

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.

CoC Name and Number (From CoC Registration): GA-500 - Atlanta/Roswell/DeKalb, Fulton Counties CoC

CoC Lead Organization Name: Fulton County Human Services Department

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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: Public Sector Executive Work Group

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

Legally recognized governments(City of Atlanta, DeKalb County, Fulton County)

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) 0%

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

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

Specify "other" process(es):

Assigned job functions

Briefly describe the selection process including why this process was established and how it works.

The process has been established over 10 years with governments in the leadership role and playing an integral part in the Continuum functioning. The three governments perform jurisdictional roles. Strong advisory groups play critical roles across jurisdictional lines. The selection process for these groups are as follows:

The three jurisdictional managers are assigned based on skills and job roles.

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

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

Specify "other" process(es):

Rotate among jurisdictions

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

Yes, if funds were available, the three jurisdictions, through an intergovernmental agreement, could hire appropriate staff or contract with an outside agency to perform the functions. The lead jurisdiction could perform the oversight role.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Public Sector Exe...	Monthly or more
Tri-J Collaborati...	Bi-monthly
SuperNOFA Working...	Monthly or more
Metro Atlanta Tri...	Quarterly
Regional Commissi...	Quarterly
Homeless Census A...	Monthly or more
SuperNOFA Review ...	Semi-annually
Supportive Housin...	Bi-monthly
HMIS User Group	Monthly or more
Task Force for th...	Monthly or more
Atlanta Mayor's F...	Monthly or more
Fulton County Col...	Quarterly
DeKalb County Hom...	Quarterly
Women & Children'...	Quarterly
Homeless Action G...	Monthly or more
SOAR Provider Coa...	Monthly or more

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Public Sector Executive Work Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Manage the CoC. Provide guidance to the Advisory Committee and Working Group. Serve as the focal point for all the CoC on all homeless initiatives. Monitor grantees. Select the Review Committee. Make final decisions on CoC priorities and projects.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Tri-J Collaborative Advisory Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Approve the SuperNOFA package. Approve critical elements of the SuperNOFA process. Recommend 2008 performance goals. Recommend SuperNOFA Review Committee Members. Recommend improvements to the CoC. Assess community needs. Define program models.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SuperNOFA Working Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Executes the SuperNOFA application process, provides agency technical assistance, analyzes information, plans agendas and provides support to the Advisory Committee and Public Sector Executive Work Group.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Full membership meetings to discuss issues and assess ongoing projects.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Regional Commission on Homelessness

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

A collaborative of jurisdictions providing leadership, policy planning, fundraising, and a framework for implementation of the 10-year plan to end homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Census Advisory Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Provides leadership and planning support for biennial census implementation.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SuperNOFA Review Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Review and Rate SuperNOFA applications.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Supportive Housing Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Implementation of the Supportive Housing Plan of the Regional Commission on Homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS User Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Forum for the HMIS users to offer and receive peer support. Forum to offer input to Pathways support staff on usage issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Task Force for the Homeless Coalition Forum

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Forum for service providers and government officials/agencies to meet for networking, resource information, educational opportunities, and knowledge around advocacy issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Atlanta Mayor's Faith Based Roundtable

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A network forum for faith-based providers.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Fulton County Collaborative to Reduce Homelessness

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Collaboration to prevent homelessness, share information, and enhance service delivery relative to homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: DeKalb County Homeless Advisory Council

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Provide community input on DeKalb County homelessness related issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Women & Children's Council on Homelessness

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Deliver a 2-3 year regional strategic plan that assesses current needs and existing resources for homeless women and children.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Action Group (HAG)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Provide a forum for information sharing and advocacy for homeless providers.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SOAR Provider Coalition

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The role of this group is to keep all of the SOAR Providers and trainees connected. We bring in guest speakers for continuing education (DFCS-General Assistance, Medicaid, SSA, DAS). They discuss success stories and barriers that people are facing. We have SSA and DAS representatives participate to answer questions on specific cases. We share new information, news, and upcoming trainings.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Georgia Department of Community Affairs	Public Sector	State g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Georgia Department Human Resources	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Georgia Metro Regional MHDDAD	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Atlanta Development Authority	Public Sector	Local g...	None	NONE
City of Atlanta Office of Grants Management	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
City of Atlanta Office of Human Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
DeKalb County Board of Health	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
DeKalb County Community Development Department	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Fulton County Human Services Department Office ...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Housing Authority of the County of DeKalb	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months	NONE
Fulton County Housing Authority	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months	NONE
Atlanta Housing Authority	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months	NONE
Atlanta Public Schools-Homeless Program	Public Sector	School ...	None	Youth
DeKalb County Schools-Prevention Program	Public Sector	School ...	None	Youth
Fulton County School System	Public Sector	School ...	None	Youth
Decatur City Schools	Public Sector	School ...	None	Youth
Georgia State University	Public Sector	School ...	None	NONE
Emory University (School of Law)	Public Sector	School ...	None	NONE

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness			COC_REG_v10_000327	
City of Atlanta Community Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Atlanta Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Atlanta Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
DeKalb County Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
DeKalb County Drug Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
DeKalb County Diversion Treatment Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
DeKalb County Sheriff Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
DeKalb County Juvenile Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth
Fulton County Drug Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
Fulton County Juvenile Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth
Fulton County Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Fulton County Sheriff Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Atlanta Workforce Development Board	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
DeKalb County Workforce Development	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Fulton County Workforce Development Board	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Department of Housing and Urban Development-Atl...	Public Sector	Other	None	NONE
Veterans Administration Regional Office	Public Sector	Other	None	Veterans
Achor Center, Inc.	Private Sector	Non-pro..	None	NONE
Aftercare Residential Rehabilitative Services	Private Sector	Non-pro..	None	Seriously Me...
Agape Restoration Project, Inc.	Private Sector	Non-pro..	None	NONE
AID Atlanta, Inc.	Private Sector	Non-pro..	None	HIV/AIDS, Su...
AIDS Education and Services for Minorities	Private Sector	Non-pro..	None	HIV/AIDS, Su...
Alternative Life Paths, Inc	Private Sector	Non-pro..	None	Youth

