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

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

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

Things to Remember

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration):	DC-500 - District of Columbia CoC
CoC Lead Agency 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 (once each quarter)

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

The Board of Directors of The Community Partnership meets once every quarter. On at least a monthly basis, members are updated through email briefs regarding any ongoing CoC planning efforts. It is under the Board's leadership that The Community Partnership conducts program monitoring and manages the city's HMIS. The Board Chairman also leads the Project Priority Review Committee which is comprised of a diverse group of community stakeholders who make the final decision on project priorities for DC's 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:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

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 (TCP) require that Board representation come from four categories: District of Columbia government, the city¿s business community, homeless service providers and formerly homeless persons. Board Members from the DC 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. Recommendations are reviewed and voted on annually by the full Board. This is in keeping with TCP¿s founding mission, which seeks to ensure that all members of the community have an active role in the CoC planning.

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

Elected:	
Assigned:	
Volunteer:	
Appointed:	X
Other:	

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 (TCP) has served as the designated agency responsible for applying for HUD funding. TCP 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.

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Interagency Council on Homelessness	Under the leadership of City Administrator Neil Albert, the District of Columbia¿s Interagency Council on Homelessness (ICH) is the governing entity of the city¿s homeless programs. The ICH has various committees and subcommittees that address major issues related to homelessness facing the city. The Community Partnership continues its role as designated CoC lead for the city under the ICH, and TCP¿s Executive Director, Sue Marshall, sits on the ICH as a voting member.	Bi-monthly
The Community Partnership Board of Directors	The Community Partnership¿s Board of Directors manages the CoC and determines HUD project priorities as they relate to implementing the District¿s Ten Year Plan to End Homelessness. The Board's Chairman runs the Project Priority Review Committee which determines NOFA project priorities, the selection of bonus project applicants, and oversees the application submission itself. While the full Board meets quarterly, the Executive Committee of the Board of Directors is in more frequent contact about CoC administration issues throughout the year.	quarterly (once each quarter)
Interagency Council Operations & Logistics Committee	The Committee meets monthly to assess conditions at public shelters, review fair hearing processes and enhance the city's disaster planning and public institution discharge planning efforts. This committee also develops the annual Winter Plan which addresses the city's strategy to provide additional health and safety shelter to homeless persons during the coldest months of the year. Furthermore, the committee (and its Shelter Capacity Subcommittee, which holds separate monthly meetings) monitors HMIS and bed capacity data, provided by the Community Partnership, to perform gaps analysis and make ongoing recommendations on enhancing services based on need throughout the year.	Monthly or more

Interagency Council Permanent Supportive Housing Production Committee	The Committee, under the direction of DC Department of Human Services Director Clarence Carter, meets to provide feedback on the implementation of the Mayor¿s Permanent Supportive Housing Plan. The group consists of public and private stakeholders who work together to seek funding opportunities, to review current projects, and to develop long term strategies to increase the District¿s permanent housing stock for the benefit of consumers of homeless services in the city.	Monthly or more
Interagency Council Strategic Planning Committee	The Committee was established to develop and monitor an implementation plan for the continued execution of the District¿s Ten Year Plan to End Homelessness. In its monthly meetings, the Committee monitors and plans programs and initiatives to meet three policy objectives: 1) reducing the overall number of individuals and families experiencing homelessness, 2) redesigning the CoC to develop a more appropriate mix of services and interim and permanent housing, and 3) designing evaluation mechanisms to track progress on the reduction and prevention of homelessness in the District. A subcommittee on youth has also been developed to augment the work of the Strategic Planning Committee; it also meets monthly.	Monthly or more

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...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Child and Family Services Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	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...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Covenant House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Community Connections	Private Sector	Non-pro...	None	Seriously Me...
Community of Hope	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	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	Other	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...
Thrive DC	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
N Street Village	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Neighbors' Consejo	Private Sector	Non-pro...	None	Seriously Me...

Sasha Bruce Youthworks	Private Sector	Non-pro...	None	Youth
Pathways to Housing	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	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 Goverments	Private Sector	Fun der ...	None	NONE
D.C. ACORN	Private Sector	Fun der ...	None	NONE
Coalition for Nonprofit Housing and Economic De...	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fair Budget Coaltion	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	Committee/Sub-committee/Work Group, Attend 10-year planni...	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 ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Hogan and Hartson Law Firm	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Community Foundation of the Captiol Region	Private Sector	Fun der ...	None	NONE

DC Healthcare Alliance	Private Sector	Hospita...	None	Seriously Me...
Georgetown Medical Mobile Van Unit	Private Sector	Hospita...	None	Substance Ab...
Gerald McCorkle	Individual	Homeless	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Veterans
Grace Contee	Individual	Homeless	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
Eric Sheptock	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cheryl Barnes	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	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...
Calvary Women's Services	Private Sector	Non-pro...	None	Seriously Me...
North of Massachusetts Avenue (NOMA) Business I...	Private Sector	Non-pro...	None	NONE
Christ House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Cornerstone Community	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Hannah House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Latino Transitional Housing Partnership	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

New Endeavor by Women	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Open Arms Housing	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Racheal's Women's Center	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Residing in Group Housing Together	Private Sector	Non-pro...	None	HIV/AIDS

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Interagency Council on Homelessness
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Other
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Department of Human Services
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	State government agencies
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Department of Employment Services
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Department of Housing and Community Development
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	State government agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No

Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Housing Finance Agency
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Department of Health & Addiction Prevention and Recovery Administration
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse, HIV/AIDS

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Life Skills, Healthcare, Alcohol/Drug Abuse, HIV/AIDS

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- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Office of Veterans Affairs
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Department of Mental Health
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Mental health, Mobile Clinic

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Income Maintenance Administration
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Utilities Assistance, Mortgage Assistance, Rental Assistance

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	DC Public School System
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Education

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Child and Family Services Administration
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Child Care, Rental Assistance

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	DC Housing Authority
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Public housing agencies
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Metropolitan Police Department
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Law enforcement/corrections
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Workforce Investment Council
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Other
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE

Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Education, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Access Housing
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Substance Abuse

Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Bethany
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Coalition for the Homeless
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Covenant House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Alcohol/Drug Abuse, Employment

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community Connections
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community of Hope
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community Council for the Homeless at Friendship Place
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes

Services provided to homeless persons and families: (select all that apply)	Street Outreach, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	DC Central Kitchen
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Street Outreach, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Families Forward
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Alcohol/Drug Abuse, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Family Support Collaboratives
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Alcohol/Drug Abuse, Rental Assistance, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Green Door
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Mental health, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Healthy Families Striving Communities Council
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Other
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Case Management

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	House of Ruth
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Child Care, Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Jobs for Homeless People
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Latin American Youth Center
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Employment

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Miriam's House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Healthcare, HIV/AIDS

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Miriam's Kitchen
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Thrive DC
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	N Street Village
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Neighbors' Consejo
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Mental health, Legal Assistance, Alcohol/Drug Abuse, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Sasha Bruce Youthworks
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Street Outreach, Case Management, Life Skills, Employment

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Pathways to Housing
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse

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Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Parklands Community Center
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	TERRIFIC
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, HIV/AIDS

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Transitional Housing Corporation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	My Sister's Place
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Mental health, Alcohol/Drug Abuse, Employment

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Unity Healthcare
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Hospitals/med representatives
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Street Outreach, Case Management, Healthcare, Mental health, Mobile Clinic, Alcohol/Drug Abuse

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Catholic Charities
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Rental Assistance, Employment

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

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- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Christ House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Healthcare, Mobile Clinic

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community Family LIfe Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Child Care

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Northwest Church Family Network
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Damien Ministries
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Healthcare, HIV/AIDS

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Gospel Rescue Ministries
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	New Hope Ministries
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	US Veterans Initiative
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Mental health, Alcohol/Drug Abuse

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

Instructions:

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Woodley House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills, Mental health

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	United Planning Organization
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Transportation

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Salvation Army
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach, Case Management, Alcohol/Drug Abuse, Employment

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	So Others Might Eat
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Georgetown Ministry Center
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Capitol Hill Group Ministries
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach, Case Management, Life Skills, Transportation

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Washington Interfaith Network
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Way of the Word
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Life Skills, Employment

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Bread for the City
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Legal Assistance

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Washington Legal Clinic for the Homeless
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Legal Assistance

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Metropolitan Washington Council of Goverments
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	D.C. ACORN
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Coalition for Nonprofit Housing and Economic Development
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Fair Budget Coaltion
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Coalition of Homeless and Housing Organizations
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	City First Bank of Wasington, DC
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Bank of America
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Downtown Business Improvement District
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Golden Triangle Business Improvement District
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Fannie Mae Corporation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Abel Foundation
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Hogan and Hartson Law Firm
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Businesses
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Legal Assistance

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community Foundation of the Captiol Region
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Funder advocacy group
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	DC Healthcare Alliance
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Hospitals/med representatives
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Healthcare, HIV/AIDS

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Georgetown Medical Mobile Van Unit
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Hospitals/med representatives
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Healthcare, Mental health, Mobile Clinic, Alcohol/Drug Abuse, HIV/AIDS

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Gerald McCorkle
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Lead agency for 10-year plan, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Veterans
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Grace Contee
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Lead agency for 10-year plan, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Eric Sheptock
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Cheryl Barnes
Type of Membership: (public, private, or individual)	Individual
Type of Organization: (Content depends on "Type of Membership" selection)	Homeless
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Community for Creative Non-Violence
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Central Union Mission
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	The Community Partnership for the Prevention of Homelessness
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Utilities Assistance, Mortgage Assistance, Rental Assistance

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Transgender Health Empowerment
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth, HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	District Alliance for Safe Housing
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Education, Case Management

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Calvary Women's Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Life Skills

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	North of Massachusetts Avenue (NOMA) Business Improvement District
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Street Outreach

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Christ House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Healthcare, Mental health, Alcohol/Drug Abuse

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Cornerstone Community
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Mental health, Alcohol/Drug Abuse

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Hannah House
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Mental health, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Latino Transitional Housing Partnership
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Mental health, Alcohol/Drug Abuse

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	New Endeavor by Women
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Mental health, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Open Arms Housing
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Mental health, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Racheal's Women's Center
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Mental health, Alcohol/Drug Abuse

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

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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Residing in Group Housing Together
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	None
Subpopulation(s) represented by the organization: (No more than two subpopulations)	HIV/AIDS
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	HIV/AIDS

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

Instructions:

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

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

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, 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 Commitee, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

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

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

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

Emergency Shelter: Yes

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

The DC General Family Shelter opened more than twice as many beds for households with children during the winter of 2010 due to increased demand for shelter among families in the District of Columbia. This facility serves as the "entry point" for the family shelter system in the city and was housing some 160 families when data for the 2010 eHIC was collected (as opposed to 75 when the 2009 eHIC was generated). This accounts for the overall increase from year to year though there was only a minimal decrease in the number of (seasonal) beds for single persons between 2009 and 2010.

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):

Although two Transitional Housing programs serving single men and women converted to Permanent Supportive Housing between 2009 and 2010, a privately funded agency added beds to its TH portfolio, resulting in a net increase in beds for singles in this category from year to year. Transitional Housing beds for households with children increased as the 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, continued to expand. The program began in 2008 and has increased in capacity in each subsequent year.

Permanent Housing: Yes

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

The stock of Permanent Supportive Housing has increased for both single persons and households with children in the District, largely due to the continued expansion of the Mayor's Permanent Supportive Housing Program. When the 2010 eHIC was completed, the project had housed 80 families and nearly 800 formerly homeless men and women with deep disabilities, and has continued to grow. The program, along with additional projects made possible through the Permanent Housing Bonus and the Local Rent Suppliment Program, has also helped increase the city's stock of PSH by more than 50 percent in just two years.

