

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

### Instructions:

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

**CoC Name and Number (From CoC Registration):** DC-500 - District of Columbia CoC

**CoC Lead Organization Name:** The Community Partnership for the Prevention of Homelessness

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

### Instructions:

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

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

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

**Name of primary decision-making group:** The Community Partnership for the Prevention of Homelessness

**Indicate the frequency of group meetings:** Quarterly

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

The Board of Directors of the Community Partnership meets once every quarter. Throughout the year, members are updated through email briefs regarding any ongoing CoC planning efforts. Under the Board's leadership the Community Partnership conducts program monitoring and manages the HMIS. The Board Chairman also leads the Project Priority Review Committee which is comprised of community stakeholders and makes the final decision on project priorities for the DC NOFA Application.

**Indicate the legal status of the group:** 501(c)(3)

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 90%

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

**Elected:**

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

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

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

The By Laws of the Community Partnership require Board representation from four categories: DC government, Homeless Service Providers, Formerly Homeless Individuals, 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. This process aligns with the founding mission of the Community Partnership to ensure that all members of the community have an active role in CoC planning efforts.

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

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

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

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

Yes, the 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 of all subgrantees. In this capacity, the Community Partnership is also the fiscal agent for HUD homeless assistance funding.

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

## Instructions:

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

## Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Interagency Council on Homelessness	Under the leadership of City Administrator Neil Albert, the ICH is the governing entity of the District's homeless programs. The Council has various subcommittees that address major homeless issues facing the city. The Community Partnership continues its role as designated CoC lead for the city under the ICH.	Bi-monthly
The Community Partnership Board of Directors	The Board manages the CoC and determines HUD projects priorities as they relate to implementing the ten year plan, The Board's chairman runs the Project Priority Review Committee which determines NOFA project priorities and oversees the application submission.	Quarterly
Interagency Council Subcommittee on Shelter Capacity	The subcommittee meets regularly to explore ways to maximize the usage of existing capacity in Emergency Shelters rather than expand it. The subcommittee's intention is to enhance the District's Emergency Shelter system so that clients move on to more stable, supported living situations as quickly as possible, thereby reducing the demand on existing beds.	Bi-monthly
Interagency Council Subcommittee on Operations and Logistics	The subcommittee meets regularly to assess existing public shelter structures, review of fair hearing processes and enhance the city's disaster planning and the integration of shelters thereof. Recently the group also began disaster planning coordination within the Continuum of Care and with other public institutions. This subcommittee also develops strategies to improve the city's annual Winter Plan and Hypothermia services. It provides regular oversight of hypothermia activities and reviews the Winter Plan. The group also monitors weather conditions and bed capacity using dashboard reports to make ongoing recommendations to TCP on enhancing services based on need at pivotal times in the year.	Bi-monthly
Interagency Council Subcommittee on the Permanent Supportive Housing Work Group	Under the direction of Department of Human Services Director Clarence Carter, this subcommittee of public and private stakeholders provides feedback on the implementation of the Mayor's permanent supportive housing plan. The group seeks funding opportunities, reviews current projects and develops long term strategies to increase the permanent housing stock for homeless consumers.	Bi-monthly

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

## 1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Interagency Council on Homelessness	Public Sector	Other	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Department of Human Services	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Department of Employment Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Department of Housing and Community Development	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Housing Finance Agency	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Department of Health & Addiction Prevention and...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Substance Ab...
Office of Veterans Affairs	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Department of Mental Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Income Maintenance Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
DC Public School System	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Youth
Child and Family Services Administration	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Youth
DC Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Metropolitan Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Workforce Investment Council	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Access Housing	Private Sector	Non-pro..	None	Veterans, Su...
Bethany	Private Sector	Non-pro..	None	Seriously Me...
Coalition for the Homeless	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...

Covenant House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
Community Connections	Private Sector	Non-pro..	None	Seriously Me...
Community of Hope	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Community Council for the Homeless at Friendshi...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
DC Central Kitchen	Private Sector	Non-pro..	None	NONE
Families Forward	Private Sector	Non-pro..	None	Substance Abuse
Family Support Collaboratives	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Green Door	Private Sector	Non-pro..	None	Seriously Me...
Healthy Families Striving Communities Council	Private Sector	Othe r	None	NONE
House of Ruth	Private Sector	Non-pro..	None	Domestic Vio...
Jobs for Homeless People	Private Sector	Non-pro..	None	NONE
Latin American Youth Center	Private Sector	Non-pro..	None	Youth
Miriam's House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	HIV/AIDS
Miriam's Kitchen	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Dinner Program for Homeless Women	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
N Street Village	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Neighbors' Consejo	Private Sector	Non-pro..	None	Seriously Me...
Residing in Group Housing Together	Private Sector	Non-pro..	None	HIV/AIDS

Sasha Bruce Youthworks	Private Sector	Non-pro..	None	Youth
Pathways to Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Parklands Community Center	Private Sector	Non-pro..	None	NONE
TERRIFIC	Private Sector	Non-pro..	None	HIV/AIDS
Transitional Housing Corporation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
My Sister's Place	Private Sector	Non-pro..	None	Domestic Vio...
Unity Healthcare	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Catholic Charities	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Christ House	Private Sector	Non-pro..	None	Seriously Me...
Community Family Life Services	Private Sector	Faith-b...	None	NONE
Northwest Church Family Network	Private Sector	Faith-b...	None	NONE
Damien Ministries	Private Sector	Faith-b...	None	HIV/AIDS
Gospel Rescue Ministries	Private Sector	Faith-b...	None	Substance Abuse
New Hope Ministries	Private Sector	Faith-b...	None	Seriously Me...
US Veterans Initiative	Private Sector	Non-pro..	None	Veterans, Su...
Woodley House	Private Sector	Non-pro..	None	Seriously Me...
United Planning Organization	Private Sector	Non-pro..	None	NONE
Salvation Army	Private Sector	Faith-b...	None	Seriously Me...
So Others Might Eat	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Georgetown Ministry Center	Private Sector	Faith-b...	None	NONE