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness				COC_REG_v10_000327
Anam Cara, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Aniz, Inc.	Private Sector	Non-pro..	None	HIV/AIDS, Su...
Another Chance, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Atlanta Children's Shelter, Inc.	Private Sector	Non-pro..	None	Youth
Atlanta Community Food Bank	Private Sector	Non-pro..	None	NONE
Atlanta Enterprise Center, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Atlanta Legal Aid Society, Inc.	Private Sector	Non-pro..	None	NONE
Atlanta Step-Up Society, Inc.	Private Sector	Non-pro..	None	NONE
Center for Pan Asian Community Services, Inc.	Private Sector	Non-pro..	None	Domestic Vio...
Chris Homes, Inc	Private Sector	Non-pro..	None	Youth
City of Refuge	Private Sector	Non-pro..	None	NONE
Community Advance Practice Nurses, Inc.	Private Sector	Non-pro..	None	Youth, Serious...
Community Concerns, Inc.	Private Sector	Non-pro..	None	Seriously Me...
Community Friendship, Inc.	Private Sector	Non-pro..	None	Seriously Me...
Consumer Credit Counseling Service, Inc.	Private Sector	Non-pro..	None	NONE
Covenant House Georgia, Inc.	Private Sector	Non-pro..	None	Youth
Crossroads Community Ministries, Inc.	Private Sector	Non-pro..	None	NONE
Decatur Cooperative Ministry, Inc.	Private Sector	Non-pro..	None	NONE

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness			COC_REG_v10_000327	
DeKalb Metro Housing Counseling Center, Inc.	Private Sector	Non-pro..	None	NONE
The Edgewood, Inc.	Private Sector	Non-pro..	None	HIV/AIDS
Families First	Private Sector	Non-pro..	None	Youth
Family Life Ministries, Inc	Private Sector	Non-pro..	None	NONE
Fulton County-Jefferson Place Emergency and Tra...	Private Sector	Non-pro..	None	Substan ce Ab...
Furniture Bank of Metro Atlanta	Private Sector	Non-pro..	None	NONE
Gateway Center	Private Sector	Non-pro..	None	Substan ce Ab...
Genesis Shelter, Inc	Private Sector	Non-pro..	None	Youth
Georgia Justice Project	Private Sector	Non-pro..	None	NONE
Georgia Law Center for the Homeless, Inc.	Private Sector	Non-pro..	None	Seriousl y Me...
Georgia Rehabilitation Outreach, Inc.	Private Sector	Non-pro..	None	Seriousl y Me...
Gilgal, Inc.	Private Sector	Non-pro..	None	Substan ce Abuse
Habitat for Humanity	Private Sector	Non-pro..	None	NONE
Hope Through Divine Intervention, Inc.	Private Sector	Non-pro..	None	NONE
Hosea Feed the Hungry and Homeless	Private Sector	Non-pro..	None	NONE
Initiative for Affordable Housing, Inc.	Private Sector	Non-pro..	None	NONE
Interfaith Outreach Home, Inc	Private Sector	Non-pro..	None	NONE
International Women's House	Private Sector	Non-pro..	None	Domesti c Vio...

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness				COC_REG_v10_000327
Jerusalem House, Inc.	Private Sector	Non-pro..	None	HIV/AIDS
Jewish Family and Career Services, Inc.	Private Sector	Non-pro..	None	NONE
LaGender, Inc.	Private Sector	Non-pro..	None	NONE
Latin American Association, Inc.	Private Sector	Non-pro..	None	NONE
The Living Room	Private Sector	Non-pro..	None	HIV/AIDS
Marcus Jewish Community Center, Inc.	Private Sector	Non-pro..	None	HIV/AIDS
Mary Hall Freedom House, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Metro Atlanta Task force for the Homelessness, ...	Private Sector	Non-pro..	None	Seriously Me...
Metro Fair Housing, Inc.	Private Sector	Non-pro..	None	NONE
Midtown Assistance Center, Inc.	Private Sector	Non-pro..	None	NONE
National Mental Health Association of Georgia	Private Sector	Non-pro..	None	Seriously Me...
Nicholas House, Inc.	Private Sector	Non-pro..	None	NONE
North Fulton Community Charities, Inc.	Private Sector	Non-pro..	None	NONE
Our Common Welfare, Inc.	Private Sector	Non-pro..	None	HIV/AIDS, Su...
Our House, Inc.	Private Sector	Non-pro..	None	Youth
Partnership Against Domestic Violence, Inc.	Private Sector	Non-pro..	None	Domestic Vio...
Pathways Community Network	Private Sector	Non-pro..	None	NONE
Progress Point, Inc. d.b.a. Bright Beginnings	Private Sector	Non-pro..	None	NONE

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness				COC_REG_v10_000327
Progressive Redevelopment, Inc.- Hope House	Private Sector	Non-pro..	None	Substance Abuse
Progressive Redevelopment, Inc.- PCCI	Private Sector	Non-pro..	None	NONE
Progressive Redevelopment, Inc.- Welcome House	Private Sector	Non-pro..	None	Seriously Me...
Safe Haven Transitional, Inc.	Private Sector	Non-pro..	None	Domestic Vio...
Saint Joseph's Mercy Care Services, Inc. d.b.a....	Private Sector	Non-pro..	None	NONE
Saint Jude's Recovery Center, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Saint Vincent de Paul Society, Inc.	Private Sector	Non-pro..	None	NONE
The Salvation Army, Inc.	Private Sector	Non-pro..	None	NONE
Samaritan House of Atlanta, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Santa Fe Villas, Inc.	Private Sector	Non-pro..	None	Seriously Me...
Sister Love, Inc.	Private Sector	Non-pro..	None	HIV/AIDS
Southside Healthcare-Legacy House/Village	Private Sector	Non-pro..	None	HIV/AIDS
Stand Up For Kids	Private Sector	Non-pro..	None	Youth
The Sullivan Center, Inc.	Private Sector	Non-pro..	None	NONE
Tapestry Youth Ministry	Private Sector	Non-pro..	None	Youth
Transition House, Inc.	Private Sector	Non-pro..	None	Substance Ab...
Travelers Aid of Metropolitan Atlanta, Inc.	Private Sector	Non-pro..	None	NONE
Trinity Community Ministries, Inc.	Private Sector	Non-pro..	None	Substance Abuse