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

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

Instructions:

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

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

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

Specify "other" data types:

The Corporation of Supportive Housing and District of Columbia Department of Human Services conducted in 2008 a comprehensive needs assessment for permanent housing for the city. This assessment resulted in the Mayor's Permanent Supportive Unit Generation Report, which revisited the target population, assessed the city's current permanent housing inventory in comparison to the homeless population, determined the net new units required to end homelessness, and recommended a process for operational implementation. The report was then used as a baseline for unmet need for the CoC. In 2009, the figure reported for unmet need was updated based on the net change in permanent housing generated since the report was issued. In 2010, the reported unmet need figure is based on the net change in the city's permanent housing resources since the figure was determined for 2009.

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

N/A

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	DC-500 - District of Columbia CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	Yes
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Not Applicable
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	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): (format mm/dd/yyyy)	06/01/2001
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Poor data quality, No or low participation by non-HUD funded providers

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

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

While the DC HMIS is robust, with a citywide participation rate of nearly 75 percent, The Community Partnership (TCP) has been unable to bring many of private Transitional & Permanent Housing programs online. This is true despite offering to waive HMIS licensing fees & issuing technology grants for computers. TCP continues to make advances in data quality & has been named an AHAR All Star in past years, but data quality at large overnight, emergency shelters has been problematic. This is largely the result of low staff-to-client ratios and limited staff availability to complete data entry. However, The Community Partnership has made inroads with these providers by working with them to streamline the client intake process so that required information can be gathered. TCP also continues to monitor and improve the data quality of all providers with monthly reports that flag null values or incongruent data so that areas of data entry that require improvement can be seen and corrected.

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

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

Organization Name	The Community Partnership for the Prevention of Homelessness
Street Address 1	801 Pennsylvania Avenue SE
Street Address 2	Suite 360
City	Washington
State	District of Columbia
Zip Code **Format: xxxxx or xxxxx-xxxx**	20003
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: (Format: 123-456-7890)	202-543-5298
Extension	114
Fax Number: (Format: 123-456-7890)	202-543-5653
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 provider participation in a CoC¿s HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

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

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

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

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

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	65-75%
*** Permanent Housing (PH) Beds**	51-64%

How often does the CoC review or assess its HMIS bed coverage? At least 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 continues to increase HMIS participation across the Continuum of Care, but has struggled to bring Permanent Housing to a 65 percent bed coverage rate. Many of the District of Columbia's PSH programs are operated by private entities that have expressed resistance to participating in the HMIS. Additionally, the DC Department of Mental Health, which manages two of the largest Permanent Housing programs (totalling some 900 beds), has also expressed resistance to participate directly in the HMIS (though their data is kept in a separate in-house system). The Community Partnership will continue to offer incentives to persuade private agencies and local government entities to participate in the HMIS at this level of the Continuum of Care. Incentives offered in the past include: taking on the data entry responsibility for resistant programs, offering technology grants, covering licensing fees for programs looking to participate and providing cost-free training on the system.

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	9%
* Date of Birth	0%	0%
* Ethnicity	1%	1%
* Race	0%	1%
* Gender	0%	0%
* Veteran Status	0%	3%
* Disabling Condition	1%	4%
* Residence Prior to Program Entry	1%	6%
* Zip Code of Last Permanent Address	7%	23%
* Name	0%	0%

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

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

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

To address HMIS data quality, The Community Partnership (TCP) uses a quarterly report which monitors Universal & Program Specific data element null values and/or incongruent data. Missing/incongruent data is sent to provider agencies for correction. TCP also distributes a quarterly HMIS report that illustrates program activity (i.e. Clients Served) and performance on pre-determined goals (i.e. exits to permanent housing). TCP also has a 12-month training calendar in which a number of HMIS data entry courses are offered. Separate sessions are offered for novices and advanced users, with the enhanced curriculum being offered to Agency Administrators who in turn provide technical assistance within their respective provider agencies.

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 Community Partnership (TCP) adheres to HUD's standards regarding recording dates of program entry and exit in the HMIS. Entering valid entry and exit dates is a part of TCP's HMIS standard operating procedures, on which every HMIS user in the Continuum is trained. (Trainings on the CoC's standard operating procedures are held on a monthly basis.) Any report sent to providers with client profile date includes respective entry and exit dates so that these can be confirmed or corrected if need be.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?	Yes

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?	At least Annually
How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?	At least Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	10/01/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2011

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

Emergency Shelter: 100%

Transitional Housing: 100%

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

PIT 2010 resulted in a five percent increase from the 2009 count due to continued demand for family Emergency Shelter and a greater number of unsheltered persons counted (though the latter is likely due to an increasingly expansive street count effort). PIT also continues to show that the CoC¿s ES resources are being used by persons exiting institutional settings, with nearly a quarter reporting past stays in these facilities. The count also showed that a quarter of ES consumers lived outside of DC prior to entering shelter here; the CoC continues to carry the burden of the regional need for shelter. Despite this continued trend, there was a slight decrease in the ES IND count in 2010 as well as a decrease in persons in Transitional Housing for families. The reduction in the ES population is due to the District¿s Permanent Supportive Housing Program which, as of PIT, had housed nearly 800 of the city¿s most vulnerable homeless men and women in just two years. (Indeed, the program has increased the city¿s PSH stock by 53 percent since 2008, making PSH the largest share of the CoC¿s resources.) The reduction in families in TH follows two years of growth in that category, which was due to the city¿s System Transformation Initiative, which moved families from shelter in to TH for two years. While STI continues to move families from shelter, the reduction in TH was due to the first cohort of families completing the program and moving to PSH or housing on their own.

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

Instructions:

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

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

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

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

The Community Partnership (TCP) conducts Point in Time on behalf of the District of Columbia annually; the most recent count was conducted on January 27, 2010. Nearly 90 percent of sheltered persons counted during the 2010 count were counted at programs that used the HMIS to submit data. These programs submit their Point in Time data by completing an assessment on persons served on the night of the count. The HMIS assessment captured all of the HUD-required survey questions as well as additional questions of interest to local leaders. Data collected via the HMIS is monitored by TCP for null values and/or for incongruent information (such as a "yes" to a response about Veteran's Status but a date of birth that would make the consumer a minor). Data from HMIS-using providers was not accepted as complete until all of the missing or incongruent data was corrected so as to ensure a robust data set. Programs not using the HMIS submitted paper surveys which included the same questions as the HMIS assessment, the results of which were aggregated with the HMIS data collected.

