

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): VA-501 - Norfolk CoC

CoC Lead Organization Name: The Planning Council

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: Norfolk Homeless Consortium

Indicate the frequency of group meetings: Monthly or more

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

Indicate the legal status of the group: Not a legally recognized organization

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) 77%

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

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

Specify "other" process(es):

Membership Dues

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

The Norfolk Homeless Consortium works to engage individuals, groups, and organizations throughout the community that provide services to persons experiencing homelessness or have an interest in the process. Persons who have experienced homelessness are also encouraged to attend meetings or join committees. Anyone interested in the process can attend the monthly meetings, which are announced on the Consortiums website and are open to the public.

Individuals and agencies may become voting members of the Norfolk Homeless Consortium by paying dues (currently \$30.00) at the annual meeting in June. Membership allows each individual member and agency one vote in the decision making process.

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

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

Specify "other" process(es):

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

The Planning Council (a 501(c)(3) organization) currently acts as the Norfolk Homeless Consortium's fiscal agent and has the capacity to continue to act as fiscal agent if the CoC were provided with additional administrative funds. The City of Norfolk's Offices of Grants Management and Ending Homelessness also have the administrative capacity to partner with The Planning Council to provide fiscal management, oversight, and monitoring in the event that a partnership would be an effective practice moving forward. The Consortium also has a grant funded .75 FTE staff person that oversees and provides administrative support for the CoC including coordinating the submission of the CoC statement and providing project oversight and monitoring.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Norfolk Homeless Consortium	The Norfolk Homeless Consortium develops, sustains and coordinates a comprehensive Continuum of Care for the homeless citizens of the City of Norfolk in order to move the homeless population toward self-sufficiency and ultimately to eliminate homelessness. The Consortium is the authorizing body for the Continuum of Care and includes several committees including: Continuum of Care Committee, Single Adults/ HPRP committee, Families/Central Intake Committee, Employment Taskforce, Healthcare Committee, Ranking Committee, HMIS Committee and Point-in-Time Committee. All committees under the Norfolk Homeless Consortium are working to support the goals of the Continuum of Care.	Monthly or more
Continuum of Care Committee	Assures adherence to HUD changes, develops protocols for grant submission and ranking and submits them to the Consortium for approval. The Continuum of Care Committee also writes the CoC Statement and communicates with other committees to ensure they are working to achieve the goals established by the Continuum of Care.	Monthly or more
Executive Committee	Determines the general policies and guides the affairs of the Norfolk Homeless Consortium and the Continuum of Care Committee.	Monthly or more
HMIS Committee	The HMIS committee provides information and guidance to the Norfolk Homeless Consortium and the Continuum of Care Committee on issues related to the implementation of HMIS. The HMIS Committee also ensures that all HMIS system users meet the established ShelterLink user policies.	Monthly or more
Regional Taskforce to End Homelessness	This group is working to develop a regional plan to eliminate homelessness and regional activities to assist all cities in moving toward decreasing homelessness. The taskforce also encourages all communities to remain informed of regional activities to decrease homelessness and coordinate efforts among Continuum of Cares.	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
City of Norfolk, Office to End Homelessness	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Virginia Employment Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
AIDS Care Center for Education and Support Serv...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Barrett Haven, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Dwelling Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
ForKids, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Domes..
Second Chances	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The STOP Organization	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Planning Council	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Tidewater AIDS Community Taskforce	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Urban League of Hampton Roads	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Spotlight Books	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Virginia Supportive Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
YWCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

Ghent Area Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
New Hope Christian Community Center	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
The Salvation Army	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Union Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Columba Ecumenical Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Catholic Charities	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
VA Medical Center	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Veteran s
Tidewater Commmunity College	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Opportunity Inc.	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
Norfolk Public Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Norfolk Community Service Board	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Norfolk Department of Human Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Norfolk Public Health Department	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
Virginia Dept. of Mental Health, Mental Retarda...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Virginia Dept. of Rehabilitative Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
City of Norfolk, Mayors Office	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Norfolk, City Managers Office	Public Sector	Loca l g...	Authoring agency for Consolidated Plan	NONE
City of Norfolk, Office of Grants Management	Public Sector	Loca l g...	Authoring agency for Consolidated Plan	NONE
Norfolk City Attorney	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Norfolk Planning Commission	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Virginia Beach Dept. of Housing and Neighborhoo...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Norfolk Redevelopment and Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE

Norfolk State University - Outreach	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Norfolk Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Norfolk Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Dept. of Veterans Affairs	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
Hampton Roads Planning District Commission	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Community Alternatives Management Group, Inc. (...)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Empower Hampton Roads	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Hospitality For the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Residential Options Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
South Hampton Roads Habitat For Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Touch of Patience	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Way	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Ghent United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Love Unlimited Ministries, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Norfolk Emergency Shelter Team	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
PIN Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sacred Heart Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Norfolk Homeless Advocacy and Action Group	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
The Norfolk Foundation	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE

Virginia Coalition for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Sentara Norfolk General Hospital	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Bon Secours, Inc.	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Bill Groom	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE
Legal Aid Society of Eastern Virginia	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Abyssinia Baptist Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Mike Hires	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

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

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

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

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

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

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

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

Emergency Shelter: No

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

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):

Additional individual beds were added by YWCA Yemaya House along with an additional two (2) new family beds for ForKids Elizabeth Place.

Permanent Housing: Yes

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

An additional 42 units for Permanent Housing include 12 new individual beds for Cloverleaf SRO and 13 additional individual Shelter + Care beds, along with an additional 20 new family beds for Legacy Expansion.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC 2009 VA-501	11/06/2009

Attachment Details

Document Description: eHIC 2009 VA-501

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: 09/04/2009
(mm/dd/yyyy)

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

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

Must specify other:

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

Specify "other" data types:

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: VA-501 - Norfolk CoC, VA-508 - Lynchburg CoC
(select all that apply)

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

What is the name of the HMIS software company? Bowman Systems, Inc.

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

Indicate the date on which HMIS data entry started (or will start): 02/01/1999
(format mm/dd/yyyy)

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

Indicate the challenges and barriers impacting the HMIS implementation: HMIS unable to generate unduplicated count of homeless persons, No or low participation by non-HUD funded providers
(select all the apply):

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

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

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. The Union Mission is a faith-based organization, that isn't currently receiving federal funding and struggles with finding the capacity to implement HMIS. The Salvation Army has stated that they are willing to implement HMIS. The Norfolk Homeless Consortium will continue to encourage The Salvation Army to implement HMIS and look for methods to assist the Union Mission. Additionally, The PATH Homeless Outreach Program plans to start implementing HMIS in the next 12 months in accordance with the federal HUD-SAMHSA HMIS partnership.

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

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

Organization Name The Planning Council
Street Address 1 130 West Plume Street
Street Address 2
City Norfolk
State Virginia
Zip Code 23510
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

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

Prefix: Ms.
First Name Julie
Middle Name/Initial Ann
Last Name Dixon
Suffix
Telephone Number: 757-622-9268
(Format: 123-456-7890)
Extension 3002
Fax Number: 757-622-4223
(Format: 123-456-7890)
E-mail Address: jadixon@theplanningcouncil.org
Confirm E-mail Address: jadixon@theplanningcouncil.org

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

Instructions:

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

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

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

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

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

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

While all CoC funded programs currently enter data into HMIS, it is difficult to provide incentives to non-CoC funded agencies that already utilize internal systems of data collection. Unfortunately, two such agencies, Union Mission and the Salvation Army are the largest emergency shelter providers in our CoC, thus decreasing our bed coverage percentage. Salvation Army was entering data up until they were defunded in 2005. The execution of a CoC transitional housing grant in June 2009, required the Salvation Army to enter data into HMIS for those staying in their transitional housing program. Union Mission continued constructing their new site, and leaders have agreed to work towards adopting and using HMIS once construction of the site is completed. The Norfolk Homeless Consortium continues to encourage both agencies to utilize HMIS as soon as possible, while continuing to stress the importance of having all providers contribute to the overall picture of homelessness in our community.

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

Instructions:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	0%	6%
* Disabling Condition	2%	4%
* Residence Prior to Program Entry	1%	3%
* Zip Code of Last Permanent Address	0%	21%
* Name	0%	0%

Instructions:

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

Did the CoC or subset of CoC participate in AHAR 4? No

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

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

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

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

The 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 system administrator reviews percentages of null values for agencies and works with agency staff to improve data quality. Data quality reports are reviewed by the Norfolk CoC HMIS Committee for quality to ensure continued improvement.

