
Catholic Charities	New Covenant Baptist Church	PA			110006	SM						10	
Catholic Worker	Dorothy Day House	D			110006	FC		5	15		15		
CCNV	Federal City Shelter	PA	525		110006	SMF				525	525		

Central Union Mission	Overnight Men's Shelter	D			110006	SM				82	82		
Coalition for the Homeless	DC Village	PA		238	110006	FC		68	238		238		
Coalition for the Homeless	Spring Road NW Apartments	PA		92	110006	FC		28	92		92		
Coalition for the Homeless	Emery Working Men's Shelter	PA	110		110006	SM				110	110		
Coalition for the Homeless	La Casa Shelter Overnight	PA	60		110006	SM				60	60		
Coalition for the Homeless	La Casa Shelter Hypothermia	PA			110006	SM						30	
Community Council for the Homeless Church Based Shelter Network	St. Alban's, Metropolitan, St. Paul's, St. Luke's	PA			110006	SMF						14	
Community of Hope	Girard Street NW Apartments	PA		100	110006	FC		20	100		100		
Covenant House DC	Crisis Center	N			110006	YMF				10	10		
Covenant House DC	Family Program	N			110006	FC		6	12		12		
DOH and DMH	DC General Sobering Center	D			110006	SMF						50	
Families Forward	DC General Hypothermia Shelter	PA			110006	FC						150	
Families Forward	Park Rd Family Shelter New Beginnings	PA		149	110006	FC		45	149		149		
Gospel Rescue Ministries	Samaritan Program	D			110006	SM				37	37		
House of Ruth	Madison Shelter Overnight	PA	39		110006	SF				39	39		
House of Ruth*	Madison Shelter/24 hours*	PA	25		110006	SF				25	25		
House of Ruth*	Herspace*	DV			110006	FC	DV	16	53		53		

Latin American Youth Center	Street Outreach Program	D			110006	YMF				6	6		
Latin American Youth Center	Host Homes Program	D			110006	YMF				6	6		
My Sister's Place	My Sister's Place Casa & Crisis	DV			110006	M	DV	10	24	6	30		
N Street Village, Inc.	Luther Place Women's Shelter	D			110006	SF				31	31		
New Hope Ministries	Open Door 12- hr Shelter @ FCS & MISS Program	PA	108		110006	SF				108	108		
New Hope Ministries	Open Door Miss Program @ FCS	PA	18		110006	SF				18	18		
New Hope Ministries	Abba Trailers	PA			110006							144	
RAP, Inc.	HIV/AIDS Emergency	D			110006	SMF	HIV			10	10		
Sasha Bruce Youthworks	Bruce House	D			110006	YMF				15	15		
So Others Might Eat	Jordan House	D			110006					7	7		
St. Aloysius Roman Catholic Church	Fr. McKenna Center	D			110006	SM						25	
St. Luke's United Methodist	Church-based year round shelter	D			110006	SM				6	6		
<b>SUBTOTALS:</b>			<b>2,069</b>	<b>612</b>	<b>SUBTOT. CURRENT INVENTORY:</b>			<b>208</b>	<b>716</b>	<b>2,285</b>	<b>3,001</b>	<b>718</b>	<b>0</b>
<b>New Inventory in Place in 2006</b> <b>(Feb. 1, 2006 – Jan. 31, 2007)</b>			Ind.	Fam.									
<b>SUBTOTALS:</b>			<b>0</b>	<b>0</b>	<b>SUBTOTAL NEW INVENTORY:</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Inventory Under Development</b>			Anticipated Occupancy										

		Date										
Gales School-slated to replace Franklin Shelter		4/01/08	110006	SM				177	177			
Coalition for the Homeless	New La Casa Emergency Shelter Facility	6/01/10	110006	SM				130	130			
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							<b>0</b>	<b>0</b>	<b>307</b>	<b>307</b>	<b>0</b>	<b>0</b>
<b>Unmet Need TOTALS:</b>							<b>175</b>	<b>437</b>	<b>0</b>	<b>437</b>	<b>0</b>	<b>0</b>
<b>Total Year-Round Beds—Individuals</b>						<b>Total Year-Round Beds—Families</b>						
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			<b>2,285</b>	6. Total Year-Round Family Emergency Shelter (ES) Beds:				<b>716</b>				
2. Number of DV Year-Round Individual ES Beds:			<b>6</b>	7. Number of DV Year-Round Family ES Beds:				<b>77</b>				
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			<b>2,279</b>	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):				<b>639</b>				
4. Total Year-Round Individual ES Beds in HMIS:			<b>2,069</b>	9. Total Year-Round Family ES Beds in HMIS				<b>612</b>				
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			<b>91%</b>	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):				<b>96%</b>				

## I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
<b>Current Inventory</b>			Ind.	Fam.							
Access Housing	Southeast Vets Center	PA	30		110006	SMF	VET			30	30
Access Housing *	Chesapeake House *	PA	14		110006	SMF	VET			14	14
Bethany, Inc.*	Good Hope House*	PA		23	110006	FC		7	23		23
Calvary Women's Services	Calvary Women's Shelter – 5th & H St.	PA	25		110006	SF				25	25
Calvary Women's Services*	Calvary Women's Shelter – Pathways Transitional*	PA	10		110006	SF				10	10
Catholic Charities*	Mount Carmel House*	PA	21		110006	SF				21	21
Catholic Charities*	St. Matthias Mulumba House*	PA	29		110006	SM				29	29
Catholic Charities*	St. Martin's House*	PA		33	110006	FC		10	33		33
Catholic Charities*	TEN Program*	PA		60	110006	FC		20	60		60
CCH @ Friendship Place	The Haven	PA	5		110006	SF				5	5
Central Union Mission	Spiritual Transformation Program	D			110006	SM				58	58

Chesapeake Health Education Project	McDermott House for Veterans	D			110006	SM	VET				26	26
Christ House*	Christ House (Medical Beds for Women)*	PA	4		110006	SF					4	4
Christ House*	Medical Beds & Transitional units*	PA	34		110006	SM					34	34
Clean & Sober Streets	Recovery program FCS	D			110006	SMF					120	120
Coalition for the Homeless*	Blair Transitional Recovery Program*	PA	85		110006	SM					85	85
Coalition for the Homeless	Park Road NW TRP	PA	12		110006	SM					12	12
Coalition for the Homeless	Webster House	PA	12		110006	SM					12	12
Coalition for the Homeless	La Casa Shelter/ 24 hour TRP	PA	40		110006	SM					40	40
Coalition for the Homeless	Valley Place Transitional	PA		74	110006	FC		18	74			74
Community Connections*	R & Newton St NW*	PA	16		110006	SMF					16	16
Community Connections*	Training Apts *	PA	12		110006	SMF					12	12
Community Family Life Services*	Family Reunification Apartments*	PA		45	110006	FC		15	45			45
Community Family Life Services*	Brandywine*	PA		60	110006	FC		20	60			60
Community Family Life Services*	Trinity Arms*	PA		66	110006	FC		20	66			66

Community of Hope	Hope Apartments	PA		30	110006	FC		10	30		30
Covenant House DC	Transitional Living Program	N			110006	YMF				5	5
Damien Ministries	HOPWA Transitional	D			110006	SMF				3	3
Diane's House	Diane's House	D			110006	SF				10	10
Families Forward*	HUD I*	PA		59	110006	FC		18	59		59
Families Forward*	HUD II*	PA		59	110006	FC		18	59		59
For the Love of Children	Hope and a Home Program	D			110006	FC		18	45		45
Gospel Rescue Ministries*	Fulton House*	PA	17		110006	SF				17	17
Gospel Rescue Ministries*	Transforming Lives*	PA	25		110006	SM				25	25
Gospel Rescue Ministries	Barnabas House	D			110006	SM				8	8
Gospel Rescue Ministries	Ready to Work	D			110006	D				34	34
Hannah House	HERS Program	PA	15		110006	SF				15	15
Hannah House*	THEIRS Program*	PA		17	110006	FC		5	17		17
House of Ruth*	New Beginnings*	PA	10		110006	SF				10	10
House of Ruth	New Pathways	PA	10		110006	SF				10	10
House of Ruth*	Family Reunification Program*	PA		33	110006	FC		10	33		33
House of Ruth*	Unity Inn*	PA	25		110006	SF				25	25
Latin American Youth Center	Transitional Living Program	D			110006	YMF				5	5
Latino Transitional Housing Partnership*	SHP scatter site *apartments	PA		54	110006	FC		16	54		54
Marshal Heights Community	Olive House	D			110006	SMF				4	4

Marshall Heights Community Development Corp.	305 61st St., NE	D			110006	FC		8	18		18
My Sister's Place	My Sister's Place	PA		20	110006	FC DV		6	20		20
N Street Village	Sarah House & Harriet Tubman House	D			110006	SF				21	21
N Street Village	3rd Floor Recovery Housing	D			110006	SF				20	20
Neighbors Consejo*	1622 Lamont St NW & 3120 16th ST*	PA	6		110006	SM				6	6
New Endeavors by Women	NEW Transitional	PA	38		110006	SF				38	38
New Endeavors by Women*	New Expectations*	PA		20	110006	FC		10	20		20
New Hope Ministries*	Safe Haven (Haven of Hope & Door of Hope)*	PA	25		110006	SMF				25	25
Northwest Center	2702 Ontario Rd NW	D			110006	FC		5	10		10
Northwest Church Family Network	Augusta & Louisa Apartments	D			110006	FC		28	92		92
Safe Haven Outreach	Riley Cheeks Inc.	D			110006	SMF				18	18
Safe Haven Outreach	Sibley Plaza	D			110006	SMF				41	41
Salvation Army*	Harbor Lights*	PA	33		110006	SMF				33	33
Salvation Army	Turning Point	D			110006	FC		28	99		99
Samaritan Inn	Intensive	D			110006	SMF				24	24

