

# 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

**CoC Name and Number (From CoC Registration):** GA-503 - Athens/Clarke County CoC

**CoC Lead Organization Name:** Athens-Clarke County Department of Human and Economic Development

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

## Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Northeast Georgia Homeless Coalition Executive Committee

**Indicate the frequency of group meetings:** Monthly or more

**Indicate the legal status of the group:** 501(c)(3)

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: 75%**  
**(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)**

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

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

**Specify "other" process(es):**

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

The primary decision making body (NEGA Homeless Coalition Executive Committee) is made up of at least four community members elected by the general membership of the NEGA Homeless Coalition to fill the Chair, Vice Chair, Secretary, and Treasurer positions. In addition, certain coalition members are appointed by the Chair to fill four subcommittee chair seats, which include the Mainstream Subcommittee Chair, Homeless Assessment Subcommittee Chair, HMIS User Group Subcommittee Chair, and the Membership Subcommittee Chair. The four subcommittee chairs report back to the Executive Committee on ongoing activities throughout the year.

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

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

**Specify "other" process(es):**

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

Yes, if additional administrative funds were provided from HUD, the NEGA Homeless Coalition would be able to take a more proactive role in partnering with the Athens Clarke County Department of Human and Economic Development (HED) to assist in activities such as project oversight and monitoring and preparing applications for future HUD funding. If funds were made available, the coalition would be in a position to hire staff who would take a more active role in CoC planning and program implementation.

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

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

Name	Meeting Frequency
NEGA Homeless Coa...	Bi-monthly
HMIS User Group	Quarterly
Homeless Assessme...	Quarterly
Mainstream Resour...	Quarterly
Joint Staff Plann...	Monthly or more
Base Realignment ...	Quarterly
Athens Homeless P...	Quarterly
Reentry Roundtable	Quarterly
Affordable Housin...	Monthly or more
Weed and Seed Pla...	Monthly or more

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

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

**Name of Committee/Sub-Committee/Work Group:** NEGA Homeless Coalition Executive Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

This work group meets to address current issues, set agendas for full CoC meetings, and facilitate the process of determining project priorities.

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

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

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

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group meets to discuss the implementation and ongoing use of the Homeless Management Information System and coordinate regularly scheduled user training sessions.

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

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

**Name of Committee/Sub-Committee/Work Group:** Homeless Assessment Subcommittee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

A subcommittee of the Northeast Georgia Homeless Coalition, this work group meets to coordinate the annual homeless count and analyzes the CoC's unmet need in shelter beds and services.

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

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

**Name of Committee/Sub-Committee/Work Group:** Mainstream Resources Subcommittee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

A subcommittee of the NEGA Homeless Coalition, this work group meets to develop new and innovative approaches to increasing access to mainstream services for homeless persons.

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

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

**Name of Committee/Sub-Committee/Work Group:** Joint Staff Planning Commission

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

This group consists of local direct service providers who gather weekly to discuss the ongoing case plans of their shared homeless clients.

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

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

**Name of Committee/Sub-Committee/Work Group:** Base Realignment and Closure Subcommittee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group works with the Local Redevelopment Authority to develop a plan for homeless services to be implemented as a result of the closure of the Athens Navy Supply Corps School in 2011.

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

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

**Name of Committee/Sub-Committee/Work Group:** Athens Homeless Property Corporation

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group is the fiscal agent responsible for overseeing property acquisition and renovation for the offsite accommodation of homeless services as a result of the base closure of the Athens Navy Supply Corps School in 2011.

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

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

**Name of Committee/Sub-Committee/Work Group:** Reentry Roundtable

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group meets to address high recidivism and homelessness among local Clarke County Jail inmates through creative facilitation and collaboration with other local service providers targeting this population.

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

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

**Name of Committee/Sub-Committee/Work Group:** Affordable Housing Roundtable

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

This group meets to address the local affordable housing shortage in Athens-Clarke County through the development of affordable housing options using federal and state grant funds.

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

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

**Name of Committee/Sub-Committee/Work Group:** Weed and Seed Planning Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

The Weed and Seed program in Athens-Clarke County emphasizes community-oriented policing by increasing officers' service hours on the street in target neighborhoods.



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

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
AIDS Athens	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS
Project Safe, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
GA Dept. of Community Affairs	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Department of Family and Children Services	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth
Advantage Behavioral Health Systems	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Veteran Services	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
Department of Labor	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Athens-Clarke County Department of Human and Ec...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Clarke County Superior Court	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Clarke County Probate Court	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Athens-Clarke County Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Athens Downtown Development Authority	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Athens Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Clarke County School District	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
University of Georgia	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Athens-Clarke County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Athens Clarke County Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

Athens/Clarke County			COC_REG_v10_000126	
Northeast Georgia Regional Development Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Northeast Georgia Homeless Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Athens Area Homeless Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Food Bank of Northeast Georgia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Athens Justice Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Family Connection Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Connection of Northeast Georgia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Hancock Corridor Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
CASA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Athens Neighborhood Health Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Catholic Charities	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Our Daily Bread	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army of Athens	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Athens Nurses Clinic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Healing Place of Athens	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
The Bigger Vision of Athens	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Interfaith Hospitality Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Athens Area Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
East Athens Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

Athens/Clarke County			COC_REG_v10_000126	
Sparrow's Nest	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Georgia Community Loan Fund	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Athens Land Trust	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Freedom From Bondage	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse
Strong Day Recovery Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Timothy Baptist Church Homeless Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Christ Walk Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Walk on Water Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Joseph's Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
The ARK Ministries	Private Sector	Faith-b...	None	NONE
Ebenezer Baptist Angel Food Ministries	Private Sector	Faith-b...	None	NONE
Mercy Health Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Athens Urban Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Bread of Life Ministries	Private Sector	Faith-b...	None	NONE
Cornerstone Church of God	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Williams Rhodes Foundation	Private Sector	Fun der ...	None	NONE
Emmanuel Episcopal Foundation	Private Sector	Fun der ...	None	NONE
United Way of Northeast Georgia	Private Sector	Fun der ...	None	NONE
Newland Family Foundation	Private Sector	Fun der ...	None	NONE
Georgia Coalition to End Homelessness	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Harris Foundation	Private Sector	Fun der ...	None	NONE

Athens/Clarke County				COC_REG_v10_000126
Rich Foundation	Private Sector	Funder ...	None	NONE
REM Foundation	Private Sector	Funder ...	None	NONE
Athens Downtown Business Association	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Athens Home Builders Association	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Bugg Properties	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Halloran Masonry	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Grayson Realty	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Trinity Accounting Group	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
JB RS Architecture Design Planning	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Allen and Associates	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
St. Mary's Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Athens Regional Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lynne Griever	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Matt Minshew	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE
Jeff Mattai	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE
Mitchell Holland	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE
Ron Wynn	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Norman Dailey	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE

Athens/Clarke County			COC_REG_v10_000126	
David Lasley	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE

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

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

**Open Solicitation Methods:**  
(select all that apply)

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

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

- a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, g. Site Visit(s), h. Survey Clients, r. Review HMIS participation status

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

- b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote

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

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

**Emergency Shelter:** Yes

**Briefly describe the reasons for the change:**

The Athens-Clarke County Continuum has experienced an increase of 12 emergency shelter beds targeting homeless individuals suffering from HIV/AIDS. AIDS Athens, Inc. increased their capacity to provide emergency shelter vouchers for eligible homeless clients who are awaiting entry into their Shelter Plus Care permanent supportive housing program. Length of stay in the emergency shelter voucher program can be no longer than 90 days.

**Safe Haven Bed:** No

**Briefly describe the reasons for the change:**

The Athens-Clarke County Continuum has no Safe Haven Beds.

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

In 2008, the Athens-Clarke County Continuum of Care experienced a surprising loss of approximately 80 transitional shelter beds targeting single homeless individuals suffering from substance abuse. Recent economic downturns in the struggling economy have resulted in decreases of available financial resources from local charitable organizations. As a result, many of the CoC's smaller privately funded transitional shelters have either ceased operations or shifted the focus of their programs to target non-homeless individuals with the ability to pay weekly or monthly rents/program fees sometimes exceeding local fair market rents. Since these programs are no longer targeting homeless individuals who fall under the definition of homelessness under the HUD guidelines, a large segment of the homeless population has been left with fewer options.

