

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): MI-501 - Detroit CoC

CoC Lead Agency Name: Homeless Action Network of Detroit

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: Homeless Action Network of Detroit (HAND)

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: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 59%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

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

Specify "other" process(es):

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

HAND's by-laws stipulate the composition of the Board to allow for inclusive representation from key stakeholders within the community, including at a minimum individuals who are formerly homeless, a person designated by the Mayor of the City of Detroit, and executives from the private and public sector to be elected annually. The HAND Board of Directors has a Nominating Committee which recommends Board members for election. This committee reviews the nomination form, resume, conducts an interview and makes recommendations to the full Board of Directors whether or not to extend to the candidate the offer of membership on the Board. The Board of Directors then votes on this recommendation. Vacant Board seats may be filled by appointment.

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

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

HAND serves as the lead agency for the Detroit CoC, and currently does carry out activities such as applying for HUD funding. HAND also provides ongoing project oversight and monitoring of project outcomes. Over the past year, HAND engaged in a strategic planning process, through which goals and objectives were set for increasing the organization's capacity to act as a Collaborative Applicant and/or a UFA. The planning process revealed areas of administrative and programmatic capacity which need to be strengthened, and the strategies HAND will use in the coming year to strengthen them. With additional administrative funds from HUD, HAND is confident it would be able to carry out the duties of a Collaborative Applicant and/or UFA.

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.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	Comprised of officers of the HAND board of directors and committee chairs, the Executive Committee acts on behalf of the board of directors and makes decisions that arise between meetings.	Bi-monthly
Detroit Team to End Chronic Homelessness (DTECH)	Role of this committee is to increase supportive housing opportunities for homeless and chronic homeless serving organizations by sharing information, opportunities and best practices, monitoring and reporting on MSHDA and SOAR project and making policy recommendations. This group is comprised of cross-sector representation that identifies and addresses barriers to housing the homeless and improving access to mainstream resources.	Bi-monthly
Project Review Committee	This committee reviews new and renewal project applications for state and federal homeless assistance funding and makes recommendations to the HAND Board of Directors. The committee provides project monitoring, evaluation, and assistance to member organizations in the application process.	Bi-monthly
Membership Committee	The role of this committee is to provide member agencies with technical assistance and training, best practices, referrals and other tools to increase their effectiveness. This committee also provides planning for bi-monthly CoC meetings.	Bi-monthly
Communications Committee	The role of this committee is to promote HAND as a resource, conduit and coalition for the effective engagement of public and political will to combat homelessness.	Bi-monthly

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Michigan State Housing Development Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Michigan Department of Community Health	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Michigan Prisoner ReEntry Initiative	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Detroit/Wayne County Community Mental Health Ag...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Detroit Planning and Development Depart...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Detroit Department of Health and Wellness Promo...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Detroit Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Detroit Police Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Alternatives for Girls	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Subst...
Cass Community Social Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Catholic Social Services Wayne County	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth
Coalition on Temporary Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Do...
Community Living Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Covenant House Michigan	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Youth, Subst...
Detroit Central City Community Mental Health	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

Detroit East Community Mental Health	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Detroit Rescue Mission Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Development Centers, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Emmanuel House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans, Su...
Glendale Williams	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Robert Sherman	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Freedom House	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Homeless Action Network of Detroit	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
JVS	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Legal Aid and Defenders Association	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans, Se...
Mariner's Inn	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Matrix Human Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth, Subst...
Joseph Walsh	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Jeffrey Nutt	Private Sector	Other	Primary Decision Making Group	NONE
Michigan Veterans Foundation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans
Neighborhood Legal Services Michigan	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Neighborhood Service Organization	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New Center Community Mental Health	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

New Day Multipurpose Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NOAH Project	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Effective Alternative Community Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans, Su...
Operation Get Down	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Perfecting Community Development Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Positive Images	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Serenity Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Simon House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Shelters of Love	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Southwest Counseling Solutions	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Southwest Housing Solutions	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
The Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Traveler's Aid Society of Metropolitan Detroit	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
United Community Housing Coalition	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...
United Way 211 On-the-Go	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	Veterans, Do...
Detroit City Council	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Detroit Housing Commission	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Corporation for Supportive Housing	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

The McGregor Fund	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Sylvester Hyman Associates	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Advantage Health Centers/Health Care for the Ho...	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months	NONE
VA Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Veterans
Wayne County Department of Human Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Veterans Administration	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	Veterans
Wayne County Community Collaborative	Public Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
U.S. Department of Housing and Urban Development	Public Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Accupuncture Treatment Concepts	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
The Ark Association	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
City Connect Detroit	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Colin L. Powell, AMVETS Post 910	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans
Community & Home Supports	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Detroit Area Agency on Aging	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans, HI...
Disability Network	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Emmanuel House 1 & 2	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Helping Unite Mothers and Children (HUMAC)	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth, Subst...
Looking for My Sister	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...