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness				COC_REG_v10_000327
Turning Point Enterprise, Inc.	Private Sector	Non-pro..	None	NONE
Women's Resource Center to End Domestic Violence	Private Sector	Non-pro..	None	Domesti c Vio...
Women's Crisis Center, Inc.	Private Sector	Non-pro..	None	Domesti c Vio...
Young Adult Guidance Center, Inc.	Private Sector	Non-pro..	None	Youth
Young Women's Christian Association of Greater ...	Private Sector	Non-pro..	None	NONE
Action Ministries, Inc. d.b.a Atlanta Urban Min...	Private Sector	Faith-b...	None	NONE
Antioch Urban Ministries, Inc.	Private Sector	Faith-b...	None	HIV/AIDS, Su...
Atlanta City Baptist Rescue Mission	Private Sector	Faith-b...	None	NONE
Atlanta Union Mission Corporation, Inc.	Private Sector	Faith-b...	None	Substan ce Abuse
Breakthru House, Inc.	Private Sector	Faith-b...	None	Substan ce Abuse
Buckhead Christian Ministry, Inc.	Private Sector	Faith-b...	None	NONE
Central Presbyterian Church	Private Sector	Faith-b...	None	NONE
Chapel of Christian Love	Private Sector	Faith-b...	None	NONE
Clifton Presbyterian Church, Inc	Private Sector	Faith-b...	None	NONE
Congregation Shearith Isreal	Private Sector	Faith-b...	None	NONE
First Congregational Church	Private Sector	Faith-b...	None	NONE
Green Forest Baptist Church Social Ministry	Private Sector	Faith-b...	None	NONE
City of Hope Ministries	Private Sector	Faith-b...	None	NONE
North Avenue Presbyterian Church	Private Sector	Faith-b...	None	NONE
Peace Baptist Church	Private Sector	Faith-b...	None	Substan ce Abuse
Temple Zaban	Private Sector	Faith-b...	None	NONE
Through Faith We Can, Inc.	Private Sector	Faith-b...	None	NONE

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness				COC_REG_v10_000327
Trinity Community Ministries, Inc.	Private Sector	Faith-b...	None	Substance Abuse
World Changers	Private Sector	Faith-b...	None	NONE
Zion Keepers, Inc.	Private Sector	Faith-b...	None	Substance Ab...
Atlanta Regional Commission	Private Sector	Non-pro..	None, Committee/Sub-committee/Work Group	NONE
Atlanta Women's Foundation	Private Sector	Funder...	None	NONE
Coalition for the Homeless Mentally Ill	Private Sector	Funder...	None	Seriously Me...
Community Foundation	Private Sector	Funder...	None	NONE
Concerned Black Clergy	Private Sector	Funder...	None	NONE
Fulton County Collaborative to Reduce Homelessness	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Georgia Coalition to End Homelessness	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Homeless Action Group	Private Sector	Funder...	None	NONE
Regional Commission on Homelessness	Private Sector	Funder...	Authoring agency for Consolidated Plan, Lead agency for 1...	NONE
United Way of Metropolitan Atlanta	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Central Atlanta Progress	Private Sector	Businesses	None	NONE
Georgia Regional Hospital/Atlanta	Private Sector	Hospita..	None	Seriously Me...
Grady Health System	Private Sector	Hospita..	None	NONE
Derveureux, Inc.	Private Sector	Hospita..	None	Seriously Me...
Troy Harris	Individual	Homeles..	None	NONE
Kevin Cook	Individual	Homeles..	None	NONE

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness			COC_REG_v10_000327	
Laurie Mayo	Individual	Homeless. ..	None	NONE
Pamela Young	Individual	Homeless. ..	None	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

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

Voting/Decision Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The Tri-J area has seen a disturbing influx of new homeless families in the past year; many of these come seeking jobs, having left areas that were hard-hit by the economic downturn. Over 100 new family shelter beds have been added or are under development, due largely to the emphasis given by the Regional Commission on Homelessness and United Way of Metropolitan Atlanta to developing additional housing for homeless families.

The apparent drop in shelter beds for individuals is misleading. One large shelter program has requested that its reported sheltering capacity be reduced by several hundred beds from the level shown in past inventories. Discounting this program, sheltering capacity for individuals has remained nearly constant in the past year, although 37 new beds are open or under development for single women.

Safe Haven Bed: No

Briefly describe the reasons for the change:

One pre-existing program was placed in this new classification; there were no new Safe Haven beds from 2007 to 2008.

Transitional Housing: Yes

Briefly describe the reasons for the change:

The number of transitional beds for individuals has increased by 303 beds, while family transitional beds increased by 91. These net changes derived from a somewhat complicated set of changes at the program level. Several existing agencies added new programs, or added additional beds at current programs. Several new agencies began providing transitional housing for homeless persons, particularly homeless men. One mid-sized SFHC program reclassified itself from shelter to transitional. One family site that had temporarily doubled its apartment-leasing program dropped back to 40 beds by 2008; several smaller family programs closed; and another closed 2 of its 5 units (4 beds) in one jurisdiction, while maintaining all of its 18 units in another jurisdiction. One agency closed completely, with only a few of its 31 beds transferred to another agency, and a 20-bed agency ceased providing housing for homeless individuals in late 2007. The bed losses, which were due to funding losses and program consolidations, were more than offset by the increases in both individual and family beds; and an expansion now underway by a large non-profit housing provider will create 84 additional family beds.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The number of permanent supportive beds in the Tri-J has doubled from 2007 to the current, operational supply in 2008 (not counting additional beds still under development). This impressive increase is attributable largely to three factors: 1) the opening of the Candler Forest complex, providing 155 beds for formerly homeless families and individuals, for which significant development support was provided by the DeKalb County HOME program; 2) the Atlanta Housing Authority's provision of vouchers for demonstration housing programs within new multi-unit developments, providing roughly 200 beds for families and individuals; and 3) the City of Atlanta's issuance of \$35 million in Housing Opportunity Fund bonds, supporting the development of more than 300 new beds for formerly homeless families and single adults.

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Tri-J CoC Housing...	10/15/2008

Attachment Details

Document Description: Tri-J CoC Housing Inventory

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/31/2008
(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: Instructions, Training, Updated prior housing inventory information, Follow-up, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Local studies or non-HMIS data sources, Unsheltered count, Housing inventory, HMIS data, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

The three critical data sources for determining unmet need are the Tri-J's biennial homeless census, the homeless survey, and the housing inventory. The census provides a snapshot of the sheltered and unsheltered population by demographic breakout, the survey adds essential data on the needs of the homeless population and the causes of their homelessness, and the housing inventory supplies information on the number and types of beds available in local housing programs and the occupancy rates for these programs. These data sources must be further informed, however, by the knowledge of the Tri-Jurisdiction's decision-makers and local service providers, because additional factors and current conditions help to set the unmet need levels. As examples: 1) Reports from service providers show a continuing and disturbing increase in homeless families with children, many of whom are newcomers to the Atlanta area. In early September the Gateway Center reported a single-night overflow occupancy of 200 women and children, in a site designed to shelter only 43 women and children. 2) The weather in the metro Atlanta area is widely variable, and a "winter" night here could be very mild, with the point-in-time count showing atypically high unsheltered numbers. 3) The "available" beds are not always actually available to the population in need. Families with teenaged boys are not accepted at most family shelter programs; multi-generational families or very large families have limited sheltering options; persons who are actively abusing drugs or alcohol, or exhibiting severe mental illness, or recuperating from surgery or major illness, are very difficult to house. 4) A January census and inventory do not reflect the spike in demand for family beds which usually occurs here when the school term concludes in June; mothers are more likely to leave difficult situations and seek shelter with their children as school ends.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Statewide