Capitol Hill Group Ministries	Private Sector	Faith -b...	None	NONE
Washington Interfaith Network	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Way of the Word	Private Sector	Faith -b...	None	NONE
Bread for the City	Private Sector	Fun der ...	None	NONE
Washington Legal Clinic for the Homeless	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Metropolitan Washington Council of Governments	Private Sector	Fun der ...	None	NONE
D.C. ACORN	Private Sector	Fun der ...	None	NONE
Washington Legal Clinic for the Homeless	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Coalition for Nonprofit Housing and Economic De...	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fair Budget Coaliton	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Coalition of Homeless and Housing Organizations	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
City First Bank of Wasington, DC	Private Sector	Busi ness es	None	NONE
Bank of America	Private Sector	Busi ness es	None	NONE
Downtown Business Improvement District	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months, C...	NONE
Golden Triangle Business Improvement District	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Fannie Mae Corporation	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Abel Foundation	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Hogan and Hartson Law Firm	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE

Carr America Corporation	Private Sector	Businesses	None	NONE
Community Foundation of the Captiol Region	Private Sector	Funder...	None	NONE
Unity Healthcare	Private Sector	Hospita..	None	Seriously Me...
DC Healthcare Alliance	Private Sector	Hospita..	None	Seriously Me...
Georgetown Medical Mobile Van Unit	Private Sector	Hospita..	None	Substance Ab...
Gerald McCorkle	Individual	Homeles..	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Veterans
Grace Contee	Individual	Homeles..	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
Eric Sheptock	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
Cheryl Barnes	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
Community for Creative Non-Violence	Private Sector	Non-pro..	None	NONE
Central Union Mission	Private Sector	Non-pro..	None	NONE
The Community Partnership for the Prevention of...	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Transgender Health Empowerment	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth, HIV/AIDS
District Alliance for Safe Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...

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

### Instructions:

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

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

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

**Voting/Decision-Making Method(s):**  
(select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, d. One Vote per Organization

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

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

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

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

**Emergency Shelter:** Yes

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

In September 2008, Mayor Adrian Fenty launched the Permanent Supportive Housing Initiative, housing over 400 the city's most vulnerable chronically homeless persons. As a result, the Franklin School Shelter, a 300 bed Emergency Shelter facility, was closed. As a result the number of year round emergency shelter beds for individuals decreased as reflected in the 09 eHIC.

The DC General Family Shelter operated 41 of its 79 units on a year-round basis in this year, as opposed to opening these units during only the winter months as had been done in previous years. As a result, the number of year-round Emergency Shelter beds for households with children increased on the 2009 eHIC.

**Safe Haven:** No

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

**Transitional Housing:** Yes

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

Several privately- and locally-funded Transitional Housing programs serving single men and women were opened in 2008 adding 70 beds to the 2009 eHIC.

Also in 2008, the locally-funded System Transformation Initiative, which moves long-staying families out of Emergency Shelter and in to scattered site Transitional Housing units throughout the city, was expanded to serve an additional 80 families.

**Permanent Housing:** Yes

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

The Mayor's Permanent Supportive Housing Initiative has, to date, housed over 500 single men and women as well as 70 homeless families. This new inventory, along with several other programs funded by past Samaritan Initiatives and the Local Rent Supplement Program, have increased both the current inventory of PSH beds for singles and families on the 2009 eHIC.

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

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

### Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	DC CoC 2009 eHIC	11/13/2009

## Attachment Details

**Document Description:** DC CoC 2009 eHIC

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

## Instructions:

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

**Indicate the date on which the housing inventory count was completed:** 01/28/2009  
(mm/dd/yyyy)

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

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

## Must specify other:

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

## Specify "other" data types:

In 2008, with assistance from the Corporation of Supportive Housing, the Department of Human Services conducted a comprehensive needs assessment for permanent housing. The results of this assessment were reported in the Mayor's Permanent Supportive Unit Generation Report which revisits the target population, defines a net new unit, assesses the current permanent housing inventory in comparison to the homeless population, determines the net new units required to end homelessness and recommends a process for operational implementation. As a result, this report provides the basis for determining unmet need for the CoC.

In 2009, the number of beds for singles and persons in families that had been brought online over the course of the previous year were subtracted from the 2008 "unmet need" totals reported in the 2008 eHIC as determined by the CSH report.

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

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

**Intructions:**

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

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** DC-500 - District of Columbia CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

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

**Is the HMIS Lead Organization the same as CoC Lead Organization?** Yes

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Service Point

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

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

**Indicate the date on which HMIS data entry started (or will start):** 06/01/2001  
(format mm/dd/yyyy)

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

**Indicate the challenges and barriers impacting the HMIS implementation:** Poor data quality, No or low participation by non-HUD funded providers  
(select all the apply):

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

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

While the DC CoC has very high participation rates, we continue to struggle with bringing on privately funded TH & PSH programs. A number of incentives have been offered including waiving HMIS licensing fees & issuing technology grants for computers. However a large private agency remains resolute that they will not participate. While the CoC has made great advances in data quality & has been named an AHAR All Star each year the report has been generated, data quality at large shelters has been problematic. This is largely the result of low staff to client ratios, and limited staff availability to complete data entry. The Community Partnership has increased technical assistance & support to these agencies. We have also made improvements with the development of Null Value reports, which are generated monthly so that Providers may see areas of data entry that require improvement.