Volunteers of America	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veteran s
YWCA	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth
Capuchin Soup Kitchen	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Judah Transitional & Recovery Home	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Write On! LLC	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Michigan State Housing Development Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Michigan Department of Community Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Michigan Prisoner ReEntry Initiative

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Detroit/Wayne County Community Mental Health Agency

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of Detroit Planning and Development Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Detroit Department of Health and Wellness Promotion, Bureau of Substance Abuse Prevention, Treatment, and Recovery

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Mental health, Alcohol/Drug Abuse
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Detroit Public Schools

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Detroit Police Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alternatives for Girls

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Child Care, Mental health, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cass Community Social Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year
(select all that apply) planning meetings during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Education, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Social Services Wayne County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Coalition on Temporary Shelter

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Child Care, Life Skills, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Living Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Covenant House Michigan

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Detroit Central City Community Mental Health

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Detroit East Community Mental Health

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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

Instructions:

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Detroit Rescue Mission Ministries

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Development Centers, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Emmanuel House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Glendale Williams

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Robert Sherman

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Freedom House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Legal Assistance, Transportation, HIV/AIDS, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Homeless Action Network of Detroit

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: JVS

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Employment
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Aid and Defenders Association

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Legal Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mariner's Inn

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Matrix Human Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Alcohol/Drug Abuse
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Joseph Walsh

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Jeffrey Nutt

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Michigan Veterans Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

Instructions:

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 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Neighborhood Legal Services Michigan

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Legal Assistance, Transportation
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Neighborhood Service Organization

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Center Community Mental Health

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Day Multipurpose Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NOAH Project

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

Instructions:

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Effective Alternative Community Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills
(select all that apply)

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

Instructions:

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- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Operation Get Down

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Perfecting Community Development Corporation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Utilities Assistance, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Positive Images

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Child Care, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Serenity Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Child Care, Life Skills, Utilities Assistance, Mental health, Legal Assistance, Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Simon House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, HIV/AIDS
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Shelters of Love

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Transportation
(select all that apply)

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

Instructions:

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Southwest Counseling Solutions

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southwest Housing Solutions

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Alcohol/Drug Abuse, Rental Assistance, Street Outreach, Child Care, Life Skills, Mortgage Assistance, Healthcare, Mental health
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Traveler's Aid Society of Metropolitan Detroit

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Community Housing Coalition

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Mortgage Assistance, Mobile Clinic, Legal Assistance, Transportation, Rental Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way 211 On-the-Go

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Transportation, Employment
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Detroit City Council

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Detroit Housing Commission

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Corporation for Supportive Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The McGregor Fund

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sylvester Hyman Associates

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Advantage Health Centers/Health Care for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Healthcare, HIV/AIDS
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: VA Medical Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wayne County Department of Human Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Veterans Administration

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health, HIV/AIDS, Alcohol/Drug Abuse
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wayne County Community Collaborative

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: U.S. Department of Housing and Urban Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Accupuncture Treatment Concepts

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mental health, HIV/AIDS
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Ark Association

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Healthcare, Transportation
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City Connect Detroit

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Colin L. Powell, AMVETS Post 910

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community & Home Supports

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year
(select all that apply) planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Child Care, Legal Assistance, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Detroit Area Agency on Aging

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Healthcare, Rental Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Disability Network

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Emmanuel House 1 & 2

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Helping Unite Mothers and Children (HUMAC)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Looking for My Sister

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Child Care, Legal Assistance, Rental Assistance, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Volunteers of America

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: YWCA

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Capuchin Soup Kitchen

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Judah Transitional & Recovery Home

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Life Skills, Mortgage Assistance, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Write On! LLC

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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

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) e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s):
(select all that apply) b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

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 Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

The 2010 HIC is reporting slightly fewer year-round beds for individuals and families than in the 2009 HIC.

One program that provided 16 beds of ES to single individuals with a medical and/or mental health crisis was closed in the past year, due to a loss of funding

A couple of organizations reported having added additional beds to their programs, while others reported fewer beds.

Additional fluctuations in the number of beds available are due to programs that serve both singles and families, and do not have beds specifically dedicated to either population. Therefore, the number of individual beds and family beds are reported as such based upon the occupants of those beds on the night of the count, and varies from year to year.

Safe Haven: No

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

n/a

Transitional Housing: Yes

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

The 2010 HIC reflects a decrease in the number of TH beds. Factors contributing to this decrease include:

Several programs that reported in the '09 HIC reported fewer beds available in '10 than the year prior. Reasons for this change in reporting are believed to be largely due to changes in program funding

One program reported in '09 was not reported in '10, due to clarification that the program was not appropriate to report on the HIC as it did not exclusively serve the homeless

A lot of the TH beds reported in '09 were TBRA programs, for which the funding was time-limited. In '10, a significant number of these programs had ended, and the clients were exited from the programs into other housing.