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 Norfolk Homeless Consortiums Standards of Care (Section F. Data Collection and HMIS) provides agencies with policies and procedures for HMIS users. According to the Standards of Care all agencies must accurately enter all of the required HMIS data by the 15th working day of the month following the end of the preceding quarter. All agencies must also complete a ShelterLink User policy, "Responsibility Statement & Code of Ethics" agreement for each authorized system user. A copy of the agreement must be on file with The Planning Council.

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

Instructions:

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

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

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

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

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

Instructions:

- For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
 - Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
 - Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
 - Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
 - Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
 - Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
 - Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
 - Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

* Unique user name and password	Monthly
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Never

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

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

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

If 'Yes' indicate date of last review or update by CoC: 02/01/2008

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Annually
HMIS software training	Annually

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

Instructions:

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

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

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

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	31	15	1	47
Number of Persons (adults and children)	96	50	3	149
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	289	51	88	428
Number of Persons (adults and unaccompanied youth)	289	51	88	428
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	320	66	89	475
Total Persons	385	101	91	577

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

Instructions:

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	49	23	72
* Severely Mentally Ill	52	0	52
* Chronic Substance Abuse	93	0	93
* Veterans	60	25	85
* Persons with HIV/AIDS	9	0	9
* Victims of Domestic Violence	57	0	57
* Unaccompanied Youth (under 18)	0	0	0

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

Instructions:

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

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/28/2010
(mm/dd/yyyy)

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

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

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

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

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

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

If Other, specify:

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

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. Overall, 577 persons were identified as being homeless in the 24-hour count period. This compares to 502 counted in January 2008. There were some people who refused to be counted, who were unable to be counted because they were asleep, or who did not present for services that day and were not counted.

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

Overall 577 persons were identified as being homeless during the 24-hour count period, of those identified 486 individuals were sheltered. This compares to the 441 sheltered persons counted in January of 2008. The increase in persons can be attributed to the Continuum of Care's continued efforts to work with local jails, hospitals, and non-HMIS user sites to ensure that all homeless individuals are counted. Additionally, the cold weather forced several individuals to seek shelter during the evening of the count causing an increase in the sheltered population. Providers in the community report an increase in requests for services and shelter as the economy faltered. Those households in poverty are entering homelessness and those experiencing homelessness are having difficulty exiting due to fewer jobs and lower numbers of hours in marginal employment settings.

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

Instructions:

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

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

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

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

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

If Other, specify:

Point-in-Time (PIT) interviews with each adult and unaccompanied youth.

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

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. There were some people who refused to be counted, who were unable to be counted because they were asleep, or who did not present for services that day and were not counted.

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

The 2009 point-in-time count identified a decrease in sheltered subpopulation data. The decrease in sheltered subpopulation data can be attributed to the fact that there were some people in non-HMIS participating agencies who refused to be counted or who refused to answer certain questions. Several people opted not to provide subpopulation data to volunteers during the administering of the survey, resulting in a decrease in sheltered subpopulation data.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

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

If Other, specify:

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

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.

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

The City of Norfolk Department of Human Services (NDHS) has served as the Central Intake for homeless families since January, 2007 through the Homeless Action Response (HART) team which has as part of its mission that no child need sleep on the streets of Norfolk. The HART Team conducts the intake and assessment; as well as a Housing Barrier assessment. The HART Team also evaluates whether the family is best served through prevention, shelter placement, or rapid re-housing. In addition, the HART team also operates the Homeless Hotline which is available 24hrs per day. During the normal work hours NDHS and volunteers take all calls; three homeless shelters staff the hotline on a rotating basis from 7:00pm-7:00am and on weekends. Information is also available on the City of Norfolk's website. Eligible clients are invited to visit the HART Team for a further comprehensive assessment by HART Social Workers to identify all services and benefits for which the family is eligible. If the family is currently homeless, all alternatives are discussed with the family including family placements or shelter placement. If shelter is recommended or required and there is shelter placement available, the family is immediately placed. If there are no rooms available, a list is kept by NDHS and clients are called for placement when there is an opening. Shelters are contacted daily by HART staff to track openings.

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

The Norfolk Community Services Board has a team of outreach workers funded through the Projects for Assistance in Transition from Homelessness (PATH). The Office to End Homelessness provides hydration outreach services in the summer to identify those living outdoors, engaging individuals through the provision of water and encouraging them to use the drop-in centers in Norfolk to engage in services. Beginning in 2009, the Office to End Homelessness will also re-initiate services on-site in the winter church hypothermia shelters to identify those not engaged; as well as outdoors scans to encourage persons to seek shelter in cold or wet evenings during the winter.

