Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Norfolk CoC	**VA- 501**
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm. If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: The Planning Council		
CoC Contact Person: Deborah Williams		
Contact Person's Organization Name: The Planning Council		
Street Address: 130 West Plume St.		
City: Norfolk	**State: VA**	**Zip: 23510**
Phone Number: 757-622-9268 x3057	**Fax Number: 757-622-4223**	
Email Address: dwilliams@theplanningcouncil.org		

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at http://www.hud.gov/offices/adm/grants/fundsavail.cfm. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.e of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Norfolk, VA	511116		

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under "CoC Primary Decision-Making Group," identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate the frequency of meetings and the number of organizations participating in each group. Under "Other CoC Committees, Sub-Committees, Workgroups, etc." you should include any established group that is part of your CoC's organizational structure *and which is involved in CoC planning* (add rows to the chart as needed). Please limit your description of each group's role to 3 lines or less.

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	**Norfolk Homeless Consortium**	X				29
Role:	Develops, sustains and coordinates the comprehensive continuum of care in order to move the homeless population toward self-sufficiency and ultimately to eliminate homelessness.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	**Executive Committee**	X				7
Role:	Determines the general policies and guidance of the affairs of the Consortium.					
Name:	**Continuum of Care Committee**	X				15
Role:	Assures adherence to HUD changes, develops protocols for grant submission and ranking and submits them to the Consortium for approval, writes the CoC Statement.					
Name:	**HMIS Committee**	X				8
Role:	Provides oversight and guidance to the Consortium on issues related to the implementation of HMIS. Ensures that Consortium HMIS users meet the established standards of care.					
Name:	**Families Committee**	X				7
Role:	Coordinates the implementation of the Central Intake System for Homeless Families. Advocates for homeless families and funding and programs for homeless families within the Continuum.					
Name:	**Single Adults Committee**		X			8
Role:	Advocates for single homeless adults, develops programs and funding that will be used for permanent housing and services for single adults, and educates the Norfolk community about the needs of single homeless adults.					
Name:	**Housing Committee**		X			10
Role:	Works to eliminate barriers to affordable housing, develop funding that may be used for the creation of housing, and increase agency capacity to develop permanent housing projects.					
Name:	**Ranking Committee**				X	5
Role	Evaluates, reviews, and scores all new projects for HUD CoC funding.					
Name	**Nominating Committee**				X	5
Role:	Recruits and selects qualified, willing members of the Consortium to serve on the Executive Committee and presents the slate to the Consortium at the annual meeting for elections.					

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2007 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For "Homeless Persons," identify at least 2 homeless or formerly homeless individuals. Do not enter the real names of domestic violence survivors.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC SECTOR	**STATE GOVERNMENT AGENCIES**			
	Virginia Employment Commission			
	Virginia Dept. of Rehabilitative Services			
	Virginia Dept. of Mental Health, Mental Retardation and Substance Abuse Services		SA	SMI
	LOCAL GOVERNMENT AGENCIES			
	City of Norfolk, Office to End Homelessness			
	City of Norfolk, Mayor's Office			
	City of Norfolk, City Manager's Office			
	City of Norfolk, Office of Grants Management			
	Norfolk Community Services Board		SA	SMI
	Norfolk Department of Human Services			
	Norfolk City Attorney			
	Norfolk Planning Commission			
	Virginia Beach Dept. of Housing and Neighborhood Preservation			
	PUBLIC HOUSING AGENCIES			
	Norfolk Redevelopment and Housing Authority			
	SCHOOL SYSTEMS / UNIVERSITIES			
	Norfolk Public Schools		Y	
	Norfolk State University - Outreach			
	Tidewater Community College			
	LAW ENFORCEMENT / CORRECTIONS			
	Norfolk Sherriff's Office			
	Norfolk Police Dept.			
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Opportunity, Inc			
	OTHER			
	Department of Veterans Affairs		VETS	
	Hampton Roads Planning District Commission			
	Social Security Administration			
PRIVATE SECTOR	**NON-PROFIT ORGANIZATIONS**			
	AIDS Care Center for Education and Support Services (ACCESS) (formerly CANDII, Inc)		HIV	
	Barrett Haven, Inc			
	Community Alternatives Management Group, Inc (CAMG)			
	Dwelling Place			

	Empower Hampton Roads			
	ForKids, Inc		Y	DV
	Hospitality for the Homeless			
	Residential Options, Inc			
	Second Chances			
	STOP Organization			
	South Hampton Roads Habitat for Humanity			
	The Planning Council			
	Tidewater AIDS Community Taskforce		HIV	
	Touch of Patience			
	United Way			
	Urban League of Hampton Roads			
	Virginia Social Ventures			
	Virginia Supportive Housing			
	YWCA		DV	
	FAITH-BASED ORGANIZATIONS			
	Catholic Worker			
	Ghent Area Ministries			
	Ghent United Methodist Church			
	Love Unlimited Ministries, Inc			
	New Hope Church			
	Norfolk Emergency Shelter Team			
	PIN Ministry			
	Sacred Heart Catholic Church			
	St. Columba Ecumenical Ministries			
	The Salvation Army			
	Union Mission Ministries			
	FUNDERS / ADVOCACY GROUPS			
	Norfolk Homeless Advocacy and Action Group (NHAAG)			
	The Norfolk Foundation			
	Virginia Coalition for the Homeless			
	Virginia Inter-Agency Council on Homelessness			
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Norfolk Chamber of Commerce – Leadership Hampton Roads			
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Norfolk Public Health Department			
	Sentara Norfolk General Hospital			
	VA Medical Center		VETS	
	HOMELESS / FORMERLY HOMELESS PERSONS			
	Bernard Boykins			
	Bill Groom			
	Major Gene Hogg			
	OTHER			

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

E: CoC Governing Structure Chart

HUD is considering establishing standards for the governing process and structure of Continuums of Care. As part of this consideration, HUD is gathering information on existing governing structures and processes in CoCs. Specifically, this chart asks for information about the primary decision-making group that you identified in Chart C: CoC Groups and Meetings Chart. No requirements are in place yet; however, the information that you enter will inform HUD's decisions about how to move forward with standards in the future. **Please note:** a response to each question will earn full credit for this chart.