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

Instructions:

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

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

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

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

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

Agencies submitting Point in Time data through the HMIS maintain a "bedlist," or a roster of clients served in the program on a given night. The bedlist, in turn, identified everyone who was served on the night of the enumeration. Program staff was instructed to complete an HMIS assessment on each person served which included a survey of HUD-required questions. An assessment was completed for persons in the program, including children when applicable. Questions of concern to local planning bodies (such as jurisdictional movement) were also included. Providers participating in PIT without using the HMIS submitted paper surveys that included responses to these same questions. The Community Partnership aggregates the data from the HMIS with the remaining data reported on paper surveys from non-HMIS providers to produce its total count of sheltered persons as well as the information on consumer demographics, existing disabilities, and subpopulation-identification found among those counted.

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

Instructions:

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

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

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

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

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

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

Instructions:

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

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

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

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	X
Other:	

If Other, specify:

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

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

If Other, specify:

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

A total of 585 engagements with persons thought to be unsheltered were recorded as a part of Point in Time. These were predominantly engagements made during the citywide, nighttime street count but also included surveys taken at drop-in centers and meal programs the following day from those who indicated that they had spent the night of PIT outside. Those engaged were given the same survey given in shelters and housing programs. Names and dates of birth were used to de-duplicate the dataset and the dataset, and these were also compared to the data collected in shelters to see if anyone surveyed outside ultimately accessed shelter. Analysis of the data from the engagements revealed that more than a quarter of persons engaged were counted more than once throughout the PIT process and/or did enter shelter where they were also counted.

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

No households with dependent children were counted as unsheltered during the 2010 Point in Time enumeration; this has been the case for the past several years when conducting the annual count. When a family in the District faces a housing crisis they are referred to the city¿s Virginia Williams Family Resource Center, where they can access eviction-prevention assistance or other resources to alleviate their housing crisis, or from where they can be directed to family emergency shelter. The District has a right to shelter during cold weather months; any family without a place to stay is guaranteed shelter between November and March. The facility that serves as the ¿entry point¿ for shelter services for families nearly doubled in capacity during Winter 2010 to meet the demand for families to continue to ensure that the city has no unsheltered households with children.

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):

With the intention of producing a count that was as thorough as possible, The Community Partnership worked with outreach providers to identify areas of the District where large numbers of unsheltered persons are known to live or congregate at night. Outreach providers covered these areas along with nearly 100 volunteers between the hours of 10 p.m. and 2 a.m. counting and engaging those who indicated that they intended to remain outside of shelter or housing for the night. Due to the large community presence, this year¿s count was likely the most robust and geographically broad since the Community Partnership began conducting the annual count ten years ago. In addition to the nighttime effort, drop-in centers and meal programs surveyed consumers the following day to capture anyone who may have spent the night of PIT outside but who was not already engaged by outreach teams and/or volunteers.

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

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

Instructions:

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

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

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

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

The District of Columbia continues to expand the Mayor's Permanent Supportive Housing Program which targets chronically homeless persons. In the next 12 months, the program will be expanded to more than 340 units for single persons and 180 units for families (which will include household members who will meet the ¿new¿ definition of chronic homelessness). An additional 160 units of PSH, funded through the Local Rent Supplement Program and past Permanent Housing Bonus awards, should also become available within the next year. In 12 months, the total PSH inventory will include close to 2,800 beds for the chronically homeless.

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

Since 2007 the CoC has been working to generate 1,835 units of PSH for the chronically homeless in response to recommendations made by the Corporation for Supportive Housing regarding the city¿s needs for supportive housing stock for this population. These recommendations included the construction or renovation of 585 units as well as the securing of 1,250 units through leasing by 2017. The city is on track to surpass these recommendations and has, to date, housed more than 600 chronically homeless men and women and 80 of the city¿s most vulnerable homeless families. Indeed, the CoC is poised to reach the ten-year goal of 3,000 units of PSH for the chronically homeless five years ahead of schedule.

How many permanent housing beds do you currently have in place for chronically homeless persons?	2,286
In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?	2,780
In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?	3,000
In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?	3,200

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

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

Instructions:

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

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

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

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

The DC CoC continues to exceed the national average of persons staying in PH for at least six months. Indeed, the CoC exceeds this measure by some 17 percent with 94 percent of homeless persons remaining in PSH for at least six months. The Community Partnership plans to continue to monitor this important indicator to ensure that our percentage remains at or above its current level. In so doing, TCP utilizes a stability tracking report that we developed in the HMIS. This benchmark is monitored quarterly across all PSH projects in the system.

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

The DC CoC has exceeded this objective and will work to continue to do so by maintaining a rigorous screening process for new permanent housing programs. In order to ensure that the most effect PSH programs will become a part of the CoC, The Community Partnership utilizes an internal and self-developed assessment tool that evaluates new projects with local and national priorities in mind.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 94

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?	95
In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?	95
In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?	95

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

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

Instructions:

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

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

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

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

The DC CoC has had difficulty meeting the target of moving 65 percent of clients in transitional programs to PSH. This is because the CoC includes several large TH programs with low barrier entry requirements; these programs serve many persons but can only engage a limited number of clients in case management services. Although the 12-month target we set on this measure was met, the Community Partnership will continue to work to assess the lower-performing programs to see that progress toward the 65 percent threshold is made in the next year. Steps will include determining if existing low performing programs can be converted to PSH, allowing them to reorganize to meet both local and federal housing objectives.

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

The Community Partnership will encourage locally funded PSH programs to take clients directly from the city¿s shelters and other transitional programs within the CoC. The Mayor¿s Permanent Supportive Housing Program and the Local Rent Supplement Program have not only helped grow the city¿s housing PSH stock by more than 50 percent in two years; they have helped the city¿s performance on exits from TH to PH increase from 42 percent to 55 percent during the same time period. TCP will also continue to advocate for a preference with the Housing Authority for persons residing in shelter & transitional programs. By targeting those residing in shelter or in Transitional Housing the CoC will be help to find homeless persons affordable housing in a city where such resources are limited.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	55
In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	57
In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	65
In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?	65

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

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

Instructions:

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

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

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

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

The Community Partnership continues to exceed this national objective by some 15 percent. Client information on employment, education and income at exit is monitored by TCP on a quarterly basis to ensure that related objectives are met and areas of improvement can be quickly identified and corrected. Performance measurement standards for programs in the CoC are compared to programs' scope of work, contract requirements and like to like programs.