The Norfolk Homeless Consortium identifies a number of homeless individuals routinely sleeping on the streets and other places not meant for human habitation through Project Homeless Connect by offering the event twice a year, in the summer and winter. Norfolk has hosted a total of eight (8) one day events and provided services to a total of 4,477 homeless individuals.

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

The 2009 Point-in-Time Count identified 91 unsheltered individuals, this compared to the 61 unsheltered individuals identified during the 2008 count. Enhanced volunteer recruitment and training provided the resources needed to increase street outreach and focus on soup kitchens, day centers and ready labor pick-up sites, thus increasing our capacity to capture data from the unsheltered population.

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

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

Instructions:

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

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

The Norfolk Continuum of Care is committed to working with the Norfolk Community Services Board to create new permanent housing beds for the chronically homeless with the submission of the My Own Place expansion project, Housing First VI, under the 2009 Continuum of Care application. Housing First VI will provide an additional ten (10) chronic homeless beds for seriously mentally ill individuals with lengthy street homeless histories who have been unable to exit homelessness. The Continuum of Care will also continue working with the Norfolk Community Services Board to fill the 28 chronic homeless beds under development through Housing First III, IV, and V.

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

Over the next ten years the Norfolk Continuum of Care will continue working to create new permanent housing beds for chronically homeless persons through the expansion of My Own Place, a Housing First project for chronically homeless persons. The Continuum of Care will also continue to work with the Regional Taskforce to End Homelessness to develop additional regional SRO's for the Chronically Homeless along with a regional residential substance abuse program for the chronically homeless with substance abuse issues.

- How many permanent housing beds do you currently have in place for chronically homeless persons?** 110
- How many permanent housing beds do you plan to create in the next 12-months?** 28
- How many permanent housing beds do you plan to create in the next 5-years?** 10
- How many permanent housing beds do you plan to create in the next 10-years?** 10

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

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

Instructions:

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

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

The Continuum of Care (CoC) will continue to offer training to staff on engagement and case management strategies along with training on motivational interviewing, safety & harm reduction and access to mainstream resources. The CoC is also committed to working with the City of Norfolk Office to End Homeless to utilize HPRP funding in conjunction with other available resources to prevent homelessness for currently housed singles and families.

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

The Norfolk Continuum of Care remains committed to diversifying housing to include low barrier housing for hard to serve chronically homeless individuals in Housing First programs over the long-term to guarantee that the CoC continues to increase the percentage of homeless persons remaining in permanent housing for at least six months. The CoC will also continue to diversify funding connected to serving families by seeking additional funding sources with long term potential for the advancement of Norfolk's current Central Intake program.

What percentage of homeless persons in permanent housing have remained for at least six months? 86

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 89

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 90

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

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

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

Instructions:

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

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

In the next 12 months the Norfolk Continuum of Care will continue expanding the affordable housing inventory for low barrier housing through the Housing Broker Team for rapid placement into permanent housing. In an effort to increase landlord participation and agencies utilization while increasing the number of homeless person moving from transitional housing to permanent housing, the CoC will also market VirginiaHousingSearch.com the new statewide housing search engine.

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

The Norfolk Continuum of Care will continue to offer training to staff on case management strategies to increase independent living skills for clients living in transitional housing through education, financial management, securing employment and linkage with mainstream benefits, all in an effort to insure that the CoC continue to exceed HUD's expectation to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

What percentage of homeless persons in transitional housing have moved to permanent housing? 71

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 77

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 90

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

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

Instructions:

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

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

The Norfolk Continuum of Care Committee is committed to increasing the number of persons employed at program exit. Over the next 12-months the committee will continue to develop relationships with the business community to provide job development opportunities for homeless individuals. The committee will also continue to partner with the City of Norfolk's Office to End Homelessness to hold semi-annual Employment Connect events, providing individuals with job search and retention skills, resumes, and interview techniques along with access to employers.

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

The long-term goal of the Norfolk Continuum of Care Committee is to certify that all agencies are directly linked with the Virginia Employment Commission (VEC) and that their clients have access to the services and opportunities available through the VEC. The Continuum of Care Committee will further work to make certain that the CoC continues to exceed HUD expectations for persons employed at program exit by assisting agencies in increasing and developing relationships with traditional as well as, temporary employers by providing access to employers through trainings, job fairs, chambers of commerce meeting and other venues that employers frequent.