**Permanent Housing:** Yes

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

The Athens-Clarke County Continuum has been fairly successful in increasing permanent supportive housing beds targeting chronically homeless individuals. In 2008, the CoC added 16 additional housing units targeting chronically homeless individuals. This is due largely in part to HUD's recent initiatives. We are proud to say that we have been able to successfully target those members of the chronic homeless population, however we continue to see problems arise without a sufficient program to allow these targeted individuals to successfully transition to a life of independence. While we continue to look for opportunities to expand our existing permanent supportive housing stock, we are also looking for options to provide the appropriate transitional services which will make our permanent supportive housing programs that much more successful.

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



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

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/16/2008

# Attachment Details

**Document Description:** Housing Inventory Chart

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

## Instructions:

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

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

**Indicate the date on which the housing inventory count was completed:** 01/30/2008  
(mm/dd/yyyy)

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

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Instructions, Follow-up, Confirmation  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** Stakeholder discussion, HUD unmet need formula, Unsheltered count, Housing inventory  
(select all that apply)

**Specify "other" data types:**

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

The Homeless Assessment Subcommittee, formed by the NEGA Homeless Coalition Executive Committee, meets on a quarterly basis to discuss gaps in homeless services and to determine needs based on data from the annual point-in-time homeless count, the annual housing inventory report, and the local homeless service provider survey. In order to determine the unmet need for shelter beds, and the specific numbers needed to insert into the "HUD unmet need formula", the subcommittee then gathers together for a "stakeholder discussion". Specifically, a consensus among the group was required to determine the actual number of those homeless persons whose housing needs require emergency shelter, transitional housing, and permanent supportive housing. Once these figures are finalized, the numbers are entered into the HUD unmet need formula to determine the overall unmet need.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

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

**Select the HMIS implementation type:** Statewide

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

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

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

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Pathways Community Network, Inc.

**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

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

**Indicate the date on which HMIS data entry started (or will start):  
(format mm/dd/yyyy)** 08/31/2005

**Indicate the challenges and barriers impacting the HMIS implementation:  
(select all the apply):** Inadequate staffing, No or low participation by ESG funded providers, No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems, Poor data quality

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

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

Inadequate staffing in some of the smaller agencies who are participating in HMIS has led to poor data quality and low participation in the system. Currently, agencies are searching for additional resources to hire staff to ensure high quality standards and compliance with system use. Since the local ESG funded providers are funded through the state, Athens-Clarke County's CoC has been working with the Georgia Dept. of Community Affairs to develop standards of compliance for ESG funded providers and to coordinate enhanced monitoring of those agencies to ensure compliance. Since implementation, current users have been more successful in generating reports and sharing information within the social services network. As a result, non-HUD funded providers have begun to take notice of the advantages in participating in this system and have expressed interest in using HMIS. As time progresses, local agencies are phasing out their legacy data systems in favor of the Pathways system due to system enhancements contributing to a more user-friendly system and more reporting options. Pathways system enhancements are beginning to correct data quality issues which have arisen in the past. Increased training sessions are also beginning to address this issue.

## HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement	10/17/2008

# Attachment Details

**Document Description:** HMIS Agreement

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

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

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



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

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

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

### Instructions:

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

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

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	65-75%

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

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

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

### Instructions:

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

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

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

**Did the CoC or subset of the CoC participate in AHAR 3?** No

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

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

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

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

Pathways-Compass, the statewide HMIS provider, provides extensive training on a monthly and quarterly basis to ensure that local HMIS users maintain compliance and effective use of the system. Monthly user trainings focusing on data input and reports administration have been extremely effective in ensuring that quality data has been put into the system. We have set up quarterly confidentiality and ethics trainings to prevent abuse of the system. For those situations when more training and education is needed, Pathways has been available to provide further technical assistance.

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

Pathways-Compass, the statewide HMIS provider, has ensured that valid program entry and exit dates are recorded in HMIS through ongoing management of the system and ongoing training of the HMIS user agencies. This responsibility of Pathways-Compass is outlined in the user agreement signed by the Athens-Clarke County CoC, the State Lead Agency and Pathways-Compass.