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

Although we have regularly exceeded the benchmark, The Community Partnership will work to see that progress continues to be made in the long term on this measure. TCP plans to build upon our relationships with mainstream agencies in the community to ensure that key homeless subpopulations receive employment assistance, and the organization has applied to lead an Employment Collaborative with local nonprofits to recieve Ticket to Work funding through the Social Security Administration.

What is the current percentage of participants in all CoC funded projects that are employed at program exit? 35

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?	36
In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?	38
In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?	40

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

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

Instructions:

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

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

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

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

The DC CoC will continue to utilize HPRP funding and funds awarded through the Rapid Rehousing Demonstration grant (awarded in 2008) to move families from shelter in to permanent housing, and prevent other families from entering altogether. These efforts will be coupled by local permanent housing funding initiatives as well (such as the Mayor's Permanent Housing Program and the Local Rent Suppliment Program. Indeed, the District has plans to permanently house more than 100 families who are currently in shelter in the coming year.

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

The DC CoC's long term plan is to continue to provide prevention options so that families at risk never become homeless. The locally-funded Emergency Rental Assistance Program provides families facing housing crises with funds for rent arrearages to stave off homelessness. As mentioned in the short term plan, the city is also working to expand local Permanent Supportive Housing initiatives to bring on additional units for families with long and frequent stays in shelter, and is exploring avenues for funding for households lead by veterans or persons ages 18-25. TCP also plans to renew the Rapid Re-housing Demonstration Project grant in 2011 and plans on using future Permanent Housing Bonus funds to develop PSH programs for families as well.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count?	800
In 12-months, what will be the total number of homeless households with children?	750

In 5-years, what will be the total number of homeless households with children?	600
In 10-years, what will be the total number of homeless households with children?	500

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Foster Care (Youth Aging Out):

The DC Interagency Council¿s Operations & Logistics Committee is 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 District of Columbia Child and Family Services Agency (CFSA) has in place a discharge planning policy assisting youth aging out of foster care with finding housing. One year prior to aging out, an emancipation plan is developed for the youth; youth without housing are referred to the CFSA funded Rapid Exit program in which they receive housing assistance, supportive services and a short term financial subsidy to assist with obtaining housing. This process 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, which provides fiscal management of the CFSA program.

Health Care:

The DC Interagency Council¿s Operations & Logistics Committee is 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 Committee has been working closely with the DC Hospital Association. The Committee and the DC Hospital Association are researching model projects in proactive service delivery. While this research is ongoing, hospitals serving homeless persons eligible for Medicaid are required to provide health related case management and create a discharge plan for the individual. Additionally, physicians are not allowed to discharge a homeless person from a hospital without a discharge plan for the person in place, and doctors may not discharge persons if, in the doctors opinion, it is felt that 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¿s Operations & Logistics Committee is 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 District¿s Deptartment of Mental Health (DMH) has a robust discharge protocol utilizing Core Services Agencies (CSAs). DMH service consumers are connected to a CSA as their ¿clinical home¿ for services. Before being released from a mental health hospital, patients are evaluated by a doctor and connected to a CSA. DMH-enrolled consumers who are hospitalized may apply for housing through their CSA 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¿s current PSH stock includes 696 beds for single persons with 244 under development as well as 66 units for households with children.

Corrections:

The DC Interagency Council¿s Operations & Logistics Committee is 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 Committee has worked with The Community Partnership, the Corporation for Supportive Housing (CSH) and the Dept. of Corrections on discharge planning efforts. CSH has developed a pilot project to house individuals who are frequent users of shelter and corrections and secured a commitment from the Housing Authority for vouchers. Persons for the pilot were identified through the use of DC HMIS data and data compiled by the Dept of Corrections. Additionally, work is being done with the directors of the city¿s emergency shelters to increase 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 its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	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. To further the achievement of this goal, the D.C. Department of Housing and Community Development and the Corporation for Supportive Housing currently co-chair the Housing Production Subcommittee of the city's Interagency Council on Homelessness (ICH).

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

HPRP was implemented using the model developed and implemented by The Community Partnership (TCP), the lead agency for the District¿s CoC. To date, 819 households (with and without children) have been assisted through HPRP by four nonprofit agencies, including TCP. All agencies provide other CoC services ensuring maximum coordination and collaboration. TCP¿s program is co-located at the point of family intake and has been highly successful in diverting families from shelter using short-term rental assistance coupled with assessment and case management services provided by CoC service providers and the Department of Human Services¿ (DHS) Strong Families team. Catholic Charities, another HPRP provider, is the operator of the majority of shelters for single adults in the District. Federal funding (HPRP and ESG Prevention) has been matched with local funding of the CoC, including the Emergency Rental Assistance Program and the Rapid Exit Program. HPRP data is recorded in HMIS and is being analyzed by the Strategic Planning Committee of the ICH to refine targeting and service interventions. DHS convenes HPRP providers on a quarterly basis and as needed in between. The Department of Human Services and the Department of Housing and Community Development jointly developed policies and protocols with input from TCP and other CoC stakeholders and monitored the HPRP.

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

The Community Partnership, in conjunction with the Dept. of Human Services and the city's ICH Youth Subcommittee, is finalizing an RFP to locate a youth transitional program within the NSP target area. The Edgewood Brookland Family Supportive Collaborative is located within the target area and referrals for the program will be coordinated through that agency.