1. Is the CoC's primary decision-making body a legally recognized organization (check one)?

☐ Yes, a 501(c)(3)
☐ Yes, a 501(c)(4)
☐ Yes, other – specify: ____
☒ No, not legally recognized

2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

The Planning Council (a 501(c)(3) organization) currently acts as the Norfolk Homeless Consortium's fiscal agent and would continue to act as fiscal agent if the CoC were provided with additional administrative funds. The NHC also has a grant funded .57 FTE staff person housed at The Planning Council who would be responsible for applying for and dispersing HUD funding, providing project oversight and monitoring. The staff person currently coordinates the submission of the Continuum of Care statement.

3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?	86%

4a. Indicate how the **members** of the primary decision-making body are selected (check all that apply):

☐ Elected
☐ Appointed
☐ Assigned/Volunteer
☒ Other – specify: Membership Dues

4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)

Individuals and agencies may become members of the Norfolk Homeless Consortium by paying dues (currently 24 dollars) at the annual meeting in July. Membership allows each individual member and agency member one vote in the decision making process.

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

☒ Elected
☒ Appointed
☐ Assigned/Volunteer
☐ Other – specify: ____________________________

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	☐	d. Outreach to Faith-Based Groups	☐
b. Letters/Emails to CoC Membership	☒	e. Announcements at CoC Meetings	☒
c. Responsive to Public Inquiries	☒	f. Announcements at Other Meetings	☒
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	☒	j. Assess Spending (fast or slow)	☒
b. Review CoC Monitoring Findings	☒	k. Assess Cost Effectiveness	☒
c. Review HUD Monitoring Findings	☒	l. Assess Provider Organization Experience	☒
d. Review Independent Audit	☒	m. Assess Provider Organization Capacity	☒
e. Review HUD APR for Performance Results	☒	n. Evaluate Project Presentation	☒
f. Review Unexecuted Grants	☒	o. Review CoC Membership Involvement	☒
g. Site Visit(s)	☒	p. Review Match	☒
h. Survey Clients	☒	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	☒
i. Evaluate Project Readiness	☒		
3. Voting/Decision System *			
a. Unbiased Panel / Review Committee	☒	d. One Vote per Organization	☒
b. Consumer Representative Has a Vote	☒	e. Consensus (general agreement)	☒
c. All CoC Members Present Can Vote	☒	f. Voting Members Abstain if Conflict of Interest	☐
*Norfolk Homeless Consortium membership votes to ratify the process developed by consensus by the Continuum of Care Committee which includes an unbiased panel review of the submitted applications.			

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	☐ **Yes** ☒ **No**
If Yes, briefly describe the complaints and how they were resolved.	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an "X" in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year; as such, the CoC may choose to provide the chart submitted in the 2006 application.

(1)	(2) Prevention					(3) Outreach			(4) Supportive Services									
Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
ACCESS (formerly CANDII, Inc)	X	X	X	X					X	X		X		X			X	X
Alcoholics Anonymous											X							
Barrett Haven				X					X	X	X	X			X	X	X	X
Catholic Charities		X	X	X					X	X	X	X			X			X
Department of Human Services	X	X	X	X					X	X					X	X	X	X
Department of Public Health													X		X			
Endependence Center										X					X			
Family Services				X						X		X						
Foodbank				X						X								
ForKids, Inc.		X	X	X					X	X		X	X		X	X	X	X
Ghent Area Ministries	X	X	X			X							X					X
Legal Aid					X													
New Hope Christian Community Center		X				X			X	X	X			X	X		X	
Norfolk Community Services Board		X	X			X			X	X	X	X		X		X		X
Norfolk Downtown Ambassadors								X										
Norfolk Public Schools															X			
Office to End Homelessness						X												
Opportunity Inc.									X						X	X		
Park Place Medical Center													X					
Second Chances				X						X								
St. Columba Ecumenical Ministries	X	X	X	X					X	X	X		X		X	X		X
STEP-UP, Inc.									X	X						X		X
The Dwelling Place		X		X					X	X		X			X	X	X	X
The Planning Council	X	X		X					X	X							X	
The Salvation Army	X	X	X	X					X	X	X	X				X	X	X
The STOP Organization	X	X	X	X					X	X					X	X	X	
Tidewater AIDS Community Taskforce	X	X	X	X			X		X	X	X			X		X		X
Tidewater Community College															X			
Union Mission										X	X					X		
Urban League		X												X				
VA Medical Center				X		X			X		X	X	X	X				
Virginia Employment Commission									X	X						X		
Virginia Social Ventures										X						X		
Virginia Supportive Housing									X	X	X	X	X		X	X		X
YWCA		X	X	X	X				X	X	X	X	X		X	X	X	X

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under "new inventory" should indicate beds that became available for occupancy for the first time between February 1, 2006 and January 31, 2007. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Ecumenical Family Shelter	The Dwelling Place	PA	0	48	511116	FC		14	48	0	48	0	4
ForKids	Haven House	PA	0	32		FC		8	32	0	38	0	0
Norfolk Emergency Shelter	NEST	D	0	0		SMF		0	0	0	0	100	0
The Salvation Army	19th Street Shelter	D	0	0		SM		0	0	30	30	0	0
Union Mission	Union Mission	D	0	0		M		1	4	156	160	0	40
YWCA	Women in Crisis	PA	18	20		M	DV	4	20	18	38	0	18
		SUBTOTALS:	18	100	**SUBTOTAL CURRENT INVENTORY:**			27	104	204	308	100	62
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
		SUBTOTALS:	0	0	**SUBTOTAL NEW INVENTORY:**			0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
Union Mission	Union Mission		1/2009			M		7	28	88	116	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								7	28	88	116	0	0
Unmet Need					**UNMET NEED TOTALS:**			0	0	0	0	0	0
Total Year-Round Beds—Individuals					**Total Year-Round Beds—Families**								

