

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): PA-500 - Philadelphia CoC

CoC Lead Organization Name: City of Philadelphia Office of Supportive Housing

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: McKinney Public/Private Strategic Planning Committee

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 68%

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

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

Specify "other" process(es):

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

Membership is determined by the City to achieve balance of stakeholders and HUD-specified groups.

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

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

Specify "other" process(es):

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

Yes, with adequate funding. The City of Philadelphia, through the Office of Supportive Housing (OSH), currently prepares and assembles the Consolidated Application, serves as the grantee for new SHP development projects through the first operations period, and is the permanent grantee for all Shelter Plus Care grants. Anticipated resources needed to sustain current activities, serve as permanent grantee for all existing SHP projects (66, not including 2 HMIS projects) and Shelter Plus Care projects (26) and provide project oversight and monitoring for the full Continuum is estimated at 10 FTE staff members, with an estimated cost of \$850,000 per year.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
10 Year Plan Advisory Board	Provides a forum for stakeholders to share perspectives on homelessness, strategically address homelessness and provide progress updates on ending homelessness through the 10 year plan.	Quarterly
Outreach Collaborative Committee	Reviews trends in street homeless locations and counts. Addresses issues and problems related to public and political reaction to homeless individuals on the street. Includes Police, Center City District, Fairmount Park, and Benjamin Franklin Parkway (a major central city thoroughfare) representatives.	Monthly or more
McKinney Public/Private Strategic Planning Committee	Primary decision-making group for the Continuum of Care; sets project priorities, reviews Exhibit 1 information, and advises on policy issues and HMIS.	Monthly or more
New and Renewal Project Review Committee(s)	Public and private stakeholders volunteer to review and rank new and renewal project proposals to be funded by McKinney.	Annually
McKinney Executive Committee	Leadership of each of the Review Committees as well as representatives from City departments who provide leveraging funding meet to review and give final ranking to all new and renewal projects for the Continuum.	Annually

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

Both the New and Renewal Project Review Committee(s) and the McKinney Executive Committee meet expressly to review and rank projects for each annual McKinney competition.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Community and Economic Development	Public Sector	State g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Department of Public Welfare	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Philadelphia VA Medical Center	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	Veterans
AIDS Activities Coordinating Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	HIV/AIDS
Department of Behavioral Health/Mental Retardat...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Department of Human Services	Public Sector	Local g...	Primary Decision Making Group	Youth
Fairmount Park Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Office of Supportive Housing	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Office of Housing and Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Philadelphia City Planning Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Philadelphia Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
School District of Philadelphia	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
University of Pennsylvania	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Philadelphia Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Philadelphia Prison System	Public Sector	Law enf...	Primary Decision Making Group	NONE
Philadelphia Community Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Philadelphia Workforce Development Corporation	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Bethesda Project	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...

Committee for Dignity and Fairness for the Home...	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Drueding Center/Project Rainbow	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Episcopal Community Services	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Homeless Advocacy Project	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
Horizon House, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Mental Health Association	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Northwest Philadelphia Interfaith Hospitality N...	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
People's Emergency Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Philadelphia Community Real Estate Corporation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	NONE
Public Health Management Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Philadelphia Veterans Multi-Service and Educati...	Private Sector	Non-pro..	Primary Decision Making Group	Veterans
Project H.O.M.E	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Doe Fund (Ready, Willing, and Able)	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
Resources for Human Development	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
SELF, Inc	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
SHARE	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Traveler's Aid Society	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE

United Way of Southeastern PA	Private Sector	Funder	Committee/Sub-committee/Work Group	NONE
Valley Youth House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth
Women Against Abuse	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Honickman Foundation	Private Sector	Funder	Attend 10-year planning meetings during past 12 months	NONE
Connelly Foundation	Private Sector	Funder	Attend 10-year planning meetings during past 12 months	NONE
Independence Foundation	Private Sector	Funder	Attend 10-year planning meetings during past 12 months	NONE
Chosen 300	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Community Legal Services	Private Sector	Funder	Attend 10-year planning meetings during past 12 months, A...	NONE
Parkway Council Foundation	Private Sector	Funder	Attend 10-year planning meetings during past 12 months	NONE
Catholic Social Services	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Center City District	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Member, McK Strategic Planning Committee	Individual	Homeless..	Primary Decision Making Group	NONE
Member, McK Strategic Planning Committee	Individual	Homeless..	Primary Decision Making Group	NONE
TJ Consulting	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Homeless Assistance Fund, Inc.	Private Sector	Funder	Committee/Sub-committee/Work Group	NONE
Philadelphia Corporation for Aging	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Mayor's Commission on People with Disabilities	Public Sector	Local g...	Primary Decision Making Group	NONE
Keystone Mercy Health Plan	Private Sector	Hospita..	Primary Decision Making Group	NONE

Juvenile Law Center	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
JEVS Human Services	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

Open Solicitation Methods: (select all that apply)

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

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

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

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

a. Unbiased Panel/Review Committee, e. Consensus (general agreement)

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

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

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

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

Emergency Shelter: Yes

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

The e-HIC reports a net decrease of 52 family beds, while the number of family units remained the same. The decrease in beds was due to the annual fluctuations in family size rather than a decrease in capacity.

The e-HIC reports a net increase of 472 single beds. This increase is mainly due to a reclassification of 28 programs from TH to EH (+403 beds). The revised classification more accurately reflects the short-term length of stay of these programs. Other additions to the inventory include: Whosoever Gospel Mission re-opened after facility renovations following a fire (+50 single beds). Outley House opened an annex facility that utilizes a "step-up" program model (+54 single beds).

Safe Haven: No

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

Transitional Housing: Yes

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

A net decrease in all bed types -144 family units(FU), -1335 family beds (FB), -800 single beds(SB) due primarily to:
Per response from the Virtual Helpdesk, SHP-funded programs providing only supportive services but approved by HUD as TH were removed from the inventory: Job Opportunities & Business Skills and Abriendo Caminos (-140FU, -404FB, -42SB).

Per "Ask the Expert FAQ" posted on hmis.info, residential programs that traditionally- but not exclusively - serve homeless persons were removed from the inventory (-434SB).