- What percentage of persons are employed at program exit?** 52
- In 12-months, what percentage of persons will be employed at program exit?** 60
- In 5-years, what percentage of persons will be employed at program exit?** 65
- In 10-years, what percentage of persons will be employed at program exit?** 70

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

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

Instructions:

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

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

In the next 12-months the Norfolk Homeless Consortium will work to ensure that families have access to rapid re-housing, prevention and associated case management services to reduce the number and the length of stay of families with children in emergency shelter. The CoC also plans to establish a regularly scheduled working group of Human Services, Norfolk Public Schools, Department of Health, homeless service providers, and Norfolk Interagency Consortium staff to facilitate and/or expedite the coordination of services to homeless families with children.

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

The Norfolk Continuum of Care remains committed to decreasing the numbers of homeless household with children. The CoC works with the Norfolk Department of Human Services and other family service providers to ensure that 75% of homeless families placed into PH remain housed at 12 months post-assistance.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 70
- In 12-months, what will be the total number of homeless households with children?** 65
- In 5-years, what will be the total number of homeless households with children?** 60
- In 10-years, what will be the total number of homeless households with children?** 55

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

Virginia Department of Social Services (VDSS) developed a service plan policy for children with legal goals of Independent Living. Local Departments of Social Services (LDSS) Social Workers are required to develop a Transitional Living Plan to submit with the Foster Care Service Plan for children with the goal of Independent Living. The plan must outline how the child will learn to house, feed and economically support himself and what LDSS services are needed for a successful transition to adulthood.

The Norfolk Department of Human Services (NDHS) adopted a 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. 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, etc.), 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. 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. The Office to End Homelessness began to engage the Veterans Administration medical center in 2009 to work towards a coordinated effort to increase communication and coordination of service delivery for veterans experiencing homelessness. The VA representatives have attended the Norfolk Homeless Consortiums Single Adults Committee to begin to work on this issue. 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.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Develop a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs assessment). Eliminate chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. Help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

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

The Norfolk Continuum of Care along the City of Norfolk, Office to End Homelessness and Grants Management departments initiated the planning and communication process for HPRP funds by hosting several focus groups and requesting updates at monthly Norfolk Homeless Consortium membership meetings. The Continuum of Care also assisted in the establishment of HPRP requirements for those agencies interested in accessing HPRP funding, including HMIS user requirements and Norfolk Homeless Consortium attendance and membership requirements. All HPRP-funded programs are members of the Norfolk Homeless Consortium and HPRP activities have been integrated into the Single Adults Committee and the Families/Central Intake Committee to ensure a coordinated service delivery system.

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

Many Continuum of Care funded and member agencies receive American Reinvestment and Recovery Act funding and participate in planning meeting to coordinate efforts, streamline documentation, avoid duplication and work towards more efficient assistance to those in need. Work to ensure that AARA services are coordinated have included: communication with the Veterans Administration representatives on ensuring HUD VASH vouchers can be accessed, and that the Community Services Block Grant program operated by the STOP Organization. The Continuum of Care for Norfolk worked with the South Hampton Roads regional CoC's and the HPRP coordinating offices to provide a regional case manager's training on AARA and Mainstream Resources on November 2, 2009. Over 150 case managers across the region attended, with more than 30% of the attendees from Norfolk service providers.

The Office to End Homelessness, a CoC member, assists to ensure that information on city-managed ARRA resources is communicated to the CoC membership. The NSP funds in Norfolk are targeted to rehabilitation of homes for resale to low-income households. As these properties become available, the CoC will ensure that clients who are ready for home ownership are included in the application process. The city is using CDBG-R for projects, not homeless services programs, but if there becomes an opportunity for services or resources to assist in homelessness, the Office to End Homelessness will coordinate this with the CoC.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	40	Beds	43	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	89	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	83	%	71	%
Increase percentage of homeless persons employed at exit to at least 19%	66	%	52	%
Decrease the number of homeless households with children.	200	Households	70	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

The difficulties that clients are presenting with are more severe thus increasing the length of stays in transitional housing and providing challenges to successful program completion in both transitional and permanent housing programs. Additionally, a large percentage of the homeless population is disabled and therefore unable to secure full time employment, however they are securing other forms of income. The Continuum of Cares efforts to meet the established goal to decrease the number of homeless household with children in 2008 was reliant on securing Rapid Re-Housing Funding under the 2008 CoC statement . Although the CoC wasn't awarded Rapid Re-Housing funding and failed to meet our personal goal, the CoC successfully provided over 70 families with transitional and permanent housing in 2008.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	97	82
2008	78	88
2009	72	95