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

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

**Organization Name** The Community Partnership for the Prevention of Homelessness

**Street Address 1** 801 Pennsylvania Ave SE, Suite 360

**Street Address 2**

**City** Washington

**State** District of Columbia

**Zip Code** 20003

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

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

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

**Prefix:** Mr.  
**First Name** Tom  
**Middle Name/Initial**  
**Last Name** Fredericksen  
**Suffix**  
**Telephone Number:** 202-543-5298  
**(Format: 123-456-7890)**  
**Extension** 114  
**Fax Number:** 202-543-5653  
**(Format: 123-456-7890)**  
**E-mail Address:** tfredericksen@community-partnership.org  
**Confirm E-mail Address:** tfredericksen@community-partnership.org

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

**Instructions:**

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

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

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

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	0-50%

**How often does the CoC review or assess its HMIS bed coverage?**      Semi-annually

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

The Community Partnership has increased HMIS participation across the Continuum of Care but has struggled to bring PSH to a 65 percent bed coverage rate. The majority of the District of Columbia's Permanent Supportive Housing programs are operated by private entities that have expressed resistance to participating in the HMIS. Additionally, the DC Department of Mental Health, which has managed two of the largest Permanent Housing programs for individuals (the Home First II program and the Permanent Housing for SMI Homeless Persons), has also expressed resistance to participate. The Community Partnership will continue to try to develop incentives to persuade private agencies and the local government agencies to participate in the HMIS at this level of the Continuum of Care including taking on the data entry responsibility for these resistant programs.

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

**Instructions:**

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	9%
* Date of Birth	0%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	2%	4%
* Residence Prior to Program Entry	1%	2%
* Zip Code of Last Permanent Address	3%	25%
* Name	0%	0%

**Instructions:**

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

**Did the CoC or subset of CoC participate in AHAR 4?** Yes

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

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

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

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

The Community Partnership developed its own monthly Null Value Report that monitors data quality for Universal & Program Specific data elements. TCP also manages a performance measurement system developed using the Bowman Advanced Reporting Tool. These reports are sent to providers quarterly & track performance towards pre-determined goals. Results are used for benchmarking & performance contracting. TCP also has a year long training calendar where a number of topics for novices to advanced users are taught. Finally TCP utilizes HMIS information to provide nightly shelter census dashboard reports using Crystal Xcelsius software. These reports found on our website track bed availability & shelter usage by a variety of indicators.

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

The CoC adheres to the standards set by HUD regarding program entry and exit dates recorded in the HMIS. Entering valid entry and exit dates is a part of the CoCs HMIS standard operating procedures, on which every HMIS user in the Continuum is trained. (Trainings on the CoCs standard operating procedures are held on a monthly basis.) Reports sent to providers that detail client data always include information on entry and exit dates to ensure that all client records are in the system and reflect accurate information.

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

### Instructions:

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

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

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

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

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

**Instructions:**

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

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

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

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

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

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

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

**If 'Yes' indicate date of last review or update by CoC:**      10/01/2009

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

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

### Instructions:

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

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

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

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	At least bi-monthly
Basic computer skills training	Quarterly
HMIS software training	Monthly

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

**Instructions:**

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

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

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

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	203	500	0	703
<b>Number of Persons (adults and children)</b>	683	1,611	0	2,294
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	2,632	981	321	3,934
<b>Number of Persons (adults and unaccompanied youth)</b>	2,632	981	321	3,934
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Total Households</b>	2,835	1,481	321	4,637
<b>Total Persons</b>	3,315	2,592	321	6,228

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

### Instructions:

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	1,632	291	1,923
* Severely Mentally Ill	932	82	1,014
* Chronic Substance Abuse	1,578	65	1,643
* Veterans	554	29	583
* Persons with HIV/AIDS	131	1	132
* Victims of Domestic Violence	499	1	500
* Unaccompanied Youth (under 18)	17	0	17

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

### **Instructions:**

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

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

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

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

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

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

**Emergency shelter providers:**      100%

**Transitional housing providers:**      100%

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

### Instructions:

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

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

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

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

If Other, specify:

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

The Community Partnership conducts Point in Time on an annual basis, most recently on January 28, 2009. Eighty-seven percent of persons counted in shelter and housing were counted by agencies that used the HMIS to submit their data. Agencies not using the HMIS submitted paper surveys. The Community Partnership aggregates the data from the HMIS with the remaining data reported on paper surveys from non-HMIS providers to produce its sheltered count as well as information on existing subpopulations among those counted at Point in Time.

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

In September of 2008, District of Columbia Mayor Adrian Fenty launched the Permanent Supportive Housing Program which placed over 400 persons from Emergency Shelters and the streets in Permanent Supportive Housing units throughout the city. These placements are responsible for year-to-year decreases in the District's unsheltered count, Emergency Shelter count and count of chronically homeless persons identified during Point in Time 2009. The overall 2009 Point in Time count resulted in a three percent increase in persons driven by increases among families served in Emergency Shelter as well as in additional Transitional Housing units that were added to the Continuum through the District's System Transformation Initiative between PIT 2008 and 2009.

PIT data shows, as it has in previous years, that beds are being heavily used by persons entering shelter from jails, hospitals and psychiatric or substance abuse treatment facilities. Nearly a quarter of all single persons in Emergency Shelter reported that they had had stays at one or more of these sites at some point in the past. PIT further revealed that one in five clients in emergency shelter lived outside of DC prior to entering shelter within the CoC. This reveals that DC is carrying the burden of the regional need for shelter not fully shared by neighboring jurisdictions in Southern Maryland and Northern Virginia.

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

### Instructions:

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

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

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

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

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

If Other, specify:

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

Agencies submitting Point in Time data through the HMIS completed a roster of clients served in the shelter called a bedlist. The bedlist identified everyone who was served in the program on that night. Programs then completed a corresponding survey on each client served. Each person in a bedlist had to have a survey completed on them as well (including children). The surveys were comprised of HUD required questions as well as questions that were of local interest to the region. Each program submitting data through the HMIS received a Null Value report that identified any fields that were missing data. Programs were required to complete any missing values before their PIT data was accepted as approved. Providers participating in PIT without using the HMIS submitted paper surveys that included responses to these same questions. HMIS and non HMIS programs' information was aggregated using MS Excel.