	Recovery Program									
Samaritan Inn	Trans. Living Program (Men)	D			110006	SM			27	27
Samaritan Inn	Trans. Living Program (Women)	D			110006	SF			21	21
Sasha Bruce Youthworks*	Independent Living Program*	PA	12		110006	YMF			12	12
Sasha Bruce Youthworks*	Transitional Living Program*	PA	10		110006	YMF			10	10
Sasha Bruce Youthworks*	Olaiya's Cradle - teen mothers program*	PA		10	110006	FC	5	10		10
So Others Might Eat (SOME)*	Exodus House*	PA	18		110006	SM			18	18
So Others Might Eat (SOME)*	Leland Place*	PA	23		110006	SM			23	23
So Others Might Eat (SOME)*	Maya Angelou House/Harvest House*	PA	27		110006	SF			27	27
So Others Might Eat (SOME)	Kirwan House	D			110006	SMF			9	9
So Others Might Eat (SOME)	Dwelling Place	D			110006	SMF			7	7
So Others Might Eat (SOME)	Thea Bowman House	D			110006	FC	14	38		38
Temple Micah	Micah House	D			110006	SM			4	4
Temple Sinai	Sinai House	D			110006	FC	4	12		12
Transitional Housing Corp.*	Partner Arms II*	PA		43	110006	FC	13	43		43
Transitional Housing Corp.*	Partner Arms I*	PA		46	110006	FC	14	46		46
Washington Hebrew	Carrie Simon House	D			110006	FC	3	6		6

Woodley House	Crossing Place	D			110006	SMF				8	8
Miriam's House	Arnold's Place	D			110006	SM				4	4
House of Imagene	House of Imagene	D			110006	M		5	20	45	65
<b>SUBTOTALS:</b>			<b>643</b>	<b>752</b>	<b>SUBTOT. CURRENT INVENTORY:</b>			<b>348</b>	<b>1,092</b>	<b>1,165</b>	<b>2,257</b>
<b>New Inventory in Place in 2006</b> (Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Neighbors Consejo*	1622 Lamont St NW & 3120 16th ST*	PA	6		110006	SM				6	6
<b>SUBTOTALS:</b>			<b>6</b>	<b>0</b>	<b>SUBTOTAL NEW INVENTORY:</b>			<b>0</b>	<b>0</b>	<b>6</b>	<b>6</b>
<b>Inventory Under Development</b>		Anticipated Occupancy Date									
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>											
<b>Unmet Need TOTALS:</b>							0	0	0	0	
<b>Total Year-Round Beds—Individuals</b>					<b>Total Year-Round Beds—Families</b>						
1. Total Year-Round Individual Transitional Housing Beds:			<b>1,165</b>	6. Total Year-Round Family Transitional Housing Beds:			<b>1,092</b>				
2. Number of DV Year-Round Individual TH Beds:			<b>0</b>	7. Number of DV Year-Round Family TH Beds:			<b>0</b>				
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			<b>1,165</b>	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):			<b>1,092</b>				
4. Total Year-Round Individual TH Beds in HMIS:			<b>643</b>	9. Total Year-Round Family TH Beds in HMIS			<b>752</b>				
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			<b>55%</b>	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			<b>69%</b>				

## I: CoC Housing Inventory Charts

<b>Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart</b>											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
<b>Current Inventory</b>			Ind.	Fam							
Access Housing	Southeast Vets Center SRO	PA	19		110006	SMF	VET			19	19
Anchor Mental Health	Scatter site Respite & PSH/ SMI	D			110006	SMF				70	70
Building Futures	Sunflower House	D			110006	FC		24	86		86
Building Futures	Marigold Place	D			110006	FC		8	30		30
Building Futures	Tenant Based Rental Program	D			110006	M	HIV	12	27	29	56
Catholic Charities	St. Martin's House SRO	N			110006	SM				17	17
CCH @ Friendship Place	Zeke's House	PA	5		110006	SM				5	5
CCH @ Friendship Place*	Chronic Homeless Program *	PA	10		110006	SMF				10	10
CCH @ Friendship Place	Church Based PSH	PA	35		110006	SMF				35	35
Christ House*	Kairos House SRO & scatter site apts.*	PA	38		110006	SM				38	38
Coalition for the Homeless	Sherman Avenue SRO	N			110006	SMF				10	10
Coates & Lane Foundation*	Scatter site permanent housing (SHP)*	PA	36		110006	SMF	HIV			36	36

Community Connections*	Girard St NE*	PA	6		110006	SM				6	6
Community Connections*	Suitland Rd SE Trauma*	PA	6		110006	SF				6	6
Community Connections*	1330 G Street, NE HIV*	PA	6		110006	SMF	HIV			6	6
Community Family Life Services	Milestone House SRO	D			110006	SMF				35	35
Community Family Life Services & Sasha Bruce Youthworks*	SAFAH Program *	PA		300	110006	FC		100	300		300
DOH*	S+C*	PA		16	110006	SMF	HIV			16	16
DOH*	S+C*	PA		20	110006	SMF	HIV			20	20
DMH	Permanent Housing for SMI Homeless (DRSP)	D			110006	M		10	30	104	134
DMH	Home First II	D			110006	M		33	99	455	554
Green Door*	SHP Permanent*	PA	12		110006	SMF				12	12
House of Help City of Hope	Grace View Apartments	D			110006	FC		5	20		20
House of Ruth*	Hope Rising*	PA		28	110006	FC	DV	12	28		28
Joseph's House	Joseph's House	D			110006	SM	HIV			9	9
L'Arche	Permanent Housing for Disabled	D			110006	SMF				9	9
Marshall Heights CDO	Willis P. Green SRO	D			110006	SMF				60	60
Miriam's House*	Miriam's House*	PA	20		110006	M	HIV			20	20
Missionaries of Charity	Gift of Peace	D			110006	SMF	HIV			48	48
N Street Village	Group Homes 4th Floor	D			110006	SF				20	20
Pathways to Housing*	Serial Inebriates*	PA	36		110006	SMF				36	36

Rachael's Women's Center*	SHP Permanent for Women (two sites) *	PA	17		110006	SF			17	17
RIGHT, Inc.	HOPWA Permanent Housing	D			110006	FC	4	12		12
Safe Haven Outreach	Haven House Cooperative Sec. 811	D			110006	FC	29	71		71
Samaritan Inns	Service-enriched housing	D			110006	SMF			170	170
So Others Might Eat (SOME)	Anna Cooper House	D			110006	SMF			50	50
So Others Might Eat (SOME)	Jeremiah House	D			110006	SMF			54	54
So Others Might Eat (SOME)	Shalom House	D			110006	SMF			93	93
So Others Might Eat	Independence Place	D			110006	FC	21	87		87
So Others Might Eat	Mary Claire House	D			110006	SMF			10	10
The Community Partnership	Community Care Grant Program	PA		280	110006	FC	87	280		280
The Community Partnership	Community Care Grant Program II- Housing First for Families in Shelter	PA		40	110006	FC	11	40		40
The Community Partnership*	S+C Multiple Sponsor Agencies*	PA	224	224	110006	M	81	224	224	448
The Community Partnership*	S+C Expansion*	PA		80	110006	FC	21	80		80
The Community Partnership*	Chronic Homeless Initiative 1*	PA	74		110006	SMF			74	74
US Vets Initiative*	Supportive Housing Program*	PA	12		110006	SMF	VET		12	12
Woodley House*	Holly House*	PA	8		110006	SMF			8	8

Woodley House	Supported Independent Living Apartment Style Living Programs	D			110006	SMF			65	65	
Woodley House	Valenti House	D			110006	SMF			20	20	
<b>SUBTOTALS:</b>			<b>564</b>	<b>988</b>	<b>SUBTOT. CURRENT INVENTORY:</b>			<b>458</b>	<b>1,414</b>	<b>1,928</b>	<b>3,342</b>
<b>New Inventory in Place in 2006 (Feb. 1, 2006 – Jan. 31, 2007)</b>			Ind.	Fam							
So Others Might Eat	Freedom House SRO	D			110006	SM			30	30	
So Others Might Eat (SOME)	Joe Smith House	D			110006	SM			10	10	
The Community Partnership*	Chronic Homeless Initiative Renewal*	PA	40		110006	SMF			40	40	
The Community Partnership*	Chronic Homeless Initiative 2*	PA	8		110006				8	8	
The Community Partnership	Community Care Grant Program II- Housing First for Families in Shelter	PA		59	110006			13	59	59	
The Community Partnership*	S+C Expansion*	PA		150	110006			53	150	150	
<b>SUBTOTALS:</b>			<b>48</b>	<b>209</b>	<b>SUBTOTAL NEW INVENTORY:</b>			<b>66</b>	<b>209</b>	<b>88</b>	<b>297</b>
<b>Inventory Under Development</b>			Anticipated Occupancy Date								
Building Futures	Daffodil House		1/1/09		110006	FC		25	50	50	
Christ House*	Kairos House II*		1/1/08		110006	SM			13	13	
Community of Hope	<i>Local Rent Subsidy Program (LRSP)</i>		1/1/08		110006	FC		15	38	38	
Covenant House*	My Place*		9/07		110006	YFC		10	25	25	