In addition, the reclassification of 28 programs from TH to EH resulted in a decrease of 403 single beds.

One new program for single individuals was added to the inventory, New Start II (+16SB).

Permanent Housing: Yes

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

A net decrease in all bed types -242 FU, -1335FB, -103SB, -118 CH beds due primarily to:
Per response from the Virtual Helpdesk, SHP-funded programs providing only supportive services but approved by HUD as PH were removed from the inventory: Job Readiness & Supportive Services and Latino Homeless Services Initiative (-39FU, -236FB, -259SB, -242CH).

Per "Ask the Expert FAQ" on hmis.info, residential programs that traditionally- but not exclusively- serve homeless persons were removed from the inventory (-505FU, -1635FB, -162SB).

Five new programs were added to the inventory: Brother's Keeper, Blueprint Partnership (Phase I), Pathways to Housing, HUD-VASH, Project Restoration (+300FU, +600FB, +400SB, +126CH).

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Philadelphia CoC ...	11/13/2009

Attachment Details

Document Description: Philadelphia CoC PA-500 Housing Inventory Chart

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Applied statistics
(select all that apply)

Specify "other" data types:

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

With the assistance of the Center for Urban Community Services, the Philadelphia CoC developed a local unmet need formula modeled after the one issued by HUD.

The local calculation of unmet need takes into account: the total number of beds in the CoC's housing inventory and the annual unduplicated number of unsheltered and sheltered homeless households. The housing needs of key populations are updated annually through discussions with stakeholders, including representatives of the McKinney Public/Private Strategic Planning and the Ten Year Plan Advisory Committees. Data from the local HMIS and local research informs these discussions.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: PA-500 - Philadelphia CoC
(select all that apply)

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Homeless Management Information System

What is the name of the HMIS software company? Coehlo Consulting

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): 04/15/2004
(format mm/dd/yyyy)

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

Indicate the challenges and barriers impacting the HMIS implementation: No CoC formal data quality plan
(select all the apply):

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

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

A formal data quality plan is in place among all HMIS participating emergency and transitional housing programs that have a contract with the HMIS Lead Agency, the Office of Supportive Housing (OSH). However, a formal CoC-wide data quality plan has not been implemented among programs that do not have a contract with OSH.

The CoC is moving toward the realization of this goal. In Spring 2009, the CoC primary decision-making group, the McKinney Public/Private Strategic Planning committee, created an HMIS subcommittee. This subcommittee was instrumental in the CoC's analysis of the revised HMIS data standards and subsequent response submitted to HUD. The subcommittee will review and approve a CoC formal data quality plan for implementation in 2010.

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

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

Organization Name City of Philadelphia Office of Supportive Housing
Street Address 1 1401 JFK Boulevard
Street Address 2 10th Floor
City Philadelphia
State Pennsylvania
Zip Code 19102
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? No

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

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

Prefix: Mrs.
First Name Leticia
Middle Name/Initial
Last Name Egea-Hinton
Suffix MSW
Telephone Number: 215-686-7190
(Format: 123-456-7890)
Extension
Fax Number: 215-686-7187
(Format: 123-456-7890)
E-mail Address: leti.egea-hinton@phila.gov
Confirm E-mail Address: leti.egea-hinton@phila.gov

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

Instructions:

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

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

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

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

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

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

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:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	1%
* Date of Birth	0%	0%
* Ethnicity	2%	3%
* Race	11%	0%
* Gender	0%	0%
* Veteran Status	20%	1%
* Disabling Condition	38%	0%
* Residence Prior to Program Entry	18%	1%
* Zip Code of Last Permanent Address	27%	23%
* Name	0%	0%

Instructions:

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

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

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

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

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

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

Data quality standards have been incorporated into the existing contractual relationships between the HMIS Lead Agency and HMIS participating housing programs. In addition, all of the universal data elements are mandatory fields on the reception interview screen, which is completed during the initial intake assessment.

In addition to the direct users of the local HMIS, many programs fulfill the data reporting requirements through an annual upload of data into the local HMIS. Once the data is imported into HMIS, a load log is generated that identifies all fields containing invalid/missing data for each of the universal data elements. Follow-up occurs with providers to correct the data errors.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

If a client does not have a valid entry date, the client's name will not appear on the program's nightly bed and attendance lists. Client records are automatically closed if an exit date has not been entered after a continuous absence of 30 days. The system does not allow one client to have concurring placements in two or more housing programs. The weekly monitoring of system vacancies by the HMIS lead agency ensures program exit dates are accurately maintained by each transitional housing program.

Data submitted for annual upload is monitored for valid program entry/exit dates through the automatically generated upload log and the analysis of individual provider reports.

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

Instructions:

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

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

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

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

* Unique user name and password	Monthly
* Secure location for equipment	Semi-annually
* Locking screen savers	Quarterly
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* 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	Semi-annually

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

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

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

If 'Yes' indicate date of last review or update by CoC: 06/19/2008

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

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

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

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

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	477	543	0	1,020
Number of Persons (adults and children)	1,504	1,746	0	3,250
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	2,155	393	506	3,054
Number of Persons (adults and unaccompanied youth)	2,155	393	506	3,054
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	2,632	936	506	4,074
Total Persons	3,659	2,139	506	6,304

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

Instructions:

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	186	410	596
* Severely Mentally Ill	702	355	1,057
* Chronic Substance Abuse	1,237	363	1,600
* Veterans	230	68	298
* Persons with HIV/AIDS	132		132
* Victims of Domestic Violence	427		427
* Unaccompanied Youth (under 18)	26		26

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

Instructions:

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

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2010
(mm/dd/yyyy)

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

Emergency shelter providers: 89%

Transitional housing providers: 100%

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

Instructions:

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

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

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

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

If Other, specify:

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

Providers counted the total number of individuals residing in each facility on the designated night. Providers reported their counts to the CoC lead organization by email and/or fax using the annual point in time count survey form. Census reports for each HMIS participating program were generated to confirm the reported count.

Because a 100% participation rate was not achieved among non-HMIS participating emergency housing programs, the General Extrapolation Tool was used to finalize the point in time count.