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

The 2009 PIT count showed an increase in the prevalence of subpopulations within the CoC, although there was a decrease in chronically homeless persons counted. These increases are due in some part to the overall increase of persons counted from 2008 to 2009. In the 2009 count, the survey tool used in the HMIS was required to be completed (no null values were allowed in a client's PIT assessment). Whereas HMIS data accounted for 85 percent of client data collected, the Community Partnership feels that increases in subpopulations counted are also a result of providers being required to respond to these questions in 2009 and not in previous years.

Moreover, more thorough responses were collected from agencies submitting their data in paper survey form. While in past years, many such agencies would provide their PIT date count and report on a few key elements of their programs' population, many programs chose this year to complete the entire PIT assessment for each person served, thus increasing the number of persons counted as belonging to various subpopulations.

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

### Instructions:

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

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

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

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

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

**If Other, specify:**

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

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

### Instructions:

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

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

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

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

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

**If Other, specify:**

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

### **Instructions:**

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

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

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

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

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

**If Other, specify:**

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

### Instructions:

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

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

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

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

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

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

**If Other, specify:**

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

On the date of Point in Time, outreach workers recorded nearly 500 engagements with persons thought to be unsheltered, half of which were recorded using the HMIS. Analysis of these engagements revealed that more than a third of persons engaged were counted more than once on the day of PIT and/or were later counted in in shelter.

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

In the 2009 enumeration, no households with dependent children were counted as unsheltered. When a household with children faces a housing crisis in the District of Columbia, the family is referred to the Virginia Williams Family Resource Center, where they can access eviction-prevention assistance, other resources to alleviate their housing crisis or can be directed to an apartment-style family emergency shelter. The District has a right to shelter during hypothermia months so any family without a place to stay is guaranteed shelter for the entire winter season.

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

The Community Partnership worked with outreach agencies in order to identify areas where large numbers of homeless persons are known to live or congregate in order to count as many persons as possible that routinely sleep on the street. Additionally, outreach providers expanded their traditional catchments on the date of PIT to make sure that there was outreach coverage citywide. More than 80 volunteers assisted the Community Partnership and outreach workers on the night of Point in Time to engage persons who were outside which further widened our coverage of the city in an effort to see that the count was complete and broad in geographic coverage.

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

The count of persons living on the street decreased from from 378 in 2008 to 321 in 2009. The Community Partnership believes that this was largely due to the housing of more 400 of the city's most vulnerable homeless persons living in shelters and on the street. This initiative, Mayor Adrian Fenty's Permanent Supportive Housing Program, began in September 2008 and to date has housed more than 500 of the most vulnerable single persons and 70 families.

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

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

##### Instructions:

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

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

Within the next 12 months, the District of Columbia will be expanding the Mayor's Permanent Supportive Housing Initiative to include housing for an additional 116 chronically homeless persons (beyond the 506 chronically homeless persons already housed through the program). In addition, another 213 units are slated to become available within the next 12 months. These units have been made possible by the Local Rent Supplement Program as well as the Permanent Housing Bonuses (Samaritan Initiatives) awarded by HUD in recent years. All told, in 12 months there will be an additional 329 PSH beds for chronically homeless persons in the District of Columbia, bringing the total inventory to 2,068.

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

In 2007, the District of Columbia engaged the Corporation for Supportive Housing (CSH) to develop a workplan for generating 1,835 units of Permanent Supportive Housing for chronically homeless persons in addition to what was already available in the city. Based on CSH's recommendations, the District is working to construct or renovate 585 units and will secure another 1,250 units through leasing over the next ten years. The District has already housed more than 500 chronically homeless men and women through the Mayor's Permanent Supportive Housing Program, and the city is on track to have 3,000 units of PSH for the chronically homeless in place in ten years.

**How many permanent housing beds do you currently have in place for chronically homeless persons?** 1,739

**How many permanent housing beds do you plan to create in the next 12-months?** 329

**How many permanent housing beds do you plan to create in the next 5-years?** 861

**How many permanent housing beds do you plan to create in the next 10-years?** 1,261

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

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

##### Instructions:

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

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

The DC CoC has once again exceeded the national average of persons staying in PH for at least six months by 15 percent. Currently 92 percent of homeless persons remain in PSH for at least six months. We plan on continuing to monitor this indicator utilizing a stability tracking report that the Community Partnership developed in the HMIS. We use our tracking report to assess this benchmark quarterly for all PSH in the system.

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

The DC CoC has exceeded this objective and plans to continue to do so by maintaining a rigorous screening process for new permanent housing programs. The Community Partnership utilizes an internal and self developed assessment tool that evaluates new projects with local and national priorities to ensure that the best new permanent housing projects are chosen to join the CoC.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 92

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 92

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 94

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 95

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

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

**Instructions:**

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

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

The DC CoC has had a large amount of transitional programs with low barrier entry requirements. These programs serve many persons but only engage a limited amount in case management services. The Community Partnership is completing a program by program assessment of these projects to determine which ones can be reorganized to reflect the true amount of clients engaged in case management services for whom a permanent housing outcome should be expected. Over the last year we have also began a series of budget modifications to move programs with a low barrier component and poor destination outcomes to PSH. This reorganization will allow struggling transitional programs to reorganize to meet local and federal housing objectives.

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

The Community Partnership will continue to advocate for a homeless preference with the Housing Authority for clients currently residing in shelter & transitional programs. Currently the housing authority allows for clients applying for housing to 'self identify' as homeless. As a result there are thousands of people on the list with a homeless preference whose status is not correct. The Community Partnership will continue to advocate for a preference for those clients specifically experiencing homelessness residing in shelter or transitional programs presently. This will help persons residing in HUD transitional shelter find affordable housing options in a city where there is limited affordable housing. The Community Partnership plans to conduct the same level of advocacy to encourage locally funded PSH programs like the Mayor's Permanent Supportive Housing Initiative & the Local Rent Supplement Program to take clients directly from shelters & transitional programs in the CoC.