Housing veterans has been a priority in the District of Columbia. This reflects the interest and support of the Obama administration as carried out by the Veteran¿s Administration Medical Center (VAMC). Providing services and housing to veterans has also been a regular agenda item for the Interagency Council on Homelessness. The District¿s Housing Authority (DCHA) and the Dept. of Human Services (DHS) are in the final stages of renewing an Interagency Agreement that will provide an additional 100 VASH vouchers. During FY10, 105 VASH vouchers were utilized to provide housing with housing retention and case management services provided by CoC agencies. CoC lead agency, the Community Partnership continues to provide housing location, tracking, and rental payments to support this ongoing effort to end homelessness among veterans. A key feature of this effort has been the use of a standardized vulnerability assessment and index used for all applicants for permanent supportive housing. The District¿s success in streamlining the process led the Veteran¿s Administration (VA) to assign to the District functions traditionally provided by the VA itself. The VA has also discussed replication of this initiative in other jurisdictions.

The United Planning Organization (UPO) received ARRA funds in its capacity as the city¿s Community Action Agency. UPO provided support for summer activities at the DC General family shelter which is full to capacity and constantly in need of resources to support children and parents. ARRA funds received through UPO also supported employment and training initiatives at the Emery work bed shelter. Homeless individuals and families continue to utilize ARRA-funded support services provided through an interconnected and collaborative network of providers.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If yes, please describe the established policies that are in currently in place.	The Community Partnership requires that family providers establish procedures for addressing the educational needs of children through specific contract language. Ongoing education and support is offered through monthly Family Provider meetings and training opportunities offered in conjunction with the Public School System.

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

The DC Public School System (DCPS) is an active participant in the city's Interagency Council on Homelessness, represented by its Homeless Liaison. Each public school (including charter schools) has a dedicated staff person who serves as the liaison and point of contact for parents and shelter providers. Representatives from DCPS participate in the meetings of family shelter providers and shelter staff have ongoing relationships with the schools that serve children residing in their respective shelters. As the CoC lead, The Community Partnership staff interacts regularly with City Council members and their staff to address issues that arise from community meetings, PTA meetings and other constituent and community service avenues.

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

When families enter shelter and transitional programs a primary concern is for the educational needs of the children. Families are provided with information on their educational rights under McKinney-Vento, and are connected to the identified liaison at their child's school. Case management staff assists as needed in accessing available services under the law. Shelter and transitional housing providers also support families with funds for transportation to and from school while they are connecting with the school resources as well as provide assistance in obtaining school supplies and uniforms if needed. The Community Partnership, in its capacity as CoC lead, monitors providers regarding their service activities in this area.

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

The Community Partnership (TCP) has developed and maintains a database of vacant and available apartments that are inspected by the housing authority and made available to homeless persons, including veterans. TCP is responsible for payment of the locally-funded rents for those veterans and others who did not receive VASH vouchers. In the last year 105 VASH vouchers were used to house veterans who receive housing retention and it is expected that an additional 100 VASH vouchers will follow. The continued provision of rental subsidies, Transitional and Permanent housing are key components of the strategy to end homelessness among veterans. Other District organizations currently operating programs for veterans and/or programs including significant veteran participation are: Access Housing, Catholic Charities, Christ House, Coalition for the Homeless, Pathways to Housing, Unity Health Care, US Vets and Woodley House, and District government agencies including the Dept. of Human Services, Housing Authority, Veterans Affairs, and Employment Services. Additionally, two members of the Board of Directors of The Community Partnership retired from the US Veterans Administration: Gerald McCorkle is a formerly homeless VA retiree who has served on the Board for 13 years, and Retired Gen. Audrey Drake, RN joined the Board in 2009; she retired from the VA Office of Nursing Services.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

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

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

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

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

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

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

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

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

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

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

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	2,068	**Beds**	2,286	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	92	**%**	94	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	55	**%**	55	**%**
Increase percentage of homeless persons employed at exit to at least 20%	35	**%**	35	**%**
Decrease the number of homeless households with children.	686	**Households**	800	**Households**

Did CoC submit an Exhibit 1 application in 2009? Yes

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

The DC CoC was unable to reach its proposed numeric achievment for decreasing the number of homeless households with children. Our efforts to stave off growth within this population has included using a combination of the Rapid-Rehousing Demonstration grant funds that the The Community Partnership was awarded, the city's HPRP funding and locally funded permanent housing to address the increase in demand for family shelter. Additionally, the city's System Transformation Initiative, a program that moves families from shelter in to scattered-site transitional housing, continues to expand. While still homeless, this program helps families increase their stability and readies them to move on to permanent housing arrangements within two years. Despite these efforts, the growing poverty rate in DC has kept this demand for emergency shelter steadily high and has kept the CoC from meeting its goal of decreasing the number of homeless households with children from 2009 to 2010.

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

Instructions:

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

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2008	2,184	1,162
2009	1,923	1,739
2010	2,097	2,286

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 494

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$291,214	$1,249,704	$0	$3,593,000	$50,000
Total	$291,214	$1,249,704	$0	$3,593,000	$50,000

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 in the District increased between 2009 and 2010. The city is attractive to persons seeking a wide range of services that are available here without the requirements imposed in other communities. Moreover, as the nation¿s capital, the city draws people for a variety of personal and political reasons, including the chronically homeless. Despite the year-to-year increase, our efforts to reduce chronic homelessness over time are working. The rate of increase has gone down while the overall population grew, based on our unique circumstance as described above. While there was an increase of 174 persons between 2009 and 2010, the increase between 2007 and 2008 was 424 persons.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	68
b. Number of participants who did not leave the project(s)	624
c. Number of participants who exited after staying 6 months or longer	55
d. Number of participants who did not exit after staying 6 months or longer	594
e. Number of participants who did not exit and were enrolled for less than 6 months	40
TOTAL PH (%)	94

Instructions:

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

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	970
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	529
TOTAL TH (%)	55

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

Instructions:

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

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

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

Total Number of Exiting Adults: 1,030

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	187	18	**%**
SSDI	74	7	**%**
Social Security	8	1	**%**
General Public Assistance	5	0	**%**
TANF	98	10	**%**
SCHIP	0	0	**%**
Veterans Benefits	24	2	**%**
Employment Income	364	35	**%**
Unemployment Benefits	16	2	**%**
Veterans Health Care	4	0	**%**
Medicaid	257	25	**%**
Food Stamps	364	35	**%**
Other (Please specify below)	316	31	**%**
Child Support, WIC Food Benefit, Health Care Benefit			
No Financial Resources	298	29	**%**

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

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

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	Yes

4E. Section 3 Employment Policy Detail

Is the project requesting $200,000 or more?: No

If Yes to above question, click save to provide activities

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 Community Partnership requires all programs receiving SHP and SPC funding to submit quarterly, HMIS-generated APRs (with technical assistance provided for data entry errors that cause incorrect reporting). At the end of the programs' respective grant terms, SHP & SPC recipients are required to again send an HMIS-generated APR for review by the TCP HMIS team and accounting staff. This process will remain in place when the new APR format is finalized, with TCP completing the final submission of the APR through esnaps.