1. Total Year-Round Individual Emergency Shelter (ES) Beds:	204	6. Total Year-Round Family Emergency Shelter (ES) Beds:	104
2. Number of DV Year-Round Individual ES Beds:	18	7. Number of DV Year-Round Family ES Beds:	20
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	186	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):	84
4. Total Year-Round Individual ES Beds in HMIS:	18	9. Total Year-Round Family ES Beds in HMIS	100
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	10 %	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	119 %

*In the column labeled “O/V,” enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart												
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Barrett Haven, Inc	Barrett Transitional Home*	PA	10	0	511116	SF		0	0	10	10
ForKids, Inc	Elizabeth Place*	PA	0	20		FC		5	20	0	20
ForKids, Inc	Morgan Place*	PA	0	34		FC		7	34	0	34
Norfolk Community Services Board	Transitional Housing	D	0	0		SMF		0	0	22	22
St. Columba Ecumenical Ministries, Inc	Next Step Transitional Housing*	PA	16	0		SMF		0	0	16	16
Tidewater AIDS Community Taskforce	HOPWA	PA	4	0		SMF	HIV	0	0	4	4
YWCA	Norcova*	PA	1	15		M	DV	4	15	1	16
YWCA	Yemaya House	PA	5	0		SF	DV	0	0	5	5
		SUBTOTALS:	36	69	SUBTOTAL CURRENT INVENTORY:			16	69	58	127
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Tidewater AIDS Community Taskforce	HOPWA	PA	7	0		SMF	HIV	0	0	7	7
		SUBTOTALS:	7	0	SUBTOTAL NEW INVENTORY:			0	0	7	7
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
The Salvation Army	Women's Hope Village*		Spring 2008			M		3	9	8	17

SUBTOTAL INVENTORY UNDER DEVELOPMENT:	3	9	8	17
Unmet Need UNMET NEED TOTALS:	0	0	42	42

Total Year-Round Beds—Individuals		**Total Year-Round Beds—Families**	
1. Total Year-Round Individual Transitional Housing Beds:	58	6. Total Year-Round Family Transitional Housing Beds:	69
2. Number of DV Year-Round Individual TH Beds:	6	7. Number of DV Year-Round Family TH Beds:	15
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	52	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):	54
4. Total Year-Round Individual TH Beds in HMIS:	43	9. Total Year-Round Family TH Beds in HMIS	69
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	83%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	128%

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./ CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
AIDS Care Center for Education and Support Services (formerly CANDII)	CHAPS-Norfolk*	PA	0	33	511116	FC	HIV	10	33	0/0	33
ForKids, Inc	Legacy*	PA	0	36		FC		6	36	0/0	36
Norfolk Community Services Board	Shelter Plus Care*	PA	36	40		M		12	40	36/36	76
		SUBTOTALS:	36	109	**SUBTOTAL CURRENT INVENTORY:**			28	109	36/ 36	145
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
AIDS Care Center for Education and Support Services (formerly CANDII)	Housing Solutions*	PA	13	8		M	HIV	3	8	13/5	21
Residential Options, Inc	Housing First I*	PA	12	0		SMF		0	0	12/12	12
Second Chances	Harbor House	N	0	0		SM		0	0	16	16
Virginia Supportive Housing	Gosnold Apartments*	PA	42	0		SMF		0	0	42/29	42
		SUBTOTALS:	67	8	**SUBTOTAL NEW INVENTORY:**			3	8	83/46	91
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
ForKids, Inc	Legacy*	D	10/2008			FC		4	20	0	20
Residential Options, Inc	Housing First II*	N	7/2007			SMF		0	0	6/6	6
Virginia Supportive Housing	Cloverleaf Apartments*	D	12/2008			SMF		0	0	11/11	11

SUBTOTAL INVENTORY UNDER DEVELOPMENT:	4	20	17/17	37
Unmet Need UNMET NEED TOTALS:	8	2	100	102

Total Year-Round Beds—Individuals		**Total Year-Round Beds—Families**	
1. Total Year-Round Individual Permanent Housing Beds:	119	6. Total Year-Round Family Permanent Housing Beds:	117
2. Number of DV Year-Round Individual PH Beds:	0	7. Number of DV Year-Round Family PH Beds:	0
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):	119	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):	117
4. Total Year-Round Individual PH Beds in HMIS:	103	9. Total Year-Round Family PH Beds in HMIS	117
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	87%	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%

J: CoC Housing Inventory Data Sources and Methods Chart
Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time (PIT) count during the last week of January 2007.