Four Walls Development	4400 Hunt Place, NE	1/1/10	110006	SMF				15	15
Latino Transitional Housing Partnership*	Sim Barreras*	9/07	110006	FC		8	24		24
Neighbors' Consejo*	Permanent Housing for Chronically Homeless *	09/01/07	110006	SM				24	24
Open Arms Housing*	The Dunbar*	10/1/07	110006	SF				16	16
So Others Might Eat	Good Hope Road SROs <i>Local Rent Subsidy Program (LRSP)</i>	11//1/08	110006	SMF				46	46
So Others Might Eat	Barnaby House <i>LRSP</i>	06/07	110006	FC		10	25		25
So Others Might Eat	50 <sup>th</sup> Street SROs <i>LRSP</i>	3/1/09	110006	SMF				86	86
So Others Might Eat	South Capitol SROs <i>LRSP</i>	3/1/09	110006	SMF				53	53
So Others Might Eat	Texas Avenue <i>LRSP</i>	2/1/09	110006	FC		18	40		40
So Others Might Eat	Zagami House <i>LRSP</i>	1/1/08	110006	FC		12	36		36
Pathways to Housing	Scattered Site for Chronically Homeless <i>LRSP</i>	1/1/08	110006	SMF				30	30
Transitional Housing Corporation	6000 13 <sup>th</sup> Place NW <i>LRSP</i>	12/09	110006	FC		9	23		23
DMH	PSH for SMI Homeless	1/1/10	110006	SMF				214	214
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>						107	261	497	758
<b>Unmet Need TOTALS:</b>						<b>2,882</b>	<b>7,205</b>	<b>1,901</b>	<b>9,106</b>

<b>Total Year-Round Beds—Individuals</b>		<b>Total Year-Round Beds—Families</b>	
1. Total Year-Round Individual Permanent Housing Beds:	<b>2,016</b>	6. Total Year-Round Family Permanent Housing Beds:	<b>1,623</b>
2. Number of DV Year-Round Individual PH Beds:	<b>0</b>	7. Number of DV Year-Round Family PH Beds:	<b>0</b>
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):	<b>2,016</b>	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):	<b>1,623</b>
4. Total Year-Round Individual PH Beds in HMIS:	<b>612</b>	9. Total Year-Round Family PH Beds in HMIS	<b>1,197</b>
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	<b>30%</b>	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	<b>74%</b>

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

<b>(1) Indicate date on which Housing Inventory count was completed: <u>1/25/07</u></b>	
<b>(2) Identify the method used to complete the Housing Inventory Chart (check one):</b>	
<input type="checkbox"/>	<b>Housing inventory survey</b> – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<input checked="" type="checkbox"/>	<b>HMIS plus housing inventory</b> – Used HMIS data on a custom designed Assessment supplemented by a similarly designed paper survey for providers NOT participating in the HMIS
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
<b>100%</b>	Emergency shelter providers
<b>97%</b>	Transitional housing providers
<b>97%</b>	Permanent supportive housing providers
<b>(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Compared HMIS and housing inventory survey data to check for consistency.
<input checked="" type="checkbox"/>	<b>Other</b> – specify: For private providers not contractually obligated to use the HMIS, paper surveys and phone interviews were utilized to obtain 2007 housing information. Publicly funded programs contractually obligated to participate in the HMIS were trained on how to manage their electronic bedlists to ensure Housing Inventory information through the Point in Time Enumeration process.
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Sheltered count</b> (point-in-time)
<input checked="" type="checkbox"/>	<b>Unsheltered count</b> (point-in-time)
<input checked="" type="checkbox"/>	<b>Housing inventory</b> (number of beds available)
<input type="checkbox"/>	<b>Local studies or data sources</b> – specify:
<input type="checkbox"/>	<b>National studies or data sources</b> – specify:
<input type="checkbox"/>	<b>Provider opinion through discussions or survey forms</b>
<input checked="" type="checkbox"/>	<b>Other</b> – specify: Planned unit targets outlined in the 10 year plan are embedded in the Consolidated Plan.
<b>(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):</b>	
<input type="checkbox"/>	<b>Stakeholder discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	<b>Locally-determined formula</b> – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:

**(6b) If more than one method was used in 6a, please describe how these methods were used.** Unmet need was determined by analyzing the housing inventory bed availability with average occupancy rates and Point in Time occupancy. 10 year plan goals were also taken into consideration when calculating unmet need by subtracting the total amount of available and under-development beds from *Homeless No More* 10 year expansion goals.

## CoC Homeless Population and Subpopulations

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

Indicate date of last point-in-time count: (01/25/2007)				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <u>with</u> Dependent Children:	246	261	N/A	507
1a. Total Number of Persons in these Households (adults and children)	793	810	N/A	1603
2. Number of Households <u>without</u> Dependent Children**	2,455	922	340	3717
2a. Total Number of Persons in these Households	2,455	922	340	3717
<b>Total Persons (Add Lines 1a and 2a):</b>	3248	1732	340	5320
Part 2: Homeless Subpopulations below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	1,439		321	1760
b. Severely Mentally Ill	777		148	925
c. Chronic Substance Abuse	1,019		75	1094
d. Veterans	487		37	524
e. Persons with HIV/AIDS	126		4	130
f. Victims of Domestic Violence	368		8	376
g. Unaccompanied Youth (Under 18)	35		2	37

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

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

<b>(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):</b>
<input checked="" type="checkbox"/> <b>Survey</b> – Providers count the total number of clients residing in their programs during the PIT count.
<input checked="" type="checkbox"/> <b>HMIS</b> – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/> <b>Other</b> – specify:
<b>(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.</b> Publicly funded programs must complete custom designed Point in Time Assessments through the HMIS; Private agencies not utilizing the HMIS fill out paper surveys that are similarly designed for Point in Time subpopulation information.
<b>(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):</b>
<input checked="" type="checkbox"/> <b>Point-in-time (PIT) interviews with each adult and unaccompanied youth</b> – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/> <b>Sample of PIT interviews plus extrapolation</b> – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/> <b>Non-HMIS client-level information</b> - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/> <b>Provider expertise</b> – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input checked="" type="checkbox"/> <b>HMIS</b> – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/> <b>Other</b> –specify:
<b>(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.</b> Outreach agencies that completed the city’s street counts and Emergency shelters for individuals primarily conducted interviews to gather subpopulation information as lengths of stay and client engagements are shorter and disparate and case file information is usually limited. This information was then entered into the HMIS Point in Time Assessment for each person. Emergency Family, Transitional and Permanent Programs utilized case files and information stored in the HMIS to complete Point in Time surveys on clients residing in their programs as length of stay and engagements are longer resulting in more complete case file information.
<b>(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):</b>
<input checked="" type="checkbox"/> <b>Instructions</b> – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/> <b>Training</b> – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/> <b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input checked="" type="checkbox"/> <b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/> <b>Other</b> –specify:
<b>(4) How often will sheltered counts of sheltered homeless people take place in the future?</b>
<input type="checkbox"/> <b>Biennial (every two years)</b>
<input checked="" type="checkbox"/> <b>Annual</b>
<input type="checkbox"/> <b>Semi-annual</b>
<input type="checkbox"/> <b>Other</b> – specify:
<b>(5) Month and Year when next count of sheltered homeless persons will occur: January 2008</b>

<b>(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:</b>	
98%	Emergency shelter providers
90%	Transitional housing providers

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

<b>(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):</b>	
<input type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input checked="" type="checkbox"/> ALL persons were interviewed <b>OR</b> <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input checked="" type="checkbox"/>	<b>Other</b> – specify: Outreach agencies attempted to interview all unsheltered persons found on the streets or accessing services for unsheltered persons. HMIS Point in Time Assessments were completed on each person believed to be on the street. This information was de-duplicated and compared with Emergency Shelter information to determine whether any clients believed to be unsheltered did in fact access the shelter system.
<b>(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction.
<input type="checkbox"/>	<b>Known locations</b> – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input checked="" type="checkbox"/>	<b>Combination</b> – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<input type="checkbox"/>	<b>Other</b> –specify:
<b>(3) Indicate community partners involved in PIT unsheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Outreach teams</b>
<input checked="" type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input type="checkbox"/>	<b>Homeless and/or formerly homeless persons</b>
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted trainings for PIT enumerators.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?</b>	
<input type="checkbox"/>	<b>Biennial (every two years)</b>
<input checked="" type="checkbox"/>	<b>Annual</b>

<input type="checkbox"/> <b>Semi-annual</b>
<input type="checkbox"/> <b>Quarterly</b>
<input type="checkbox"/> <b>Other – specify:</b>
<b>(6) Month and Year when next PIT count of unsheltered homeless persons will occur: January 2008</b>

\*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

## CoC Homeless Management Information System (HMIS)

### M: CoC HMIS Charts

#### M-1: HMIS Lead Organization Information

Organization Name: The Community Partnership for the Prevention of Homelessness	Contact Person: Darlene Mathews
Phone: 202-543-5298	Email: dmathews@community-partnership.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
District of Columbia CoC	DC-500		

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

#### M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC <b>OR</b> Anticipated Date Entry Start Date for your CoC (mm/yyyy)	<b>If no data entry date, indicate reason:</b>
<b>06/2001 (pilot) 10/2001 (implementation)</b>	<input type="checkbox"/> New CoC in 2007
	<input type="checkbox"/> Still in planning/software selection process
	<input type="checkbox"/> Initial implementation

Briefly describe significant challenges/barriers the CoC has experienced in:

1. While the Partnership has increased HMIS participation across many areas of the Continuum of Care including prevention and supportive service programs, the organization continues to struggle to bring Transitional and Permanent Housing Programs for Individuals to a 75% bed coverage rate. The majority of transitional programs for individuals are operated by private entities that have expressed resistance to participating in the HMIS. Additionally, the Department of Mental Health (DMH) has managed two of the largest Permanent Housing programs for individuals the Home First II program and the Permanent Housing for SMI Homeless Persons. DMH has also expressed resistance to participate in the HMIS. The Partnership will continue to try to develop incentives to persuade private agencies and the local government agencies to participate in the HMIS at these two levels of the Continuum of Care.