**Select the CoC(s) covered by the HMIS:
(select all that apply)** GA-500 - Atlanta/Roswell/DeKalb, Fulton Counties CoC, GA-501 - Georgia Balance of State CoC, GA-503 - Athens/Clarke County CoC, GA-504 - Augusta CoC, GA-505 - Columbus-Muscogee/Russell County CoC, GA-506 - Marietta/Cobb County CoC, GA-507 - Savannah/Chatham County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: PATHWAYS COMPASS

What is the name of the HMIS software company? Pathways Community Network, a nonprofit organizati

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

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

**Indicate the date on which HMIS data entry started (or will start):
(format mm/dd/yyyy)** 05/01/2003

**Indicate the challenges and barriers impacting the HMIS implementation:
(select all the apply):** Inadequate staffing, Inadequate resources, No or low participation by non-HUD funded providers, No CoC formal data quality plan, Other

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The Tri-J in collaboration with the State Planning Group is implementing a number of measures this year that will overcome challenges and barriers including adopting the Statewide Standard Operating Procedures Manual, increasing HMIS provider staff time on data quality, improving efficiency of monitoring procedures and improving ability of software to produce the data needed to complete Exhibit 1 of the SuperNOFA application (housing inventory and sheltered count). We are also planning on implementing a performance measurement system within our HMIS in the upcoming year. Most importantly, the new HMIS project that is requested in this application will ensure that the Tri-J CoC can meet these challenges.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Memorandum o...	10/15/2008

Attachment Details

Document Description: HMIS Memorandum of Agreement

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name GA Dept of Community Affairs
Street Address 1 60 Executive Park South, NE
Street Address 2
City Atlanta
State Georgia
Zip Code 30329
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

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

Prefix: Dr.
First Name Lindsey
Middle Name/Initial
Last Name Stillman
Suffix
Telephone Number: 404-327-6813
(Format: 123-456-7890)
Extension
Fax Number: 770-357-9343
(Format: 123-456-7890)
E-mail Address: lstillma@dca.state.ga.us
Confirm E-mail Address: lstillma@dca.state.ga.us

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

Instructions:

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

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	51-64%

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:

One of the largest agency in the Tri-J is the Task Force for the Homeless. The Task Force for the Homeless has used HMIS to enroll more than a thousand of its homeless clients in its day program during the past year, but has only enrolled a small percentage of its clients in its main program, its Overflow (Emergency) Shelter. The agency has now hired a full time housing manager for the shelter, and that person will be fully responsible for shelter HMIS data entry. In the past, there was no central point of responsibility for HMIS data entry at the emergency shelter. Unfortunately, this hire comes too late in the year to allow the program to be included in this year's AHAR, so we have indicated in the HIC that the vast majority of Task Force shelter program beds are not now participating in HMIS.

Pathways will provide intensive training to prepare the new housing manager to promptly and accurately enroll shelter clients in the HMIS, to discharge them when they leave the program, and to follow up with on-site technical assistance as needed, monitoring the shelter program's HMIS usage to detect issues before they become big problems.

The Tri-J has nearly 200 separate program sites, including 17 new PSH programs and another 10 under development. The challenge of working with this many sites on HMIS participation is compounded by the new PSH providers who have not ever operated within any HMIS or similar system. The proposed HMIS project will support additional Tri-J staff to address non-participation, especially in PSH programs, through continual monitoring of system usage. The new standards to be formulated under the MOU between the State of Georgia and the Tri-J, for the Georgia HMIS, will allow for measurement of progress against commonly held goals for system improvements. Pathways will continue its on-demand training, with special emphasis given to recruiting and training the new housing programs to ensure their full participation in the HMIS.

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

Instructions:

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 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	25%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	7%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	1%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

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

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Monitoring of system usage by funders (public and private); system utilization reports provided by Pathways to CoC representatives; automated data quality reports for agencies within system; data quality training and on site technical assistance for agencies; web video tutorials to teach users how to avoid creating duplicate records through effective use of HMIS search capabilities.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Web video tutorials to teach users how to quickly and easily record program enrollments and discharges, user-accessible program roster reports that lists each client and days to expected discharge (based on average length of stay); monitoring of total program enrollment numbers by funders.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Annually
Use of HMIS for performance assessment:	Semi-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 additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following 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	Annually

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

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

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

If 'Yes' indicate date of last review or update by CoC: 09/16/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Quarterly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Never
HMIS software training	Monthly

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
 Households with Dependent Children - Sheltered Transitional
 Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
 Households without Dependent Children - Sheltered Transitional
 Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/25/2007

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 Emergency	Transitional	Unsheltered	Total
Number of Households	115	250	14	379
Number of Persons (adults and children)	359	815	44	1,218
Households without Dependent Children				
	Sheltered Emergency	Transitional	Unsheltered	Total
Number of Households	2,027	1,524	2,071	5,622
Number of Persons (adults and unaccompanied youth)	2,027	1,524	2,071	5,622
All Households/ All Persons				
	Sheltered Emergency	Transitional	Unsheltered	Total
Total Households	2,142	1,774	2,085	6,001

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness			COC_REG_v10_000327	
Total Persons	2,386	2,339	2,115	6,840

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	577	655	1,232
* Severely Mentally Ill	433	255	688
* Chronic Substance Abuse	2,192	733	2,925
* Veterans	1,664	51	1,715
* Persons with HIV/AIDS	395	203	598
* Victims of Domestic Violence	576	140	716
* Unaccompanied Youth (under 18)	0	65	65

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/22/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 100%

Transitional housing providers: 97%

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

Instructions:

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 most emergency shelters and transitional housing programs.

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

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The sheltered count was conducted by Pathways, the Tri-J HMIS agency, using the Residential Tally form first developed for the 2003 count and refined during subsequent censuses. Shelter providers were given advance notice of the 2007 census at community meetings during fall and received reminder calls several days ahead. The Residential Tally form with instructions was emailed/faxed to providers the day before the census. Provider counts were emailed, faxed, or phoned in during census night, 1/25/07, or the next day. The few non-reporting sites were contacted afterwards by Pathways staff and Homeless Census Advisory Council volunteers. This effort resulted in very high final reporting levels.

The number of sheltered homeless individuals declined very slightly between counts, by 37 persons or -1%. Sheltered persons in families increased by 155 or +3.4%. Over 100 new family beds were added from 2005 to 2007, and the utilization rate at family programs also increased significantly.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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

HMIS	
HMIS plus extrapolation:	X
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	
None:	
Other:	X

If Other, specify:

The Tri-J conducts surveys of homeless clients in the months following the homeless count. The 2007 survey was conducted in October and November of 2007. Because the survey instrument is detailed and somewhat lengthy, and because hundreds of homeless persons, both sheltered and unsheltered, are interviewed, the Tri-J does not survey on census night. The point-in-time census effort is devoted solely to obtaining a full and accurate count. The results of the count then are used to determine interview sites and target numbers of completed surveys, from individuals vs. family heads and sheltered vs. unsheltered.

The survey instrument was first used in the 2003 homeless census and survey project, and it has been refined in the years following that initial effort. The Tri-J's 2007 homeless survey was conducted by Pathways Community Network, Inc., the HMIS agency. After the point-in-time count, Pathways staff and members of the Homeless Census Advisory Council refined the past survey instrument and developed target numbers and sites for the survey based on the 2007 count results. The "standard" questions provided data on respondents' age, family status, military experience, length/duration of homelessness, place of geographic origin, cause of homelessness, sleeping arrangements, and problems or disabilities that interfere with daily living. Special-emphasis questions in the fall 2007 survey focused on social connectedness and service connectedness.

Peer interviewers, homeless and recently homeless persons, were trained to conduct surveys with sheltered and unsheltered homeless individuals and family heads. Survey sites included outdoor locations, day programs, shelters, and transitional housing programs. 771 surveys were completed in October and November of 2007. The full report containing the analysis of survey results can be found at www.pcni.org.

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Subpopulation data: The Residential Tally Form used for the census count produces data from shelter providers on demographic characteristics of the homeless, but the Tri-J does not use point-in-time provider estimates to produce data on special-needs subpopulations. Instead, the most current survey findings are applied to the point-in-time count to develop estimates for special-needs subpopulations.

Count comparison: The sheltered population (emergency and transitional) increased from the 2005 count to the 2007 count, from 67% or 4,570 persons to 69% or 4,725 persons. The increase was due to increased family occupancy in both shelter and transitional programs, with the number of housed persons in homeless families up by 24%. This increase in sheltered homeless families is largely attributable to an increase in the overall number of homeless families in the Tri-J area. A large day-services center has seen its family clientele increase from 9% to 34% in the past year, and the nurses' clinic for homeless children is now serving 55% more children than it did two years ago.

The number of homeless individuals who were housed was almost unchanged from 2005 to 2007, decreasing by less than 1%, and the proportion of individuals who were housed was also unchanged, at 63% in both counts. However, the number of chronic homeless individuals who were housed increased from the 2005 level of 15.7% of homeless single adults to the 2007 level of 18.9% of single homeless adults. The causes for this increase are not clear, but the rise in the number of housed chronic homeless between the two surveys might be due partially to new beds in two of the transitional housing programs that are more accepting of persons with mental disabilities.

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

Instructions:

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

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

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input 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 Non-HMIS de-duplication was selected):

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input 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:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

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

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 checked="" type="checkbox"/>

If Other, specify:

Deployment captains were recruited well in advance of the census, and received in-depth training on the materials, methods, and maps to be used on census night. The deployment captains were homeless service providers, Tri-J government staff members, and volunteers active in homeless assistance efforts.

Very large-scale maps were produced by the Atlanta Regional Commission's Geographic Information Systems (GIS) unit to ensure that enumerators could navigate their assigned areas correctly.

Enumeration teams were trained immediately before the street count was conducted. Teams included currently homeless persons or homeless service providers, who served as guides to aid the teams in canvassing likely locations and in identifying unsheltered homeless persons.

The homeless census coordinators at Pathways and the deployment captains at each of the 14 deployment sites were available by phone throughout the night to answer call-in questions from the teams.

Upon returning to their deployment sites at the conclusion of their counts, teams were debriefed by the deployment captains, and any concerns or anomalies in team tally sheets were noted for follow-up and resolution by the Pathways census coordinators.

Describe the techniques used to reduce duplication.

Each enumeration team was supplied with large-scale maps of their assigned areas, which were broken out by census blockgroup, and teams were instructed in training to confine their counts to their clearly mapped areas. When a street was the boundary for a census blockgroup, the affected teams were instructed as to which side of the street was assigned to their counts. When a census blockgroup was split between two jurisdictions, the split areas were noted on the maps and team members were trained to report separate counts for the split areas, so that accurate jurisdictional-level final counts could be developed for each of the Tri-J's three major jurisdictions.

For known areas of concentration, special teams made up of staff and clients of the VA's Compensated Work Therapy program were deployed to conduct enumerations. The CWT clients were currently or recently homeless and were very familiar with the geographic areas of concentration, including encampments. To avoid duplication, the regular enumeration teams were given street-by-street instructions on areas of concentration that had been assigned to the CWT teams and should therefore be avoided in the regular street count.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The Tri-J CoC, in conjunction with The Regional Commission on Homelessness (RCOH), has been the catalyst in ensuring that more than 450 family beds have come online in the past 4 years. The Tri-J and RCOH has been working to connect the different agencies that work with women and children to ensure that women are not just shuttled from one place to another during the day without getting effective case management. The case managers from various agencies and the staff are able to connect these women to needed services in the community. The Tri-J and RCOH realize the need for additional beds for women and children. By the end of the year another 160 beds should become available. The two approaches to projects include an apartment model and an assessment center model. The City of Refuge is being renovated to create a family assessment center where women with children and single women can live safely for up to 90 days while they are stabilized and prepared to move into permanent housing.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The Street Outreach collaboration includes 12 partner agencies that meet together regularly to coordinate outreach to fragile or difficult-to-serve unsheltered groups. This coordination ensures that the various outreach teams are targeted effectively to street and encampment sites, and that information on available housing resources is shared widely with outreach staff for prompt placements. The Shelter to Home effort has moved 132 chronically homeless men out of the shelters and into appropriate transitional housing or treatment, decreasing the risk that they will return to the streets.

The total unsheltered population decreased by 6.5% from 2005 to 2007.

Unsheltered homeless families decreased by 75%; however, the total family count increased by 5.1% due to more families being sheltered. The emphasis given by the Regional Commission on Homelessness and United Way of Metropolitan Atlanta to sheltering homeless families, created approximately 400 new beds of temporary and permanent supportive housing for families.

The percent of single homeless adults who were chronic homeless, in shelters or unsheltered locations, increased slightly from 2005 to 2007 (from 21.3% to 22%), largely due to more unsheltered chronic homeless in 2007. However, if transitional housing is considered, many more of those who met the length/duration and disability requirements for chronic homelessness were receiving assistance in transitional housing and treatment programs in 2007, as compared to 2005. While this means that the Tri-J population of long-term homeless with disabilities is on the rise, it also means that a much higher proportion are participating in intensive treatment or case management.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Submit 2 new PH projects creating 30 beds for chronically homeless through the Samaritan Project.	Marilyn McCrae, Dekalb CSB-Proj. Manager. Melody Conner, Zion Hill Dev. Corp.-Ex. Dir.
Action Step 2	Implement 2007 Samaritan Project for 20 new beds	Caring Works, Inc.-Carol Collard, VP
Action Step 3	RCOH Street to Home Project will implement 10 beds.	Protip Biswas, RCOH

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	228
Numeric Achievement in 12 months	181
Numeric Achievement in 5 years	250
Numeric Achievement in 10 years	250

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Facilitate follow-up through case management to stabilize homeless persons in permanent housing	Leonard Westmoreland, Fulton County
Action Step 2	Continue training modules for effective case management.	Protip Biswas, RCOH
Action Step 3	Develop new HMIS project to monitor performance.	Leonard Westmoreland-Fulton County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	86
Numeric Achievement in 12 months	86
Numeric Achievement in 5 years	88
Numeric Achievement in 10 years	88

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Utilize the existing housing database, Georgia Housing Search to locate available affordable housing units	Martin Moser, PCCI
Action Step 2	Continue to make SOAR training a requirement and add additional training classes	Kristin Lupfer, SOAR
Action Step 3	Develop new HMIS project to monitor performance	Leonard Westmoreland-Fulton County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	77
Numeric Achievement in 12 months	77
Numeric Achievement in 5 years	79
Numeric Achievement in 10 years	79

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Build strong work relationships between the provider agencies, WIA workforce boards, and Tri-J	Bonni Ware, City of Atlanta
Action Step 2	Support specialized resources to assist homeless persons in obtaining employment	Deborah Lum, Director, Atlanta Workforce Development Agency, Roberta Morris, Dekalb County
Action Step 3	Hire an employment specialist to work with participants who need to find employment	Kay Bernier, Traveler's Aid, Provia Jackson, Achor Center

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	42
Numeric Achievement in 12 months	42
Numeric Achievement in 5 years	45
Numeric Achievement in 10 years	45

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Implement Vineyard Gardens Project which will serve 36 families through Housing Opportunity Funds	Rev. James Milner, Community Concerns

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness		COC_REG_v10_000327
Action Step 2	Implement City of Refuge FamilyAssessment Center	Bonni Ware, City of Atlanta
Action Step 3	Maintain resettlement assistance project to transition homeless families to permanent housing	Pamela Bozman, Fulton County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	379
Numeric Achievement in 12 months	70
Numeric Achievement in 5 years	350
Numeric Achievement in 10 years	300

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

If a youth in care reaches 18 and is unable to transition to independent living or be reunited with their family, they have the option of signing a Consent to Remain in Foster Care form. This allows the youth to stay in the foster care system until such time that they are able to live independently or until the time that they are 24 years of age. In addition, youth in foster care are assigned an Independent Living Coordinator and work with staff to develop a Written Transitional Living Plan.

Attachments: 1002.22 & 1002.23- Consent to Remain in Foster Care

Health Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Grady Hospital is the only public hospital in the jurisdiction. Located in downtown Atlanta, Grady treats the majority of the homeless patients in the Tri-J Continuum of Care. Patients are screened at the time of admission. Social workers and case managers are assigned to ascertain needs of the patients. If a person is in need of housing, social workers will identify options to reconnect patient with family and/or find appropriate housing. Emphasis is placed on nutritional meals and a safe place to recuperate. Patients are referred to appropriate benefits and community resources e.g., drug treatment. Homeless patients receive free medicine, clothing referrals, medication assessment or crisis treatment assessment and equipment. Also, Grady does mental health and substance abuse assessment for the homeless if needed.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Continuity of Care Transition Planning Guidance is provided to all state mental health hospitals. The hospitals are asked to develop a Transition Plan for all individuals being discharged which addresses the following areas: housing, residential supports, outpatient treatment, case management service, access to prescribed medications, socialization and recreation, family support and education, rehabilitation and transitional employment, follow-up medical care, and transportation. In addition, the hospitals provide Case Expeditors who work with consumers who have support needs that warrant additional resources. Hospital staff also conduct assessments with consumers in order to identify those individuals that are at risk of readmission, including whether or not they have been or will be homeless. The hospital staff, in partnership with community based service providers, identify services that will address these needs and determine how services will be made available. In addition to the Continuity of Care Transition Planning Guidance, the State is finalizing the Transition Planning Protocol for those individuals that are on the Mental Health Olmstead List. Any individual that has been hospitalized more than 60 days and is considered appropriate for discharge is placed on the Mental Health Planning List.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

In Fulton County, discharge planning occurs while the individual is still incarcerated, preparing the individual for re-entry into the community. A discharge plan includes an estimated discharge date and identified individual needs, including placement. It focuses on continuity of care by arranging the necessary community based treatment and support services for detainees, and providing referral agencies with pertinent medical records information. If a resolution of the case is not immediate, conditions of release with a discharge plan and specific mental health treatment obligations are ordered until the next hearing. In the discharge planning approach a designated intake person is assigned to follow the discharge planning procedure to access, plan, implement and coordinate.

In DeKalb County, the Sheriffs Department provides all inmates with information as to housing and services available in metro Atlanta, and make additional referrals as needed.

The City of Atlanta's Department of Corrections' Mental Health Unit primarily provides intake screenings, assessments, counseling, and competency for trial evaluations and referral resources. The City of Atlanta's Police Department has a Homeless Outreach Coordination Team, which includes special police officers working exclusively with the homeless.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/14/2008
Mental Health Discharge Protocol	No	Mental Health Pla...	09/05/2008
Corrections Discharge Protocol	No	Corrections Disch...	09/10/2008
Health Care Discharge Protocol	No	Discharge Protoco...	10/03/2008

Attachment Details

Document Description: Foster Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Planning List

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Discharge Protocol-Health Care

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

1. Support sheltering and service options for the difficult-to-serve chronic homeless population, which consists primarily of single men with significant incidences of substance abuse, criminal histories, and/or chronic mental illness.
2. Support capital project that create or enhance treatment facilities, including supportive housing for mentally ill persons.
3. Support the services that enable homeless to attain stability, with priority to on-the-street outreach and services to the unsheltered homeless.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Ensure that all homeless and "at risk" residents of the Tri-J have access to a seamless substance abuse continuum of care.
2. Ensure that all persons who are living within the Tri-J have access to emergency shelter and other human services within 24 hours of a request for assistance.
3. Ensure that all segments of the community receive comprehensive education regarding the homeless and the services available to the homeless.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? Yes

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

3G. Hold Harmless Need (HHN) Reallocation - Summary of Grant(s) Eliminated

Indicate whether or not any SHP grant(s) will be eliminated during the 2008 reallocation process. If no grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu. Click on the icon to enter the grant(s) that will be eliminated during the 2008 reallocation process.

Total Amount of Eliminated SHP Grants (available for funding new grants)			
			\$264,210
Expiring Grant Name	Expiring Grant Number	Component Type	Annual Renewal Amount
Atlanta Enterpris...	GA01B700028	SSO	\$190,955
Samaritan House o...	GA01B700029	SSO	\$73,255

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Atlanta Enterprise Center, Inc.
Expiring Grant Number: GA01B700028
Component Type: SSO
Annual Renewal Amount: \$190,955

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Samaritan House of Atlanta, Inc.
Expiring Grant Number: GA01B700029
Component Type: SSO
Annual Renewal Amount: \$73,255

3H. Hold Harmless Need (HHN) Reallocation - Summary of SHP Grant(s) Reduced

Indicate whether or not any SHP grant(s) will be reduced during the 2008 reallocation process. If no grants are being reduced enter "0" in all fields. Click on the icon to enter the grant(s) that will be reduced during the 2008 reallocation process.

Amount Available for New Grant (from all listed grants)						
						\$0
Priority Number	Expiring Grant Name	Expiring Grant Number	Project Name	Annual Renewal Amount	Amount Remaining	Amount available for new grant
0	0	0	---	\$0	\$0	\$0

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 0

Expiring Grant Name: 0

Expiring Grant Number: 0

Annual Renewal Amount: \$0

Retained Amount for Expiring Grant: \$0

Amount available for new grant: \$0
(select "Save" to auto-calculate this total)

3I. Hold Harmless Need (HHN) Reallocation - Summary of Proposed New Project(s)

Click on the icon to enter the new grant(s) being created through the 2008 reallocation process.

Total Amount of New Projects
(total transferred to new projects)

\$264,210				
Current Priority #	Project Name	Program Type	Component Type	Transferred Amount
3	T...	SHP	HMIS	\$264,210

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 3

Project Name: Tri-J HMIS Project

Program Type: SHP

Component Type:

Request Transfer Amount: \$264,210

3J. Hold Harmless Need (HHN) Reallocation - Reallocation Balance

Instructions:

To ensure that the CoC has completed this process correctly, the values contained in these fields are auto-calculated. A zero value in the "Remaining Reallocation Balance" indicates that all available funds have been used. If funds are remaining, excess can not be retained for future use.

Reallocated funds available for new project(s)	\$264,210
Amount requested for new project(s)	\$264,210
Remaining Reallocation Balance	\$0

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	331	Beds	171	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	80	%	86	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	71	%	77	%
Increase percentage of homeless persons employed at exit to at least 18%	39	%	42	%
Ensure that the CoC has a functional HMIS system	75	%	69	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	1,144	0
2007	1,196	66
2008	1,232	237

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 171

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$1,715,000	\$3,760,618
Operations	\$299,544	\$299,544	\$0	\$0	\$299,484
Total	\$299,544	\$299,544	\$0	\$1,715,000	\$4,060,102

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	47
b. Number of participants who did not leave the project(s)	236
c. Number of participants who exited after staying 6 months or longer	42
d. Number of participants who did not exit after staying 6 months or longer	203
e. Number of participants who did not leave and were enrolled for 5 months or less	33
TOTAL PH (%)	87
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	760
b. Number of participants who moved to PH	586
TOTAL TH (%)	77

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 1,248

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	89	7 %
SSDI	50	4 %
Social Security	16	1 %
General Public Assistance	20	2 %
TANF	25	2 %
SCHIP	0	0 %
Veterans Benefits	42	3 %
Employment Income	519	42 %
Unemployment Benefits	3	0 %
Veterans Health Care	16	1 %
Medicaid	139	11 %
Food Stamps	257	21 %
Other (Please specify below)	56	4 %
Child Support, Refused/Unknown Responses		
No Financial Resources	329	26 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

Each year agencies are required to submit current APR to the lead jurisdiction to assess and determine which agencies are having success accessing mainstreams programs. APR training is scheduled annually with agencies to discuss the importance of having clients access mainstream programs.

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

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

The Tri-J Planning Committee meetings:

- November 1, 2007
- December 6, 2007
- January 22, 2008
- April 11, 2008
- May 15, 2008
- June 6, 2008
- July 14, 2008

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. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? Yes

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

TANF, SSI, Veterans Benefits

Has the CoC participated in SOAR training? Yes

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

On May 15-16, 2008 and June 13-14 SOAR training was a requirement for all Tri-J funded agencies to attend and receive certification. A SOAR MOU is established with all Tri-J Funded agencies to assist in assessing SSI benefits.

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:	90%
First is client intake/screening, evaluate the application form, question clients, develop case plan, make referral the appropriate mainstream providers, provide follow-up.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	90%
Medicaid, TANF, SOAR, and Family Services	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	90%
4a. Describe the follow-up process:	
Client returns to update case manager, Identify barriers or lack of information, Case managers contact mainstream providers, Verify documentation, Provide follow-up to make sure the client received benefits	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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

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

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

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated 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>	Yes
<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>	Yes
<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>	Yes
<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>	Yes
<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>	Yes
<p>The City of Atlanta adopted, in July of 2008, a Supportive Housing Ordinance that codifies the zoning requirements applicable to supportive temporary and permanent housing. Previously this type of housing had not been recognized separately within the City's zoning laws as a unique entity.</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>	No

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>	Yes
<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>	Yes
<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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Atlanta SHP	2008-09-05 11:30:...	1 Year	Travelers Aid of ...	154,297	Renewal Project	SHP	TH	F17
DeKalb County SHP	2008-09-05 11:31:...	1 Year	Travelers Aid of ...	362,456	Renewal Project	SHP	PH	F6
DeKalb CSB S+CR	2008-09-08 12:52:...	1 Year	Georgia Housing &...	348,996	Renewal Project	S+C	SRA	U36
Supportive Housin...	2008-09-08 12:35:...	1 Year	Initiative for Af...	320,938	Renewal Project	SHP	TH	F18
Jerusalem House S+CR	2008-09-08 12:50:...	1 Year	Georgia Housing &...	309,228	Renewal Project	S+C	SRA	U37
Transitiona l Hous...	2008-09-08 11:42:...	1 Year	Buckhead Christia...	80,000	Renewal Project	SHP	TH	F4
Transitiona l Housing	2008-09-04 11:51:...	1 Year	Housing Initiativ...	23,632	Renewal Project	SHP	TH	F9
Jerusalem House - ...	2008-09-03 12:47:...	1 Year	Jerusalem House, ...	193,704	Renewal Project	SHP	PH	F14
Nicholas House - ...	2008-09-08 12:46:...	1 Year	Nicholas House Inc	36,141	Renewal Project	SHP	TH	F5
Project Connect	2008-09-08 10:06:...	1 Year	Jewish Family & C...	157,728	Renewal Project	SHP	SSO	F24
Georgia Law Cente...	2008-09-08 14:31:...	1 Year	Georgia Law Cent...	294,000	Renewal Project	SHP	SSO	F34
Furniture Bank of...	2008-09-08 10:21:...	1 Year	Furniture Bank of...	70,009	Renewal Project	SHP	SSO	F32
Health Care Acces...	2008-09-19 08:32:...	1 Year	Communit y Advance...	18,517	Renewal Project	SHP	SSO	F33

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness							COC_REG_v10_000327	
Supportive Mental...	2008-09-03 15:50:...	1 Year	Community Advance...	46,423	Renewal Project	SHP	SSO	F30
Expanded Support...	2008-09-03 16:10:...	1 Year	Community Advance...	39,039	Renewal Project	SHP	SSO	F31
Transitional Hous...	2008-09-08 10:12:...	1 Year	Achor Center, Inc.	373,584	Renewal Project	SHP	TH	F8
Genesis Shelter S...	2008-09-08 10:16:...	1 Year	Genesis Shelter, ...	136,500	Renewal Project	SHP	SSO	F28
PI - Presley Wood...	2008-09-08 12:48:...	1 Year	Georgia Housing &...	164,160	Renewal Project	S+C	PRA	U38
Families First S+CR	2008-09-08 12:51:...	1 Year	Georgia Housing &...	259,092	Renewal Project	S+C	SRA	U39
Higher Ground - P...	2008-09-03 12:38:...	1 Year	Mary Hall Freedom...	546,612	Renewal Project	SHP	PH	F21
AEC/Gate way 24/7 ...	2008-09-08 10:47:...	1 Year	Atlanta Enterpris...	58,370	Renewal Project	SHP	TH	F11
Weaver Gardens Tr...	2008-09-08 13:33:...	1 Year	Families First, Inc.	172,493	Renewal Project	SHP	TH	F19
Reaching New Heights	2008-09-08 10:15:...	1 Year	Mary Hall Freedom...	285,341	Renewal Project	SHP	TH	F15
Mental Health Pro...	2008-09-05 14:27:...	1 Year	Saint Joseph's Me...	36,823	Renewal Project	SHP	SSO	F29
Project Community...	2008-09-08 11:10:...	1 Year	Progressive Redev...	563,245	Renewal Project	SHP	SH	F16
Hope House	2008-09-08 11:08:...	1 Year	Progressive Redev...	44,090	Renewal Project	SHP	TH	F7
Long-Term Residen...	2008-09-08 10:09:...	1 Year	St. Jude's Recove...	278,342	Renewal Project	SHP	TH	F23
Renaissance Project	2008-09-08 10:11:...	1 Year	St. Jude's Recove...	731,631	Renewal Project	SHP	PH	F20
PI - Rosalyn Apar...	2008-09-08 11:43:...	1 Year	Georgia Housing &...	229,824	Renewal Project	S+C	PRA	U40
Welcome House (P...	2008-08-21 16:58:...	1 Year	Georgia Housing &...	307,800	Renewal Project	S+C	PRA	U41
Exhibit 2	2008-10-02 10:17:...	1 Year	Trinity Community...	108,917	Renewal Project	SHP	TH	F13

Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness							COC_REG_v10_000327	
Our House	2008-09-08 17:13:...	1 Year	Our House, Inc.	47,235	Renewal Project	SHP	SSO	F26
Permanent Housing...	2008-09-12 09:05:...	2 Years	DeKalb CSB	387,465	New Project	SHP	PH	S1
Tri-J Rapid Re-Ho...	2008-10-15 11:01:...	3 Years	Travelers Aid of ...	1,695,762	New Project	SHP	TH	R35
Jefferson Place T...	2008-09-15 10:28:...	1 Year	Fulton County Boa...	373,951	Renewal Project	SHP	TH	F12
INDEPENDENT LIVIN...	2008-09-10 09:02:...	1 Year	ALTERNATE LIFE PA...	48,571	Renewal Project	SHP	TH	F25
Jefferson Place S...	2008-09-08 13:59:...	1 Year	Fulton County Boa...	686,487	Renewal Project	SHP	SSO	F22
Tri-J HMIS	2008-10-14 15:32:...	1 Year	Fulton County Boa...	264,210	New Project	SHP	HMIS	F3
Supportive Housin...	2008-09-11 11:33:...	2 Years	Zion Hill Communi..	466,420	New Project	SHP	PH	S2
Atlanta Transitio...	2008-09-05 12:41:...	1 Year	Action Ministries..	70,000	Renewal Project	SHP	TH	F10
Project Link	2008-09-09 22:40:...	1 Year	H.O.P.E. Through ...	158,032	Renewal Project	SHP	TH	F27

Budget Summary

FPRN	\$6,781,318
Rapid Re-Housing	\$1,695,762
Samaritan Housing	\$853,885
SPC Renewal	\$1,619,100
Rejected	\$0