(1) Indicate date on which Housing Inventory count was completed: 01/24/2007	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
☒	**Housing inventory survey** – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
☐	**HMIS** – Used HMIS data to complete the Housing Inventory Chart
☐	**HMIS plus housing inventory** – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
__100_%	Emergency shelter providers
__100_%	Transitional housing providers
__100_%	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
☒	**Instructions** – Provided written instructions for completing the housing inventory survey.
☒	**Training** – Trained providers on completing the housing inventory survey.
☒	**Updated prior housing inventory information** – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
☒	**Follow-up** – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
☒	**Confirmation** – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
☒	**HMIS** – Compared HMIS and housing inventory survey data to check for consistency.
☐	**Other** – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
☒	**Sheltered count** (point-in-time)
☒	**Unsheltered count** (point-in-time)
☒	**Housing inventory** (number of beds available)
☐	**Local studies or data sources** – specify:
☐	**National studies or data sources** – specify:
☒	**Provider opinion through discussions or survey forms**
☐	**Other –** specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
☐	**Stakeholder discussion** – CoC stakeholders met and reviewed data to determine CoC's unmet need
☐	**Locally-determined formula** – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
☐	**Applied statistics** – Used local PIT enumeration data and applied national or other local statistics
☒	**HUD unmet need formula** – Used HUD's unmet need formula*
☐	**Other** – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
http://www.hud.gov/offices/adm/grants/fundsavail.cfm

CoC Homeless Population and Subpopulations

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

Indicate date of last point-in-time count: 1/24/2007				
Part 1: Homeless Population	**Sheltered**		**Unsheltered**	**Total**
	Emergency	**Transitional**		
1. Number of Households **with** Dependent Children:	25	15	0	40
1a. Total Number of Persons in these Households (adults and children)	69	44	0	113
2. Number of Households **without** Dependent Children**	279	44	104	427
2a. Total Number of Persons in these Households	279	44	104	427
Total Persons (Add Lines 1a and 2a):	348	88	104	540

Part 2: Homeless Subpopulations below)	**Sheltered**	**Unsheltered**	**Total**
a. Chronically Homeless	64	33	97
b. Severely Mentally Ill	57	*	57
c. Chronic Substance Abuse	95	*	95
d. Veterans	76	33	109
e. Persons with HIV/AIDS	13	*	13
f. Victims of Domestic Violence	42	*	42
g. Unaccompanied Youth (Under 18)	0	*	0

*Optional for unsheltered homeless subpopulations
** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)
***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

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

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
☒	**Survey** – Providers count the total number of clients residing in their programs during the PIT count.
☒	**HMIS** – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
☐	**Other** – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count. A survey was used to count the unsheltered population during the street count and to count the clients residing in shelters that do not participate in HMIS. All of the survey data was entered into a Microsoft Access database and the HMIS client data was exported into the same database. The survey data and HMIS data were merged and checked for duplicates in order to produce an accurate count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
☒	**Point-in-time (PIT) interviews with each adult and unaccompanied youth** – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
☐	**Sample of PIT interviews plus extrapolation** – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
☐	**Non-HMIS client-level information -** Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
☐	**Provider expertise** – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
☒	**HMIS** – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
☐	**Other** –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information. A survey was used to count the clients residing in shelters that do not participate in HMIS. All of the survey data was entered into a Microsoft Access database and the HMIS client data was exported into the same database.	
(3) Indicate CoC's steps to ensure data quality of the sheltered count (check all that apply):	
☒	**Instructions** – Provided written instructions to providers for completing the sheltered PIT count.
☒	**Training** – Trained providers on completing the sheltered PIT count.
☒	**Remind and Follow-up** – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
☒	**HMIS** – Used HMIS to verify data collected from providers for the sheltered PIT count.
☐	**Other** –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
☐	**Biennial (every two years)**
☒	**Annual**
☐	**Semi-annual**
☐	**Other –** specify:
(5) Month and Year when next count of sheltered homeless persons will occur: January 2008	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
100%	Emergency shelter providers
100%	Transitional housing providers

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

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
☐	**Public places count** – CoC conducted a point-in-time (PIT) count without client interviews.
☒	**Public places count with interviews** – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: ☒ ALL persons were interviewed **OR** ☐ Sample of persons were interviewed
☐	**Public places count using probability sampling** – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
☒	**Service-based count** – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
☐	**HMIS** – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
☐	**Other** – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
☐	**Complete coverage** – The CoC counted every block of the jurisdiction.
☐	**Known locations** – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
☒	**Combination** – CoC combined complete coverage with known locations by conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
☐	**Used service-based or probability sampling** (coverage is not applicable)
☐	**Other** –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
☒	**Outreach teams**
☒	**Law Enforcement**
☒	**Service Providers**
☒	**Community volunteers**
☒	**Homeless and/or formerly homeless persons**
☐	**Other** – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
☒	**Training –** Conducted training(s) for PIT enumerators.
☐	**HMIS –** Used HMIS to check for duplicate information.
☐	**Other –** specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
☐	**Biennial (every two years)**
☒	**Annual**
☐	**Semi-annual**
☐	**Quarterly**
☐	**Other –** specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: Jan 2008	

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

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: The Planning Council		Contact Person: Pat Vedomske
Phone: 757-622-9268 ext. 3018	Email: pvedomske@theplanningcouncil.org	
Organization Type: State/local government ☐ Non-profit/homeless provider ☒ Other ☐		

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Norfolk CoC	VA-501		

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

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC **OR** Anticipated Date Entry Start Date for your CoC (mm/yyyy)	**If no data entry date, indicate reason:**
9/2004	☐ New CoC in 2007 ☐ Still in planning/software selection process ☐ Initial implementation

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

1. HMIS implementation: The Union Mission and Salvation Army remain outside of the HMIS database system as they have their own internal programs. Despite having an internal data system, the Salvation Army was entering data when the Day Center was funded through the Continuum of Care. In 2005, the Salvation Army was defunded and ceased entering into HMIS. The Salvation Army and Union Mission host the majority of single homeless beds for the City of Norfolk and therefore HMIS coverage for Emergency Shelter beds remains low.
2. HMIS Data and Technical Standards Final Notice requirements: PKI requirement and expense has been a burden on the Norfolk Homeless Consortium and HMIS users.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for **CoC**	Number of Unduplicated Clients Entered in HMIS / Analytical Database for **CoC**
2004	424	424
2005	2725	1938
2006	1194	1146

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

a) The Salvation Army entered data into the HMIS system in 2005 but ceased its participation at the end of 2005 when the Day Center was defunded, so none of its clients are in the 2006 count.

b) Because the HMIS was a new implementation in 2004, many users were entering clients into the system in 2005 who had entered the agency's program in 2004. Now that the Continuum's client records are up-to-date, users are no longer entering old clients.