The Partnership also increased staffing for the HMIS project management in 2006-2007. The agency now has a full time HMIS Program Assistant and Research Associate responsible for data analysis and report generation. However, staffing for the HMIS at the agency level continues to be challenging. At the shelter & housing program level, it is difficult to ensure that providers select an appropriate staff person that has enough time to dedicate to HMIS. This lack of dedicated personnel often leads to more data entry issues at the Provider level. The Partnership continues to utilize the SHP dedicated HMIS grant to provide ongoing training, technology grants and technical support to give agency level HMIS administrators resources to manage their data collection more effectively. The District is approaching its seventh year of implementation of the HMIS. The Partnership is now in the preliminary stages of developing a successful archiving plan. During this planning process, HMIS staff found structural inconsistencies in the way in which shelter and housing programs were set up. Next year, the Partnership will reorganize the system by 1) developing a cohesive program structure 2) restructuring programs that have been set up incorrectly 3) creating an archiving work plan to ensure the successful removal of old data and the cleaning, storage and analysis of that information. The reorganization of programs in the HMIS will be an expensive but necessary first step in ensuring successful archiving of older client records and developing a more cohesive structural design of the system that will allow for more consistently generated advanced reports.

2. HMIS Data and Technical Standards Final Notice requirements: In 2006, the Partnership revised the HMIS Standard Operating Procedure. The Standard Operating Procedure is in compliance with the HUD Data Standards and the local Homeless Services Reform Act. The city operates on a basis of Informed Consent as outlined in the HMIS Standard Operating Procedure and the Partnership's Privacy Policy. Additionally, each agency that participates in the HMIS was required to complete their own Privacy Policy and submit it to the Partnership for review. Working with agencies to develop their own privacy policies that meet their needs and HUD Data and Technical Standards has been a resource intensive task. To date, we have received and approved Privacy Policies for 70% of homeless providers participating in HMIS. The remaining agencies have submitted drafts of their Privacy Policies, which are being reviewed. The Partnership plans to ensure that 100% of agencies participating in the HMIS have privacy policies in place over the course of the year. The Partnership also created uniformed Privacy Notices for all programs participating in the HMIS. These notices are required to be placed in English and, when requested, in Spanish at every shelter or housing program utilizing the HMIS.

Compliance with PKI requirements in the Data and Technical Standards continues to be a challenge due to cost and staffing needs to support any PKI option for the number of programs within the District's HMIS program. Review and development of options for this portion of the standards is scheduled in the Partnership's HMIS project management plan for summer 2007, however greater technical assistance on this implementation will be needed to effectively meet this mandate.

**M-4: CoC Client Records**

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	19,961	18,544
2005	23,719	20,953
2006	22,753	19,368

**Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.**

As described in M-3, the Partnership is working to rectify structural inconsistencies in the way shelter and housing programs were set up in the HMIS. As a part of this restructuring, the Partnership found a few programs where double data entry was being completed on clients at both the agency and program level. DC operates on a closed-with no exceptions system; therefore these clients were being counted twice. The Partnership identified this problem and had Bowman Internet Systems merge these client records. This resulted in a more accurate albeit slightly reduced Clients Served Count. As this restructuring continues and the city discusses adding some exceptions to the closed system, it is possible that this trend of a decrease in records continues as previously closed records may be merged.

**M-5: Data Collection/Completeness and Coverage**

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	3%	Gender	2.9%
Social Security Number	9%	Veteran Status	18.5%
Date of Birth	5.7%	Disabling Condition	24.9%
Ethnicity	15.9%	Residence Prior to Program Entry	17.5%
Race	7.6%	Zip Code of Last Permanent Address	38.1%

**Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.** Through the Advanced Reporting Tool in ServicePoint, the Partnership created a series of quality control reports to assess client stays within a period and program occupancy. These reports, which are checked for a sample of programs weekly, illustrate client name, bed assignment and entry and exit dates. Analysis of bed lists and length of stay often identify clients that have not been exited from programs.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Y	N/A	10/2006
Transitional Housing	N	Y	10/2009
Permanent Supportive Housing	N	Y	10/2009

**(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.**

The majority of beds in the DC Continuum of Care are in the Emergency Shelter System. At this level, the city has a 91% coverage rate for Individuals Shelters and 96% coverage rate for Family Shelters. At the family Transitional and Permanent housing levels, bed coverage is high with 69% of transitional family beds and 74% of permanent family beds in the HMIS. However, bed coverage for Transitional and Permanent Housing Programs for Individuals continues to remain lower with coverage rates of 55% and 30% respectively. The lower coverage at the Individual Transitional level is due to a large amount of privately funded programs for singles that have not expressed an interest in participating in the HMIS. At the Permanent Housing level a large amount of beds are provided through the Department of Mental Health. They have their own data collection system and have declined all attempts to engage them in using the HMIS. The Partnership will take this issue to the Interagency Council on Homelessness to request that they approach the Department of Mental Health and privately funded transitional housing programs to provide at

least batched de-identified data to achieve a more improved coverage rate.
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**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

	Y	N	P
<b>1. Training Provided:</b>			
Basic computer training	X		
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
<b>2. CoC Process/Role:</b>			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
<b>3. Security—Participating agencies have:</b>			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?		X	
<b>4. Security—Agency responsible for centralized HMIS data collection and storage has:</b>			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
<b>5. Privacy Requirements:</b>			
If your state has additional confidentiality provisions, have they been implemented? <input checked="" type="checkbox"/> Check here if there are no additional state confidentiality provisions.			
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?			X
Does each participating agency have a privacy policy posted on its website (if applicable)?			X
<b>6. Data Quality—CoC has process to review and improve:</b>			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?	X		
<b>7. Unduplication of Client Records—the CoC:</b>			
Uses only HMIS data to generate unduplicated count?	X		
Uses data integration or data warehouse to generate unduplicated count?		X	
<b>8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:</b>			
Point-in-Time Count	X		
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)			X
Statewide data aggregation (e.g. data warehouse)		X	

**Part III: CoC Strategic Planning**

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

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>2007 Local Action Steps</b> How are you going to do it? List action steps to be completed within the next 12 months.	<b>Lead Person</b> List name and title or organization of one person responsible for accomplishing each action step.	<b>Baseline (Current Level)</b>	<b>Numeric Achievement in 12 months</b>	<b>Numeric Achievement in 5 years</b>	<b>Numeric Achievement in 10 years</b>
1. Create new PH beds for chronically homeless persons.	Open Arms plans to open their program for <b>16</b> Chronically Homeless Women in October 07	Michelle May, Board Chair, Open Arms	1,142 Beds	136 Beds	627 Beds	1,000 Beds
	Neighbors' Consejo received the Samaritan award in 06 and will open in September 2007 serving <b>24</b> chronically homeless persons.	Carlos Vega Matos, Executive Director Neighbors' Consejo				
	Chronic Homeless Initiative 2 total capacity is 26; <b>18</b> more beds to fill in 08.	Clarence Stewart, Director of Housing, The Community Partnership				
	So Others Might Eat (SOME) will provide SROs for 46 men on Good Hope Road in November 2008 through the Local Rent Subsidy Program. At least 70% of these units ( <b>32</b> units) will be filled by chronically homeless persons.	Richard Gerlach, Executive Director SOME				
	Pathways received Local Rent Subsidy Program dollars to permanently house <b>30</b> Chronically homeless persons over the course of the next 8 months.	Linda Kauffman, Executive Director, Pathways to Housing, DC				
Pathways to Housing Serial Inebriates has housed 36 of the 52 beds occupancy for its program. It will fill the remaining <b>16</b> slots in FY08.	Linda Kauffman, Executive Director, Pathways to Housing, DC					

<p>2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.</p>	<p>The District did not meet this benchmark in 2007 as it has in past years because the Partnership utilized Shelter Plus Care dollars saved by negotiating rent reasonableness below the cost of fair market rent to house 74 additional families. These additional families entered the Shelter Plus Care Program within the six months prior to the submission of the most recent Shelter Plus Care APR. Therefore, this objective was not met this year because of the strategic use of resources that produced a positive amount of growth in permanent housing for families. The Partnership regularly conducts site visits and receives and reviews Home Visit reports for permanent housing programs. These monitoring measures have been successful in ensuring that clients continue to remain permanently housed. Next year, through the use of these successful monitoring measures, the city plans to return to the average 80% stability score in this area that has been successfully maintained in the past.</p>	<p>Tamura Upchurch, Federal Programs Director, TCP</p>	<p>56%</p>	<p>71%</p>	<p>75%</p>	<p>80%</p>
<p>3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.</p>	<p>Many transitional housing programs for singles have very low barrier entry components. These programs serve many individuals but only actively engage a subset in intensive transitional services. In order to effectively capture information on those clients who are actively engaged, the Partnership reorganized 50% of these programs in the HMIS in 06. In 2007 the Partnership plans to reorganize the remaining 50 % of transitional programs with low barrier entry components so that information can be effectively captured on clients actively engaged in any transitional program so a more accurate count of movement can be obtained.</p>	<p>Tamura Upchurch, Federal Programs Director, TCP</p>	<p>42.6%</p>	<p>50%</p>	<p>61.5%</p>	<p>65%</p>