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.

In the last 12 months, the District's Interagency Council for Homelessness (ICH) met on Nov. 3, 2009 and Jan. 12th, March 9th, May 11th, July 20th, Sept. 23rd, Oct. 26th and Nov 9th of 2010. The bylaws of the ICH require active participation from all mainstream social services agencies including city¿s 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, and these agencies are also encouraged to support the Mayor's policy priority of ending homelessness in their budgets. Through their participation, these agencies help foster a system of streamlined 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.

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 (every year)
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).

In 2010, the District convened a consensus-building group led by the city¿s Dept. of Mental Health which included Dept. of Human Services, the SSA, homeless providers and advocates to implement the SOAR model in DC. From that effort, a SOAR Steering Committee was formed that has been meeting monthly since July. Topics addressed include planning for training, determining agency roles in assisting with SSI/SSDI, DD/SSA collaboration with DC providers and discussing how to expedite obtaining medical records from critical agencies who are slow to forward records. In Aug. 2010 the city sent two more trainers to become certified to train the SOAR model (Michele May, Adult Systems of Care Manager at DMH and Christine Elwell, also from DMH) in Seattle, WA. In FY11 25 individuals working for DHS or for permanent supportive housing providers or Homeless Prevention Rapid Rehousing Program have also been trained and two more trainers will become certified in December 2010.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Homeless Assistance Providers in the continuum maintain an active knowledge base of the mainstream benefits that their clients may qualify for when income levels are very low or disabling conditions make earned income difficult. Providers assist clients in all aspect of applying for cash and non-case benefits they may be eligible for including assisting a client with obtaining and completing an application, obtaining any necessary documentation and often accompanying a client to the appropriate mainstream office for submission.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	75%
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 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 & DHHS. It assists clients in obtaining food stamps, Medicaid, Medicare, SSDI, SCHIP, SSI, TANF, and VA benefits.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
All continuum funded programs are required to assist clients in obtaining status information on the mainstream benefits they have applied for. Providers often assist client by maintaining documentation of application in the case file, following up via phone or email with the responsible government agency. Documentation of all follow up efforts are maintained in the client case file. If eligibility is questioned or benefits denied the provider can advocate directly on behalf of the client or refer to the bevy of legal advocacy groups to assist with formal appeal of decisions to deny benefits.	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
St. Mathias Mulum...	2010-11-05 15:55:...	1 Year	District of Colum...	245,421	Renewal Project	SHP	PH	F
Partner Arms 1	2010-10-28 17:27:...	1 Year	Transitional Hous...	127,720	Renewal Project	SHP	TH	F
Casa Paz (HUD 1)	2010-11-05 14:55:...	1 Year	District of Colum...	149,203	Renewal Project	SHP	TH	F
Hope Rising	2010-11-05 14:45:...	1 Year	District of Colum...	239,506	Renewal Project	SHP	PH	F
Community Connect...	2010-11-08 11:10:...	1 Year	District of Colum...	420,000	Renewal Project	SHP	PH	F
Rachael's-Permane...	2010-11-05 14:29:...	1 Year	District of Colum...	165,819	Renewal Project	SHP	PH	F
Open Arms-The Dunbar	2010-11-05 15:46:...	1 Year	District of Colum...	117,600	Renewal Project	SHP	PH	F
Serial Inebriates	2010-11-03 16:28:...	1 Year	Pathways to Housi...	514,025	Renewal Project	SHP	PH	F
Bridges Project 1...	2010-11-05 13:10:...	1 Year	District of Colum...	110,674	Renewal Project	SHP	PH	F
Trinity Arms	2010-10-28 16:32:...	1 Year	Community Family ...	140,205	Renewal Project	SHP	TH	F
Kairos House	2010-11-05 13:33:...	1 Year	District of Colum...	899,866	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-11-02 16:59:...	1 Year	District of Colum...	253,056	Renewal Project	S+C	SRA	U

Communit y Connect...	2010-11-08 10:50:...	1 Year	District of Colum...	188,312	Renewal Project	SHP	PH	F
Bridges Project 2...	2010-11-05 13:14:...	1 Year	District of Colum...	141,366	Renewal Project	SHP	PH	F
Partner Arms 2	2010-11-05 15:50:...	1 Year	District of Colum...	148,924	Renewal Project	SHP	TH	F
Unity Transitiona ...	2010-10-28 09:13:...	1 Year	House of Ruth	114,586	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-11-02 17:16:...	1 Year	District of Colum...	335,160	Renewal Project	S+C	TRA	U
Madison Transitio...	2010-10-21 14:57:...	1 Year	House of Ruth	144,083	Renewal Project	SHP	TH	F
Domestic Violence...	2010-10-21 15:02:...	1 Year	House of Ruth	321,806	Renewal Project	SHP	TH	F
Olaiya's Cradle	2010-10-28 18:15:...	1 Year	Sasha Bruce Youth...	189,057	Renewal Project	SHP	TH	F
Safe Haven	2010-11-05 14:24:...	1 Year	District of Colum...	232,879	Renewal Project	SHP	SH	F
Housing with Care...	2010-11-05 14:32:...	1 Year	District of Colum...	430,837	Renewal Project	SHP	PH	F
Reunified Familie...	2010-10-21 16:42:...	1 Year	House of Ruth	84,383	Renewal Project	SHP	TH	F
Chronic Homeless ...	2010-11-05 15:02:...	1 Year	District of Colum...	477,676	Renewal Project	SHP	PH	F
Good Hope House	2010-11-05 13:01:...	1 Year	District of Colum...	78,342	Renewal Project	SHP	TH	F
Calvary-Transitio...	2010-11-05 13:07:...	1 Year	District of Colum...	143,742	Renewal Project	SHP	TH	F
HMIS Expansion	2010-11-05 15:11:...	1 Year	District of Colum...	75,000	Renewal Project	SHP	HMIS	F
Stable Families 3	2010-11-03 16:19:...	1 Year	Families Forward,...	207,041	Renewal Project	SHP	TH	F
Holly House	2010-11-05 14:19:...	1 Year	District of Colum...	86,003	Renewal Project	SHP	PH	F