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

Comparing the 2008 and 2009 point in time counts, the emergency shelter population appears to have increased (+40 families; +260 single individuals), while the transitional housing population appears to have decreased (-107 families; -734 single individuals). However, the changes in the sheltered population count are due mainly to updates made to the 2009 e-HIC: 28 programs were reclassified from transitional to emergency housing; 27 residential programs that traditionally- but not exclusively- serve homeless persons were removed from the TH inventory; and 2 SHP-funded programs providing only supportive services but approved by HUD as TH were also removed from the inventory.

Nevertheless, the decrease in the number of families and singles in transitional housing can also be attributable to the Mayor's Homeless Housing Initiative launched in May 2008. One of the resources garnered through this initiative was a commitment by the Philadelphia Housing Authority to set aside 500 units for individuals and families exiting transitional housing. In January 2009, 35 single individuals and 93 families had exited to a PHA unit.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Providers were instructed to collect Subpopulation data either through individual client interviews or from administrative/HMIS client records. Providers reported their counts to the CoC lead organization by email and/or fax using the annual point in time count survey form.

Because a 100% participation rate was not achieved among non-HMIS participating emergency housing programs, the General Extrapolation Tool was used to finalize the point in time count of each subpopulation.

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

As a percentage of the overall sheltered population, the subpopulation of individuals with severe mental illness declined from 29% to 20% in 2009. This decrease is most likely attributable to the changes made to the 2009 e-HIC. The majority of beds removed from the 2009 e-HIC were transitional housing beds targeted to severely mentally ill individuals who may or may not be homeless.

The subpopulation of individuals with chronic substance abuse issues increased from 32% to 35% of the total sheltered population. This increase can be linked to the addition of 4 transitional housing programs to the 2009 e-HIC; each program targets individuals with chronic addiction issues.

There was little change to the remaining sheltered subpopulation data. The lack of change in the percent of the sheltered population who are victims of domestic violence (DV) is misleading. The DV shelter in Philadelphia has experienced a marked increase in demand for emergency housing and related services. However, the shelter's capacity has remained constant. While many of the households that cannot be accommodated in the DV shelter seek assistance from the traditional emergency housing system, they may choose not to disclose their DV status.

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

Instructions:

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

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

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

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

Instructions:	<input 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:

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

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

Instructions:

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

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

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

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

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

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

If Other, specify:

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

To reduce duplication, the unsheltered Point-in-Time count is held on the same night as the sheltered count. The count is coordinated by the Outreach Coordination Center (OCC). On the night of the count, all of the volunteers meet at 11:00 p.m. at the OCC for a short orientation and training. Teams consisting of both volunteers and outreach workers are assigned specific geographic zones in which to conduct the count. Each team records the number and location of every unsheltered homeless person observed within their assigned zone. After the tally sheets are returned, the information is recorded in a database and analyzed to ensure each area was counted only once.

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

Within the Philadelphia CoC, the street population is exclusively single adults, unaccompanied youth, and couples without children. Rather than sleeping on the streets, homeless households with dependent children typically double-up with family/friends and/or utilize the emergency housing system.

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):

All street outreach activities are overseen by the Outreach Coordination Center (OCC). The OCC coordinates the activities of a network of street outreach teams run by several nonprofit organizations in the city. Outreach activities occur around the clock, with over 30 staff covering all shifts. OCC teams establish rapport and trust with unsheltered homeless individuals in effort to persuade these individuals to accept shelter and other needed services. The OCC also conducts extended emergency outreach during severe weather conditions to preserve the lives of those most at risk. The general public can call the 24-hour outreach hotline if they see anyone in need of shelter or assistance and to request an outreach team to be dispatched to the location. Since 2006, street outreach activities have been augmented by Overnight Cafes. These cafes provide unsheltered chronically homeless individuals a meal and a warm, safe space in which to spend the night. Overnight Cafes have proven to be an effective engagement tool. Through the strong relationships that have developed between the café staff and visitors, many individuals have become willing to accept placement in more appropriate housing. In December 2008, Philadelphia initiated a homeless death review, which has assisted in the identification of homeless populations in locations outside of areas primarily visited by outreach.

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

In 2009, 506 unsheltered homeless individuals were counted on the night of the CoC-wide point-in-time count. This count represents an increase of 49 individuals from the previous year's winter street count held in January 2008.

The observed increase in the number of unsheltered persons can be linked to the increased utilization of Overnight Cafes as an alternative to emergency housing. Because Overnight Cafes do not provide sleeping accommodations, visitors at the cafes are included in the unsheltered point in time count.

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

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

Instructions:

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

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

Continued implementation of the Mayor's Homeless Housing Strategy initiated in May, 2008 (a recalibration of the Ten Year Plan to End Homelessness), through which 200 PHA Housing Choice vouchers and 57 Housing First units were committed, with most targeted for chronically homeless. Weekly meetings with collaborators monitor and oversee implementation of additional 268 committed units. The McKinney Strategic Planning Comm will strengthen coordination with VASH; and Outreach Collaboration Comm will use housing as incentive to engage unsheltered individuals into treatment and chronic homelessness. Contingency plans include consideration of short-term & less costly program models such as overnight cafes or an engagement center to offer immediate alternatives to living (or perishing) on the street.

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

The City seeks to continue a partnership with the Philadelphia Housing Authority, seeks new resources for housing production, and seeks to continue to support the transformation of the behavioral health residential system, which is planned to move individuals to more community based options and open up entry level slots for people such as those who are homeless with behavioral health needs.

How many permanent housing beds do you currently have in place for chronically homeless persons? 707

How many permanent housing beds do you plan to create in the next 12-months? 827

How many permanent housing beds do you plan to create in the next 5-years? 1,340

How many permanent housing beds do you plan to create in the next 10-years? 1,450

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

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

Instructions:

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

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

The Philadelphia CoC has exceeded the 77% threshold and intends to maintain the achievement by continuing to review progress by project, total length of stay, and exit reason to determine further action as needed; will also review, track, and share with McKinney Strategic Planning stakeholders and sponsors, the system-wide picture, which indicates that 46% stay two years or more. If we note a reduction in lengths of stay, we will examine aspects such as outreach, target population, referral process, client assessment, and program admission and discharge policies and consider adjustments if applicable.

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

As indicated above, the CoC's Strategic Planning Committee, with the Department of Behavioral Health and PH providers, will examine and analyze data to continue to ensure that individuals most in need of permanent supportive housing are directed to this scarce, more costly resource; and that program models are designed to continue to house individuals despite long-term disabilities and challenges such as relapse or program compliance violations as opposed to discharge.

What percentage of homeless persons in permanent housing have remained for at least six months? 84

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 84

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 85

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 87

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

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

Instructions:

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

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

The Philadelphia CoC has exceeded the 65% benchmark, and intends to continue to maintain or exceed this goal. While the newly committed HPRP and PHA resources assist in providing more "backdoor" opportunities for individuals and families who need affordable housing and less services, there remains a lack of permanent affordable (including supportive) housing, as indicated by the CoC's gaps analysis. However, with key stakeholders including the McKinney Strategic Planning Committee, and more data through fuller HMIS bed coverage and implementation of a Self Sufficiency Assessment in conjunction with HPRP, the City anticipates an improved ability to assess and route an individual or family to the most appropriate resource from their first visit at shelter intake.

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

The key is adequate affordable housing to meet the need. The City will continue to utilize all current and potential partnerships to move toward creation of the number of units estimated to meet the affordable permanent housing need in Philadelphia. Implementation of an assessment tool will permit the City to track emerging trends and identify underserved populations. With the advent of the HPRP resource, the City is willing to retool not only the front door to the shelter system, but also existing emergency and transitional programs as needed to best meet the identified needs.

What percentage of homeless persons in transitional housing have moved to permanent housing? 70

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 71

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 72

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 75

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

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

Instructions:

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

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

The CoC exceeded the threshold, but participants and providers struggled to meet the goal, given Philadelphia's high poverty & unemployment rates. Through the McKinney Strategic Planning Committee & provider meetings, the City will continue to utilize data to understand, by program, which are most & least effective, & why. The City will continue to fund homeless employment & training programs, & will provide ARRA CSBG funds for limited expansion. Because the majority of the inventory is PSH, the CoC notes that employment may not be a feasible goal for some; but the CoC is fortunate to have providers who employ innovative employment methods, such as restroom attendants at the Center City Library, & will continue to encourage such approaches. Should the percentage of those employed at exit decrease, the CoC will strategize with programs with greatest decrease to identify potential solutions & make connections with existing programs.

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

The City and its stakeholders in the Ten Year Plan and McKinney Strategic Planning Committee will continue to strengthen existing and seek out new partnerships that lead to employment opportunities for homeless individuals and families, including RESET a DOL funded program through the CareerLink to retrain people who have lost their jobs; EARN, a DPW employment program for welfare recipients; and Ticket to Work, a work incentive program for SSI recipients. The CoC will advocate with national industry groups for better and more explicit connection between Depts of Labor, HHS, and HUD in support of employment funding and programming for homeless individuals.

What percentage of persons are employed at program exit? 22

In 12-months, what percentage of persons will be employed at program exit? 22

- In 5-years, what percentage of persons will be employed at program exit?** 23
- In 10-years, what percentage of persons will be employed at program exit?** 24

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

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

Instructions:

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

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

The City conducts a series of meetings to review and assess data to gauge HPRP impact, including internal weekly, monthly with HPRP contractors, and periodically with stakeholders. Although we anticipate that HPRP will have a positive impact on homeless family households, our 12 month goal is conservative as the impact may not be immediately evident. The PHA family housing opportunities committed through the Ten Year Plan/Mayor's Strategy helped 600 family members move to TH or PH, and is attributable to only moderate increases in families in shelter (4% for year ending August), in contrast with several other cities with family shelter crises, and are anticipated to continue to deliver results over time. Contingency plans include adjusting and retooling HPRP model as needed to improve results.

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

The CoC fully intends that the HPRP assistance to provide prevention assistance in the community; to divert families who request shelter at the City's centralized emergency shelter intake; and to provide Rapid Rehousing assistance to those in emergency and transitional housing, will have an impact on the total number of homeless family households. The City doesn't intend to create any new emergency or transitional housing programs for families, and seeks to close or retool existing programs to provide for longer-term services and housing, or divert funds to other needs, e.g. in support of long-term, more shallow rental subsidies or services to support families in subsidized housing through the PHA partnership to ensure their successful tenancy. The Ten Year Plan and McKinney Strategic Planning Committee will continue to be the long-term planning and implementation vehicles.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 1,020
- In 12-months, what will be the total number of homeless households with children?** 1,000
- 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

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

Department of Human Services has implemented written protocols regarding discharge planning. The Children and Youth Division Policy Manual, Section 4400, directs that the Child Permanency Plan part of the Family Service Plan must include for all youth 15-1/2 and over, an assessment of independent living skills and services directed at preparing the youth for transition to independence, if indicated. There is clear guidance around discharges from placement and the function of aftercare. To serve youth as they age out of foster care, DHS has established an Adolescent Initiative for any young person between the ages of 16 and 21 who is currently or was formerly in care. Services, including housing assistance are located at the Achieving Independence Center in Center City and easily accessible by public transportation.

The City's data warehouse (CARES) contains client information from multiple social service departments, including the City/County child welfare agency (DHS) and the department charged with planning and implementing City's response to homelessness (Office of Supportive Housing - OSH). A query provided the following: In FY07, 1,570 aged out of foster care; 2 entered City-funded shelter within 30 days of discharge; in FY08, 1,776 aged out; 5 entered city-funded shelter within 30 days of discharge. Stakeholders and collaborating agencies include a network of non-profit housing and service providers with expertise in serving the population.

Health Care:

The City of Philadelphia has no publicly funded hospitals. In 2004, the City of Philadelphia's Office of Supportive Housing updated its "Hospital Referral Policy and Procedures" to better serve individuals who are homeless when discharged from hospitals. Procedures require that the referring institution document medical and/or psychiatric clearance, provide written instructions for continued care, and ensure that the patient leaves with prescribed medication.