	<p>The city's newly developed Local Rent Subsidy Program allocated \$11.8 million dollars in vouchers in March of 2007; 200 of these vouchers were given to homeless service agencies. This subsidy program will increase the percentage of homeless persons moving into Permanent Housing.</p>					
	<p>The Local Rent Subsidy Program has been extended through FY 08 for \$19 million dollars. Homeless advocates and the Partnership will work to ensure that a sizable portion of these vouchers are earmarked for homeless individuals and families. The continuation of this subsidy program will help the city meet HUD's permanent housing goals.</p>					
<p>4. Increase percentage of homeless persons employed at exit to at least 18%.</p>	<p>The District of Columbia has exceeded this benchmark. The city plans to continue to meet this goal by effectively utilizing mainstream resources and expanding relationships with employment agencies.</p> <p>In 2006, the Department of Employment Services (DOES) began providing services at DC Village, the point of entry to the family system. Two staff members that work at DC Village assist families in accessing mainstream employment services. The Partnership hopes to expand this integrated mainstream service approach at other pivotal points in the Continuum of Care.</p>	<p>Sue Marshall, Executive Director, TCP &amp; Department of Employment Services Director</p>	<p>32%</p>	<p>33%</p>	<p>34%</p>	<p>35%</p>
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<p>The CoC's HMIS system has been functioning since 2001. The city will continue to rank programs for SuperNOFA through HMIS; additionally 80% of all programs in HMIS will be assessed bi-annually through a performance measurement system.</p> <p>The Partnership will provide technology grants to distribute 20 new computers to new agencies coming online.</p> <p>The Partnership will ensure that 100% of all agencies participating in the HMIS have privacy policies in place.</p>	<p>Darlene Mathews, HMIS Project Director, TCP</p>	<p>69% Bed Cover- age</p>	<p>72% Bed Cover- age</p>	<p>80% Bed Cover- age</p>	<p>90% Bed Cover- age</p>

**Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).** It is the Partnership's goal to fully comply with all HUD performance standards. However, it has been especially challenging for the transitional programs within the city's portfolio to meet the goal of 61% positive exits to permanent housing. This is due in large part to five extremely important programs to the city that have very low barrier entry requirements. These five programs serve as a gateway to transitional services for hard to serve populations like those with chronic health programs or severe mental illness. Often homeless persons leave these programs after short engagements for more intensive transitional programs or stays at institutions such as hospitals or mental health facilities that can more comprehensively deal with their barriers to housing. In cases such as these, more permanent housing always appears to be the best solution to low performance. It is the Partnership's hope that the Local Rent Subsidy Program (LRSP) and HUD's Samaritan Initiative will provide more permanent housing options to the homeless population, however it is only one part of a solution to a problem where there is much more demand than supply of affordable housing options. In the interim, the Continuum of Care is seriously considering looking for other funding options for some of these transitional programs with poor performing permanent housing results. However, while approached aggressively these solutions take time. The Partnership believes that the city will achieve the federal goal of 61% positive exits to permanent housing through a combination of more permanent housing for hard to serve communities and reallocation of local resources to fund some transitional programs with low barrier entry requirements. However, these changes might realistically occur at a slower pace than HUD would likely prefer.

**Other CoC Objectives in 2007**

1. Created new Permanent Housing Beds for Families	Through the city's new Local Rent Subsidy Program, Community of Hope was awarded vouchers to house 15 large families (approximately 45 beds) in permanent housing. These units are slated to come online by Jan. 08.	Kelly McShane, Executive Director Community of Hope	524 units	589 units	
	Additionally, the LRSP has funded So Others Might Eat (SOME) to provide 10 vouchers to open Barnaby House in June 07 for 10 families (approximately 30 beds) and Zagami House in January 08 for 12 families (approximately 36 beds).	Richard Gerlach, Executive Director SOME			
	Funded as a new program in the 06 NOFA application, Latino Transitional Housing Partnership (LTHP) - will begin its permanent housing program for 8 Latino families called Sim Barreras in December 08.	Jarrold Elwell, Executive Director LTHP			
	Funded as a new program in the 06 NOFA application, Covenant House Permanent Housing for 10 families with a youth head of household called My Place will begin in December 08.	Judith Dobbins, Executive Director Covenant House			

2. Reorganize Family Shelter System and remove congregate shelter for families from the Continuum of Care.	Replace 88 congregate style emergency shelter family units in conjunction with mandates set forth in the Homeless Services Reform Act of 2005. Substitute congregate units with more affordable housing, housing first units and apartment style shelter.	Kate Jesberg, Department of Human Services Director			
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## O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
<b>Foster Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Health Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Corrections</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Foster Care:** The foster care system is managed by the Child and Family Services Agency (CFSA). Twelve months prior to exiting the foster care system, an individual emancipation plan is written for each child. The emancipation plan includes: 1) a reason for discharge, 2) a summary of services that were provided during care, 3) a summary of the youth's education and medical history, 4) the estimated date of discharge, 5) anticipated living arrangements-including expected address and telephone number, 6) estimated personal budget, 7) sources of income and debts/assets, 8) aftercare services arranged and 9) youth specific plans to facilitate a successful and stable discharge.

This emancipation plan is reviewed at a quarterly conference that includes the youth, their social worker, an adolescent coordinator, foster parent/caregiver/biological parent (as applicable), community based after care representative and any other significant individuals requested by the youth. The objective of the emancipation conference is to address any concerns the youth has about their imminent discharge, difficulties with transitioning to independence, expectations regarding the continuation with any services within the system, public benefits and additional aftercare services that may be needed to prepare for a successful discharge.

If youth exiting the foster care system have not found an independent housing option through the emancipation planning process, they are automatically referred to the CFSA funded Rapid Exit program. Through the assistance of eight Neighborhood Based Collaboratives located throughout the city, youth receive housing search assistance, supportive services and a short term flexible financial subsidy in the amount of \$4,000 to assist the youth in obtaining and maintaining their housing. Together with a Collaborative Case Manager, the youth creates a spending plan that determines the best way to allocate these funds and an action plan for maintaining their housing once the short term subsidy ends. In addition, the youth is encouraged to continue to engage the Collaborative after the subsidy ends to ensure that he/she is able to maintain housing stability.

Through this coordinated and comprehensive discharge process that assists youth in preparing for independent living before and after discharge, CFSA in collaboration with Neighborhood Based Collaboratives ensure that youth do not enter the homeless Continuum of Care. The CFSA Rapid Exit program is modeled after the nationally recognized Community Care Grant program operated by the Community Partnership that is designed to prevent families at risk of becoming homeless from entering the Continuum of Care. In 2006, the CFSA Rapid Exit Program assisted 120 youth with obtaining housing. Through this program these youth were diverted from entering the Continuum of Care for shelter and housing services.

**Health Care:** The Department of Health (DOH) has begun preliminary discussions on effective discharge planning for the homeless population. According to the Department of Health, the agency does have some strategies in place to assist homeless persons exiting the hospital system who are deemed eligible for Medicaid. Hospitals serving homeless persons who are eligible for Medicaid are required to provide health related case management and create a discharge plan for the individual by a case manager. Physicians are not allowed to discharge a homeless person from a hospital without a discharge plan. Even if a discharge plan has been developed, physicians are not allowed to discharge homeless persons if in the physician's opinion, discharge would pose an unreasonable risk to the treatment or safety of the individual. Additionally, if a homeless person is in need of a Recuperative Care Facility they are to be transferred to one immediately. If a Recuperative Care Facility is not immediately available, a homeless person cannot be discharged until a space in the facility is made available.

The Department of Health has expressed challenges in developing a comprehensive discharge plan as hospitals can only bill limited case management services for homeless individuals and families. Through the initial discharge planning discussions, the Department of Health does acknowledge that the services currently offered often do not fully meet the complex health and social service needs of homeless persons, for whom case management needs may be more intensive than discharge planning. The Department of Health has indicated that a community-based model of case management involving the coordination of health and social services would be more beneficial for homeless clients who often suffer from chronic health problems. These needs will continue to be assessed as a formal and expansive protocol is developed.

Since so many clients are shared, DOH plans to work closely with the Department of Mental Health (DMH), the hospital system and Medicaid to develop a formal discharge planning protocol.

In the interim, the Community Partnership has trained providers at Contractors' Meetings and during site visits on HUD's policy of preventing individuals discharged from institutions from participating in McKinney-Vento homeless programs.

**Mental Health:** The Department of Mental Health's (DMH) discharge protocol focuses on a close partnership with its contracted private, nonprofit Core Services Agencies (CSAs). Every consumer of the Department of Mental Health is connected to a CSA as their "clinical home" for DMH services. The CSA enters into a Human Care Agreement to provide treatment and rehabilitative services within the community. Before a patient is released from the city's mental health care hospital, St. Elizabeths, they are evaluated by their doctor and connected to a CSA. At such time, a conference is scheduled with the consumer's CSA community support specialist and appropriate treatment and follow-up are arranged. Consumers must be discharged with enough medication until their next scheduled CSA appointment.

A consumer may only be discharged from a CSA if: 1) they have relocated out of state; 2) they are deceased; 3) they have refused all mental health services and the consumer's refusal has been documented in their clinical record that is verified by a psychiatrist; 4) they have been incarcerated or sentenced for incarceration more than one year; 5) they do not have a mental health diagnosis verified by a psychiatrist; and if they have not been located for ninety (90) days following numerous documented outreach efforts to locate them.

DMH also has a policy that any enrolled consumer that receives hospitalized care is able to apply for housing through their CSA. This means that any patient discharged from the city's public mental health facility has the opportunity to obtain housing and avoid entry into the shelter system. Housing services available to DMH include transitional beds, bridge rental subsidies and limited bridge loan funding. To expedite the housing process it is critical for each benefit application for consumers who want housing to be completed while the consumer is still in the hospital.

While DMH housing options are available, homeless clients' access to these housing solutions has not been consistent. Therefore, the DMH Housing Division aims to approve completed housing applications for patients in the hospital within 48 hours. To improve patient access of these housing options in the future, the DMH Housing Division also plans to provide a bi-weekly vacancy list of available housing resources including CRFs and supported independent housing options to community providers. DMH also plans on creating more housing for its population over the next five years.

**Corrections:**\* The management of the District of Columbia's corrections system is one of the most unique collaborations in the country. The city, which is defined as a federal district, has no state corrections system. Under the National Capitol Revitalization Act of 1997, the responsibilities of managing the D.C. Criminal Justice system were formally split between the Federal and District government. Offenders convicted of a felony are sent to distant prisons across the country. This prisoner distribution system is managed by the Federal Bureau of Prisons. The Federal Bureau of Prisons makes the sole determination as to whether a prisoner is returned to DC after serving their sentence. Like other states in the country, the DC municipal government has no authority or representation in the policy determinations of the Federal Bureau of Prisons. According to the Federal Bureau of Prisons Discharge Assistance document produced in April 2002, Corrections social workers are encouraged to direct prisoners exiting the Federal Prison System to HUD funded shelters (See p.3 **Federal Bureau of Prisons Discharge Assistance Community Assistance**). The Partnership encourages HUD to work with the Federal Bureau of Prisons to change their Discharge process.