FOCUS	2010-11-05 15:08:...	1 Year	District of Colum...	123,530	Renewal Project	SHP	PH	F
Chesapeake House	2010-11-05 12:58:...	1 Year	District of Colum...	275,106	Renewal Project	SHP	TH	F
Trauma-Suitland Road	2010-11-08 11:48:...	1 Year	District of Colum...	109,725	Renewal Project	SHP	PH	F
Green Door	2010-11-05 14:35:...	1 Year	District of Colum...	144,758	Renewal Project	SHP	PH	F
Dual Diagnosed -Gi...	2010-11-08 11:35:...	1 Year	District of Colum...	121,727	Renewal Project	SHP	PH	F
Mickey Leland Tra...	2010-11-03 10:21:...	1 Year	SOME, Inc.	101,333	Renewal Project	SHP	TH	F
TEN - Tenants Emp...	2010-11-09 09:54:...	1 Year	Catholic Charitie...	432,844	Renewal Project	SHP	TH	F
Independent Livin...	2010-11-02 19:25:...	1 Year	Sasha Bruce Youth...	67,628	Renewal Project	SHP	TH	F
HIV-G Street	2010-11-08 11:43:...	1 Year	District of Colum...	132,300	Renewal Project	SHP	PH	F
Casa Libertad (HU...	2010-11-05 14:52:...	1 Year	District of Colum...	150,000	Renewal Project	SHP	TH	F
New Generations	2010-11-05 15:37:...	1 Year	District of Colum...	181,025	Renewal Project	SHP	TH	F
North Capitol Street	2010-11-15 09:48:...	2 Years	District of Colum...	931,345	New Project	SHP	PH	P1
Shelter Plus Care...	2010-11-12 16:17:...	1 Year	District of Colum...	3,209,112	Renewal Project	S+C	TRA	U
Chronic Homeless ...	2010-11-05 14:58:...	1 Year	District of Colum...	285,457	Renewal Project	SHP	PH	F
New Horizons	2010-11-05 15:42:...	1 Year	District of Colum...	414,028	Renewal Project	SHP	PH	F
Families in Trans...	2010-11-05 15:05:...	1 Year	District of Colum...	201,038	Renewal Project	SHP	TH	F
Spring Road Famil...	2010-11-03 13:43:...	1 Year	Coalition for the...	171,453	Renewal Project	SHP	TH	F

Latino Transition...	2010-11-05 13:36:...	1 Year	District of Colum...	592,184	Renewal Project	SHP	TH	F
The Harbor Light ...	2010-11-03 10:08:...	1 Year	The Harbor Light ...	475,935	Renewal Project	SHP	TH	F
THEIRS-Program fo...	2010-11-09 15:59:...	1 Year	Hannah House	148,115	Renewal Project	SHP	TH	F
Community Connect...	2010-11-08 11:24:...	1 Year	District of Colum...	350,173	Renewal Project	SHP	PH	F
Blair House	2010-11-05 13:43:...	1 Year	District of Colum...	204,747	Renewal Project	SHP	TH	F
New Expectation	2010-11-05 15:27:...	1 Year	District of Colum...	211,621	Renewal Project	SHP	TH	F
H of R-New Beginn...	2010-11-05 14:39:...	1 Year	District of Colum...	134,834	Renewal Project	SHP	TH	F
Training Apts	2010-10-29 10:27:...	1 Year	Community Connect...	98,751	Renewal Project	SHP	TH	F
Mt. Carmel House	2010-11-05 15:20:...	1 Year	District of Colum...	189,000	Renewal Project	SHP	TH	F
Gospel Rescue Min...	2010-11-03 15:20:...	1 Year	District of Colum...	100,905	Renewal Project	SHP	TH	F
Miriam's House	2010-11-05 15:15:...	1 Year	District of Colum...	141,214	Renewal Project	SHP	PH	F
Stable Families 1	2010-11-03 16:07:...	1 Year	Families Forward,...	234,862	Renewal Project	SHP	TH	F
Transitional Livi...	2010-10-29 10:35:...	1 Year	Community Connect...	106,863	Renewal Project	SHP	TH	F
CHW-My Place	2010-11-05 14:49:...	1 Year	District of Colum...	257,260	Renewal Project	SHP	PH	F
Women's Transitio...	2010-11-03 10:30:...	1 Year	SOME, Inc.	513,940	Renewal Project	SHP	TH	F
US Vets-Ignatia H...	2010-11-05 15:58:...	1 Year	District of Colum...	102,199	Renewal Project	SHP	PH	F
CoH-Housing Famil...	2010-11-05 13:49:...	1 Year	District of Colum...	541,313	Renewal Project	SHP	PH	F

Exodus House Tran...	2010-11-03 10:17:...	1 Year	SOME, Inc.	323,673	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-11-12 16:13:...	1 Year	District of Colum...	931,344	Renewal Project	S+C	TRA	U
Independent Livin...	2010-11-02 19:29:...	1 Year	Sasha Bruce Youth...	129,593	Renewal Project	SHP	TH	F

Budget Summary

FPRN	$13,963,210
Permanent Housing Bonus	$931,345
SPC Renewal	$4,728,672
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/09/2010

Attachment Details

Document Description: Certification of Consistency with Consolidated Plan