Beginning in 2010, the City-operated nursing home (Philadelphia Nursing Home), a 450-bed facility operated under contract, will open a transition unit to serve individuals leaving hospital care who need additional medical care and rehabilitation before they return to the community within a four-month time period. The intent of the unit is to provide an alternative to inappropriate discharge to emergency shelter, as the unit will primarily serve individuals who lack adequate resources to maintain their own residence upon discharge.

When individuals have completed rehabilitation and are ready for discharge, they will be assisted by the nursing home transition agency for placement into community facilities with needed supports. In addition to 4 local hospitals, managed care organizations, and city social service departments, Philadelphia Housing Authority is a partner in this effort and will provide public housing units or Housing Choice Vouchers for individuals transferring from the nursing home.

Mental Health:

The Department of Behavioral Health (DBH) requires its 14 case management providers to obtain approval of all discharges through the Targeted Case Management (TCM) Unit. TCM standards require that discharge occurs when the consumer no longer meets medical necessity criteria and prior to approval the TCM Unit must receive documentation from the case management provider that there is a stable housing plan for the individual. For residential services, DBH requires a written request for discharge documenting the reason the residential supports are not needed and that alternative living arrangements are being secured.

If case managers cannot locate a consumer, they are required to check with a host of systems, including the emergency shelter system, to ensure that the consumer has not become homeless; the HMIS system permits an "alert" to be placed in the system so that if a consumer requests shelter they can be returned to appropriate placement.

The majority of individuals move to permanent or independent housing, as indicated below. Discharges from mental health residential services for FY 2009: 12% returned to homeless status; 37% went to a monitored setting (either another MH residence, inpatient psychiatric hospital; nursing home; prison) and 51% moved to permanent (supported or independent) housing. Stakeholders include the City's social service agencies and non-profit contractors who provide behavioral health services.

Corrections:

The Commonwealth of Pennsylvania has two ways of ensuring that individuals released from State Correctional Institutions do not become homeless. First, in order to expedite reentry planning, the PA Department of Corrections (DOC) issued a policy statement on Inmate Reentry and Transition on January 5, 2006. It requires that the continuity of care planners in each institution make every effort to assure a viable home plan and follow-up services for all who will be released at the maximum term of their sentence. This policy includes providing each inmate with written information on housing, a photo ID, and other personal documents. Linkages have been made with the Veterans Administration to access benefits for which veterans are eligible.

Second, the PA Board of Probation and Parole has a formal policy that no individual may be released on parole without an approved Home Plan. Upon discharge, individuals routinely find housing in the community. Partners include the PA Board of Probation and Parole and the Veterans Administration.

The City of Philadelphia's Prison System (PPS) recently concluded a Re-Entry planning conference convened by Future Search to guide efforts to support individuals exiting the Prison System, including a housing subgroup. A data query indicates that in FY07, 24,855 individuals were discharged from PPS; 412 (1.7%) entered City-funded shelter within 30 days of discharge. In FY08, 29,641 were discharged; 594 (2%) entered shelter within 30 days.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Increase the percentage of homeless families who move from transitional to permanent housing; Increase the percentage of homeless individuals and families who stay in permanent housing more than 6 months; Increase the percentage of households exiting transitional housing with employment income; Create new permanent housing for chronically homeless persons through the "housing first" model; Support 40 families exiting transitional housing into private market housing with rental subsidies; and Create 500 permanent housing opportunities for homeless individuals and families.

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

The Office of Supportive Housing (OSH) is the City department responsible for planning and implementing Philadelphia’s response to homelessness, and directly contracts for more than 6,000 beds in the City’s emergency, transitional and permanent housing inventory. OSH, the CoC Lead Agency, Ten Year Plan convener, and Lead Agency for HMIS implementation, is also the City’s recipient of HPRP funding, so activities are closely coordinated and reported in compliance with current HMIS data standards. A Homeless Prevention Unit was created at OSH to track and monitor outcomes and progress toward goals. Stakeholders involved in the planning of HPRP are active in the Ten Year Plan and the CoC Primary Decision Making Group; both groups have as a standing agenda item status of and opportunity to provide input regarding the HPRP program. OSH intends, through HPRP funding, to “retool” the front door of the emergency shelter system through prevention/diversion activities at the City’s centralized shelter intake points; and offer Rapid Rehousing assistance to individuals and families in emergency and transitional housing. Emergency and transitional housing providers received HPRP Rapid Rehousing allocations to help meet the goal. Additional funding from state HPRP supplements local activity by providing assistance to special populations, including 3 projects awarded to existing McKinney funded providers.

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

All city departments receiving ARRA funding route information to a local Recovery Office to bolster coordination of efforts. Specific examples of coordination to support homeless initiatives include the following: Through the Office of Housing and Community Development, CDBG-Recovery funding was awarded to a homeless development project proposed through the annual joint Special Needs Development RFP, released in conjunction with the McKinney application; OSH participated in an NSP roundtable to provide input to a Request for Proposals, since released; the VA participates regularly in the homeless Ten Year Planning and CoC planning processes and is accepting referrals from the homeless system for the VASH program. With regard to non HUD ARRA funding sources, OSH was awarded Community Service Block Grant recovery funding, and will utilize for shelter case management and employment programs, including two that are currently SHP-funded; with OSH encouragement, a SHP transitional housing provider requested Early Head Start recovery funding to support their onsite child care facility.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	940	Beds	707	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	81	%	84	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	67	%	70	%
Increase percentage of homeless persons employed at exit to at least 19%	23	%	22	%
Decrease the number of homeless households with children.	1,022	Households	1,020	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

CH Beds

In 2008, the CoC's proposed 12-month achievement was to create 115 new beds for chronically homeless individuals, achieving a total number of 940 CH beds. In 2009, the CoC added 126 beds for the chronically homeless through the opening of 3 new PH programs, exceeding the goal by 11 beds. However, this achievement is not evident in the "actual 12-month achievement" of 707 beds due to changes made to the 2009 e-HIC. Per response from the Virtual Helpdesk, SHP-funded programs providing only supportive services but approved by HUD as PH were removed from the inventory. These programs had been reported as having a total of 242 CH beds. Had this modification not occurred, Philadelphia would have exceeded the proposed 12-month achievement.