Offenders that have not committed felonies are incarcerated through the DC Department of Corrections. Locally, the DC Department of Corrections works closely with the Court Services and Offender Supervision Agency (CSOSA), the federal agency that supervises men and women on probation, parole, and supervised release in the city. One of CSOSA's major policy priorities is to operate a comprehensive re-entry strategy to ensure public safety and reduce recidivism for prisoners returned to DC from Federal Prisons and offenders exiting the DC Department of Corrections. The city's Discharge Planning Committee and CSOSA acknowledge that both unmet mental health needs and homelessness are two major causes for recidivism. Therefore, CSOSA developed the Transitional Intervention for Parole Supervision unit (TIPS). This office is dedicated to ensuring the successful return of ex-offenders to the community. Preparation for discharge begins with pre-release planning managed by a TIPS case manager. Each offender's discharge plan addresses critical areas of need from incarceration, through community supervision, to independent living in the community. The plan focuses on 1) Housing, 2) Education/Employment, 3) Substance Abuse, 4) Mental Health, 5) Identification and Benefits, 6) Life Skills and 7) Family/Community Support. TIPS staff attempt to ensure that Ex-offenders have a stable housing placement prior to exiting the halfway house. According to CSOSA about 25% of ex-offenders exiting the halfway houses return to family/friends. Those that do not return to family and friends often stay at halfway houses. One of the hallmarks of the Reentry Strategy is the Offender Reentry and Sanctions Center known as the RRC. This 102-bed halfway house, located on Massachusetts Avenue SE opened in September 2006. It is a 28 day residential program designed to serve persons that do not have a housing option in place at discharge. Residents without a place to stay after 28 days can request an extended length of stay at any half-way house facility of up to 120 days. According to CSOSA about 50% of all ex-offenders transition through RRC and five other halfway houses located throughout the city. In addition to providing initial housing stability, the halfway houses provide crisis intervention, referrals, counseling, employment and substance abuse intervention. Since affordable housing options have become increasingly more difficult to access, TIPS has formed relationships with faith-based organizations. These faith-based organizations provide mentoring, employment assistance and occasional housing options to ex-offenders residing in halfway houses without support systems. According to CSOSA, hundreds of ex-offenders have taken advantage of faith-based partnerships to access ongoing supportive services. In addition the Department of Corrections has entered into a number of Memorandums of Agreement with Supportive Services Agencies throughout the city to provide medical care, pharmaceutical entitlements and housing search assistance to ex-offenders that have exited halfway houses. However, because funding is limited one of these Supportive Service Agencies, Unity Healthcare has applied for additional discharge planning assistance from the Robert Wood Johnson Foundation to provide among other things, housing options for ex-offenders with special medical needs.

The Discharge Planning Committee, a subcommittee of the Interagency Council is working with CSOSA to find reliable housing options to avoid homelessness for these ex-offenders. The subcommittee produced *A Comprehensive Public Sector Discharge Planning Policy to Prevent Homelessness in the District of Columbia*, which includes a zero tolerance policy on discharging offenders to the homeless system. However, dedicated funding for affordable housing options for ex-offenders has not been identified. In the interim, the Community Partnership has trained providers at Contractors' Meetings and during site visits on HUD's policy of preventing individuals discharged from institutions from participating in McKinney-Vento homeless programs.

**P: CoC Coordination Chart**

<b>1. Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Jurisdictional 10-year Plan Coordination</b>		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	1	
<b>3. Public Housing Agency Coordination</b>		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# CoC 2007 Funding Priorities

## Q: CoC Project Priorities Chart

HUD-defined CoC Name: District of Columbia CoC						CoC #:DC-500			
(1) SF-424 Applicant Name  (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** Dept. of Mental Health	Department of Mental Health	Shelter Plus Care	1	\$895,500	5			TRA	
The Community Partnership	Covenant House Washington	Permanent Families	2	\$425,000	1	PH			
The Community Partnership	Transitional Housing Corporation	Housing w/Care	3	\$418,572	1	PH			
The Community Partnership	Community of Hope	Housing Families First	4	\$527,880	1	PH			
The Community Partnership	New Endeavors by Women	New Horizons	5	\$414,029	1	PH			
The Community Partnership	The Community Partnership	HMIS Expansion Grant	6	\$75,000	1		HMIS		
The Community Partnership	Catholic Charities	St. Matthias Mulumba House	7	\$245,422	1		TH		
The Community Partnership	Catholic Charities	Mt. Carmel House	8	\$189,000	1		TH		
The Community Partnership	Catholic Charities	Tenants Empowerment Network	9	\$257,404	1		TH		
The Community Partnership	Latin American Youth Center	Latino Transitional Housing Partnership	10	\$580,428	1		TH		
The Community Partnership	Access Housing	Chesapeake Veterans House	11	\$275,106	1		TH		
The Community Partnership	House of Ruth	New Beginnings Transitional Housing Program	12	\$134,835	1		TH		
The Community Partnership	Calvary Women's Services	Calvary Transitional Housing Program	13	\$142,306	1		TH		
The Community Partnership	Neighbor's Consejo	Casa Libertad	14	\$150,000	1		TH		
The Community Partnership	Neighbor's Consejo	Casa Paz	15	\$149,203	1		TH		
House of Ruth	House of Ruth	Madison Transitional Housing Program	16	\$144,083	1		TH		
The Community Partnership	Rachael's Women's Center	Rachael's Permanent Housing	17	\$165,819	1		PH		

Community Family Life Services	Community Family Life Services	Trinity Arms	<b>18</b>	\$140,205	1		TH		
The Community Partnership	New Hope Ministries	New Hope Ministries Safe Haven Program	<b>19</b>	\$232,880	1		TH		
The Community Partnership	Bethany, Inc.	Good Hope House	<b>20</b>	\$78,342	1		TH		
Coalition for the Homeless	Coalition for the Homeless	Spring Road Family Apartments	<b>21</b>	\$171,453	1		TH		
The Community Partnership	Miriam's House	Miriam's House	<b>22</b>	\$141,214	1		PH		
Hannah House	Hannah House	THEIRS Program for Family Reunification	<b>23</b>	\$148,115	1		TH		
Catholic Charities	Catholic Charities	St. Martin's Program at Tenants Empowerment Network	<b>24</b>	\$168,641	1		TH		
House of Ruth	House of Ruth	Domestic Violence TH Programs	<b>25</b>	\$321,806	1		TH		
The Community Partnership	New Endeavors by Women	New Expectations (NEW)	<b>26</b>	\$210,119	1		TH		
House of Ruth	House of Ruth	Reunified Families Transitional Housing Program	<b>27</b>	\$84,383	1		TH		
Sasha Bruce Youthworks	Sasha Bruce	Olayia's Cradle	<b>28</b>	\$189,058	1		TH		
Transitional Housing Corporation	Transitional Housing Corporation	Partner Arms I	<b>29</b>	\$127,385	1		TH		
The Community Partnership	Transitional Housing Corporation	Partner Arms II	<b>30</b>	\$148,925	1		TH		
Pathways to Housing DC	Pathways	Serial Inebriates	<b>31</b>	\$495,967	1		PH		
Families Forward	Families Forward	Stable Families 3	<b>32</b>	\$201,224	1		TH		
Families Forward	Families Forward	Stable Families 1	<b>33</b>	\$229,046	1		TH		
The Community Partnership	Coates and Lane	Coates and Lane Supportive Housing Program	<b>34</b>	\$346,324	1		PH		
House of Ruth	House of Ruth	Unity Transitional Housing Program	<b>35</b>	\$114,586	1		TH		
Sasha Bruce Youthworks	Sasha Bruce	Independent Living Program #1	<b>36</b>	\$67,628	1		TH		
Sasha Bruce Youthworks	Sasha Bruce	Independent Living Program #2	<b>37</b>	\$129,593	1		TH		
The Community Partnership	Green Door	Green Door Permanent Housing	<b>38</b>	\$144,758	1		PH		
The Community Partnership	Coalition for the Homeless	Blair Transitional Rehabilitation Program (TRP)	<b>39</b>	\$204,748	1		TH		
The Community Partnership	New Endeavors by Women	New Generations	<b>40</b>	\$176,226	1		TH		

So Others Might Eat	SOME	Exodus House Transitional Housing Addictions Program for Homeless Men	41	\$323,673	1	TH		
So Others Might Eat	SOME	Mickey Leland Transitional Housing Addictions Program for Homeless Men	42	\$101,333	1	TH		
The Community Partnership	The Community Partnership	Chronic Homeless Initiative I	43	\$266,084	1	TH		
The Community Partnership	Community Connections	Permanent Housing for Dually Diagnosed Men (SAMI/Girard)	44	\$121,728	1	PH		
Community Connections	Community Connections	Transitional Housing for Homeless Mentally Ill Adults/Training Apartments	45	\$98,175	1	TH		
The Community Partnership	Gospel Rescue Ministries	Gospel Rescue Ministries TH Program	46	\$100,905	1	TH		
The Community Partnership	Woodley House	Holly House	47	\$86,003	1	PH		
The Community Partnership	Christ House	Kairos House	48	\$899,866	1	TH		
The Community Partnership	House of Ruth	Hope Rising Program	49	\$239,506	1	PH		
The Community Partnership	Community Connections	Permanent Housing for Women with Mental Illness and Trauma (Trauma/Suitland)	50	\$109,725	1	PH		
The Community Partnership	Community Connections	Permanent Housing for Adults with Mental Illness & HIV (HIV/G)	51	\$132,300	1	PH		
So Others Might Eat	SOME	Women's Transitional Housing Addictions Program	52	\$513,940	1	TH		
Salvation Army	Harbor Light Treatment Center	The Harbor Light Center	53	\$475,935	1	TH		
Community Connections	Community Connections	Transitional Living Communities for Homeless, Mentally Ill Adults (TLC)	54	\$106,864	1	TH		
The Community Partnership	Community Family Life Services	Brandywine Families	55	\$196,569	1	TH		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:</b>				<b>\$13,234,819</b>				