M-5: Data Collection/Completeness and Coverage
(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	**0%**	Gender	**0%**
Social Security Number	**1.6%**	Veteran Status	**6.5%**
Date of Birth	**0%**	Disabling Condition	**21.6%**
Ethnicity	**3.8%**	Residence Prior to Program Entry	**4.3%**
Race	**0%**	Zip Code of Last Permanent Address	**9.7%**

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.
The systems administrator creates client listing, null data value, and data quality exception reports using Advanced Reporting Tool (ART). CoC-funded agencies receive these reports on a monthly basis and non-CoC funded agencies receive them on a quarterly basis. The reports are reviewed by the Norfolk CoC HMIS Committee for quality to ensure continued improvement.

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

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter		Y	1/2009
Transitional Housing	Y		
Permanent Supportive Housing	Y		

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.
The Union Mission remains the largest emergency shelter provider in Norfolk and has yet to adopt HMIS into their practice. Throughout 2007 and 2008 they will be finalizing constructing, renovating and moving to their new larger site which will house more homeless persons with improved services. Union Mission leaders have committed to work towards adopting and using HMIS regularly, when the move is complete. However, the Norfolk Homeless Consortium continues to request that they enter adopt HMIS and enter vital elements of their clients before the move to their new location in order to better coordinate service provision within the Continuum.

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards
For each item listed below, place an "X" in the appropriate box to indicate your response: Yes (**Y**), No (**N**) or Planned/In Progress (**P**). Check ***only one column*** per item.

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

Part III: CoC Strategic Planning

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

Please provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. The percentages listed in these national objectives are the national averages. Your CoC should aim for these targets as a minimum. HUD expects all CoCs to be meeting or exceeding these standards, as these standards will be modestly increasing over time. This is to ensure that CoCs continue to work to serve the hardest-to-serve homeless populations.

If your CoC will not be able to meet one or more objectives, please describe barriers in the space provided. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2008 application.

For further, detailed instructions for filling out this section, see the Instructions section.

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

Objectives to End Chronic Homelessness ***and*** Move Families and Individuals to Permanent Housing	**2007 Local Action Steps** How are you going to do it? List action steps to be completed within the next 12 months.	**Lead Person** List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	Expansion of My Own Place, a Housing First project for Chronically Homeless persons.	Katie Kitchin, Office to End Homelessness	82 Beds	58 Beds	50 Beds	50 Beds
	Development of second SRO, Cloverleaf Apartments.	Katie Kitchin, Office to End Homelessness				
	Development of residential substance abuse program for the chronically homeless	Katie Kitchin, Office to End Homelessness				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	Revise Standards of Care after initial agency review and conduct second round review to assure funding is directed to high performance agencies.	Deborah Williams, CoC Coordinator	87%	88%	90%	95%
	Train staff on engagement and case management strategies.	Deborah Williams, CoC Coordinator				
	Continue to diversify housing products to include low barrier housing for hard to serve chronically homeless individuals in Housing First I and II.	Katie Kitchin, Office to End Homelessness				
	Continue to diversify funding connected to serving families.	Katie Kitchin, Office to End Homelessness				
	Provide training on motivational interviewing and harm reduction.	Katie Kitchin, Office to End Homelessness				
	Ensure that agencies conduct exit interviews before a client exists to maximize the number homeless persons remaining in permanent housing programs.	Stacie Walls-Beegle, CoC Chair				

<table>
<tr><td rowspan="2">3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.</td><td>Marketing of affordable housing database to increase landlord participation. Affordable housing database is available for use by entire Continuum of Care</td><td>Deborah Williams, CoC Coordinator</td><td rowspan="2">81%</td><td rowspan="2">82%</td><td rowspan="2">84%</td><td rowspan="2">85%</td></tr>
<tr><td>Development and implementation of Housing Broker Team to be used by the entire Continuum of Care.</td><td>Julie Dixon, The Planning Council</td></tr>
<tr><td rowspan="2">4. Increase percentage of homeless persons employed at exit to at least 18%.</td><td>Fund and hire employment specialists to work with the entire continuum of care</td><td>Katie Kitchin, Office to End Homelessness</td><td rowspan="2">65%</td><td rowspan="2">66%</td><td rowspan="2">68%</td><td rowspan="2">70%</td></tr>
<tr><td>Develop relationships with business community to provide job development opportunities for homeless persons.</td><td>Katie Kitchin, Office to End Homelessness</td></tr>
<tr><td rowspan="6">5. Ensure that the CoC has a functional HMIS system.</td><td>Train new users in existing CoC-funded agencies to assure continuity of input despite staff turnover.</td><td>Pat Vedomske, HMIS System Administrator</td><td rowspan="6">65 % Bed Cover-age</td><td rowspan="6">70% Bed Cover-age</td><td rowspan="6">80% Bed Cover-age</td><td rowspan="6">100% Bed Cover-age</td></tr>
<tr><td>Recruit non-CoC funded homeless service providers to participate.</td><td>Julie Dixon, The Planning Council</td></tr>
<tr><td>Run monthly reports on all CoC agencies and quarterly for non-CoC agencies to monitor and ensure data is being entered and to identify problem areas.</td><td>Pat Vedomske, HMIS System Administrator</td></tr>
<tr><td>Annually verify HMIS data as part of Standards of Care review.</td><td>Pat Vedomske, HMIS System Administrator</td></tr>
<tr><td>Provide on-site, individualized training as needed for agencies to address their specific challenges.</td><td>Pat Vedomske, HMIS System Administrator</td></tr>
<tr><td>All HUD-funded agencies will produce HUD APRs from HMIS.</td><td>Pat Vedomske, HMIS System Administrator</td></tr>
<tr><td colspan="7">Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).</td></tr>
<tr><td colspan="7">Other CoC Objectives in 2007</td></tr>
<tr><td>1. Provide evidenced-based substance abuse treatment for the homeless.</td><td>Implementation of the Healing Place, an evidenced-based substance abuse treatment program for the homeless</td><td>Katie Kitchin, Office to End Homelessness</td><td>Obtain 501c3