% Exiting with Employment Income

In 2008, the CoC's proposed 12-month achievement was to increase the percentage of persons employed at exit from 22% to 23%. In 2009, the CoC did not meet this goal; the percentage remained constant at 22%. While the proposed goal was not met, the CoC exceeded HUD's goal of 19% and achieved the same percentage as in 2008, both laudable achievements given the current economic recession. In April 2008, Philadelphia had an unemployment rate of 6.0%. Since that time, the unemployment rate has consistently risen each month and has exceeded the national rate on average by 1%, reaching 10.8% in August 2009. In 2008, Philadelphia had the highest poverty rate of the 10 most populous cities in the U.S.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	655	605
2008	600	825
2009	596	707

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 126

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$400,000	\$742,000	\$0	\$0	\$112,000
Operations	\$172,364	\$455,453	\$0	\$1,050,834	\$0
Total	\$572,364	\$1,197,453	\$0	\$1,050,834	\$112,000

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):

The decrease in the number of beds designated for the chronically homeless is a result of changes made to the 2009 e-HIC, not an actual decrease in capacity. Per response from the Virtual Helpdesk, SHP-funded programs providing only supportive services but approved by HUD as PH were removed from the inventory(-242 CH beds).

Had this modification not occurred, the 2009 e-HIC would have shown an increase in the number of beds for the chronically homeless. Through the opening of 3 new permanent housing programs, 126 beds for the chronically homeless were added to the Philadelphia CoC over the past year.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	516
b. Number of participants who did not leave the project(s)	1709
c. Number of participants who exited after staying 6 months or longer	414
d. Number of participants who did not exit after staying 6 months or longer	1446
e. Number of participants who did not exit and were enrolled for less than 6 months	263
TOTAL PH (%)	84

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	575
b. Number of participants who moved to PH	403
TOTAL TH (%)	70

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

Instructions:

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

Total Number of Exiting Adults: 1,174

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	291	25	%
SSDI	95	8	%
Social Security	28	2	%
General Public Assistance	203	17	%
TANF	300	26	%
SCHIP	2	0	%
Veterans Benefits	78	7	%
Employment Income	253	22	%
Unemployment Benefits	10	1	%
Veterans Health Care	5	0	%
Medicaid	418	36	%
Food Stamps	429	37	%
Other (Please specify below)		0	%
No Financial Resources	72	6	%

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

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

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

Instructions:

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

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

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

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts

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

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

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

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

Throughout the year, the CoC collects updated APR data from each provider within the CoC, analyzes and reviews with the McKinney Strategic Planning Committee. Th data is maintained in a database that includes APR data dating back to operating years ending 2006. This database allows the CoC to track the performance of both individual programs and the CoC as a whole. As trends are noted and to maintain goals, the CoC notifies providers of upcoming trainings and published resources that can assist in the strengthening of program performance. In addition, reports of APR performance of each program within the CoC are shared with providers on an annual basis, as well as with the SHP and S+C Renewal Review Committees. These reports allow providers to stay attuned to their program performance across operating years and their level of performance relative to other providers of similar programs within the CoC.

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.

January 8, 2009
April 2, 2009
July 2, 2009
October 1, 2009

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

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

If yes, identify these staff members Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? Yes

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

Two representatives from Homeless Advocacy Project attended the "Train the Trainer" session in Baltimore January 7-10, 2008 on behalf of the CoC, and conducted local training for case managers on September 8-9, 2008; October 28-29, 2008; March 17-18, 2009; and March 24-25, 2009.

A representative from the City's Behavioral Health Training and Education Network, the agency contracted to train all case managers funded through the City's Department of Behavioral Health, attended the "Train the Trainer" session in Baltimore in May 2009.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
During the Intake Assessment, clients are asked to identify their current sources of income. Within 30-90 days of program entry, Case Managers are required to assist clients in applying for additional benefits for which they may be eligible. In addition to assisting the client with completing the actual application form, Case Managers also assist the client in gathering all required documents and scheduling all necessary appointments.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	25%
CHIP, AdultBasic, Medical Assistance, Low Income Heating and Energy Assitance Program, Food Stamps	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Connection to all eligible mainstream programs is one of the goals identified in each client's individual service plan. Case Managers receive status updates during each meeting with the client. Once a client begins receiving benefits, clients are often required to provide their Case Manager with documentation of receipt. Case Managers also advocate on behalf of the client if difficulties arise during the application process.	

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>	No
<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>	
<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>	
<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>	No
<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>	

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
FAST Housing	2009-10-20 10:24:...	1 Year	Episcopal Communi..	647,203	Renewal Project	SHP	PH	F
Imani II Leasing	2009-10-21 12:38:...	1 Year	People's Emergenc..	14,584	Renewal Project	SHP	PH	F
Families In Trans...	2009-10-21 20:42:...	1 Year	Travelers Aid Soc...	359,951	Renewal Project	SHP	TH	F
New Neighbors	2009-10-21 15:19:...	1 Year	Women's Communit y..	288,230	Renewal Project	SHP	PH	F
Center West Walnu...	2009-10-21 15:05:...	1 Year	1260 Housing Deve...	528,524	Renewal Project	SHP	PH	F
Hogareno	2009-10-21 13:20:...	1 Year	City of Philadelp...	274,452	Renewal Project	S+C	TRA	U
Imani Homes V	2009-11-09 17:08:...	1 Year	People's Emergenc..	103,670	Renewal Project	SHP	PH	F
Positive Living	2009-10-27 17:31:...	1 Year	ActionAID S	249,417	Renewal Project	SHP	PH	F
Casa Nueva Vida	2009-10-30 12:25:...	1 Year	ActionAID S	178,750	Renewal Project	SHP	PH	F
Fresh Start	2009-11-04 17:30:...	1 Year	Methodist Family ...	181,227	Renewal Project	SHP	PH	F
Latino Homeless S...	2009-10-21 14:36:...	1 Year	Asociacion Puerto...	129,778	Renewal Project	SHP	PH	F
Imani Homes II	2009-10-21 11:48:...	1 Year	People's Emergenc..	34,815	Renewal Project	SHP	PH	F