**What percentage of homeless persons in transitional housing have moved to permanent housing? 53**

- In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 55
- In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 65
- In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 67

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

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

##### Instructions:

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

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

The Community Partnership has once again exceeded this national objective by 14 percent. The Community Partnership has had success in exceeding this objective by monitoring clients' employment, education & income at exit using the HMIS. These performance measurement standards are compared to programs' scope of work, contract requirements and like to like programs. The Community Partnership will continue to monitor outcome measures such as employment indicators quarterly through the HMIS and maintain communication with providers about areas of improvement.

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

The Community Partnership plans to expand relationships with mainstream agencies to ensure that key homeless subpopulations receive employment assistance that meets their needs. The Partnership plans on applying to lead an Employment Collaborative with local nonprofits to receive Ticket to Work funding through the Social Security Administration. Bringing this funding opportunity to more programs in the District will provide a valuable incentive and additional resource to connect homeless clients to jobs in the community.

**What percentage of persons are employed at program exit?** 34

**In 12-months, what percentage of persons will be employed at program exit?** 35

**In 5-years, what percentage of persons will be employed at program exit?** 38

**In 10-years, what percentage of persons will be employed at program exit?** 40

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

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

**Instructions:**

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

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

The DC CoC was awarded a Rapid Re-housing Demonstration Grant during the 2008 NOFA cycle. We have recently obtained our technical submission and hope to start the program before the end of the year. It is our hope that this funding as well as HPRP prevention funding, both collocated at our central intake facility for families, will help decrease the demand for shelter for economically vulnerable families with self sufficiency skills.

However, the realities of this economic climate have resulted in an increase demand for shelter in the city. As a result, the DC CoC is bringing on 25 additional units of housing for families during the winter months. This expansion of hypothermia services for families codifies the CoC's commitment to ensuring that families have safe shelter at all times.

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

The DC CoC's long term plan is to expand on the amount of prevention options available to families that are at risk of becoming homeless. In addition, the Mayor's Permanent Supportive Housing Program, which houses those with long and frequent stays in shelter, is being expanded to cover families as well as single persons. This effort and the Local Rent Supplement Program will provide Permanent Supportive Housing resources for families so that they will not have to utilize the city's Emergency Shelter or Transitional Housing facilities. It is our hope that the Rapid Re-housing Demonstration Project will continue to be renewed to provide this financial resource to vulnerable families in need of shelter. The city also plans on using future Permanent Housing Bonus funds to develop PSH programs for families, to ultimately reduce the need for shelter for families.

<b>What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?</b>	703
<b>In 12-months, what will be the total number of homeless households with children?</b>	686
<b>In 5-years, what will be the total number of homeless households with children?</b>	611

**In 10-years, what will be the total number of  
homeless households with children?** 600

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

#### Instructions:

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

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

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

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

#### Foster Care:

The DC Interagency Council has formed a discharge planning subcommittee focused on developing relationships with mainstream agencies to ensure that homeless persons are not discharged to the public shelter system. As this process is synchronized across systems, the Child and Family Services Agency (CFSA) developed a program in line with discharge planning policy to assist youth aging out of foster care achieve housing. Twelve months prior to exiting foster care, an emancipation plan is developed. Prior to exiting foster care, youth without housing are referred to the CFSA funded Rapid Exit program. Youth receive housing assistance, supportive services and a short term financial subsidy to assist with obtaining housing. Through this process that assists youth before and after discharge, CFSA ensures that youth do not enter the homeless system. The CFSA Rapid Exit program is modeled after the nationally recognized Community Care Grant program developed by the Community Partnership. Presently, TCP provides fiscal management of the CFSA program.

#### Health Care:

The DC Interagency Council has formed a discharge planning subcommittee focused on developing relationships with mainstream agencies to ensure that homeless persons are not discharged to the public shelter system. As this process is synchronized across systems, the ICH subcommittee has been working closely with the DC Hospital Association. The ICH subcommittee recently presented to them and made connections on how to coordinate service delivery. Currently, the ICH and DC Hospital Association is researching model projects in proactive service delivery. In the interim, hospitals in DC serving homeless persons eligible for Medicaid are required to provide health related case management and create a discharge plan for the individual. 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 an RCF is not available, a homeless person cannot be discharged until a space in the facility is made available.

**Mental Health:**

The DC Interagency Council has formed a discharge planning subcommittee focused on developing relationships with mainstream agencies to ensure that homeless persons are not discharged to the public shelter system. As this process is synchronized across systems, the Dept. of Mental Health has a robust discharge protocol utilizing Core Services Agencies (CSAs). Consumers of DMH are connected to a CSA as their clinical home for services. Before a patient is released from a mental health hospital, they are evaluated by a doctor and connected to a CSA. DMH enrolled consumers that are hospitalized may apply for housing through their CSA while in the hospital to avoid entry into the shelter system. Housing operated by DMH includes transitional beds, bridge rental subsidies and permanent housing. The DMH Housing Division provides a bi-weekly vacancy list of housing resources including Community Residential Facilities and supported housing to hospitals. DMH also plans on developing 300 units of PSH for homeless persons that qualify as chronically homeless with a mental illness within the next 5-7 years.

**Corrections:**

The DC Interagency Council has formed a discharge planning subcommittee focused on developing relationships with mainstream agencies to ensure that homeless persons are not discharged to the public shelter system. As this process is synchronized across systems, the ICH cosponsored a forum in the Spring of 09 with the Urban Institute, the Corporation for Supportive Housing and the Dept. of Corrections on discharge planning. The purpose of the forum was to present information on clients moving back and forth between Corrections and the homeless system. Data from Corrections and the DC HMIS were analyzed to come up with a group of individuals that were most in need of housing. After the forum, CSH developed a pilot project to house those individuals and secured a commitment from the Housing Authority for vouchers. CSH has also met with all of the Directors of emergency shelters. The group works to increase direct contact between shelters and case managers in the jail system so that more appropriate prescreening can occur to find alternative and more appropriate interventions for persons exiting Corrections.