Begin fundraising</td><td>150 Beds</td><td></td><td></td></tr>
</table>

O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	☐	☐	☐	☐	☒
Health Care	☒	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☒
Corrections	☐	☐	☐	☐	☒

Foster Care:

The Norfolk Department of Human Services (NDHS) has adopted policy that requires the Department to develop an independent living plan for all children 16 and older, known as the Daniel Memorial Transitional Plan, and to provide housing assistance as needed, such as purchasing furnishings and household items or payment of security deposits for apartments. The Daniel Memorial Transitional Plan addresses opportunities for learning and practicing independent living skills, living options and financial planning, obtaining critical documents (i.e. birth certificates, social security cards and selective service cards for the boys), assessment of medical needs, and psychological and counseling needs and the ability to access these services once out of care. NDHS also develops a generic transitional plan with all 14 and 15 year olds in foster care that includes educational status and the child's perception of their functioning level and addresses their career goals. These plans have been created to ensure that children discharged from foster care are not discharged to McKinney-Vento funded programs.

Health Care:

The Veterans Affairs Medical Center is the only publicly funded healthcare institution in the Norfolk Continuum of Care and does not have a written discharge policy. The VA Medical Center works extensively with patients to ensure that they are not discharged into homelessness; however, there is no formal policy or protocol. Park Place Medical Center administers the federally funded Healthcare for the Homeless program; however, they do not have inpatient beds and do not discharge patients so a discharge policy is not necessary.

Mental Health:

Each year the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), in coordination with the local Community Services Boards (CSBs) develop a Performance Contract that allows the state to provide funding to the CSBs. The Performance Contract identifies the CSBs as being responsible for developing discharge plans for persons being treated at State facilities and specifically states that individuals may not be discharged to homeless facilities or to the streets. The CSBs must identify appropriate living arrangements for these consumers, and appropriate living arrangements do not include HUD McKinney-Vento funded programs.

Corrections:*
The State Department of Corrections (DoC) issued protocols in 2005 to specifically include housing needs in discharge plans. DoC directs inmates to the Probation and Parole District from which they were sentenced upon release to assist with housing needs. The District then uses any available local resource or a contract Community Residential Program (halfway house) if the inmate meets admission criteria. Districts have some strictly limited emergency assistance funds for those that do not meet admission criteria. In 2007, the City of Norfolk entered into a Reentry Pilot coordinated by the Virginia Policy Academy on Reentry. This pilot program is not HUD McKinney-Vento funded. This pilot targets all ex-offenders released from the Greensville and Fluvanna State Correctional facilities and provides them with assessments, employment, housing counseling, access to mentors and other assistance they may need. Ex-offenders are not discharged to McKinney Vento funded agencies. The pilot program has enrolled over 17 people to date, 15 of whom voluntarily engaged with various pilot services (only 2 declined), and 6 have already secured employment through the project.

*Please note that “corrections” category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

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

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart
Column (1): New this year, check the box in this column if the first project listed is a proposed Samaritan bonus project. **Column (5):** The requested project amount must not exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the project budget will be reduced to the amount shown on the CoC Project Priorities Chart. **Column (7):** Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. Do not simply enter an "X" in the box provided. **Column (9):** For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1.
For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Norfolk CoC						CoC #: VA-501			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
☒ ** Norfolk Community Services Board	Residential Options, Inc	Housing First III: My Own Place	**1**	$661,479	2	PH			
The Planning Council	The Planning Council	Shelterlink	**2**	$50,533	1		HMIS		
ForKids, Inc	ForKids, Inc	Morgan Place Transitional Housing	**3**	$125,038	1		TH		
St. Columba Ecumenical Ministries	St. Columba Ecumenical Ministries	Next Step Transitional Housing	**4**	$130,179	1		TH		
ACCESS (formerly CANDII, Inc)	ACCESS	CHAP/Norfolk	**5**	$164,183	1		PH		
ForKids, Inc	ForKids, Inc	Legacy Permanent Supportive Housing	**6**	$149,166	1		PH		
ForKids, Inc	ForKids, Inc	Elizabeth Place Transitional Housing	**7**	$103,804	1		TH		
ACCESS (formerly CANDII, Inc)	ACCESS	Housing Solutions	**8**	$173,510	1		PH		
Barrett Haven, Inc	Barrett Haven, Inc	Barrett Transitional Home	**9**	$144,913	1		TH		
ForKids, Inc	ForKids, Inc	LEAP/ESI Transitional Housing	**10**	$242,043	1		TH		
YWCA of South Hampton Roads	YWCA of South Hampton Roads	Norcova Transitional Housing	**11**	$38,516	1		TH		
Norfolk Community Services Board	Norfolk Community Services Board	Supportive Housing Program	**12**	$71,531	1		SSO		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				**$2,054,895**					
(9) Shelter Plus Care Renewals:						**S+C Component Type**			
Norfolk Community Services Board	Norfolk Community Services Board	Shelter Plus Care	**13**	$483,660	1	TRA			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				**$483,660**					
(11) Total CoC Requested Amount (line 8 + line 10):				**$2,538,555**					

*HUD-defined CoC names & numbers are available at:
http://www.hud.gov/offices/adm/grants/fundsavail.cfm.

**Check this box if this is a #1 priority Samaritan bonus project.

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These reallocation project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

***Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all "threshold" requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.

NOTE: Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

1a. Will your CoC be using the PRN reallocation process? ☐ Yes ☒ No		
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).		
2. Enter the total 1-year amount of *all* SHP projects that are eligible for renewal in 2007, which amount you have **verified with your field office**:	***Example:*** *$530,000*	**$**
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: *(In this example, the amount proposed for new PH project is $140,000)*	***Example:*** *$390,000*	**$**

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

(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
Ex: *MA01B300002*	*SHP*	*TH*	*$100,000*	*$60,000*	*$40,000*
Ex: *MA01B400003*	*SHP*	*SSO*	*$80,000*	*$80,000*	*$0*
		(7) TOTAL:			

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

(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts
Example: *#5*	*SHP*	*PH*	*$90,000*
Example: *#12*	*S+C*	*TRA*	*$50,000*
		(12) TOTAL:	

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart
HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do ***not*** add any rows). Provide information ***only*** for contributions for which you have a ***written commitment in hand at the time of application***.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Example: River County CoC	$10,253,000
Norfolk CoC	$5,720,852

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:

Type of Housing	All SHP Funds Requested (Current Year)	Renewal Projections				
	2007	2008	2009	2010	2011	2012
Transitional Housing (TH)	$784,493	$784,493	$1,058,098	$1,058,098	$1058,098	$1058,098
Safe Havens-TH	0	0	0	0	0	0
Permanent Housing (PH)	$1,148,338	$554,071	$659,665	$659,665	$659,665	$659,665
Safe Havens-PH	0	0	0	0	0	0
SSO	$71,531	$71,531	$71,531	$71,531	$71,531	$71,531
HMIS	$50,533	$50,533	$50,533	$50,533	$50,533	$50,533
Totals	$2,054,895	$1,460,628	$1,839,827	$1,839,827	$1,839,827	$1,839,827

Shelter Plus Care (S+C) Projects:

Number of S+C Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2007		2008		2009		2010		2011		2012	
	Units	$	Units	$	Units	$	Units	$	Units	$	Units	$
SRO	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
1	35	$308,700	35	$308,700	35	$308,700	35	$308,700	35	$308,700	35	$308,700
2	9	$91,152	9	$91,152	9	$91,152	9	$91,152	9	$91,152	9	$91,152
3	6	$83,808	6	$83,808	6	$83,808	6	$83,808	6	$83,808	6	$83,808
4	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0
Totals	50	$483,660	50	$483,660	50	$483,660	50	$483,660	50	$483,660	50	$483,660

Part IV: CoC Performance

U: CoC Achievements Chart

For the five HUD national objectives in the **2006** CoC application, enter the 12-month measurable achievements that you provided in Exhibit 1, Chart N of the **2006 CoC application**. Under "Accomplishments," enter the *numeric* achievement that your CoC attained within the past 12 months that is *directly related* to the measurable achievement proposed in 2006. Below, if your CoC did not meet one or more of your proposed achievements, please describe the reasons for this.

2006 Objectives to End Chronic Homelessness and Move Families *and* Individuals to Permanent Housing	**12-month Measurable Achievement Proposed in 2006** **(from Chart N of your 2006 CoC application)**	**Accomplishments** **(Enter the numeric achievement attained during past 12 months)**
1. Create new PH beds for chronically homeless persons.	1. Create 29 new beds for chronically homeless persons through the completion of SRO I. 2. Receive Samaritan Initiative funding for Virginia Supportive Housing (Cloverleaf) under 2006 HUD CoC for 4 beds for chronically homeless persons. 3. Create 12 new beds for chronically homeless persons through the opening of My Own Place, a new Housing First project.	1. Created 29 new beds for chronically homeless persons through the completion of SRO I. 2. Received funding for 4 beds for chronically homeless through the 2006 HUD CoC for Virginia Supportive Housing (Cloverleaf). 3. Created 12 new beds for chronically homeless persons through the opening of My Own Place.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Full implementation of Standards of Care Review to assure funding is directed to high performance agencies 2. Train staff on engagement strategies and case management standards. 3. Diversify housing products to include low barrier housing for hard to serve chronically homeless individuals in Housing First I and II. 4. Apply for additional services funding to assist clients to maintain permanent housing.	87% of homeless persons stayed in PH over 6 months.
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	1. Creation of affordable housing database for use by entire Continuum of Care. 2. Housing placement training for case managers. 3. Fund and hire housing specialists to be used by the entire Continuum of Care. 4. Add 3 units of permanent supportive housing for families through the	81% of homeless persons moved from TH to PH.

	ACCESS Housing Solutions project. 5. Add 13 beds of permanent supportive housing for individuals through the ACCESS Housing Solutions project. 6. Add 4 units of permanent supportive housing for families in the ForKids Legacy Program.	
4. Increase percentage of homeless persons becoming employed by 11%.	1. Fund and hire employment specialists to work with the entire Continuum of Care. 2. Develop relationships with the business community to provide job development opportunities for homeless persons.	Increased percentage of homeless persons becoming employed by 2% to 65%.
5. Ensure that the CoC has a functional HMIS system.	1. Train new users in existing CoC funded agencies to assure continuity of input despite staff turnover. 2. Recruit non-CoC funded homeless service providers to participate. 3. Run quarterly reports on all agencies to monitor agencies to ensure data is being entered and to identify problem areas. 4. Annually verify HMIS data as part of Standards of Care review. 5. Provide on-site, individualized training as needed for agencies to address their specific challenges. 6. All HUD-funded agencies will produce HUD APRs from HMIS.	1. Trained 4 new users in existing CoC funded agencies. 2. Two new non-CoC funded agencies are participating in HMIS. 3. Quarterly reports were run for all participating agencies to monitor data quality. 4. HMIS data and privacy protocol were reviewed during the Standards of Care process. 5. Provided on-site individualized training for 18 users in 9 agencies. 6. APR's were produced for 11 HUD-funded programs.