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

**Instructions:**

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

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

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

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

### Instructions:

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

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

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

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

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

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

**If 'Yes' indicate date of last review or update by CoC:** 09/17/2008

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

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

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

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

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

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

### Instructions:

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

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

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

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

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

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

**Indicate the date of the last PIT count:** 01/30/2008

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

		Households with Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		19	27	4	50
Number of Persons (adults and children)		61	81	12	154
		Households without Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		72	89	147	308
Number of Persons (adults and unaccompanied youth)		72	89	147	308
		All Households/ All Persons			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Total Households		91	116	151	358



Athens/Clarke County			COC_REG_v10_000126	
<b>Total Persons</b>	133	170	159	462

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

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	45	63	108
* Severely Mentally Ill	95	73	168
* Chronic Substance Abuse	123	89	212
* Veterans	20	15	35
* Persons with HIV/AIDS			0
* Victims of Domestic Violence	43	9	52
* Unaccompanied Youth (under 18)	89	7	96

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

### Instructions:

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

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

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

**How often will the CoC conduct a PIT count?** Annually

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/30/2009  
(mm/dd/yyyy)

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

**Emergency Shelter providers** 100%

**Transitional housing providers:** 100%

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

### Instructions:

#### Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

#### HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

#### Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

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

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

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

**If Other, specify:**

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

The annual homeless count was performed from noon on January 30th to noon on January 31st 2008. All homeless service providers within the CoC were given a form requesting demographic information for their clients. Case workers at the participating facilities were asked to include everyone who fits the definition of homelessness set forth under the HUD Supportive Housing Program (SHP). This information was gathered by the Homeless Assessment Subcommittee and the unduplicated count was produced.

Overall, the numbers from the 2007 count and the 2008 count remained the same, however, there was a decrease in the sheltered count and a corresponding increase in the unsheltered count. We have attributed this change to the decrease of available shelter beds for the homeless. We have experienced a further decrease in transitional beds in 2008 and as a result, we expect to have an even higher unsheltered count during the 2009 survey.

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

### Instructions:

#### HMIS:

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

#### HMIS plus extrapolation:

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

#### Sample of PIT interviews plus extrapolation:

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

#### Interviews:

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

#### Non-HMIS client level information:

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

#### Other:

CoC used a combination of methods.

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

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

	<b>HMIS</b>	<input type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b> <b>(PIT attachment is required)</b>		<input checked="" type="checkbox"/>
	<b>Sample Strategy:</b>	Stratified Sample
	<b>Provider Expertise:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS client level information:</b>		<input type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input type="checkbox"/>

If Other, specify:

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

The sheltered subpopulation data was collected from survey forms filled out by the direct service providers who have consistent contact with the local homeless population. We have found that the data requested by HUD is most accurate when provided by those individuals who work directly with this population. This information was gathered by the Homeless Assessment Subcommittee and the unduplicated count was produced.

The only notable change in the subpopulation data from the 2007 PIT count was the decrease in chronically homeless persons counted. Athens-Clarke County experienced a 30% decrease in chronically homeless persons counted in the annual PIT count. In 2007, we counted 158 chronically homeless persons; in 2008 the number was down to 108 individuals. We attribute this decrease to our success in developing available permanent supportive housing units specifically targeting members of the chronically homeless population. We intend to continue this trend by developing additional units.

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

### Instructions:

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

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

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

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

The surveys filled out by the local homeless services providers and volunteers require minimal identifiable information in order to achieve an unduplicated count. The surveys require the date of birth and the first and last initial of the homeless respondent's name. This information is put into a database which unduplicates all respondents in order to achieve the final unduplicated count.

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

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

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

Service-based count:

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

HMIS:

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

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

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

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

**If Other, specify:**



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

### Instructions:

#### Complete coverage:

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

#### Known locations:

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

#### Combination:

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

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

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Known Locations

**If Other, specify:**

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

### Instructions:

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

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

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

If Other, specify:

**Describe the techniques used to reduce duplication.**

All surveys used by our direct service providers and volunteers request the first and last initial and date of birth of the homeless respondent. This information is put into a database and is used to unduplicate the overall response.

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

In Athens-Clarke County the initial point of intake for unsheltered homeless persons and families is the ABHS Homeless Day Service Center. All unsheltered persons are referred to this program for assistance. All unsheltered families with children are referred to the local Department of Family and Children Services office. Over the years, case workers have developed relationships with DFCS to ensure that these unsheltered families are provided with shelter at least on a temporary basis.