<b>(9) Shelter Plus Care Renewals:</b>						<b>S+C Component Type</b>
Department of Housing & Community Development	The Community Partnership	Shelter Plus Care SRA	<b>56</b>	\$2,762,196	1	Sponsor Based Rental Assistance
Department of Housing & Community Development	The Community Partnership	Shelter Plus Care TRA	<b>57</b>	\$801,576	1	Tenant Based Rental Assistance
Department of Health	Community Connections	Shelter Plus Care - SRA	<b>58</b>	\$217,728	1	Sponsor Based Rental Assistance
Department of Health	Community Connections	Shelter Plus Care - TRA	<b>59</b>	\$288,408	1	Tenant Based Rental Assistance
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$4,069,908</b>		
<b>(11) Total CoC Requested Amount (line 8 + line 10):</b>				<b>\$17,304,727</b>		

CoC-Q

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

(Only for Eligible Hold Harmless CoCs)

<p><b>1a. Will your CoC be using the PRN reallocation process?</b>    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>1b. If Yes,</b> explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).</p> <p>The District of Columbia is one of the oldest CoCs in the country, having been part of the CoC demonstration project. In the early days of the Continuum of Care there was a significant focus on services for the homeless in addition to housing. HUD Supportive Service Only (SSO) grants awarded to the District were critical in providing new services to the District's homeless. As HUD's priorities changed, the District CoC continued to support refunding the SSOs because of the vital role they play in helping move people out of homelessness. In 2006, at the first SuperNOFA community meeting, a HUD representative debriefed the CoC on the city's score. It was clear to the community that continuing to include the SSO programs in the CoC application was jeopardizing the CoC's score and ability to receive any bonus funding. In 2006, the Partnership asked all programs that were able, to move 10% of their supportive service funds to operating or leasing. The Partnership believed that over time this would slowly impact the city's housing emphasis score. The Partnership also asked all Supportive Service programs to provide written verification that they were utilizing alternative funding sources to the maximum extent possible. These measures made very insignificant improvements on the city's score. Since the trend in the last few years has been increasing housing emphasis, and with the inclusion of the 30% permanent housing rule in 2007, the Partnership believed that a more meaningful shift in the city's portfolio was needed. Therefore, at the first 2007 community meeting, the Partnership's Executive Director, Sue Marshall led a discussion on the city's housing emphasis score and the need to make more significant progress in shifting HUD funding to housing dollars to meet the 30% permanent housing requirement. The community agreed that the local homeless service funding agent, the Department of Human Services (DHS) should be approached to fund the Supportive Service Programs in the HUD application or agree to help these programs identify other local funding sources. The Partnership advocated to DHS on behalf of the programs in the NOFA application and on May 8, the Department of Human Services agreed to take over funding responsibilities for critical Supportive Service programs. This alternative local funding source ensures that services are not lost</p>
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and allows the HUD funds to be reallocated to new permanent housing programs. This was announced at the second community meeting and the CoC supported the use of the hold harmless provision to add at least 4 new permanent housing programs with the funds formerly allocated for the SSO programs. The PPRC made the final decision on which new programs to include using the \$1,785,481 in McKinney Vento funds.

**2. Enter** the total 1-year amount of *all* SHP projects that are eligible for renewal in 2007, which amount you have **verified with your field office:** **\$12,339,319**

**3. Starting** with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: **\$10,553,838**

**4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition**

(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
DC39B600025	SHP	SSO	\$175,219	\$175,218	\$0
DC39B600030	SHP	SSO	\$190,522	\$190,522	\$0
DC39B600033	SHP	SSO	\$202,832	\$202,832	\$0
DC39B600034	SHP	SSO	\$83,511	\$83,511	\$0
DC39B600035	SHP	SSO	\$204,916	\$204,916	\$0
DC39B600043	SHP	SSO	\$333,913	\$333,913	\$0
DC39B600048	SHP	SSO	\$141,957	\$141,957	\$0
DC39B600056	SHP	SSO	\$364,761	\$364,761	\$0
DC39B600058	SHP	SSO	\$87,850	\$87,850	\$0
<b>(7) TOTAL:</b>			<b>\$1,785,481</b>	<b>\$1,785,481</b>	<b>\$0</b>

**5. Newly Proposed Permanent Housing Projects in the 2007 Competition\***

(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts
#2	SHP	PH	\$425,000
#3	SHP	PH	\$418,572
#4	SHP	PH	\$527,880
#5	SHP	PH	\$414,029
<b>(12) TOTAL:</b>			<b>\$1,785,481</b>

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**S: CoC Project Leveraging Summary Chart**

<b>Name of Continuum</b>	<b>Total Value of Written Commitment</b>
<b>District of Columbia CoC</b>	<b>\$24,909,081</b>

## T: CoC Current Funding and Renewal Projections

<b>Supportive Housing Program (SHP) Projects:</b>													
<b>Type of Housing</b>		<b>All SHP Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>	
Transitional Housing (TH)		\$7,996,530		\$7,996,530		\$7,996,530		\$7,996,530		\$7,996,530		\$7,996,530	
Safe Havens-TH		\$232,880		\$232,880		\$232,880		\$232,880		\$232,880		\$232,880	
Permanent Housing (PH)		\$4,034,909		\$3,984,909		\$5,319,091		\$5,535,526		\$5,659,056		\$5,659,056	
Safe Havens-PH													
SSO													
HMIS		\$75,000		\$75,000		\$75,000		\$75,000		\$75,000		\$75,000	
<b>Totals</b>		<b>\$12,339,319</b>		<b>\$12,289,319</b>		<b>\$13,623,501</b>		<b>\$13,839,936</b>		<b>\$13,963,466</b>		<b>\$13,963,466</b>	
<b>Shelter Plus Care (S+C) Projects:</b>													
<b>Number of S+C Bedrooms</b>		<b>All S+C Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>	
		<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>
<b>SRO</b>													
0		68	\$1,421,184	53	\$525,684	53	\$525,684	53	\$525,684	53	\$525,684	68	\$704,784
1		133	\$1,809,864	133	\$1,809,864	133	\$1,809,864	133	\$1,809,864	133	\$1,809,864	133	\$1,809,864
2		77	\$1,188,264	77	\$1,188,264	77	\$1,188,264	77	\$1,188,264	77	\$1,188,264	77	\$1,188,264
3		22	\$437,976	22	\$437,976	22	\$437,976	22	\$437,976	22	\$437,976	22	\$437,976
4		3	\$78,156	3	\$78,156	3	\$78,156	3	\$78,156	3	\$78,156	3	\$78,156
5		1	\$29,964	1	\$29,964	1	\$29,964	1	\$29,964	1	\$29,964	1	\$29,964
<b>Totals</b>		<b>304</b>	<b>\$4,965,408</b>	<b>289</b>	<b>\$4,069,908</b>	<b>289</b>	<b>\$4,069,908</b>	<b>289</b>	<b>\$4,069,908</b>	<b>289</b>	<b>\$4,069,908</b>	<b>304</b>	<b>\$4,249,008</b>

## Part IV: CoC Performance

### U: CoC Achievements Chart

<b>2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>12-month Measurable Achievement Proposed in 2006</b>  (from Chart N of your 2006 CoC application)	<b>Accomplishments</b>  (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	1a. Expand Community Council for the Homeless Permanent Housing Program by 6 beds.  1b. Open Arms Housing will complete rehab on 16 low barrier PSH units to house SMI women.  1c. DC Chronic Homeless Initiative & Renewal-52 of 80 beds already occupied, 28 remain.  1d. US Vets-Ignatia House will open 12 units of PSH for chronically homeless vets in April 06.  1e. With CoC support, Pathways to Housing was awarded a HUD demonstration grant to house 52 serial inebriates with co-occurring SMI.  1f. Identify new site to replace 130 bed La Casa Shelter & 40 SRO units.  1g. So Others Might Eat (SOME) will open 30 SROs (Freedom House) and 10 PSH units (Joe Smith House) for Chronically Homeless Men.  1h. DC Chronic Homeless Initiative II will begin in June 06.	1a. Community Council for the Homeless opened its second 6 bed PH program for adults in January 07.  1b. Open Arms has not completed rehab on the 16 low barrier PSH units, it is slated to open in October of 2007.  1c. DC Chronic Homeless Initiative has successfully housed an additional 28 individuals; the program is now utilizing all 80 slots of the program.  1d. US Vets Ignatia House opened its 12 units of PSH in April 06.  1e. Pathways to Housing began its HUD Demonstration grant. To date it has successfully housed 36 persons in the Serial Inebriates program.  1f. A new site has been identified at 1436 Irving St. NW to replace the shelter.  1g. Both Joe Smith House PSH units and Freedom House SROs opened in May 2006 serving a total of 40 men.  1h. DC Chronic Homeless Initiative II began in Sept. 2006. To date it has housed 8 individuals; 18 slots still remain