Reed House and Mi...	2009-10-20 17:31:...	1 Year	The Salvation Arm...	278,869	Renewal Project	SHP	PH	F
RHD Permanent Sup...	2009-11-11 10:10:...	2 Years	Resources for Hum...	212,184	New Project	SHP	PH	F5
COMHAR SHP 2	2009-11-02 13:41:...	1 Year	COMHAR	509,646	Renewal Project	SHP	PH	F
Enhanced Services...	2009-10-29 12:43:...	1 Year	Committee For Dig...	212,306	Renewal Project	SHP	PH	F
PTH Phila Integra...	2009-11-11 13:24:...	2 Years	Pathways to Housi...	1,374,144	New Project	SHP	PH	P1
Imani Homes IV	2009-10-21 12:50:...	1 Year	People's Emergenc. ..	78,995	Renewal Project	SHP	PH	F
HELP Philadelphi a	2009-10-14 14:05:...	1 Year	HELP Philadelphi a	487,622	Renewal Project	SHP	TH	F
Supports to Achie...	2009-10-21 15:18:...	1 Year	HORIZON HOUSE REH...	351,217	Renewal Project	SHP	TH	F
HOPIN IV	2009-10-21 13:41:...	1 Year	City of Philadelp...	241,200	Renewal Project	S+C	SRA	U
3902 Transitiona l...	2009-10-29 13:13:...	1 Year	People's Emergenc. ..	241,083	Renewal Project	SHP	TH	F
Reed Preston Perm...	2009-11-04 16:32:...	1 Year	1260 Housing Deve...	201,685	Renewal Project	SHP	PH	F
ARCH	2009-10-21 12:05:...	1 Year	City of Philadelp...	101,040	Renewal Project	S+C	SRA	U
CVCA Transitiona l...	2009-10-17 09:23:...	1 Year	Carson Valley Chi...	353,396	Renewal Project	SHP	TH	F
COMHAR COMPAS S I	2009-11-02 13:37:...	1 Year	COMHAR	285,805	Renewal Project	SHP	PH	F
Women of Change/S. ..	2009-10-21 16:43:...	1 Year	Project H.O.M.E.	773,964	Renewal Project	SHP	SH	F
HOPIN II	2009-10-21 13:35:...	1 Year	City of Philadelp...	654,504	Renewal Project	S+C	SRA	U
Mid-City Apartment s	2009-10-21 14:23:...	1 Year	City of Philadelp...	121,248	Renewal Project	S+C	PRA	U

Sojourner House 2009	2009-11-04 12:41:...	1 Year	Women Against Abu...	181,225	Renewal Project	SHP	TH	F
Homeless Management e...	2009-11-02 17:29:...	1 Year	City of Philadelp...	99,272	Renewal Project	SHP	HMIS	F
Independence Plac...	2009-10-21 14:15:...	1 Year	City of Philadelp...	13,248	Renewal Project	S+C	PRA	U
Station House Sup...	2009-10-21 14:38:...	1 Year	Volunteers of Ame...	114,744	Renewal Project	SHP	PH	F
Kairos House/Proj ...	2009-10-21 16:20:...	1 Year	Philadelphi a Hous...	238,464	Renewal Project	S+C	SRO	U
Safe Haven - My B...	2009-10-20 12:09:...	1 Year	Bethesda Project	223,761	Renewal Project	SHP	SH	F
New Keys SPC	2009-10-21 14:26:...	1 Year	City of Philadelp...	353,640	Renewal Project	S+C	TRA	U
Assisted Living P...	2009-10-21 12:43:...	1 Year	City of Philadelp...	169,680	Renewal Project	S+C	PRA	U
Hope Haven I/Proj...	2009-10-21 16:34:...	1 Year	Philadelphi a Hous...	66,240	Renewal Project	S+C	SRO	U
Patriot House	2009-11-12 09:12:...	2 Years	City of Philadelp...	880,696	New Project	SHP	PH	P2
Cloisters III	2009-11-10 10:16:...	1 Year	People's Emergenc. ..	98,188	Renewal Project	SHP	PH	F
Freedom's Gate	2009-10-21 12:53:...	1 Year	City of Philadelp...	296,760	Renewal Project	S+C	TRA	U
SERA	2009-11-04 17:14:...	2 Years	Asociacion Puerto...	422,175	New Project	SHP	PH	P3
Dignity II Transi...	2009-10-21 19:50:...	1 Year	Committee For Dig...	122,253	Renewal Project	SHP	TH	F
HomeBase	2009-10-21 10:29:...	1 Year	Impact Services C...	624,728	Renewal Project	SHP	TH	F
Rowan Judson	2009-10-21 14:34:...	1 Year	City of Philadelp...	397,440	Renewal Project	S+C	PRA	U
1523 Fairmount/ Pr...	2009-10-21 16:27:...	1 Year	Philadelphi a Hous...	39,744	Renewal Project	S+C	SRO	U

Melville Way	2009-10-21 20:38:...	1 Year	Travelers Aid Soc...	131,428	Renewal Project	SHP	TH	F
HOPIN III	2009-10-21 13:38:...	1 Year	City of Philadelp...	202,080	Renewal Project	S+C	TRA	U
Pennsgrove Perman...	2009-10-21 14:53:...	1 Year	1260 Housing Deve...	144,900	Renewal Project	SHP	PH	F
SAFE	2009-10-21 14:44:...	1 Year	City of Philadelp...	413,136	Renewal Project	S+C	TRA	U
In Community/The ...	2009-10-21 14:07:...	1 Year	City of Philadelp...	355,488	Renewal Project	S+C	SRA	U
Chestnut Manor	2009-10-21 20:46:...	1 Year	Travelers Aid Soc...	259,729	Renewal Project	SHP	PH	F
Mental Health, Dr...	2009-10-21 14:19:...	1 Year	City of Philadelp...	757,440	Renewal Project	S+C	TRA	U
Job Readiness & S...	2009-10-21 16:38:...	1 Year	Project H.O.M.E.	124,922	Renewal Project	SHP	PH	F
Scattered Sites	2009-10-21 14:49:...	1 Year	City of Philadelp...	122,712	Renewal Project	S+C	SRA	U
HORIZON HOUSE PER...	2009-10-21 11:12:...	1 Year	HORIZON HOUSE REH...	347,215	Renewal Project	SHP	PH	F
Serenity Court 07...	2009-10-19 13:52:...	1 Year	Calcutta House, Inc	115,943	Renewal Project	SHP	PH	F
Monument Village	2009-10-20 11:44:...	1 Year	Methodist Family ...	250,354	Renewal Project	SHP	PH	F
Visitation Homes ...	2009-10-22 12:58:...	1 Year	Catholic Social S...	202,085	Renewal Project	SHP	TH	F
Serenity Court	2009-10-21 14:36:...	1 Year	City of Philadelp...	59,616	Renewal Project	S+C	PRA	U
Jobs Opportunity e...	2009-10-21 13:28:...	1 Year	People's Emergenc. ..	369,810	Renewal Project	SHP	TH	F
Gaudenzia Tioga Arms	2009-11-04 14:34:...	1 Year	Gaudenzia Inc.	246,123	Renewal Project	SHP	PH	F
Bainbridge	2009-10-21 12:45:...	1 Year	City of Philadelp...	33,120	Renewal Project	S+C	SRA	U

New Keys	2009-10-21 14:40:...	1 Year	HORIZON HOUSE REH...	228,199	Renewal Project	SHP	PH	F
Apple Tree Housing	2009-10-27 08:18:...	1 Year	ACHIEVEability	210,000	Renewal Project	SHP	TH	F
Thompson Street P...	2009-10-21 14:14:...	1 Year	1260 Housing Deve...	260,604	Renewal Project	SHP	PH	F
Project Rainbow	2009-10-21 10:15:...	1 Year	Drueding Center	1,081,414	Renewal Project	SHP	TH	F
HOPIN I	2009-10-21 13:29:...	1 Year	City of Philadelp...	812,412	Renewal Project	S+C	SRA	U
Independence Plac...	2009-10-19 12:24:...	1 Year	Calcutta House, Inc	75,455	Renewal Project	SHP	PH	F
Hope Haven II	2009-10-21 13:24:...	1 Year	City of Philadelp...	66,240	Renewal Project	S+C	PRA	U
Haddington Housing	2009-10-27 08:43:...	1 Year	ACHIEVEability	161,700	Renewal Project	SHP	TH	F
Independence Place I	2009-10-21 14:11:...	1 Year	City of Philadelp...	26,496	Renewal Project	S+C	PRA	U
Escalera	2009-10-21 12:49:...	1 Year	City of Philadelp...	79,488	Renewal Project	S+C	PRAR	U
Philadelphia Tran...	2009-10-21 13:15:...	1 Year	Valley Youth Hous...	497,322	Renewal Project	SHP	TH	F
Gaudenzia Thompso..	2009-11-13 12:01:...	2 Years	Gaudenzia Foundat...	145,711	New Project	SHP	PH	F6
Home First	2009-10-21 14:29:...	1 Year	HORIZON HOUSE REH...	644,582	Renewal Project	SHP	PH	F
Welcome Home	2009-10-21 15:07:...	1 Year	HORIZON HOUSE REH...	801,713	Renewal Project	SHP	PH	F
SALT: Supported A...	2009-10-29 13:15:...	1 Year	Resources for Hum...	225,435	Renewal Project	SHP	PH	F
Homeless Managem e...	2009-11-02 15:48:...	1 Year	City of Philadelp...	147,924	Renewal Project	SHP	HMIS	F
Bigham Homes	2009-11-12 13:22:...	2 Years	City of Philadelp...	593,155	New Project	SHP	PH	F4

Abriendo Caminos	2009-10-21 14:21:...	1 Year	Asociacion Puerto...	149,711	Renewal Project	SHP	PH	F
Overington House ...	2009-10-26 08:58:...	1 Year	overington house	225,959	Renewal Project	SHP	TH	F
Cecil Housing	2009-11-06 09:00:...	1 Year	City of Philadelp...	42,000	Renewal Project	SHP	PH	F
Hancock Manor	2009-10-21 13:16:...	1 Year	City of Philadelp...	171,216	Renewal Project	S+C	PRA	U
Veteran Shared Ho...	2009-10-21 10:31:...	1 Year	Impact Services C...	268,304	Renewal Project	SHP	TH	F
Sheila Brown Wome...	2009-10-21 14:23:...	1 Year	1260 Housing Deve...	67,686	Renewal Project	SHP	TH	F
Veteran Home Project	2009-10-19 11:33:...	1 Year	The Philadelphi a ...	305,222	Renewal Project	SHP	PH	F
Rowan House	2009-10-21 13:09:...	1 Year	People's Emergenc. ..	496,362	Renewal Project	SHP	TH	F
Project Advantage	2009-10-29 13:04:...	1 Year	Resources for Hum...	486,335	Renewal Project	SHP	PH	F
Support Housing P...	2009-10-28 11:58:...	1 Year	Family Planning C...	127,661	Renewal Project	SHP	PH	F
Sanctuary	2009-10-20 12:13:...	1 Year	Bethesda Project	160,900	Renewal Project	SHP	TH	F
Imani Homes III	2009-10-29 13:35:...	1 Year	People's Emergenc. ..	53,384	Renewal Project	SHP	PH	F
Reunificati on Pro...	2009-10-21 14:29:...	1 Year	City of Philadelp...	873,468	Renewal Project	S+C	TRA	U
Dignity III - Bet...	2009-10-21 19:44:...	1 Year	Committee For Dig...	30,569	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$17,846,908
Permanent Housing Bonus	\$2,677,015
SPC Renewal	\$6,940,572
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	PA-500 Certificat...	11/10/2009

Attachment Details

Document Description: PA-500 Certification of Consistency with the Consolidated Plan