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

The ABHS Homeless Day Service Center provides outreach services and is the key entry point for all unsheltered homeless persons into the social services network and Continuum of Care. It is also the intake and referral agency for the Advantage Behavioral Health Systems Shelter Plus Care Permanent Supportive Housing program which specifically targets chronically homeless individuals with mental illness.

The most notable change we have experienced from the 2007 PIT count has been the increase in unsheltered persons counted. In 2007, 131 unsheltered persons were counted and in 2008 we had 159 respond to the survey. Recent economic downturns in the struggling economy have resulted in decreases of available financial resources from local charitable organizations. As a result, many of our CoC's smaller privately funded transitional shelters have either ceased operations or shifted the focus of their programs to target non-homeless individuals with the ability to pay weekly or monthly rents/program fees sometimes exceeding local fair market rents. Since these programs are no longer targeting homeless individuals who fall under the definition of homelessness under the HUD guidelines, a large segment of the homeless population has been left with fewer options, thus increasing our numbers of unsheltered homeless persons.

There have been much more limited resources for those seeking shelter. The network in place continues to work with these individuals and have found an effective system of referral for those most in need to find support and stability. However, resources are limited, so we concentrate on those who are both most in need and willing to cooperate with our system.

# Attachment Details

## Document Description:

## PIT Attachment

Document Type	Required?	Document Description	Date Attached
PIT Sample Attachment Worksheet	Yes	PIT Homeless Survey	10/14/2008

# Attachment Details

**Document Description:** PIT Homeless Survey

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

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

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

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

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

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

#### 2008 Local Action Steps

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

		Lead Person
Action Step 1	The AIDS Athens residential coordinator meets with residents weekly and teaches mandatory classes quarterly to help tenants maintain their apartments and become more self-sufficient.	Olivia Long, Director, AIDS Athens
Action Step 2	Advantage Behavioral Health Systems created a tenant-led support group to assist their chronically homeless clients to learn life skills, problem solving skills, and become self-sufficient while in their permanent housing program.	Matt Hurd, Program Manager, Advantage Behavioral Health Systems
Action Step 3		

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	83
Numeric Achievement in 12 months	85
Numeric Achievement in 5 years	88
Numeric Achievement in 10 years	90

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:



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

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

**Select Objective:** Create new PH beds for chronically homeless persons

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	The Athens-Clarke County government will work with the Georgia Department of Community Affairs to identify unexecuted grants to be transferred to the Athens CoC to fund new permanent supportive housing beds.	William McNeely, Director, Athens-Clarke County Human & Economic Development
Action Step 2		
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	60
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	100

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	JobTREC will provide childcare vouchers, work tools and clothes, transportation vouchers and other resources to employment-seeking homeless for up to six months after clients move into housing to prevent future homelessness. In partnership with the Hancock Community Development Corporation, HUD-certified housing counseling agency, JobTREC clients receive one-on-one housing counseling including renter rights and responsibilities, budgeting, credit counseling, and affordable housing searches to assist them in their transition out of homelessness.	Heather McElroy, Director, Athens Area Homeless Shelter
Action Step 2	AIDS Athens residential coordinator assists clients with resumes, job searchers, interview role playing and problem solving to assist clients in finding and keeping employment.	Olivia Long, Director, AIDS Athens
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	65
Numeric Achievement in 12 months	70
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	80

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

**Select Objective:** Decrease the number of homeless households with children

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Due to the closing of a military base in Athens, the Athens CoC will receive \$7.8 million in 2012 to build a one-stop center to locate CoC services and create 26 housing units for homeless families with children.	Laurie Wilburn, Chairperson ARCH Committee
Action Step 2	The Athens Area Homeless Shelter JobTREC program provides childcare vouchers to homeless families seeking employment and for up to six months after they enter permanent housing to prevent future homelessness.	Heather McElroy, Director, Athens Area Homeless Shelter
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	50
Numeric Achievement in 12 months	40
Numeric Achievement in 5 years	24
Numeric Achievement in 10 years	15

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	AIDS Athens developed a 90-day emergency shelter voucher program for their chronically homeless clients moving to their permanent housing units to ensure a smooth transition and provide services while in transition.	Olivia Long, Director, AIDS Athens
Action Step 2	The Athens Area Homeless Shelter JobTREC program works with the Hancock Community Development Corporation, HUD-certified housing counseling agency, to provide one-on-one housing counseling to JobTREC clients including renter rights and responsibilities, budgeting, credit counseling, and affordable housing searches to assist them in their transition out of homelessness.	Heather McElroy, Director, Athens Area Homeless Shelter
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	43
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	70

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

### Instructions:

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

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

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

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

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

### **Foster Care Discharge**

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

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

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

### **Health Care Discharge**

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

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

The Money Follows the Person Initiative (MFP) is a five-year grant award that was made available as part of the Federal Deficit Reduction Act of FY 2006. The grant is designed to shift Medicaid Long-Term Care from its emphasis on institutional care to home and community-based services. MFP offers demonstration and transition services to qualified MFP eligible participants. MFP uses home and community based Medicaid waiver services and one-time transition services to help people resettle in the community. Through MFP, the state will establish a seamless information and referral process, transition coordinators, support services to ease transition, transition peer counseling and increased availability of affordable housing and transportation. The goal of the MFP grant is to transition individuals from nursing facilities, hospitals and/ or Intermediate Care Facilities for Mental Retardation (ICF-MR) to qualified community residences and rebalance the long-term care system by offering enhanced transition services for 12 months for qualified persons transitioning from a qualified institution to a qualified community setting.

### **Mental Health Discharge**

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

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

The Continuity of Care Transition Planning Guidance is provided to all state mental health hospitals. The hospitals are asked to develop a Transition Plan for all individuals being discharged which addresses the following areas: housing, residential supports, outpatient treatment, case management services, access to prescribed medications, socialization and recreation, family support and education, rehabilitation and transitional employment, follow-up medical care, and transportation. In addition, the hospitals provide Case Expeditors who work with consumers who have support needs that warrant additional resources. Hospital staff also conduct assessments with consumers in order to identify those individuals that are at risk of readmission, including whether or not they have been or will be homeless. The hospital staff, in partnership with community based service providers, identify services that will address these needs and determine how services will be made available. The teams are instructed to begin transition planning at the time of admission to the hospital including linking individuals up with community based service providers. In addition, regional coordinators oversee the Continuity of Care planning and assure that collaboration is occurring between hospitals and community based providers.

### **Corrections Discharge**

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

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

In order for an individual to receive parole from the State of Georgia Board of Pardons and Parole, they must have an approved residence plan which has been verified by a parole staff member. The residence must be considered stable and suitable. Individuals without an approved residence plan are not granted parole. A homeless shelter is not considered to be a valid residence; therefore, no individual is released on parole directly to a homeless facility or to homelessness. In order to facilitate the transition of individuals that are eligible for parole but lack a residence, the Reentry Partnership Housing Program was formed. This program is a collaborative effort between the State Board of Pardons and Parole, the Department of Corrections and the Department of Community Affairs. The program provides participating organizations with short term financial assistance in exchange for the provision of stable housing and food.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Consent to Remain...	10/15/2008
Mental Health Discharge Protocol	No	Continuity of Car...	10/15/2008
Corrections Discharge Protocol	No	Parole Program/ V...	10/15/2008
Health Care Discharge Protocol	No	Money Follows the...	10/15/2008



## Attachment Details

**Document Description:** Consent to Remain if Foster Care

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

## Attachment Details

**Document Description:** Continuity of Care Transition Planning Guidance

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

## Attachment Details

**Document Description:** Parole Program/ Verification of Parole Plan (VPP)

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

## Attachment Details

**Document Description:** Money Follows the Person (MFP)-Operational Protocol

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

### 3E. Continuum of Care (CoC) Coordination

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

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

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

The Athens Clarke County 2005-2010 Consolidated Plan goals include (1) providing emergency shelter, transitional housing, and related housing assistance for homeless people and families, and (2) reducing homelessness in Athens-Clarke County by (a) helping the homeless find and retain permanent housing through intensive case management and follow-up, (b) providing financial assistance, job training, education, and employment supportive services, and (c) providing support services for homeless people.

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

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** No

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

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

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

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** No

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

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	60	Beds	60	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	72	%	83	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	43	%
Increase percentage of homeless persons employed at exit to at least 18%	43	%	65	%
Ensure that the CoC has a functional HMIS system	78	%	81	%

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	121	41
2007	158	56
2008	108	60

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$154,136				
Operations	\$0				
<b>Total</b>	\$154,136	\$0	\$0	\$0	\$0

## 4C. Continuum of Care (CoC) Housing Performance

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	17
b. Number of participants who did not leave the project(s)	48
c. Number of participants who exited after staying 6 months or longer	14
d. Number of participants who did not exit after staying 6 months or longer	40
e. Number of participants who did not leave and were enrolled for 5 months or less	8
<b>TOTAL PH (%)</b>	<b>83</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	0
b. Number of participants who moved to PH	0
<b>TOTAL TH (%)</b>	<b>0</b>

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

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

**Total Number of Exiting Adults: 403**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	24	6 %
SSDI	14	3 %
Social Security	13	3 %
General Public Assistance	0	0 %
TANF	4	1 %
SCHIP	0	0 %
Veterans Benefits	1	0 %
Employment Income	260	65 %
Unemployment Benefits	2	0 %
Veterans Health Care	0	0 %
Medicaid	12	3 %
Food Stamps	125	31 %
Other (Please specify below)	23	6 %
Medicare, Child Support, WIC, Pension		
No Financial Resources	133	33 %

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

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

### Instructions:

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

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

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

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



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

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

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

Community Development staff with the Athens-Clarke County Dept. of Human and Economic Development (HED) systematically analyze all APRs for SHP and S+C funded agencies within the CoC prior to their arrival to HUD at the end of each program year. Additionally, HED staff monitor each agency on an annual basis to assess program compliance, adherence to SHP and S+C guidelines, and ongoing program performance. During the annual monitoring visit, APR's are systematically analyzed and a determination is made as to whether the program accomplished the goals set forth in the CoC plan. Each program's progress at accessing mainstream resources is shared with the Mainstream Resources Subcommittee created by the NEGA Homeless Coalition. Areas needing improvement are determined from the monitoring reports and efforts are made to coordinate and foster more productive relationships among local mainstream providers and local homeless service providers.

**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.**

Mainstream Resources Subcommittee Meeting Dates:  
December 7, 2007  
March 7, 2008  
June 6, 2008  
September 5, 2008

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

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** No

**If yes, identify these staff members**

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

**If "Yes", specify the frequency of the training.** Semi-annually

**Does the CoC uses HMIS to screen for benefit eligibility?** No

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

**Has the CoC participated in SOAR training? Yes**

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

September 16-17 2008

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

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
<p>Upon initial intake an Individual Service Plan (ISP) is created outlining the needs and goals of the client. If the client needs assistance with an application for mainstream benefits the case worker will work with the client and the mainstream service provider throughout the application process until eligibility is determined.</p>	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
no form	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
<p>Case workers meet with the client on a weekly/bi-weekly/monthly basis, depending on the level of need, to assess the progress in determining eligibility for the mainstream service. During this process, the case worker will continue to provide the appropriate services to empower the client in overcoming any barriers to eligible mainstream services. This will continue until the client no longer needs services or leaves the program.</p>	

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

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

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

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

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

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

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

## Part A - Page 2

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

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
ABHS Homeless Day...	2008-10-19 13:36:...	1 Year	Athens/Clarke County	56,462	Renewal Project	SHP	SSO	F3
AAHS Job TREC Pro...	2008-10-19 13:29:...	1 Year	Athens/Clarke County	105,991	Renewal Project	SHP	SSO	F2
ACC Supportive Ho...	2008-10-19 13:44:...	1 Year	Athens/Clarke County	77,068	Renewal Project	SHP	PH	F1
Advantage BHS S+CR	2008-10-20 11:21:...	1 Year	Georgia Housing &...	138,960	Renewal Project	S+C	SRA	U5
AIDS Athens S+CR	2008-10-20 13:22:...	1 Year	Georgia Housing &...	180,828	Renewal Project	S+C	SRA	U4



## Budget Summary

<b>FPRN</b>	\$239,521
<b>Rapid Re-Housing</b>	\$0
<b>Samaritan Housing</b>	\$0
<b>SPC Renewal</b>	\$319,788
<b>Rejected</b>	\$0