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

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

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

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** The Homeless Action Plan identifies the goal of 3,000 supportive housing units. The plan also identifies the 10 year plan goal to develop 3,000 units affordable for homeless persons.

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

The Community Partnership, as the lead agency for the CoC, has played an active role in developing the work plan for HPRP utilization. The city will utilize the Community Partnership's prevention model that is currently operated out of the District's central intake facilities for families to expend HPRP funds. This model will be replicated at several sites throughout the city by multiple non-profit sub-grantees.

The Community Partnership's System Transformation Initiative is the model through which the city will be executing the rapid re-housing portion of the HPRP funds, utilizing the same vendors that are distributing prevention funds. In addition to providing technical assistance and playing an active role in disbursing funds, the Community Partnership will also be managing data collection for HPRP through the District's HMIS and providing training to other subgrantees. In consultation with the District's Dept. of Housing and Community Development (the grantee), the Community Partnership has developed an HMIS work plan with an intensive training curriculum, data collection, and reporting strategy that will be utilized in reporting to HUD our progress and success.

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

In 2009, the Community Partnership utilized American Reinvestment and Recovery Act funding, passed through the city's Community Action Agency the United Planning Organization through a Community Services Block Grant, to fund meals at shelters located throughout the city, to fund the city's shelter hotline as well as employment and training programs throughout the District. This funding was instrumental in providing services to the 15,656 persons who use our system annually.

The Community Partnership has also joined with the District's Dept of Human Services (DHS) and the Veterans Administration in an ongoing conversation regarding the execution of the VASH Initiative. The Community Partnership has been providing HMIS data on Veterans using the District CoC to inform the planning and distribution process for vouchers. In FY10, DHS will begin using VASH vouchers to house vulnerable homeless veterans, as determined by the HMIS data.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	1,781	Beds	1,739	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	88	%	92	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	45	%	53	%
Increase percentage of homeless persons employed at exit to at least 19%	31	%	34	%
Decrease the number of homeless households with children.	587	Households	703	H o u s e h o l d s

**Did CoC submit an Exhibit 1 application in 2008?** Yes

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

Although we did not quite meet the objective of creating 1,781 PSH beds for chronically homeless persons (falling 42 beds short), we met this objective in the 13th month through units brought online by the Mayor's Permanent Supportive Housing Initiative and the Local Rent Supplement Program. We are on track to continue to increase the number of PSH beds for chronically homeless persons in the next 12 months as well.

We did not decrease the number of households with homeless children largely because demand for shelter was much greater when the 2009 figure was generated. However, while we had larger number of homeless families in 2009, a larger share of these families were in Transitional Housing in 2009 than in 2008. This is due to the expansion of the System Transformation Initiative (a locally funded rapid re-housing program), which moves families from shelter and places them in scattered site TH units and connects them with services to prepare them to live more independently within two years.

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

### Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	1,760	1,034
2008	2,184	1,162
2009	1,923	1,739

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 630

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$3,000,000	\$0
Operations	\$933,000	\$0	\$0	\$3,325,301	\$0
Total	\$933,000	\$0	\$0	\$6,325,301	\$0

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

The number of chronically homeless persons decreased and the number of permanent beds designated for the chronically homeless increased.

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

### Instructions:

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

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	111
b. Number of participants who did not leave the project(s)	557
c. Number of participants who exited after staying 6 months or longer	94
d. Number of participants who did not exit after staying 6 months or longer	523
e. Number of participants who did not exit and were enrolled for less than 6 months	34
<b>TOTAL PH (%)</b>	92

### Instructions:

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

**Does CoC have any transitional housing programs for which an APR should have been submitted?** No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1050
b. Number of participants who moved to PH	551
<b>TOTAL TH (%)</b>	53

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

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 1,161**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	206	18	%
SSDI	66	6	%
Social Security	10	1	%
General Public Assistance	5	0	%
TANF	81	7	%
SCHIP	5	0	%
Veterans Benefits	11	1	%
Employment Income	389	34	%
Unemployment Benefits	8	1	%
Veterans Health Care	11	1	%
Medicaid	291	25	%
Food Stamps	429	37	%
Other (Please specify below)	236	20	%
Child Support, WIC Food Benefit, Health Care Benefit			
No Financial Resources	270	23	%

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

**Does CoC have projects for which an APR No should have been submitted?**

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

### **Instructions:**

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

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

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

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

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

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

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

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

The Partnership requires all HUD funded programs to submit their APRs quarterly through the HMIS. Technical assistance is then provided for problems with the reporting. At the end of each grant term, a program is required to again print their APR out of the HMIS for a final programmatic review by the HMIS department and a financial review completed by the Accounting Department.

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

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

Under the leadership of City Administrator Neil Albert, the Interagency Council for Homelessness requires active participation from all mainstream social services agencies. Mainstream agencies are also encouraged to support the Mayor's policy priority to end homelessness in their budgets. The bylaws of the ICH require participation in meetings from the Dept. of Health, Dept. of Mental Health, Housing Authority, Dept. of Housing & Community Development, Office of the State Superintendent for Education, Office of Property Management, Office of Child & Family Services, Department of Corrections & Homeland Security. The purpose of active participation from these groups is to foster access to mainstream resources for homeless services providers. Government members also participate in a myriad of subcommittees that tackle specific cross cutting mainstream access issues such as discharge planning. ICH meetings for the 2008 calendar year occurred on Feb. 14, April 10, June 12 and Oct.10.

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

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

**If yes, identify these staff members** Provider Staff

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

**If "Yes", specify the frequency of the training.** Annually

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

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

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

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

Some providers in the CoC have participated in SOAR training. Trainings were provided by the Agriculture Center by the Social Security Administration on May 19, 2009 and then again in a training series called Stepping Stones to Recovery held by the DC Department of Mental Health.