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 15

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$741,324	\$0	\$186,996	\$356,004	\$78,000
Operations	\$739,113	\$0	\$0	\$173,010	\$14,890
Total	\$1,480,437	\$0	\$186,996	\$529,014	\$92,890

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):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	18
b. Number of participants who did not leave the project(s)	100
c. Number of participants who exited after staying 6 months or longer	13
d. Number of participants who did not exit after staying 6 months or longer	40
e. Number of participants who did not exit and were enrolled for less than 6 months	24
TOTAL PH (%)	45

Instructions:

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

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	77
b. Number of participants who moved to PH	62
TOTAL TH (%)	63

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

Instructions:

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

Total Number of Exiting Adults: 123

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	21	17	%
SSDI	10	8	%
Social Security	1	1	%
General Public Assistance	0	0	%
TANF	23	19	%
SCHIP	0	0	%
Veterans Benefits	1	1	%
Employment Income	57	46	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	45	37	%
Food Stamps	65	53	%
Other (Please specify below)	16	13	%
WIC and Child Support			
No Financial Resources	16	13	%

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

**Does CoC have projects for which an APR Yes
 should have been submitted?**

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

Instructions:

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

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

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

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

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

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

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? No

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

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

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

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Bi-monthly

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).

Dates: August 27-28, 2007
19 persons from Norfolk attended from 8 agencies

Date: May 18-19 2009
11 persons from Norfolk attended from 5 agencies

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%
Program staff assist clients in achieving service, income and housing goals by advocating on their behalf, helping clients access needed services/supports in the community, teaching problem solving skills and modeling productive behaviors.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
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:	100%
TANF, FAMIS, Food Stamps, SSI/SSDI, General Relief, Emergency Assistance and Medicaid	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Program staff develop case plans with clients based on the client assesment, within 15 days of admission. Case plans are updated with the client as needed and taken into account client progress and changing or emerging needs.	

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

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
CHAP Norfolk	2009-10-23 15:04:...	1 Year	CANDII, Inc.	168,911	Renewal Project	SHP	PH	F
Housing First II	2009-11-10 17:23:...	1 Year	Residential Optio...	69,237	Renewal Project	SHP	PH	F
Housing First III	2009-11-10 16:48:...	1 Year	Norfolk Communit y...	330,739	Renewal Project	SHP	PH	F
Morgan Place Tran...	2009-11-16 09:22:...	1 Year	ForKids, inc	125,038	Renewal Project	SHP	TH	F
Legacy Permanent ...	2009-11-16 09:11:...	1 Year	ForKids, inc	149,166	Renewal Project	SHP	PH	F
LEAP/ESI Transiti...	2009-11-16 09:31:...	1 Year	ForKids, inc	242,043	Renewal Project	SHP	TH	F
Elizabeth Place T...	2009-11-16 09:42:...	1 Year	ForKids, inc	103,804	Renewal Project	SHP	TH	F
Norcova Transitio...	2009-10-29 12:55:...	1 Year	YWCA of South Ham...	38,516	Renewal Project	SHP	TH	F
SHP/SSO	2009-11-10 17:30:...	1 Year	Norfolk Communit y...	25,000	Renewal Project	SHP	SSO	F
Housing Solutions	2009-10-23 15:02:...	1 Year	CANDII, Inc.	179,212	Renewal Project	SHP	PH	F
ShelterLin k Norfolk	2009-10-28 09:18:...	1 Year	The Planning Council	50,533	Renewal Project	SHP	HMIS	F
Shelter Plus Care	2009-11-10 16:18:...	1 Year	Norfolk Communit y...	521,676	Renewal Project	S+C	TRA	U

Barrett Transitio...	2009-11-06 07:31:...	1 Year	Barrett Haven Inc	144,913	Renewal Project	SHP	TH	F
Housing First VI	2009-11-10 17:16:...	2 Years	Norfolk Communit y...	261,282	New Project	SHP	PH	P1
Next Step Transit...	2009-11-09 10:15:...	1 Year	Saint Columba Ecu...	130,179	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$1,757,291
Permanent Housing Bonus	\$261,282
SPC Renewal	\$521,676
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/16/2009

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan