

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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): (dropdown values will be changed) GA-501 - Georgia Balance of State CoC

Collaborative Applicant Name: Georgia Department of Community Affairs

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Georgia Balance of State Continuum of Care

How often does the CoC conduct open meetings? Semi-Annually

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

The Collaborative Applicant, the GA Department of Community Affairs (DCA), maintains an extensive contact list (currently 2945 contacts) that covers not just the Balance of State (BoS) CoC, but also all CoCs state-wide. This list is inclusive of individuals, nonprofits, faith organizations, local and state government officials, funding partners, coalitions, etc. Because interests in the BoS CoC extend throughout the state, meeting notices are distributed state-wide. Local organizations, in turn further distribute the notice. During CY 2012, about 450 individuals attended February, October and/or November regional meetings throughout the state. The CoC collaborative process is also discussed at DCA consolidated planning meetings. All meetings are open to all persons with an interest.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

Centralized Intake / Coordinated Assessment

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

Through the Georgia Housing and Finance Authority, the CoC is planning to implement a Coordinated Intake and Assessment process and associated protocols on or before July 1, 2013. Because of the large geographical area of the Balance of State CoC, a “centralized” (a physical location or locations) intake and assessment center is not feasible. The CoC will accomplish this through a partnership with SocialServe, a nonprofit web-based solution provider. The project will begin immediately with focus groups established with a broad range of stakeholders (state agencies, local governments, service providers, etc.) covering all areas of the CoC geography, urban, suburban and rural. Once a beta system is developed, it will be tested with users before the system is finalized and implemented. All HUD-funded (direct and indirect) and state-funded homeless providers will be mandated to use the system and/or follow protocol. Use of the system will be enforced through monitoring by all funders.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	No
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
State Housing Trust Fund for the Homeless	Nine member commission appointed by the Governor to implement the 3 million dollar annual allocation. Provides strong support for ESG, HMIS, S+C, and CoC efforts with resources.	quarterly (once each quarter)
Continuum of Care Review Team	Independent team of nonprofit providers, state agency representatives, local government representatives and citizens that rank and review Continuum of Care proposals.	annually (every year)
Georgia HMIS Steering Committee	Each of 6 CoC's in Georgia that use Pathways, along with Pathways Community Network, meet to coordinate Georgia's HMIS Implementation and share best practices on improving data quality and coverage.	Monthly or more
Balance of State Planning Committees	CoC priorities are established by the Balance of State Planning meetings. Members represent the full range of interests related to the persons in Georgia experiencing homelessness. Participants advise DCA and CoC on implementation of CoC, ESG, State and other homeless programs.	Monthly or more
Georgia Interagency Homeless Coordination	State agencies meet to coordinate homeless services and improve access to mainstream services for individuals and families experiencing homelessness provide supported housing for chronically homeless, identify and implement strategies to decrease number of homeless families, unaccompanied youth, and veterans. Council has four subcommittees as well - Access to Mainstream Resources, Supportive Housing, Discharge Planning, and Data/Evaluation.	quarterly (once each quarter)

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

The Continuum of Care Review Team only meets once a year during the NOFA. Balance of State planning meetings occur semi-annually throughout a number of the twelve Georgia Department of Community Affairs regions that encompass the entire state, and monthly in certain areas of the Continuum (Albany, Valdosta, Macon, Dalton, Gwinnett, Northeast Georgia).

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	2	16	3	5	6	21	12

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	2	2		1		4	6
Substance abuse	2	3		2		4	6
Veterans		2	3	1		1	5

HIV/AIDS	2	2				1	3
Domestic violence		2				2	
Children (under age 18)		1			6	1	1
Unaccompanied youth (ages 18 to 24)		2	3		6	1	

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group						4	
Authoring agency for consolidated plan		14				1	
Attend consolidated plan planning meetings during past 12 months		14	3			1	1
Attend consolidated plan focus groups/public forums during past 12 months		14			3	2	
Lead agency for 10-year plan		1				2	
Attend 10-year planning meetings during past 12 months	2	7		2	2	21	12
Primary decision making group		1			1	4	1

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	2	31	4	3	103	

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill		6	2		18	
Substance abuse		13	3		30	
Veterans		9	3	3	17	
HIV/AIDS		7	3	3	21	
Domestic violence		16	1		40	
Children (under age 18)		4	1		12	
Unaccompanied youth (ages 18 to 24)		5	2		4	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group					2	
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months		8			45	
Attend Consolidated Plan focus groups/ public forums during past 12 months					45	
Lead agency for 10-year plan					2	

Attend 10-year planning meetings during past 12 months	2	31	3	2	99
Primary decision making group		1	1		

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number		14	

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill		2	
Substance abuse		6	
Veterans		3	

HIV/AIDS		1	
Domestic violence		5	
Children (under age 18)		2	
Unaccompanied youth (ages 18 to 24)		1	

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group			
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months		14	
Attend consolidated plan focus groups/ public forums during past 12 months			
Lead agency for 10-year plan			
Attend 10-year planning meetings during past 12 months		14	
Primary decision making group			

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

Instructions:

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

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

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

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

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The CoC conducted onsite reviews of all programs to assess performance, spending rates, HMIS compliance and other factors relevant to the success of the CoC. This information, together with a review of HUD monitoring reports, cost effectiveness, spend rates, leverage commitments, appropriate services provided (including mainstream), methods for achieving permanent housing placement, income enhancement, benefit to literally homelessness were used to develop a scoring process for rating and ranking. Rating and ranking for new Permanent Housing Bonus projects consisted also of an intense threshold review of organizational experience and capacity, project eligibility, and experience in serving the targeted population. New projects received additional points for serving Veterans.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

In August of 2012 the CoC held 7 regional CoC meetings. Notice went to 2,953 persons representing nonprofits, faith organizations, coalitions, mental health boards, local governments, schools, and state agencies (including law enforcement), and others. Many prospective CoC applicants were briefed on the role of a CoC, the CoC rule, ESG coordination, Federal goals, eligible applicants, beneficiaries, components and activities, the importance of coordinated assessment, the CoC education policy, etc. A discussion of regional priorities and feedback from attendees was followed by a discussion of timelines, review criteria for new and renewing proposals, next steps, and CoC contact information for organizations with an interest in applying for funds. An 8 member impartial panel of experts was chosen to review and score new and renewing proposals. Feedback, together with rating/ranking information was given to all applicants in December 2012.

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

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

There was a decrease in the overall number of Emergency Shelter beds available (from 1,531 in 2011 to 1,482 in 2012). During the sheltered count it was noted that some of the shelter providers were no longer operational. Another factor may have been due to providers following more closely to PIT guidelines and relating family beds to the average household size served (and not reporting as many beds as possible). Of note, the BoS CoC did see an increase in the number of Emergency Shelter voucher beds in 2012.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

There was a decrease in the number of HPRP homeless assistance beds and units from 398 in 2011 to 0 (zero) in 2012. This decrease was expected as the HPRP Program came to a completion.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

There was a decrease in the overall number of Transitional Housing beds available (from 1,533 in 2011 to 1,362 in 2012). During the sheltered count it was noted that some of the transitional housing providers were not serving homeless persons in 2012. As with the shelter beds, another factor was due to providers following more closely to PIT guidelines and relating family beds to the average household size served (the 107 family bed decrease reported for in the HIC represents a household reduction of 18).

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

There was an increase in the overall number of PH beds available (from 1,946 in 2011 to 2,227 in 2012) due to a number of S+C/SHP projects becoming operational and an increase in capacity of projects by Replacement Sponsors. Also of note, DCA continually works with Project Sponsors to increase the number of PH beds and units where funding allows. The largest limit of a Sponsor being able to serve over capacity is service dollars to support a larger program.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Instructions, HMIS, Confirmation

Must specify other:

Steps taken to ensure accuracy of data: Survey instructions were clear. Respondents were directed to provide breakdowns and totals of their bed inventories in separate questions; they were contacted and asked for clarification if their breakdowns and totals did not correspond. Once the CoC was confident in the accuracy of the reported figures, prior housing inventory was updated. HMIS data was pulled for PH providers, and the CoC followed up to verify data and obtain corrections (if necessary).

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

Specify "other" data types:

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

Information from national studies and provider opinion (through survey) were used to determine the percentage of each category that would likely need emergency, transitional, permanent supportive housing. These percentages, the sheltered count, housing inventory count, and unsheltered count were used to complete the HUD unmet need formula.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area: Regional (multiple CoCs)

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

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

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, Inc.

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

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

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

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

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

Data Quality and Program Performance continue to improve because of better access to data through Open Database Connectivity (ODBC), better HMIS tools for data analysis, and improved Technical Assistance and Training. The CoC continues to develop new tools for Providers that will give them more reasons to participate in HMIS even when they are non-HUD funded. Based on recommendations from HUD, the CoC is implementing a strategy that will allow us to leverage HMIS Technical Assistance State Wide through Georgia's HMIS Lead. This Overlay process will give us more access to expertise in Data Analysis, Data Cleaning, Customized Reporting and Video Online and Hands-On Training. Areas DCA made progress in the last year are: creating a tool to analyze data quality/performance of all homeless programs, hiring a TA/Training Specialist for ESG sub-recipients, and tying ESG reimbursements to data quality.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$651,000
ESG	
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	\$651,000

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	\$95,000
State and Local - Total Amount	\$95,000

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	\$60,000
Private - Total Amount	\$60,000

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	\$806,000
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

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

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

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

* Emergency Shelter (ES) beds	76-85%
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	No beds in CoC
* Permanent Housing (PH) beds	86%+

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	70%
Rapid Re-Housing	100%
Supportive Services	70%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	9
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	1%	1%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	1%
Residence prior to program entry	2%	1%
Zip Code of last permanent address	2%	1%
Housing status	2%	1%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Monthly

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

There are System Utilization Reports from the Pathways HMIS to Continuum Representatives, automated data quality reports for agencies within system; DCA provides technical assistance for Agencies on data quality. To address the high percentage of Missing Data for prior residence and Zip Code of last address, changes were made to prevent users from advancing through intake without entering these Universal Data Elements. DCA no longer reimburses Grantees with more than 5% missing data. DCA is currently implementing a revised monitoring performance system that will give agencies a snapshot of what to do to improve. HMIS data will be heavily prioritized in all future CoC and ESG Grant awards.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

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

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

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

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

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

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

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Monthly

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

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

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 10/04/2012

**If 'Yes', does the manual include a glossary of
terms?** No

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):** 03/30/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Monthly
* Using data locally	At least Annually
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Annually
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	0%	0%
Transitional Housing	0%	100%	0%	0%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

From 2011 to 2012, there was a decrease in the number of sheltered homeless persons by 2.7% in the Georgia Balance of State. Also, as reported in 2011, there was a decrease in unsheltered homelessness of 9.55% from 2009 to 2011. We believe this number may be influenced by the recent influx of homeless assistance funding through ESG and HPRP, as well as the State of Georgia's strategy to emphasize and expand permanent supportive housing programs on a statewide basis.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	To calculate gaps and needs in housing for Georgia's Balance of State, the 2011 Point-in-Time counts were mapped against the 2011 Housing Inventory counts. 122 counties in Georgia had 50% or greater unmet housing need, and (with the exception of Chatham County) were entirely located in the Balance of State CoC. Of these, 110 had 75% or greater unmet housing need, and 87 had 100% unmet housing need. Altogether, there were 7,178 more homeless persons than Emergency Shelter and Transitional Housing beds available in the CoC.
* Services	As a part of the Balance of State's 2012 sheltered Point-in-Time survey, 65 providers were asked to list the biggest needs of individuals and families who are homeless in their communities. The most common service need listed was transportation (74%), followed by employment training (65%), and substance abuse treatment (34%).
* Mainstream Resources	As a part of the Balance of State's 2012 sheltered Point-in-Time survey, 65 providers were asked to list the biggest needs of individuals and families who are homeless in their communities. The most common mainstream resource need listed was education (58%), followed by substance abuse treatment (34%), mental health care (32%), and healthcare (29%).

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

Instructions:

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

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

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

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

For 2012, the sheltered count data was collected via an online survey sent to all known shelter and transitional housing providers. Respondents were directed to provide breakdowns and totals of their PIT counts in separate questions; they were contacted and asked for clarification if their breakdowns and totals did not correspond. Once the CoC was confident in the accuracy of the reported figures, totals were recorded in HDX.

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

Instructions:

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

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

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

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

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The questions on the Shelter Survey asked providers to report aggregate subpopulation data for homeless persons who were housed on the night of the count. A follow up phone call or email was placed to anyone who did not complete the survey.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

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

If Other, specify:

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

N/A

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The questions on the Shelter Survey asked providers to survey individuals/households and report aggregate subpopulation data on anyone housed on the night of the count. A follow up phone call or email was placed to providers who did not complete the survey. Providers were directed to give total counts as well as breakdowns; if the two didn't match, that triggered follow-up. Immediately following the count, the quality of the survey data was assessed by retrieving corresponding information from HMIS, and a subsequent report detailed any aggregate and program-level discrepancies.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? biennially (every other year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/23/2011

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The last unsheltered point-in-time count was in 2011. There was a decrease in unsheltered homelessness of approximately 9.5% from 2009 to 2011. DCA was pleased that there was an overall decrease in the number of homeless households in Georgia in 2011, and believe this number may be influenced by the recent influx of homeless assistance funding through ESG and HPRP, the state's emphasis on expansion of permanent housing programs, and the state's strategy to deliver services on a statewide basis.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

The other method used was statistical estimation.

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Given the complexity of counting the Georgia Balance of the State's 152 county coverage area, DCA entered into a contract with Kennesaw State University (KSU) to develop a sampling methodology and predictive model for the state. The resulting methodology included cluster analysis using approximately 300 census variables. Service-based counts were conducted in 2011 within sample counties in each of the 9 county clusters. KSU statisticians developed a regression model to provide a predicted unsheltered count using the service-based counts in the sample counties.

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

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

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

If Other, specify:

The Georgia Balance of State Continuum of Care includes 152 counties, much of which is rural and suburban in nature. For these types of counties, the service-based count is the best approach; however, the Balance of State Continuum is still faced with the problem of trying to organize a service-based count in a very large number of counties. In addition, many of the rural counties have no homeless service providers. Given the complexity of counting the Georgia Balance of the State, DCA entered into a contract with Kennesaw State University (KSU) to develop a sampling methodology and predictive model for the state. The resulting methodology included cluster analysis using approximately 300 census variables. Service-based counts were conducted in 2011 within sample counties in each of the 9 county clusters. KSU statisticians developed a regression model to provide a predicted unsheltered count using the service-based counts in the sample counties. A complete description of the cluster analysis and the regression model are available in Every Georgian Counts: Final Report on Sampling and Modeling by Dr. Jennifer Lewis Priestley, June 2011 (available at <http://www.dca.ga.gov/housing/specialneeds/programs/documents/HomelessReport2011v3.pdf>).

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

Instructions:

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

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

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

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	
Survey question:	
Enumerator observation:	
Other:	X

If Other, specify:

All data entry was performed by a trained assistant at Kennesaw State University.

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

Minimal identifying information was collected in order to allow Kennesaw State to de-duplicate the data from the collected surveys.

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

The State Housing Trust Fund provides funding for the continuum of services that would reduce homeless households with dependent children including prevention assistance, emergency shelter, transitional housing, hotel/motel vouchers, and service funding. This year the CoC will increase the amount of funding for hotel / motel vouchers in rural areas so that families are able to live in areas where there are no Emergency Shelters. In addition, the CoC has a number of Permanent Supportive Housing Projects that serve families in which the head of household has a disability. In 2012, DCA focused ESG policy to expand Rapid Re-Housing and Outreach Programs in an effort to reduce the number of unsheltered homeless households with dependent children as well as other unsheltered populations.

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

Using 2011 data on the number of unsheltered homeless, determined through methodology developed by KSU, DCA focused ESG Outreach Programs in an effort to target homeless persons who are unsheltered and living on the street. DCA prioritized applicants that focused on Permanent Housing as their principal intervention. DCA also encouraged Outreach agencies to apply for Rapid Re-Housing Grants to ensure that agencies had the means to rehouse people, and if they were unable to implement it themselves, that they partnered with another agency that could. DCA has also a harm reduction PH program to assist with supporting the hardest to serve, and this year will begin an aftercare case management program to assist keeping street homeless within the community.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	352
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	402
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	450
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	700

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

32 PSH beds reserved for chronically homeless were added during the year, increasing the total number of beds to 352. In the next 12 months, DCA will set a target to ensure that at least 50 of the 82 chronic beds that are in development now, become available for occupancy in 2013. DCA has assigned one or more staff persons who will be responsible for ensuring those projects with chronic beds in development will become available for occupancy within the year. The Department of Behavioral Health also has a staff member whose focus is on the development and sustainability of permanent supportive housing and ensuring appropriate services and training are available to projects to sustain and increase the beds for individuals and families who are chronic.

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

DCA's S+C and CoC Coordinators will be responsible for ensuring projects with chronic beds become available and stay available. These staff persons will also work with new projects to ensure they include the chronic population in their project planning. DCA's internal performance measures include a 5% increase in Permanent Housing Rental Assistance units each year, and the competition awards extra points for working with the Chronically Homeless. They will continue to work closely with staff at the Department of Behavioral Health (DBH) to ensure appropriate services are available to the Permanent Supportive Housing projects to sustain and increase the beds for individuals and families who are chronic. DBH has also hired six regional housing specialists and increased the number of ACT teams in the State. Monthly coordination meetings are also held between DCA and DBH to keep activities moving forward and communication open.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

DCA will continue to prioritize the implementation of chronic homelessness permanent housing beds. DCA is also expanding its harm reduction program to be implemented statewide ensuring that chronic homeless have the widest range of interventions available to them. Finally, DCA anticipates that increasing the amount of Rapid Re-Housing funds within the Entitlement will ensure that chronically homeless households gain access to permanent housing in a much shorter timeframe.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

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

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 71%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 74%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 75%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Performance in this area showed a 1.1% improvement over last year and a 4% improvement over the last three years. DCA's Shelter Plus Care Coordinator will continue to work with agencies with low housing stability rates, which are continuing to impact this data. The S+C Coordinator monitors housing stability and data quality on a monthly basis and provides technical assistance to any agency with housing stability lower than 77% to improve utilization and housing stability. DCA is currently implementing new performance measures to track this issue closely, and this, along with the new harm reduction case management program should assist in stabilizing those who cycle in and out of these programs. DCA will continue to collaborate with the Department of Behavioral Health Supportive Housing Director to ensure appropriate services are available and will continue to hold ongoing technical assistance sessions and the biennial Shelter Plus Care conference.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

DCA's Shelter Plus Care Coordinator will continue to spend time working with S+C sponsors on improving utilization and housing stability. Housing stability will be monitored on a monthly basis throughout the year and technical assistance will be provided to any agency with housing stability lower than 77%. DCA is currently implementing new performance measures to track this issue closely. We will also examine the systemic barriers to housing stability for this population and address through the Interagency Homeless Coordination Council and/or barriers for clients determined through the implementation of Coordinated Assessment. DCA will collaborate with the Department of Behavioral Health Supportive Housing Director to ensure appropriate services and training are available to providers.

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 79%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 79%

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

Through Coordinated Assessment, DCA will continue work begun through the required Housing Support Standards (HSS) for all BoS CoC funded TH Recipients. Coordinated Assessment will further work done with agencies and programs to begin working with participants on housing stability from the moment the family or individual enters the program and to set goals that move towards permanent housing as quickly as possible. DCA will continue to monitor housing stability of all HUD funded transitional housing providers within the Continuum and provide technical assistance to those agencies that fall below 70%. DCA will also meet with and/or provide TA to Transitional Housing providers to discuss the challenges in meeting this goal and share best practices.

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

DCA's CoC Coordinator will continue to monitor housing stability of all HUD funded transitional housing providers within the Continuum and will provide technical assistance to those agencies that fall below 70%. In addition, DCA staff will be conducting a workshop for all BoS CoC funded transitional housing providers in order to address housing stability and HMIS data quality. All Transitional Providers are required to complete the Barriers to Housing Stability on all participants. DCA will use the Barriers assessment data and other HMIS data to identify any systemic barriers which can be addressed through the Interagency Homeless Coordination Council and/or barriers for clients determined through the implementation of Coordinated Assessment.

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 21%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 23%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 27%

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

This year the percentage of participants being employed at exit was 20%, and a total of 40.1% of participants exited the program with some kind of cash income. DCA will work closely with the State Interagency Homeless Coordination Council and the Department of Labor to provide linkages between homeless service providers and career/workforce services. DCA will work specifically with agencies that have low rates of participants employed at program exit to create linkages to mainstream and specialized employment agencies. We will also work with the Department of Behavioral Health to educate permanent supportive housing providers about the supported employment opportunities available for individuals with disabilities.

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

DCA will continue to work closely with the State Interagency Homeless Coordination Council and the Department of Labor to provide linkages between homeless service providers and career/workforce services. DCA will work specifically with agencies that have low rates of participants employed at program exit to create linkages to mainstream and specialized employment agencies. We will also work with the Department of Behavioral Health to education permanent supportive housing providers about the supported employment opportunities available for individuals with disabilities.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 46%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 48%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 51%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 56%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

DCA will work closely with the State Interagency Homeless Coordination Council to expand access to and use of mainstream housing and support service programs. And DCA will work specifically with agencies that have low rates of participants with mainstream resources at program exit to create linkages to mainstream agencies.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

DCA currently surveys agencies to establish how many tenants there are with no income so that it can prioritize SOAR and other resources to Permanent Housing programs to assist them. DCA also uses the APR data to assist agencies that have low rates of participants with mainstream resources at program exit to create linkages to mainstream and specialized employment agencies. DCA will continue to work closely with the State Interagency Homeless Coordination Council expand access to and use of mainstream housing and support service programs.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

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

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

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 1,099%
- In 12 months, what will be the total number of homeless households with children?** 999%
- In 5 years, what will be the total number of homeless households with children?** 750%
- In 10 years, what will be the total number of homeless households with children?** 500%

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

While the number of homeless households with children fell 54 households short of the goal, the number of homeless families decreased by 46 from 2011 to 2012. DCA will work to continue the accessibility to Rapid Re-Housing and Homeless Prevention programs for households with children throughout the Balance of State. In addition, all agencies that are funded by DCA are required to follow the agency's Housing Support Standards which place an emphasis on setting goals targeted toward ending homelessness as quickly as possible and connecting families with mainstream services.

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

Through the State Interagency Council on Homelessness, DCA works to decrease the number of homeless families statewide through state agency partnerships and policy change. DCA will continue to strengthen connections with regional providers, such as Community Action Agencies, with the goal of all counties within the continuum having access to prevention and rapid re-housing resources. DCA will also provide training and technical assistance to shelter and housing providers on the rapid re-housing model. All DCA and HUD funded agencies in the continuum are required to complete the Barriers to Housing Stability at entry. This data will be used to identify systemic barriers that can be addressed through the Interagency Homeless Coordination Council. DCA will also further assess programmatic barriers to families moving out of homelessness, linking performance to funding and the rating of projects.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 3

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

The MUST Ministries SSO project that was reallocated entirely (for Douglas County) was not operational, and there were no clients receiving services. The agency proposed a transfer 12 months prior to the 2012 CoC competition, but the grant remained unused for over a year. The Community Service Board that serves the county where the project was first intended (Douglas) has been able to increase PSH utilization each year and provide services to their clients without a partnership or service grant from this agency. Benefit performance for the second project (SGCEH) is still under review, however, this SSO project ranked as one of the bottom two SSO projects. Although a reduction of funding took place, the core service, that of case management remains unaffected.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

Not Applicable for TH, however, the Rental Assistance project (renewing S+C project) for Lowndes Co. BoH was reduced to correct an error to the administration amount on the GIW, which erroneously calculated the admin to be 8% (instead of 7%). The grant was reduced by \$2,044, which in turn reduced the ARD amount. The amount was not reallocated, because that amount should not have been in the ARD. We are hoping that the reduction can be applied specifically to the administration amount as a reduction to the overall grant amount would possibly still leave the admin at 8%. The grant amount being requested was adjusted in the project application.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

The discharge policy for foster care is state mandated policy and promotes family re-unification or a living situation appropriate based on the youth's abilities. If there are no appropriate housing placement options, the youth can sign back into foster care until the proper supports and placement options can be achieved.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

DCA staff works as an Advisory Member of the Healthy Transition Initiative Program to ensure that housing resources are available to those youth that are at risk of homelessness. Proactively on a systematic approach, we have worked with community service providers to ensure that these younger adults have access to educational opportunities as well as employment options in order to increase income and to gain more self sufficiency in preparing for entering more independent living situations.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The State's Interagency Council on Homelessness, facilitated by DCA and DBHDD, routinely works with the DHS Division of Children and Family Services (DFCS) to get updates in foster care policy and programs. DCA was involved in earlier initiatives under the Youth Transitional Protocol whereby all of the state agencies collaborated to plan for the development for an array of housing options. As a result of this effort, DCA worked with a youth provider, Chris Kids, to plan for and fund the building of a permanent supportive housing development specifically for youth aging out of foster care. Our CoC has collaborated with the State and, through our online rental housing database, GeorgiaHousingSearch.org, we have provided a listing for our S+C permanent supportive housing resources across the state.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The agencies that are specifically involved to ensure that individuals are not discharged from foster care to homelessness are: Georgia DFCS, Georgia Department of Behavioral Health and Developmental Disabilities, Georgia Mental Health Consumer Network, Georgia Children's Network, the Georgia Department of Juvenile Justice, Georgia Advocacy Office, Atlanta Legal Aid, Georgia Alliance to End Homelessness, NAMI Georgia, Georgia Department of Labor, Georgia Vocational Rehabilitation, Department of Education, the Georgia Council on Developmental Disabilities, and the Department of Community Affairs. These are many of the stakeholders that participate in our Interagency Council on Homelessness.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals aging out of foster care can move into community living arrangements, personal care homes, be re-united with family and guardians, or may be placed in host homes. If none of these options are available, the individual may sign back into foster care services until some of these resources can be aligned to promote community integration with proper supports and services.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

Persons that go into local ERs are linked with provider services if they have mental illness and are homeless. The State is working with PATH providers to increase the level of outreach and promoting linkages to assertive community treatment teams to link individuals to community based mental health and also adding additional crisis stabilization units and increasing the number of mobile crisis teams in many additional counties.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

For persons that are being discharged from state operated psychiatric hospitals, there is a state funded rental assistance program that covers the costs of rent and utilities for persons covered in the US Department of Justice Settlement Agreement. This state funding was required to provide residential supports to 2000 individuals through July 1, 2015. Bridge funding is also made available to cover costs associated with moving, furniture, rent and utility costs, as well as other household start-up expenses. Additionally, we have permanent supportive housing options for placement in community based placement options. Shelter plus Care is a resource if the individual meets our CoC eligibility criteria for admission into the program. DCA has applied for Section 811 PRA through a HUD NOFA as another resource for housing for persons with disabilities who may be homeless.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

DCA has not built a relationship with the Hospital Association but may desire to explore these opportunities for future policy development for discharge planning for health care.

Specifically for individuals who are mentally ill and homeless, we have voiced a desire to participate with the Georgia Department of Behavioral Health and Developmental Disabilities to assist in drafting formal policy on discharging to appropriate placement in lieu of homelessness.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Collaborating agencies responsible for the development of an appropriate discharge policy include the Georgia Department of Behavioral Health and Developmental Disabilities, State Board of Pardons and Paroles, Department of Corrections, Georgia Alliance to End Homelessness, Veteran's Administration, Georgia Hospital Association, Georgia Community Service Board Association, Atlanta Legal Aid, Georgia Advocacy Office and the Georgia Department of Community Affairs.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals can be provided with state funded rental assistance if they meet eligibility requirements under the US Department of Justice Settlement Agreement, they can be discharged to community living arrangements, personal care homes, host homes or can be eligible for a housing choice voucher in the balance of state if these are available.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

The State does not have a formal policy developed for discharging to homelessness. Through inquiry for this effort, the CoC was informed that a formal policy is currently being developed to address this issue. The BoS CoC will be working to assist in the planning and development of a policy that would promote appropriate discharge planning efforts to prevent being discharged to the shelters or street.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

For persons who are being discharged from state operated psychiatric hospitals, there is a state funded rental assistance program that covers the costs of rent and utilities for persons covered in the US Department of Justice Settlement Agreement. This state funding was required to provide residential supports to 2000 individuals through July 1, 2015. Bridge funding is also made available to cover costs associated with rent and utility costs, as well as other household start-up expenses. Additionally, we have permanent supportive housing options for placement in community based placement options. Shelter plus Care is a resource if the individual meets our CoC eligibility criteria for admission into the program. DCA has applied for Section 811 PRA through a HUD NoFA as another resource for housing for persons with disabilities who may be homeless.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The BoS CoC will collaborate with the Georgia Department of Behavioral Health and Developmental Disabilities to promote formal policy development for discharge planning that does not allow for discharge to homelessness. Our Interagency Council on Homelessness will be a resource to assist in collaborative efforts to ensure that effective use of resources will allow for proper residential and housing options appropriate to meet the individual's needs.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Collaborating agencies and stakeholders that will ensure persons are being appropriately discharged will involve the Georgia Department of Behavioral Health and Developmental Disabilities, the Georgia department of Community Health, Social Security Administration, Veteran's Administration, Community Services Board Association and the Georgia Department of Community Affairs.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals discharged from mental health can be provided with state funded rental assistance if they meet eligibility criteria under the US Department of Justice Settlement Agreement. Individuals may be re-united with family and friends or may be discharged to community living arrangements, personal care homes, host homes or may be eligible for a housing choice voucher in the balance of state if these are available.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State CoC has been working with the Department of Corrections and the GA Sheriffs' Association to promote housing options for persons discharged from jails and prisons in GA. A high number of individuals currently incarcerated are not effectively linked with community mental health upon release. We are seeking to address specific barriers to housing placement such as no income and/or benefits discontinued after 30 days of incarceration. There is also a lack of case management, and this prevents proper linkages to appropriate community supports and services. This is especially true for outpatient mental health visits with community providers and ensuring that the individual has sufficient medicine until he/she can be seen in the mental health center. Under the U.S. Department of Justice Settlement, the Department of Behavioral Health and Developmental Disabilities will increase collaborative strategies to assist in housing some of this local and state correctional population.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

These are current issues and are collaboratively being discussed in more detail in many regions of the state. The Department of Behavioral Health and Developmental Disabilities Coordinating Council has identified this issue as one that DBHDD, the Department of Corrections, and the Board of Pardons and Paroles must work together to address. DCA has a presence on the Coordinating Council and will be involved as the state CoC works on this issue as well. There are also initiatives through the Interagency Council on Homelessness that continues to address this issue as there are limited resources for housing based on eligibility screening criteria, credit checks, and having no income in some situations and extremely low income in other situations.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Georgia Department of Corrections, Georgia Board of Pardons and Paroles, GA Sheriffs' Association, and Department of Behavioral Health and Developmental Disabilities along with the Department of Community Affairs (DCA) are the primary entities that are in collaboration on a system of care that does not discharge to homelessness for persons in the correctional system.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

State prisoners convicted of a violent offense or banished from their county of conviction are only eligible to receive parole if they have an approved and "suitable" residence plan. A homeless shelter is not considered to be a suitable residence. To facilitate the transition of individuals eligible for parole, but lack a residence, the Re-entry Partnership Housing Program (RPH) was formed as a collaborative effort between three state agencies, Pardons and Paroles, Corrections and DCA. The program provides participating organizations with short-term financial assistance in exchange for the provision of stable housing, employment assistance and food. In addition to RPH, the Department of Corrections has several re-entry initiatives for individuals maxing out of prison. Two pre-release centers exist across the state to address the re-entry needs of offenders with two years or less to serve with the focus of locating suitable housing and meaningful work upon discharge.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan: Objective(s): Provide housing necessary for Georgia's homeless to break the cycle of homelessness to accommodate 33,000 individuals annually and/or provide supportive services necessary for Georgia's homeless to break the cycle of homelessness to accommodate an average of 44,000 individuals annually (FFY2011/SFY2012 State of Georgia Consolidated Annual Performance and Evaluation Report, as amended to the State of Georgia's 3 Year Consolidated Plan for FFY2010-2012).

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The CoC believes that the HPRP intervention was very successful, and has partnered with the BoS Entitlement to replicate those interventions and ensure that the best practice continues. At its workshops CoC staff promote the Rapid Re-Housing intervention, encouraging all agencies to consider both Entitlement and CoC applications. CoC staff provide Technical Assistance to ensure that anyone whose program is not alligned to the Federal goals of ending homelessness has the opportunity to change and apply for these Entitlement funds. CoC staff will be partnering with Entitlement staff to promote both Prevention and Rapid Re-Housing as the premium rural interventions in the forthcoming year. CoC partnered with the Entitlement to ensure that Rapid Re-Housing allocated funds were increased.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

DCA is administering the NSP initiative and has been able to fund four (4) Permanent Supportive Housing Projects to create 33 units. In addition, our Rental Assistance Division is administering a total of 415 VASH vouchers in Georgia. The CoC (led by DCA, the State's ESG HUD Entitlement grantee) works closely with local HUD Entitlements and has met with them to review forthcoming priorities within their communities, as well as priorities for the Balance of State CoC. During the State's ESG competition, local entitlements will assist in scoring and award recommendations. CoC staff have implemented a number of Entitlement best practices around HMIS data review and the practice of linking reimbursements to data quality. The two entities meet regularly to review planning documents such as the CoC action plan. The Balance of State CoC also participated in a 2012 Rapid Results (for VASH) Boot Camp that was led by the 100,000 Homes Campaign, VA, HUD, the Federal Interagency Council, and others. Immediately following the Boot Camp, the CoC held focus groups with providers in the Macon, Dublin, Albany area in an effort to expand outreach to homeless (especially chronic) Veterans.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: The CoC has a written policy covering the HEARTH mandates around education, including the education choices, accessibility to services and a named person coordinating the implementation of the policy. Applicants must agree to abide by the policy and monitoring staff review this regularly.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Through the State Interagency Homeless Coordination Council, a partnership has been established with the State level McKinney Vento Education Liaison. Through this partnership, the Continuum is connecting each of the funded projects, as well as ESG grantees, to their local McKinney Vento Liaison. DCA staff also presented at Georgia's 2012 Educational Conference to educate advocates around the McKinney Vento educational requirements.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC is clear on its duty that it will only fund projects that implement the HEARTH Education mandates, as reflected in the CoC policy. The CoC monitoring team reviews this when it performs on site monitoring. In addition DCA rejected a number of agencies from funding last year after they were unable to prove that they had implemented this requirement. CoC staff review the education policy as part of the CoC workshops each year. The Housing Support Standards, part of the HMIS implementation, are required of all agencies receiving Balance of State CoC funding or ESG funding through the state, and they include a component of connecting families to community services.

We will continue to work at the state level to connect the local McKinney Education liaisons to local Emergency and Transitional housing providers.

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

The State Interagency Homeless Coordination Council includes participation from both the State and the Federal Departments of Veterans Affairs. In addition, Georgia Department of Community Affairs (DCA) has collaborated with Veterans Affairs in the implementation of VASH vouchers throughout Georgia. CoC staff work closely with DCA's Housing Choice Voucher Program staff to ensure effective planning around the vouchers. CoC staff have met with the Veterans Affairs regional and local coordinators as well as local HUD HCVP representatives in order to streamline the enrollment of Veterans in VASH or other appropriate Veterans programs. CoC staff, as part of the Rapid Results boot camp designed to house 100 veterans in 100 days, linked CoC and ESG funds to Veterans and ensured that VA could access HPRP funds, and were able to assist a number of veterans. DCA also sits on the HUD-led regional Veterans subcommittee to end homelessness. CoC funded projects that serve veterans with PSH include River Edge CSB, Gateway Behavioral Health Services, Quest 35, New Horizons Community Service Board, and others. DCA, the CoC Collaborative Applicant, has also made a commitment to fund the development of permanent supportive housing targeted to homeless Veterans with disabilities in the East GA region served by the Augusta VA Medical Center.

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

DCA is a stakeholder and supporter of the Georgia Plan to End Child Homelessness, written by the Georgia Campaign to End Child Homelessness. DCA's current efforts to support youth and runaways include funding for programs that provide housing and/or services for families participating in the Shelter Plus Care, ESG and HOPWA programs. For the first time, DCA funded Street Outreach programs specifically to reach out to homeless youth. Covenant House Georgia is a Shelter Plus Care sponsor with a program capacity of 18 units, and while the agency is located in the metro area, they provide assistance with shelter, food, clothing, residential and non-residential services and counseling for runaway youth from across the state. This year DCA remodeled this program to better serve the needs of the clients. Other homeless agencies that have a regional reach into the Balance of State's Continuum and who participate in Project Safe Place for youth and runaway children are Park Place, Safe Harbor Children's Shelter in southeast Georgia and the Young Adult Guidance Center in metro Atlanta. CHRIS Kids in metro Atlanta (serving many BoS CoC communities) operates a DCA HOME-funded supportive housing development that serves homeless youth, ages 18 - 24.

**Has the CoC established a centralized or No
coordinated assessment system?**

**If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)**

**Describe how the CoC consults with the ESG jurisdiction(s) to determine
how ESG funds are allocated each program year
(limit 1000 characters)**

The CoC has a close working relationship with the ESG Entitlements within the Balance of State. The CoC and BoS Entitlement participate in each other's planning meetings and jointly write documents setting out priorities, goals and performance measures.

The CoC takes part in the planning of the implementation of the funds, and is able to review ESG priorities and ensure that they align with those of the CoC. CoC and ESG staff administers joint workshops and CoC staff participates in award recommendations. This year both the CoC and ESG staff have agreed an aggressive Rapid Re-Housing implementation designed to assist more homeless in rural areas.

**Describe the procedures used to market housing and supportive services
to eligible persons regardless of race, color, national origin, religion, sex,
age, familial status, or disability who are least likely to request housing or
services in the absence of special outreach
(limit 1000 characters)**

The CoC has an extensive mailing list of contacts for specialist and mainstream organizations across the CoC. DCA's co chairing of the State Interagency Council ensures that DCA can access all other State agency clients, including those in traditionally underserved groups. DCA has worked with its partner Socialserve to ensure that our statewide rental database is accessible to citizens whose first language is not English, and provides a translation into numerous languages.

DCA funds a number of street outreach teams that search for the hardest to serve, and those who have repeat patterns of homelessness. Our housing strategic plan developed in close coordination with DBHDD serves the class of homeless persons most likely to wind up with repeated hospitalization / institutionalization. DCA funds a number of specialist outreach "Project Homeless Connect" events, which are inclusive day events for all homeless to access services within the community. Last year DCA funded 11 of these statewide.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Working with nonprofit agencies, local governments, Entitlement jurisdictions, and other State agencies, the CoC coordinates the implementation of a housing and service system that strives to meet the needs of homeless individuals and families. Programs implemented within the 152 county area of the CoC include outreach, homeless prevention, rapid re-housing, emergency shelter, transitional housing, and permanent supportive housing. As of the 2011 PIT, there were 7,178 more homeless persons than shelter and transitional beds alone in the CoC's geographic area. Given that there are rural counties within Georgia with little or no homelessness resources, DCA will continue to work with agencies to emphasize a regional rapid re-housing strategy to reach out to unsheltered individuals and families as well as moving all persons more quickly into permanent housing (and PSH for homeless persons with a disability).

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The Collaborative Applicant of the BoS CoC (DCA) also authors the State's Consolidated Plan and manages all four of HUD's Formula Programs within the State's Consolidated Planning jurisdiction. CoC data and other information is easily available (and used) in Georgia's Consolidated Plan. The CoC also readily provides data requested from other Consolidated Planning jurisdictions within the BoS CoC's 152 county area. And once the 2013 Homeless Count is complete, the CoC will be able to provide local jurisdictions more specific sub-population data on persons who are homeless within those jurisdictions, as clarified in the new Consolidated Plan regulations.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The BoS CoC (as the State of Georgia) has a Ten-Year-Plan focused on ending chronic homelessness that is facilitated through Georgia's Interagency Council on Homelessness. The review and update of the CoC's 10-Year Plan is primarily facilitated through quarterly meetings of Georgia's Interagency Council on Homelessness and other collaborative meetings with stakeholders, and the 10-Year Plan is updated annually. In 2012 the State of Georgia FY2013 Homeless Action Plan goals were updated to align with the goals and objectives of the Federal Strategic Plan "Opening Doors".

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The BoS CoC incorporates the Federal Strategic Plan through the prioritization of projects that implement programs serving persons who are chronically homeless. DCA is expanding its harm reduction program for statewide implementation to ensure persons who are chronically homeless have the widest range of interventions available to them. DCA staff attended a boot camp in Orlando with the VA and PHAs, and then facilitated a meeting the VA and service providers in Macon in order to locate and serve the most vulnerable homeless veterans. DCA continues to work with providers to increase the accessibility to Rapid Re-Housing and Homeless Prevention programs for households with children throughout the BoS. In addition, all DCA funded agencies are required to set goals targeted toward ending homelessness as quickly as possible and connecting families with mainstream services. Through the State Interagency Council on Homelessness, DCA works to decrease the number of homeless families statewide through state agency partnerships and policy change. DCA will continue to strengthen connections with regional providers, such as Community Action Agencies, with the goal of all counties within the continuum having access to prevention and rapid re-housing resources. DCA will also provide training and technical assistance to shelter and housing providers on the rapid re-housing model. All DCA and HUD funded agencies in the continuum are required to complete the Barriers to Housing Stability participants at program entry. This data will be used to identify systemic barriers that can be addressed through the Interagency Homeless Coordination Council. DCA will also further assess programmatic barriers to families moving out of homelessness, linking performance to funding and the rating of projects.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

In March, 2012, DCA facilitated discussions between Georgia Balance of State Entitlement staff, local ESG Entitlement leads, and other CoC leads in Georgia in order to gather input into how the BoS Entitlement set priorities for annual ESG allocations. DCA Entitlement staff also coordinated a meeting specifically for all Continuum leads within the Balance of State as a further opportunity to raise any points concerning eligible activities. The meetings principally focused on the performance measurements established for each ESG eligible activity, and offered Continuums the opportunity to comment. Entitlement staff noted and reviewed all input received and revised the performance measurements accordingly.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

N/A

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$35,952				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
TRANSFER REQ - Do...	GA0057B4B011104	SSO	\$35,952	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: TRANSFER REQ - Douglas County Permanent Supportive Housing

Grant Number of Eliminated Project: GA0057B4B011104

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$35,952

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
\$155,268					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Supportive Servic...	GA0081B4B011104	\$253,233	\$100,009	\$153,224	Regular
Lowndes Co. BoH S+CR	GA0138C4B011103	\$218,809	\$216,765	\$2,044	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Supportive Services Only
Grant Number of Reduced Project: GA0081B4B011104
Reduced Project Current Annual Renewal Amount: \$253,233
Amount Retained for Project: \$100,009
Amount available for New Project: \$153,224
(This amount will auto-calculate by selecting "Save" button)

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Lowndes Co. BoH S+CR
Grant Number of Reduced Project: GA0138C4B011103
Reduced Project Current Annual Renewal Amount: \$218,809
Amount Retained for Project: \$216,765
Amount available for New Project: \$2,044
(This amount will auto-calculate by selecting "Save" button)

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the [link](#) to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$189,176				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
66	BoS CoC Coord...	SSO	\$189,176	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 66

Proposed New Project Name: BoS CoC Coordinated Assessment

Component Type: SSO

Amount Requested for New Project: \$189,176

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	\$191,220
Amount requested for new project(s):	\$189,176
Remaining Reallocation Balance:	\$2,044

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	340	Beds	352	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	72	%	71	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	75	%	70	%
Increase the percentage of homeless persons employed at exit to at least 20%	23	%	21	%
Decrease the number of homeless households with children	1,045	Households	1,099	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

While achievements in the areas of housing stability and homeless persons exiting with employment showed improvement from last year, staff continues to work with PH providers whose housing stability rate falls below CoC goals of 80% for PH and 70% for TH in order to identify reasons for early exits and strategies to increase the housing stability rates of these agencies. DCA staff constantly work with providers on data quality, and DCA staff have developed a model around recidivism in an effort to reduce the number of persons and/or family households experiencing homelessness of all types. Providers continue to report the difficulty of clients in finding employment, but the State continues to strive for homeless persons employed at exit to exceed the national goal. The number of homeless households with children showed a slight decrease over the previous year by 46 but exceeded the set goal by 54. As HPRP phased out during the last year and the new ESG regulations have gone into effect, staff has worked with agencies that will be providing prevention and re-housing and will continue to monitor ways to address barriers to housing stability for families. It is taking some time for agencies to bring program standards up to the new requirements.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC monitors performance in number of ways, through a process of onsite visits, review of HUD monitoring reports, review of APRs, and desktop reviews of the HMIS system. DCA will review the performance of each grantee onsite at least annually. In conducting performance reviews, DCA will obtain financial and programmatic information from the grantee's records and reports as well as information from onsite monitoring and electronic data sources. In addition, DCA staff review HMIS data and provide technical assistance, principally for four issues: unit utilization, funds utilization, household stability, and HMIS data completeness and accuracy. The written policy gives timeframes and consequences of failure to correct performance issues, including the withdrawal of the Grant.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The CoC provides a range of interventions to assist applicants in reaching performance standards. The CoC publishes quarterly data around utilization stability, and timely use of funds to all its sub grantees and stakeholders, including a ranking order so that agencies may see how much they have achieved compared to their partners. Technical assistance is provided by staff, both on site and via webinar. Regular training is held so that agencies can understand new best practice and the changes to the law. Finally if a project does not reach the expected performance level, clear goals are set with the agency to ensure they can achieve this. The performance policy sets out any consequences if an agency does not make an improvement.

**How does the CoC assist poor performers to increase capacity?
(limit 750 characters)**

The CoC is committed to improving all project performance, particularly those projects that are not currently utilizing all funds to ensure maximum capacity. Currently, quarterly results are published to all stakeholders to increase accountability and technical assistance is offered to those who need it. An action plan is devised to correct all findings, and an agency’s projected capacity is determined. Monthly milestones are established to track any progress. Regular training is held so that agencies can understand new best practice and the changes to the law. If a project does not reach the expected performance level, clear goals are set with the agency to ensure they can achieve this. The performance policy sets out any consequences if an agency does not make an improvement.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competitio n Year the Grant was Awarded	Awarded Amount
	Total	\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC has begun tracking length of stay in individual projects and has published the results, by project. We are now beginning a pilot study that will track individuals from project to project to establish how long an individual remains in homelessness. The project will take a sample in 3 differing locations to see if the prevalence of more homeless services has an effect on the length of time that someone remains homeless. Once the pilot is established, we will begin rolling this out across differing regions of the CoC.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

DCA has implemented a number of reoccurrence studies tracking additional homeless spells within the CoC. This research has shown that if a person leaves an Emergency Shelter rather than a Rapid Re-Housing project to a permanent housing destination, then they are 4.7 times more likely to end up back in the homeless system. Currently the recidivism rate is 26.9% across the State and the median length of time for reoccurrence is 8 months. Our next stage of development is to track recidivism across all projects, with two purposes: to find the predictors of reoccurrence and to fund those who put measures in place to prevent reoccurrence.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1500 characters)

DCA is in the process of setting bench marks for street outreach performance, as this is the first year that Balance of State has funded street outreach. DCA has provided technical assistance in assisting street outreach programs establish policy and procedure as outreach programs begin work. DCA acts as a facilitator when street outreach teams, including PATH teams find impediments to getting homeless people the services or resources they need, such as Permanent Supportive Housing.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans? (limit 1500 characters)

DCA has built on the successful implementation of its HPRP program, and implemented homeless prevention programs within the CoC. However DCA is mindful of best practice in ensuring that funds go to households who would be literally homeless but for this assistance. This has led to a comparable reduction of the funds available and an emphasis on Rapid Re-Housing rather than Prevention. Staff continue to provide technical assistance around implementation of programs, and in establishing policy and procedure. Homeless Prevention will be one of the two interventions in our pilot coordinated assessment system and DCA will work closely with the providers to establish diversion and prevention strategies to make use of funds available.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

N/A

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	1,221	257
2011	1,341	320
2012	1,314	352

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Through homeless verification documentation developed by DCA (based on HUD standards and definitions), providers are required to determine and document if a homeless person is chronically homeless. PSH providers use this document to determine eligibility, and ESG providers are able to use this document (and process) to assist persons who are chronically homeless to access PSH. Data on persons who are chronically homeless is collected in HMIS. DCA will use the data to inform project priorities and fund dispersal.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

32

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

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$213,926				
Total	\$213,926	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	677
b. Number of participants who did not leave the project(s)	1512
c. Number of participants who exited after staying 6 months or longer	454
d. Number of participants who did not exit after staying 6 months or longer	1103
e. Number of participants who did not exit and were enrolled for less than 6 months	441
TOTAL PH (%)	71

Instructions:

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

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	555
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	389
TOTAL TH (%)	70

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 1,577

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	326	21%
Unemployment insurance	8	1%
SSI	172	11%
SSDI	82	5%
Veteran's disability	4	0%
Private disability insurance	0	0%
Worker's compensation	1	0%
TANF or equivalent	25	2%
General assistance	4	0%
Retirement (Social Security)	11	1%
Veteran's pension	1	0%
Pension from former job	0	0%
Child support	48	3%
Alimony (Spousal support)	2	0%
Other source	24	2%
No sources (from Q25a2.)	944	60%

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

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

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 1,577

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	644	41%
MEDICAID health insurance	163	10%
MEDICARE health insurance	18	1%
State children's health insurance	8	1%
WIC	35	2%
VA medical services	6	0%
TANF child care services	15	1%
TANF transportation services	2	0%
Other TANF-funded services	7	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	78	5%
Other source	6	0%
No sources (from Q26a2.)	849	54%

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

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

4F. 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 the Energy Star Initiative go to: 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

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

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

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

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

APR data is reviewed annually during the application review process for all CoC funded programs, and it is part of the performance review for ranking renewal projects. Programs with low enrollment receive technical assistance as well as general training and technical assistance for all programs around the importance of connections to mainstream services.

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:

March 14, 2012; July 25, 2012; and October 31, 2012

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: No

If 'Yes', specify the frequency of the training: Never

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Pathways COMPASS has the ability to pre-screen for the following mainstream programs: Adult Literacy Programs, County Indigent Program, PeachCare, Food Stamps, Medicaid, SSDI, SSI, Section 8 Housing, TANF, Veterans Healthcare for Homeless Veterans and the Workforce Investment Act. In addition, we have collaborated with the Department of Human Services to increase the use of the state eligibility screening and application tool that looks at state mainstream benefits such as food stamps, TANF, and CSBG funding.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

SOAR training provided by DBH completed its final phase in October 2011. In 2012 DCA continued implementation of a new pilot program to complement our existing McKinney Vento funded programs by facilitating the use of SOAR Case Managers to homeless clients with no income. DCA will assess outcomes from the pilot areas before expanding the program. In addition, a DBH SOAR Benefits Specialist continues to provide technical assistance at the state level.

4H. 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:	85%
One on one case management services, needs assessment and benefits eligibility screening, provide referrals to State Agencies, advocate for clients, assist with completing forms and gathering documentation	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	79%
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:	0%
N/A	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	85%
4a. Describe the follow-up process:	
Transport clients to appointments, follow up in case management sessions, keep copies of benefits applications and letters received; advocate for clients, follow up with referral agency, assist with appeals	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	GA07-501 GA BoS C...	01/17/2013
CoC-HMIS Governance Agreement	No		
Other	No		

Attachment Details

Document Description: GA07-501 GA BoS CoC Certifications of Consistency

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/08/2013
1D. Member Organizations	01/17/2013
1E. Project Review and Selection	01/14/2013
1F. e-HIC Change in Beds	01/13/2013
1G. e-HIC Sources and Methods	01/04/2013
2A. HMIS Implementation	01/14/2013
2B. HMIS Funding Sources	01/17/2013
2C. HMIS Bed Coverage	01/13/2013
2D. HMIS Data Quality	01/17/2013
2E. HMIS Data Usage	12/19/2012
2F. HMIS Data and Technical Standards	01/10/2013
2G. HMIS Training	12/20/2012
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	01/14/2013
2J. Sheltered Data - Collections	01/04/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	01/17/2013
2N. Unsheltered Data - Coverage	01/04/2013
2O. Unsheltered Data - Quality	01/17/2013
Objective 1	01/17/2013
Objective 2	01/17/2013
Objective 3	01/14/2013
Objective 4	01/17/2013

Objective 5	01/17/2013
Objective 6	01/17/2013
Objective 7	01/17/2013
3B. Discharge Planning: Foster Care	01/17/2013
3B. CoC Discharge Planning: Health Care	01/17/2013
3B. CoC Discharge Planning: Mental Health	01/17/2013
3B. CoC Discharge Planning: Corrections	01/17/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	12/20/2012
3F. Eliminated Grants	01/08/2013
3G. Reduced Grants	01/16/2013
3H. New Projects Requested	01/15/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/17/2013
4B. Chronic Homeless Progress	01/17/2013
4C. Housing Performance	01/07/2013
4D. CoC Cash Income Information	01/08/2013
4E. CoC Non-Cash Benefits	01/08/2013
4F. Section 3 Employment Policy Detail	12/20/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/14/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/13/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

Location of the Project: Multiple Counties (see attachment)

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - New & Renewal Applications

Name of Certifying Jurisdiction: State of Georgia, Georgia Department of Community Affairs

Certifying Official of the Jurisdiction Name: Mike Beatty

Title: Commissioner

Signature: 

Date: 1-10-13

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
TH/SSO/PH Renewals (f/k/a SHP)			
Action Ministries, Inc.	BoS Transitional Housing Program	Baldwin, Barrow, Bartow, Columbia, Fayette, Floyd, Gilmer, Gordon, Greene, Hall (excluding Gainesville), Lincoln, McDuffie, Morgan, Murray, Pickens, Spalding, Whitfield, (excluding Dalton), and Wilkes Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Action Ministries, Inc.	Rural Counties Initiative	Putnam, Butts, Baldwin, and Chattooga Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Action Ministries, Inc.	Mountain Initiative	Baldwin, Fannin, Floyd (excluding Rome), Whitfield (excluding Dalton), and Pickens Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Advantage Behavioral Health Systems	Oconee Supportive Housing	Barrow, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, & Walton Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Citizens Against Violence, Inc.	Transitional Living Program	Bulloch County	HUD Continuum of Care (CoC) Program - Renewal Application
Colquitt County Serenity House Project	Transitional Living Program	Colquitt County	HUD Continuum of Care (CoC) Program - Renewal Application
Douglas County Community Service Board	Douglas County SHP	Douglas County	HUD Continuum of Care (CoC) Program - Renewal Application
Gateway Behavioral Health Services	Brunswick Homeless Non-custodial Disabled Men's Project – PH	Glynn (excluding Brunswick) County	HUD Continuum of Care (CoC) Program - Renewal Application
Gateway Behavioral Health Services	Homeless and Disabled Moms & Children's Operations Support - PH	Glynn (excluding Brunswick) County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Coalition Against Domestic Violence, Inc.	Transitional Housing for Victims of Domestic Violence	Jackson County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Coalition Against Domestic Violence, Inc.	Transitional Housing for Victims of Domestic Violence – Circle of Hope	Habersham County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Agency (GHFA)	Statewide HMIS Implementation	Statewide	HUD Continuum of Care (CoC) Program - Renewal Application
Goodwill Industries Middle Georgia, Inc.	Job Connection WORKING Solutions (Rural)	Baldwin, Hancock, Houston, Johnson, Laurens, Peach, Putnam, & Wilkinson Counties	HUD Continuum of Care (CoC) Program - Renewal Application
HODAC, Inc.	Gateway Cottage Residential Program	Houston (excluding Warner Robins) County	HUD Continuum of Care (CoC) Program - Renewal Application
Lowndes Associated Ministries to People, Inc.	Transitional Housing Program	Lowndes (excluding Valdosta) County	HUD Continuum of Care (CoC) Program - Renewal Application
Lowndes Associated Ministries to People, Inc.	Day Service Center	Lowndes (excluding Valdosta) County	HUD Continuum of Care (CoC) Program - Renewal Application

Maranatha Outreach, Inc.	Maranatha Serenity Home	Baldwin, Hancock, Jasper, Putnam, Washington, & Wilkinson Counties	HUD Continuum of Care (CoC) Program - Renewal Application
MUST Ministries, Inc.	Cherokee PSH Program – SSO	Cherokee County	HUD Continuum of Care (CoC) Program - Renewal Application
New Horizons Community Service Board	Red Hill Adaptive Group Residence	Stewart County	HUD Continuum of Care (CoC) Program - Renewal Application
S.H.A.R.E. House, Inc.	S.H.A.R.E. Transitional Housing	Douglas, Haralson, Paulding, & Polk Counties	HUD Continuum of Care (CoC) Program - Renewal Application
South Georgia Coalition to End Homelessness, Inc. (d/b/a South Georgia Partnership to End Homelessness)	Supportive Services	Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes (excluding Valdosta), Pierce, Tift, Turner, & Ware Counties	HUD Continuum of Care (CoC) Program - Renewal Application
South Georgia Coalition to End Homelessness, Inc. (d/b/a South Georgia Partnership to End Homelessness)	Transitional Housing Program	Lowndes (excluding Valdosta), County	HUD Continuum of Care (CoC) Program - Renewal Application
Travelers Aid of Metropolitan Atlanta, Inc.	Transitional Housing Program	Douglas County	HUD Continuum of Care (CoC) Program - Renewal Application
Travelers Aid of Metropolitan Atlanta, Inc.	Transitional Housing Program #2 (Expansion)	Douglas County	HUD Continuum of Care (CoC) Program - Renewal Application

Rental Assistance Renewals (f/k/a S+C)

Georgia Housing and Finance Authority (GHFA)	Advantage BHS BOS S+CR	Madison, Oconee, and Walton Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	AIDS Alliance S+CR	Bartow County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Avita Community Partners S+CR	Hall County (excluding Gainesville)	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Central City AIDS Network S+CR	Bibb County (excluding Macon)	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Comprehensive AIDS Resource Encounter S+CR	Bulloch & Wayne Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	CSB of Middle GA S+CR	Laurens County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Douglas County CSB S+CR2	Douglas County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Douglas County CSB S+CR4	Douglas County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Gateway CSB S+CR	Effingham, Glynn & McIntosh Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	GRN CSB S+CR	Rockdale & Newton Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Highland Rivers CSB S+CR	Floyd County (excluding Rome)	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance	HODAC S+CR	Houston (excluding Warner	HUD Continuum of Care (CoC)

Authority (GHFA)		Robins)	Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Lowndes Co. Board of Health S+CR	Dougherty (excluding Albany), Lowndes (excluding Valdosta), Tift, & Ware Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	McIntosh Trail CSB S+CR	Henry, Lamar, & Spalding Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Middle Flint BHS S+CR	Sumter County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	MUST Ministries BOS S+CR	Cherokee County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Oconee CSB S+CR	Baldwin, Hancock, Jasper, Putnam, Washington, & Wilkinson Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Pineland CSB S+CR	Bulloch County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	River Edge CSB S+CR	Bibb (excluding Macon), Monroe, & Twiggs Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	River Edge CSB S+CR2	Bibb (excluding Macon) County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Satilla CSB S+CR	Coffee & Ware Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	South GA CSB S+CR	Berrien, Brooks, Lanier, Lowndes (excluding Valdosta), & Tift Counties	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Viewpoint Health S+CR	Rockdale & Newton Counties	HUD Continuum of Care (CoC) Program - Renewal Application

2012 NEW CoC Project Applications

Georgia Department of Community Affairs	GA07-501 CoC Planning Application	CoC-Wide	HUD Continuum of Care (CoC) Program - NEW CoC Planning Application
Georgia Housing and Finance Authority (GHFA)	BoS CoC Coordinated Assessment	CoC-Wide	HUD Continuum of Care (CoC) Program - NEW SSO Application
Gateway Behavioral Health Services	Homeless & Disabled Military Veteran Women	Glynn (excluding Brunswick) County	HUD Continuum of Care (CoC) Program - NEW PH Application
New Horizons Community Service Board	Home for Vets	Chattahoochee & Stewart Counties	HUD Continuum of Care (CoC) Program - NEW PH Application

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

Location of the Project: City of Albany, Georgia

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of Certifying Jurisdiction: City of Albany, Georgia

Certifying Official of the Jurisdiction Name: Latoya Cutts

Title: Director, Community & Economic Development

Signature: 

Date: 1/9/2013

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
City of Albany	Transitional Housing Program	Albany	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Lowndes County Board of Health S+CR	Albany	HUD Continuum of Care (CoC) Program - Renewal Application

**Certification of Consistency
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U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: House of Dawn.

Project Name: CoC NOFA Transitional Housing Program

Location of the Project: 298 South Main St.

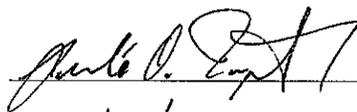
Jonesboro, GA 30236

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of Certifying Jurisdiction: Clayton County, Georgia

Certifying Official of the Jurisdiction Name: Sule Carpenter

Title: HUD PROGRAM MANAGER - CDBG

Signature: 

Date: 1/8/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: Calvary Refuge, Inc.

Project Name: Transitional Shelter Services

Location of the Project: 4265 Thurmond Rd

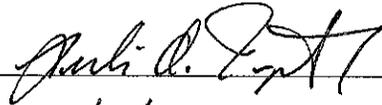
Forest Park, GA 30297

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of
Certifying Jurisdiction: Clayton County, Georgia

Certifying Official
of the Jurisdiction
Name: Sule Carpenter

Title: HUD PROGRAM MANAGER - CDBG

Signature: 

Date: 1/8/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

Location of the Project: City of Dalton, Georgia

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of
Certifying Jurisdiction: City of Dalton, Georgia

Certifying Official
of the Jurisdiction
Name: Ty Ross

Title: Dalton City Administrator

Signature: Ty Ross pp: Gaud R. Jennings

Date: 1-3-13

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
Action Ministries, Inc.	Transitional Housing	Dalton	HUD Continuum of Care (CoC) Program - Renewal Application
Dalton-Whitfield Community Development Corporation	Shelter Plus Care Case Manager	Dalton	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Dalton Whitfield CDC S+CR	Dalton	HUD Continuum of Care (CoC) Program - Renewal Application

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

Location of the Project: City of Gainesville, Georgia

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of Certifying Jurisdiction: City of Gainesville, Georgia

Certifying Official of the Jurisdiction Name: Chris Davis

Title: Housing Programs Manager

Signature: Chris Davis

Date: 1.3.2013

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
Action Ministries, Inc.	BoS Transitional Housing Program	Gainesville	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Avita Community Partners S+CR	Gainesville	HUD Continuum of Care (CoC) Program - Renewal Application

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

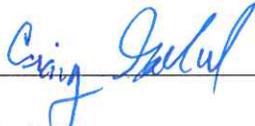
Location of the Project: Gwinnett County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - New &/or Renewal Application

Name of Certifying Jurisdiction: Gwinnett County

Certifying Official of the Jurisdiction Name: Craig Goebel

Title: Director, Gwinnett Co. Community Development Program

Signature: 

Date: 1/15/2013

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
Action Ministries, Inc.	BoS Transitional Housing	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Action Ministries, Inc.	Transitional Housing (Mountain Initiative)	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Asian American Resource Foundation, Inc.	AARC Transitional Housing	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
GA Coalition Against Domestic Violence, Inc.	Transitional Housing for Victims of Domestic Violence	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Covenant House S+CR	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	GRN CSB S+CR	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Travelers Aid of Metropolitan Atlanta S+C	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Viewpoint Health S+CR	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Gwinnett Housing Resource Partnership, Inc. (d/b/a/ The IMPACT Group)	Transitional Housing Program 1	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Gwinnett Housing Resource Partnership, Inc. (d/b/a/ The IMPACT Group)	Transitional Housing Program 2	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Gwinnett Housing Resource Partnership, Inc. (d/b/a/ The IMPACT Group)	Transitional Housing Program 3	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Rainbow Village, Inc.	Transitional Housing Program	Gwinnett County	HUD Continuum of Care (CoC) Program - Renewal Application
Travelers Aid of Metropolitan Atlanta, Inc.	Gwinnett PHB Program 2012	Gwinnett County	HUD Continuum of Care (CoC) Program - NEW Application

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of Hinesville

Project Name: Homeless Prevention Program

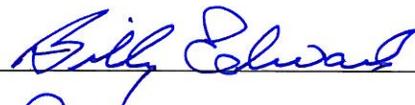
Location of the Project: City of Hinesville, Georgia

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Application

Name of Certifying Jurisdiction: City of Hinesville, Georgia

Certifying Official of the Jurisdiction Name: Billy Edwards

Title: City Manager

Signature: 

Date: Jan 11, 2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information;)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

Location of the Project: City of Macon, Georgia

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of Certifying Jurisdiction: City of Macon, Georgia

Certifying Official of the Jurisdiction Name: Wanzina Jackson

Title: Director

Signature: [Handwritten Signature]

Date: 1/8/13

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
Goodwill Industries of Middle Georgia, Inc.	Job Connections WORKing Solutions (Macon)	Macon	HUD Continuum of Care (CoC) Program - Renewal Application
Loaves and Fishes Ministry of Macon, Inc.	Transitional Housing Program (Families and Adults)	Macon	HUD Continuum of Care (CoC) Program - Renewal Application
Macon Bibb Economic Opportunity Council	Supportive Housing - Special Needs	Macon	HUD Continuum of Care (CoC) Program - Renewal Application
Macon Bibb Economic Opportunity Council	Supportive Housing - Case Management	Macon	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Central City AIDS Network S+CR	Macon	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	River Edge CSB S+CR	Macon	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	River Edge CSB S+CR2	Macon	HUD Continuum of Care (CoC) Program - Renewal Application

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)Project Name: Multiple Projects (see attachment)Location of the Project: City of Rome, GeorgiaName of the Federal
Program to which the
applicant is applying: HUD Continuum of Care (CoC) Program - Renewal ApplicationName of
Certifying Jurisdiction: City of Rome, GeorgiaCertifying Official
of the Jurisdiction
Name: Evie McNieceTitle: MayorSignature: Date: January 9, 2013

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
Action Ministries, Inc.	BoS Transitional Housing	Rome	HUD Continuum of Care (CoC) Program - Renewal Application
Action Ministries, Inc.	Transitional Housing (Mountain Initiative)	Rome	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	Highland Rivers CSB S+CR	Rome	HUD Continuum of Care (CoC) Program - Renewal Application

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)

Project Name: Multiple Projects (see attachment)

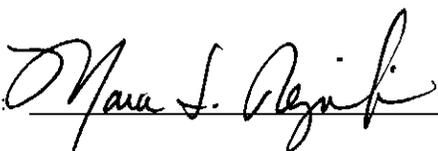
Location of the Project: City of Valdosta, Georgia

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care (CoC) Program - Renewal Applications

Name of
Certifying Jurisdiction: City of Valdosta, Georgia

Certifying Official
of the Jurisdiction
Name: Mara S. Register

Title: Assistant to the City Manager

Signature: 

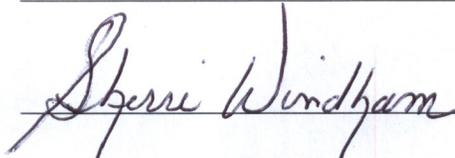
Date: 1-7-13

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
Georgia Housing and Finance Authority (GHFA)	Lowndes County Board Of Health S+CR	Valdosta	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	South Georgia CSB S+CR	Valdosta	HUD Continuum of Care (CoC) Program - Renewal Application
Lowndes Associated Ministries to People, Inc.)	Day Center / Day Shelter Program	Valdosta	HUD Continuum of Care (CoC) Program - Renewal Application
Lowndes Associated Ministries to People, Inc.)	Transitional Housing Program	Valdosta	HUD Continuum of Care (CoC) Program - Renewal Application
South Georgia Coalition to End Homelessness, Inc. (d/b/a South Georgia Partnership to End Homelessness)	Supportive Services Program (SSO)	Valdosta	HUD Continuum of Care (CoC) Program - Renewal Application
South Georgia Coalition to End Homelessness, Inc. (d/b/a South Georgia Partnership to End Homelessness)	Transitional Housing Program	Valdosta	HUD Continuum of Care (CoC) Program - Renewal Application

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Multiple Applicants (see attachment)Project Name: Multiple Projects (see attachment)Location of the Project: City of Warner Robins, GeorgiaName of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program - Renewal ApplicationsName of Certifying Jurisdiction: City of Warner Robins, GeorgiaCertifying Official of the Jurisdiction Name: Sherri WindhamTitle: CDBG Program DirectorSignature: Date: 1/11/13

Certification of Consistency with the Consolidated Plan (attachment)

<u>Applicant Name</u>	<u>Project Name</u>	<u>Location of the Project</u>	<u>Name of Federal Program to which applicant is applying</u>
HODAC, Inc.	Gateway Cottage Residential Program	Warner Robins	HUD Continuum of Care (CoC) Program - Renewal Application
Georgia Housing and Finance Authority (GHFA)	HODAC S+CR	Warner Robins	HUD Continuum of Care (CoC) Program - Renewal Application