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

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

Activity	Percentage
<p><b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b>  <b>1a. Describe how service is generally provided:</b></p> <p>Case managers are knowledgeable about what mainstream benefits clients qualify for when their incomes are very low or disabling conditions make earning income difficult. Case managers assist clients in filling out applications for cash and non cash benefits for which they are eligible. Sometimes this includes assistance with completing an application, or going with a client to obtain an application. Other times it includes providing the application or making the client aware of its availability. In most cases, case managers sit down with a client and fill out an application form jointly, while helping them obtain any necessary documentation associated with the application and then accompany a client to the appropriate mainstream office for submission.</p>	100%
<p><b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b></p>	87%
<p><b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b>  <b>3.a Indicate for which mainstream programs the form applies:</b></p> <p>The Income Maintenance Administration's Combined Application for DC Medical Assistance, Food Stamps, and Cash Benefits form can be accessed at seven one stop centers located around the city. It is used to apply for DC Medicaid, Food Stamps, Temporary Assistance for Needy Families (TANF) and Interim Disability Assistance (IDA). The printed form is available in five languages (English, Spanish, Mandarin, Amharic, and Vietnamese). Translation services are available via phone in several other languages. The Form is successful in minimizing the number of applications submitted to determine eligibility for benefits from a singular source where the needs for the various benefits are generally co-occurring. Homeless providers also take advantage of the The FirstStep CD which is available from HUD &amp; DHHS. It assists clients in obtaining food stamps, Medicaid, Medicare, SSDI, SCHIP, SSI, TANF, and VA benefits.</p>	50%
<p><b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>  <b>4a. Describe the follow-up process:</b></p> <p>All HUD funded programs provide assistance to clients in following up on the status of mainstream benefits. If mainstream benefits are not reported after documentation has been submitted, case managers will follow up with the government agency that is responsible for processing a client application. Typically, follow-up is completed through phone calls that are documented on behalf of the client in their case file. If eligibility is questioned or benefits are denied most staff will refer the client to a bevy of legal advocacy groups around the city to appeal a decision to deny benefits.</p>	100%



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

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

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

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<p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>	<p>No</p>
<p><b>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</b></p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>	<p>Yes</p>
<p><b>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</b></p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p><b>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</b></p>	<p>Yes</p>
<p><b>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</b></p>	<p>Yes</p>
<p><b>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</b></p>	<p>Yes</p>
<p>The District of Columbia City Council recently passed the Inclusionary Zoning Implementation Amendment Emergency Declaration Resolution of 2008. Funds to administer the Act have been appropriated. The Act requires the Mayor to promulgate rulemaking and implementing regulations which is slated to take place in 2009. The lack of inclusionary zoning policy has been widely viewed as a barrier to full implementation of the Consolidated plan.</p>	
<p><b>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</b></p>	<p>No</p>

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Reunified Familie...	2009-11-02 10:34:...	1 Year	House of Ruth	84,383	Renewal Project	SHP	TH	F
Community Connect...	2009-11-13 13:07:...	2 Years	District of Colum...	933,137	New Project	SHP	PH	P1
New Generations	2009-10-26 08:58:...	1 Year	District of Colum...	181,025	Renewal Project	SHP	TH	F
Independent Livin...	2009-11-02 11:25:...	1 Year	Sasha Bruce Youth...	129,593	Renewal Project	SHP	TH	F
Latino Transition..	2009-10-26 20:20:...	1 Year	District of Colum...	592,184	Renewal Project	SHP	TH	F
Stable Families 1	2009-11-03 09:17:...	1 Year	Families Forward,...	234,862	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-13 11:49:...	1 Year	District of Colum...	287,592	Renewal Project	S+C	TRA	U
Bridges Project 1...	2009-10-26 06:53:...	1 Year	District of Colum...	110,674	Renewal Project	SHP	PH	F
Kairos House	2009-10-26 20:13:...	1 Year	District of Colum...	899,866	Renewal Project	SHP	TH	F
TEN - Tenants Emp...	2009-11-12 18:43:...	1 Year	Catholic Charitie...	261,004	Renewal Project	SHP	TH	F
Women's Transitio...	2009-11-02 11:43:...	1 Year	SOME, Inc.	513,940	Renewal Project	SHP	TH	F
Green Door	2009-11-13 09:05:...	1 Year	District of Colum...	144,758	Renewal Project	SHP	PH	F
Safe Haven	2009-10-26 09:15:...	1 Year	District of Colum...	232,879	Renewal Project	SHP	SH	F

Trinity Arms	2009-11-12 18:13:...	1 Year	Community Family ...	140,205	Renewal Project	SHP	TH	F
HIV-G Street	2009-10-26 07:56:...	1 Year	District of Colum...	132,300	Renewal Project	SHP	PH	F
Mickey Leland Tra...	2009-11-03 08:34:...	1 Year	SOME, Inc.	101,333	Renewal Project	SHP	TH	F
Blair House	2009-10-26 06:49:...	1 Year	District of Colum...	204,747	Renewal Project	SHP	TH	F
Unity Transitiona ...	2009-11-02 10:38:...	1 Year	House of Ruth	114,586	Renewal Project	SHP	TH	F
Casa Paz (HUD 1)	2009-10-26 07:16:...	1 Year	District of Colum...	149,203	Renewal Project	SHP	TH	F
Chronic Homeless ...	2009-11-10 09:01:...	1 Year	District of Colum...	285,457	Renewal Project	SHP	PH	F
Mt. Carmel House	2009-11-13 11:27:...	1 Year	District of Colum...	189,000	Renewal Project	SHP	TH	F
Miriam's House	2009-10-26 08:33:...	1 Year	District of Colum...	141,214	Renewal Project	SHP	PH	F
Olaiya's Cradle	2009-11-02 11:31:...	1 Year	Sasha Bruce Youth...	189,057	Renewal Project	SHP	TH	F
Partner Arem's 1	2009-11-12 07:28:...	1 Year	Transitiona l Hous...	127,720	Renewal Project	SHP	TH	F
Independe nt Livin...	2009-11-02 11:30:...	1 Year	Sasha Bruce Youth...	67,628	Renewal Project	SHP	TH	F
Gospel Rescue Min...	2009-10-26 07:49:...	1 Year	District of Colum...	100,905	Renewal Project	SHP	TH	F
Hope Rising	2009-11-13 09:20:...	1 Year	District of Colum...	239,506	Renewal Project	SHP	PH	F
Training Apts	2009-11-03 09:09:...	1 Year	Community Connect...	98,751	Renewal Project	SHP	TH	F
CHW-My Place	2009-11-13 09:28:...	1 Year	District of Colum...	257,260	Renewal Project	SHP	PH	F
H of R-New Beginn...	2009-11-03 09:58:...	1 Year	District of Colum...	134,834	Renewal Project	SHP	TH	F

New Horizons	2009-11-12 18:46:...	1 Year	District of Colum...	414,028	Renewal Project	SHP	PH	F
Stable Families 3	2009-11-03 09:20:...	1 Year	Families Forward,...	207,041	Renewal Project	SHP	TH	F
Families in Trans...	2009-11-13 11:18:...	1 Year	District of Colum...	201,038	Renewal Project	SHP	TH	F
Partner Arms 2	2009-10-26 09:03:...	1 Year	District of Colum...	148,924	Renewal Project	SHP	TH	F
FOCUS	2009-11-10 09:11:...	1 Year	District of Colum...	123,530	Renewal Project	SHP	PH	F
THEIRS Program fo...	2009-11-03 13:37:...	1 Year	Hannah House	148,115	Renewal Project	SHP	TH	F
HMIS Expansion	2009-10-26 08:07:...	1 Year	District of Colum...	75,000	Renewal Project	SHP	HMIS	F
Domestic Violence...	2009-11-02 10:21:...	1 Year	House of Ruth	321,806	Renewal Project	SHP	TH	F
CoH-Housing Famil...	2009-11-13 08:46:...	1 Year	District of Colum...	541,313	Renewal Project	SHP	PH	F
Bridges Project 2...	2009-10-26 06:56:...	1 Year	District of Colum...	141,366	Renewal Project	SHP	PH	F
Madison Transitio...	2009-11-02 10:29:...	1 Year	House of Ruth	144,083	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-13 11:39:...	1 Year	District of Colum...	217,152	Renewal Project	S+C	SRA	U
Good Hope House	2009-10-26 09:59:...	1 Year	District of Colum...	78,342	Renewal Project	SHP	TH	F
Holly House	2009-11-13 09:09:...	1 Year	District of Colum...	86,003	Renewal Project	SHP	PH	F
Chesapeake House	2009-10-26 07:19:...	1 Year	District of Colum...	275,106	Renewal Project	SHP	TH	F
Transitiona l Livi...	2009-11-12 07:34:...	1 Year	Communit y Connect...	106,863	Renewal Project	SHP	TH	F
Rachael's-Permane...	2009-10-26 09:12:...	1 Year	District of Colum...	165,819	Renewal Project	SHP	PH	F

Community Connect...	2009-11-13 08:52:...	1 Year	District of Colum...	420,000	Renewal Project	SHP	PH	F
Trauma-Suitland Road	2009-10-26 09:23:...	1 Year	District of Colum...	109,725	Renewal Project	SHP	PH	F
Dual Diagnosed -Gi...	2009-10-26 07:33:...	1 Year	District of Colum...	121,727	Renewal Project	SHP	PH	F
Community Connect...	2009-11-11 10:41:...	1 Year	District of Colum...	350,173	Renewal Project	SHP	PH	F
Calvary-Transitio...	2009-11-12 16:58:...	1 Year	District of Colum...	143,742	Renewal Project	SHP	TH	F
Serial Inebriates	2009-11-03 12:18:...	1 Year	Pathways to Housi...	514,025	Renewal Project	SHP	PH	F
New Expectations	2009-10-26 08:43:...	1 Year	District of Colum...	211,621	Renewal Project	SHP	TH	F
Housing with Care...	2009-10-26 08:19:...	1 Year	District of Colum...	430,837	Renewal Project	SHP	PH	F
HLC_FY2009	2009-11-12 07:43:...	1 Year	The Harbor Light ...	475,935	Renewal Project	SHP	TH	F
Exodus Hous Trans...	2009-11-02 11:38:...	1 Year	SOME, Inc.	323,673	Renewal Project	SHP	TH	F
Spring Road Famil...	2009-11-03 09:03:...	1 Year	Coalition for the...	171,453	Renewal Project	SHP	TH	F
St. Martin's at T...	2009-11-03 12:56:...	1 Year	Catholic Charitie...	171,840	Renewal Project	SHP	TH	F
Chronic Homeless ...	2009-11-13 11:22:...	1 Year	District of Colum...	477,676	Renewal Project	SHP	PH	F
US Vets-Ignatia H...	2009-11-12 17:53:...	1 Year	District of Colum...	102,199	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-11-13 11:54:...	1 Year	District of Colum...	2,761,740	Renewal Project	S+C	SRA	U
St. Mathias Mulum...	2009-11-13 11:32:...	1 Year	District of Colum...	245,421	Renewal Project	SHP	TH	F
Community Connect...	2009-11-13 08:50:...	1 Year	District of Colum...	188,312	Renewal Project	SHP	PH	F

Casa Libertad (HU...	2009-11-12 17:05:...	1 Year	District of Colum...	150,000	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-13 11:57:...	1 Year	District of Colum...	800,208	Renewal Project	S+C	TRA	U

## Budget Summary

<b>FPRN</b>	\$13,845,610
<b>Permanent Housing Bonus</b>	\$933,137
<b>SPC Renewal</b>	\$4,066,692
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Cert of Con Plan	10/25/2009

## Attachment Details

**Document Description:** Cert of Con Plan