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

The percentage of homeless persons becoming employed only increased by 2% from 2006 to 2007. However, the 65% of persons exiting from Norfolk CoC programs exited with income from employment. This percentage is significantly above the 2006 national average of 21%, and while we did not meet the HUD objective of an 11% increase we still increased the percentage of homeless persons becoming employed and continue to meet HUD's objective of having 18% of homeless persons employed at exit.

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

2006-2007 Norfolk Homeless Consortium CoC Accomplishments:

Standards of Care: Through a highly collaborative process, the NHC researched and developed rigorous Standards of Care for service providers serving the homeless. The Standards were ratified by unanimous vote of our membership in November 2006 and we obtained grant funding to hire a consultant to conduct initial baseline reviews of all CoC funded agencies in March 2007. Follow-up reviews will be done in the winter of 2008 and non-CoC funded agencies (those receiving local and state funding) will begin receiving baseline reviews at that time. We have begun discussions with the Hampton Roads Regional Task Force on Homelessness regarding the adoption of the NHC Standards of Care on a regional basis. NHC Standards of Care can be found at www.norfolkhomelessconsortium.org.

Central Intake for Families: We accomplished much-needed coordination for homeless families in our community by launching Virginia's second central intake system in January of 2007. There are several key elements of our system including a Standardized Decision Making (SDM) Model that is used to assess the family's risk for placement in the foster care system. Once this core element in our family system was put into place, the improved coordination has allowed other elements of our Central Intake system to progress more quickly. Contracts were signed in early June for **Rapid Exit Case Management** to deliver in-home services to low and low/moderate risk families placed directly into housing from the Central Intake System.

Housing Broker Team: The Department of Human Services is in the process of developing a Housing Brokers Team that will conduct outreach for property owners and landlords throughout the city to secure affordable housing listings for homeless individuals and families with substantial housing barriers. The program will also provide a centralized point of contract for participating agencies, landlords and tenants, a housing support fund, and a curriculum for tenant education. The team will coordinate with the Homeless Action Response Team (HART), the Rapid Exit Case Managers and Housing Specialists with other Norfolk Homeless Consortium agencies.

Expanded Project Homeless Connect: In 2007 we dramatically increased the number of homeless individuals we reached through Project Connect by offering the event a second time during the year and by increasing volunteer participation by 50%. The number of service providers participating in the event also increased by 43%, including the addition of ID issuance and a barbershop. As a result of the three Project Homeless Connect events a total of 89 persons have been placed into permanent housing.

Healthcare for the Homeless: Health care for the Homeless launched in September 2006 at the Park Place Medical Center and makes primary care accessible for homeless and uninsured individuals in Norfolk. On-site services that are available include all types of prevention such as physicals, immunizations, eye and hearing exams, all types of blood work, and referrals for oral and mental health as well as substance abuse. Some specialized services and a pediatrician are also recent additions to the program. Transportation can be provided for health care appointments.

V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart. For further instructions in filling out this chart, please see the Instructions section.

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

Year	Number of CH Persons	Number of PH beds for the CH
2005	89	0
2006	126	36
2007	97	82

Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:

2. Indicate the number of **new** PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007: 46

3. Identify the amount of funds from each funding source for the development and operations costs of the **new** CH beds created between February 1, 2006 and January 31, 2007.

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	$0	$2,132,885	$0	$384,000	$199,550
Operations	$212,187	$120,000	$0	$6,000	$8,344
TOTAL	$212,187	$2,252,885	$0	$390,000	$207,894

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate "No applicable renewals" box in the chart.

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the most recently submitted APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
☐	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
☒	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who **exited** PH project(s)—APR Question 12(a)	16
b.	Number of participants who did **not leave** the project(s)—APR Question 12(b)	62
c.	Number who **exited** after staying 7 months or longer in PH—APR Question 12(a)	14
d.	Number who did **not leave** after staying 7 months or longer in PH—APR question 12(b)	54
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	87%

2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH *not* identified as permanent housing. Complete the following chart using data based on the most recently submitted APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
☐	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
☒	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	109
b.	Number of participants who moved to PH	88
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	81%

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

☐	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
☒	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) **Number of Adults Who Left (Use same number in each cell)**	(2) **Income Source**	(3) **Number of Exiting Adults with Each Source of Income**	(4) **Percent with Income at Exit (Col 3÷Col 1 x 100)**
Example: 105	a. SSI	40	38.1%
Example: 105	b. SSDI	35	33.3%
170	a. SSI	26	15.3%
170	b. SSDI	5	2.9%
170	c. Social Security	0	0.0%
170	d. General Public Assistance	1	0.6%
170	e. TANF	39	22.9%
170	f. SCHIP	1	0.6%
170	g. Veterans Benefits	0	0.0%
170	**h. Employment Income**	**110**	**64.7%**
170	i. Unemployment Benefits	1	0.6%
170	j. Veterans Health Care	0	0.0%
170	k. Medicaid	63	37.1%
170	l. Food Stamps	64	37.6%
170	m. Other (please specify)	58	34.1%
170	n. No Financial Resources	12	7.1%

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons 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.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

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

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

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	$514,000
N/A	N/A	N/A	N/A
		Total:	N/A

AA: CoC Participation in Energy Star Chart

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: __23__%

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	☐	☒
2. **If you answered yes to Question 1:** Is the project requesting $200,000 or more?	☐	☐

3. **If you answered yes to Question 2:**
What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? **Check all that apply:**

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

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

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

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

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

*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.