	<p>1i. TCP S+C Expansion for Chronically Homeless (Listed in 06 application as a <u>five year</u> Measurable Achievement)</p> <p>1j. Four Walls Development-DMH Development of 15 beds for mentally ill individuals. (Listed in 06 application as a <u>five year</u> Measurable Achievement)</p> <p>1k. Word of God Ministries plans to open a 4 unit PSH program called Grace House (Listed in 06 application as a <u>five year</u> Measurable Achievement)</p> <p>1l. Department of Mental Health plans to open PSH units for SMI individuals. (Listed in 06 application as a <u>five year</u> Measurable Achievement)</p> <p>1m. Christ House to expand medical beds for individuals through a second Kairos House. (Listed in 06 application as a <u>five year</u> Measurable Achievement)</p>	<p>to be filled.</p> <p>1i. In 2007, DMH applied and received the Samaritan Bonus Award. In 2008, 20 new S+C units for the Chronically Homeless will be developed.</p> <p>1j. Four Walls received Local Rent Subsidy money to fund permanent housing for 51 mentally ill individuals; at least 25% of these slots will be reserved for homeless individuals</p> <p>1k. Word of God is still in the process of identifying space for 4 units of PSH. They have run into funding issues.</p> <p>1l. 96 of the 214 units that DMH is targeted to create have been brought online in the beginning of 2007. Additionally DMH was able to reorganize some of its existing Permanent Housing Programs to serve 97 existing DMH homeless families and 116 individuals through its federal set aside program &amp; local Home First II subsidy program.</p> <p>1m. A site was secured in 06 and construction is being completed by Jubilee Housing on Kairos House II. It is still slated to open in 2008</p>
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<p>2. Increase percentage of homeless persons staying in PH over 6 months to 71%.</p>	<p>In the 2005 SuperNofa submission, the District of Columbia exceeded this benchmark. We plan to continue to meet this goal by effectively monitoring client stability using HMIS throughout the year.</p>	<p>The Partnership did not increase the percentage of homeless persons staying in PH to 71%. The Partnership did develop a way of tracking client stability through the Advanced Report Tool (ART) through HMIS. The Partnership plans on assessing this benchmark biannually for Permanent Housing Programs in the system.</p>
<p>3. Increase percentage of homeless persons moving from TH to PH to 61.5%.</p>	<p>Reorganize programs with low barrier entry component so that information can be effectively captured on those clients who are actively engaged in transitional program services.</p>	<p>The Partnership did not increase the percentage of homeless persons moving from TH to PH. However, the Partnership did reorganize half of the transitional programs with low barrier entry components in the HMIS.</p>
<p>4. Increase percentage of homeless persons becoming employed by 11%.</p>	<p>In the 2005 SuperNofa submission, the District of Columbia exceeded this benchmark. We plan to continue to meet this goal by effectively utilizing mainstream resources and expanding relationships with employment agencies.</p>	<p>The city increased the percentage of homeless persons becoming employed from 17 % in 05 to 31% in 06. This was a 14% increase in employment. In 2006, the Department of Employment Services began providing direct employment services to families at the DC Village Family Shelter. These services directed at families residing at the point of entry of the shelter system include opening an office at the facility and providing an employment counselor who works with families to apply for jobs.</p>
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<p>The CoC's HMIS system has been functioning since 2001. In 05 &amp; 06 quality ranking scores for renewal projects will be completed using HMIS generated information.</p>	<p>The Partnership completed quantitative ranking of renewal programs through the HMIS in for the 07 renewal programs. The city plans on continuing to utilize this HMIS based performance ranking system in the subsequent applications.</p>

**Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.**

- 1b. Open Arms has not completed rehab on the 16 low barrier PSH units which were slated to open in FY 06. One of the loans previously secured to complete rehabilitation of the building did not materialize. Therefore, rehabilitation work was placed on hold until another loan could be secured.
2. In past years, the CoC exceeded the objective to *increase percentage of homeless persons staying in PH over 6 months to 71%*. The average amount of persons remaining in permanent housing over six months has been 80 percent for many years. However, in FY 06, the Partnership utilized Shelter Plus Care dollars saved by negotiating rent reasonableness below the cost of fair market rent to house 74 additional families. These additional families entered the Shelter Plus Care Program within the six months prior to the submission of the most recent Shelter Plus Care APR. Therefore, this objective was not met this year because of the strategic use of resources that produced a positive amount of growth in permanent housing for families. The Partnership plans to exceed this goal in the years to come.
3. It is the Partnership's goal to fully comply with all HUD performance standards. However, it has been especially challenging for the transitional programs within the city's portfolio to meet the goal of 61% positive exits to permanent housing. This is due in large part to five very important programs in the city's CoC that either have very low barrier entry requirements as part of their outreach and engagement strategy or operate in two clinical stages where the movement from the first to second stage (in programs that the HUD APR treats as separate programs) is recorded as a failure to achieve permanent housing when in fact it is a step in that direction. These five programs serve as a gateway to transitional services for hard-to-serve populations like those with acute and chronic health problems, an active substance addiction or severe mental illness. Often homeless persons leave these programs after short engagements for more intensive transitional programs or stays at institutions such as hospitals or mental health facilities that can more comprehensively deal with their barriers to housing. A true picture of success in these programs would focus only on clients that the programs succeed in actively engaging in case management – which many clients refuse when offered. In many of these programs participation in case management is not a criteria for entry however these programs were set up in the APR with all persons actively engaged in the transitional case management component when in fact by design, these programs do not make entry to their programs contingent on an agreement to enter case management.

In cases such as these, a “Housing First” permanent housing option attached to these programs could be a good solution for improving the number of clients who move from these programs to permanent housing. It is the Partnership's hope that the Local Rent Subsidy Program (LRSP) and HUD's Samaritan Initiative will provide more permanent housing options to the homeless population served by these transitional programs; however it is only one part of a solution to a problem where there is much more demand than supply of affordable housing options. The Continuum of Care is also seriously considering other funding options for some of these transitional programs that by design move persons towards a more permanent housing situation but do not meet the HUD target of permanent housing at exit. However, while approached aggressively these solutions take time. The Partnership believes that the city will achieve the federal goal of 61% positive exits to permanent housing through a combination of more permanent housing for hard to serve communities and reallocation of local resources to fund some transitional programs with low barrier entry requirements – perhaps with local funding underwriting the outreach and engagement strategies that these programs use to find their clients -- however, these changes might realistically occur at a slower pace than HUD would likely prefer.

***OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.***

The greatest accomplishment of the DC CoC has been obtaining funding through the Local Rent Subsidy Program (LRSP) to create housing for homeless individuals and families through the end of FY 07 and beginning of FY08. Funding was awarded to six HUD funded homeless service providers to create 200 units of permanent housing for homeless individuals and families. This funding will make some of the future inventory development highlighted in the Housing Inventory Charts possible. Additionally, on May 15, 2007 the City Council voted to increase the LRSP in FY08 by \$7.45 million. This will allow the city to once again fund more permanent housing for homeless individuals and families in FY09. The LRSP demonstrates the city's strong commitment to finding affordable housing for homeless families and individuals, and maintaining permanent housing for rent burdened individuals and families to prevent them from entering the Continuum of Care.

The city has also made great strides in homeless prevention. In December of 2006, the Community Partnership was awarded \$2.7 million dollars through the D.C. Emergency Rental Assistance Program. This additional funding allowed the Partnership to create a more robust and comprehensive Rental Assistance Program called Housing Opportunities and Prevention Efforts (HOPE). Operated through the Virginia Williams Family Resource Center, this assistance can include first month's rent and security deposit, rent arrearage, utility cut off prevention to individuals and families who are in danger of eviction, foreclosure and homelessness. The program stabilizes families in their housing and prevents them from entering the homeless system.

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

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.					
Year	Number of CH Persons			Number of PH beds for the CH	
2005	1773			1060	
2006	1892			1034	
2007	1760			1162	
Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:					
2. Indicate the number of <b>new</b> PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:					128
3. Identify the amount of funds from each funding source for the development and operations costs of the <b>new</b> CH beds created between February 1, 2006 and January 31, 2007.					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State (N/A)	Local	
Development	\$0	\$0	\$0	\$1,177,000	\$541,094
Operations	\$382,581	\$497,692	\$0	\$403,414	\$138,858
<b>TOTAL</b>	<b>\$382,581</b>	<b>\$497,692</b>	<b>\$0</b>	<b>\$1,580,414</b>	<b>\$679,952</b>

## W: CoC Housing Performance Chart

<b>1. Participants in Permanent Housing (PH)</b>		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	91
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	400
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	72
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	217
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	59%
<b>2. Participants in Transitional Housing (TH)</b>		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	1,353
b.	Number of participants who moved to PH	569
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	42%

## X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
1448	a. SSI	244	17%
1448	b. SSDI	77	5%
1448	c. Social Security	14	1%
1448	d. General Public Assistance	6	.4%
1448	e. TANF	101	7%
1448	f. SCHIP	1	.1%
1448	g. Veterans Benefits	8	.6%
1448	<b>h. Employment Income</b>	447	31%
1448	i. Unemployment Benefits	8	.6%
1448	j. Veterans Health Care	23	2%
1448	k. Medicaid	254	18%
1448	l. Food Stamps	476	33%
1448	m. Other (please specify)	165	11%
1448	n. No Financial Resources	241	17%

## Y: Enrollment and Participation in Mainstream Programs Chart

Check those activities implemented by a <b>majority</b> of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

**Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart**

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2006 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
DC39B500036	The Community Partnership	Brandywine	\$196,569
DC39B500005	Catholic Charities	St. Martin's	\$168,641
		<b>Total:</b>	\$365,210

**AA: CoC Participation in Energy Star Chart**

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 72%

**AB: Section 3 Employment Policy Chart**

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**3. If you answered yes to Question 2:**

What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as “Section 3”)? **Check all that apply:**

The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.

The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.

The project will notify any area Youthbuild programs of job opportunities.

If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for “Section 3 business concerns”\* that provide economic opportunities and will include the “Section 3 clause”\*\* in all solicitations and contracts.

The project has hired low- or very low-income persons.