Permanent Housing: Yes

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

The 2010 HIC shows an increase in PH for both individuals and families due to several factors, including:

A significant number of the PH programs are either S+C or other scattered-site leasing programs; therefore, the number of units that can be leased up at any point in time fluctuates, given the current FMR and amount clients are able to contribute to their rent. A number of these programs were able to lease up more units that reported in '09.

The most significant increase in the number of PH beds was a result of leasing up in the HUD VASH program and the HARP program. HARP provides Section 8 vouchers that are targeted to people who are homeless.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: No

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

Must specify other:

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

Specify "other" data types:

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Statewide

- Select the CoC(s) covered by the HMIS: (select all that apply)** MI-513 - Marquette, Alger Counties CoC, MI-518 - Livingston County CoC, MI-501 - Detroit CoC, MI-505 - Flint/Genesee County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-519 - Holland/Ottawa County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-503 - St. Clair Shores/Warren/Macomb County CoC, MI-516 - Norton Shores/Muskegon City & County CoC, MI-521 - Cass County CoC, MI-509 - Ann Arbor/Washtenaw County CoC, MI-515 - Monroe City & County CoC, MI-511 - Lenawee County CoC, MI-523 - Eaton County CoC, MI-500 - Michigan Balance of State CoC, MI-517 - Jackson City & County CoC, MI-514 - Battle Creek/Calhoun County CoC, MI-522 - Alpena, Iosco, Presque Isle/NE Michigan CoC, MI-508 - Lansing/East Lansing/Ingham County CoC, MI-504 - Pontiac/Royal Oak/Oakland County CoC

- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes

- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Not Applicable

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

- If "No" select reason:**

- If "Yes" list the name of the product:** ServicePoint

- What is the name of the HMIS software company?** Bowman Systems

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 09/01/2004

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate resources

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).

Some of our programs have inadequate staff available to input all of their data into HMIS. We plan to seek additional funding from various sources to hire part-time data entry staff that can help these programs enter their client data.

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

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 Homeless Action Network of Detroit
Street Address 1 1600 Porter
Street Address 2
City Detroit
State Michigan
Zip Code 48216
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? 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: Ms.
First Name Amanda
Middle Name/Initial
Last Name Sternberg
Suffix
Telephone Number: 313-963-6601
(Format: 123-456-7890)
Extension 4115
Fax Number: 313-963-6851
(Format: 123-456-7890)
E-mail Address: amanda@handetroit.org
Confirm E-mail Address: amanda@handetroit.org

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

Instructions:

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

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

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

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

For PH programs, the HMIS bed coverage is 52%. Within the past 9 months, the CoC has seen the introduction of a large Section 8 voucher program specifically targeted to people who are homeless. This program is currently providing housing and services to more than 1200 clients, and accounts for our low coverage percentage in PH. Some data on the people in this program is being entered into the HMIS, however, the CoC is not able to complete the program entries due to needing data on when the client's voucher is officially leased up. This data is only available from the State Housing Development Authority (MSHDA). The CoC is currently working closely with MSHDA to get this information, and will continue to do so. We are confident that MSHDA will soon be providing the CoC with the data needed to complete the program entry in HMIS, and thereby increase our PH bed coverage.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	3%	4%
* Date of Birth	1%	1%
* Ethnicity	2%	1%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	3%	3%
* Disabling Condition	7%	11%
* Residence Prior to Program Entry	3%	3%
* Zip Code of Last Permanent Address	5%	8%
* Name	0%	0%

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

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

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

- + The CoC scores funded programs on data quality for funding renewal, thereby improving data quality
- + Webinar training classes are provided on how to generate data quality reports
- + Agencies are advised to run data quality reports monthly; help desk, job aids, and coaching sessions are provided
- + End users are instructed on how to use the HMIS APR to review bed utilization, specifically on the dates used for the AHAR and PULSE reports, which show whether clients need to be entered or exited
- + Training emphasizes to end-users that they update client data when discharging clients; this assists the agency with tracking client and program outcomes
- + ShelterPoint is used at larger shelters to exit multiple people from the system at once

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

Agencies sign Participation Agreements that specify data quality requirements
End users sign a User's Agreement that specifies data quality standards and receive training on entering and exiting clients from programs
The CoC uses data quality to score and rank HUD-funded renewal projects
Intake/exits dates are included on the HMIS client intake/exit forms
A backdating feature allows end users to enter a previous date if the client entered a program prior to the current date
End users are encouraged to use the ζ Length of Stay ζ data quality report to determine if clients need to be exited
The number of clients in the program as compared to the number of beds in the HIC serves as a measure on the HMIS Agency Progress Report

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? Yes

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

Instructions:

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

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

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

Instructions:

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 09/01/2010

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2011

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

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The most recent unsheltered PIT was in 09; the one prior was in 07. There is a significant decrease between the 09 and 07 unsheltered PIT data due to the 09 unsheltered PIT reporting the raw, actual numbers of people counted. The unsheltered 07 PIT reported numbers that were based on a method of statistical extrapolation that the CoC was not able to replicate in 09. For 09, the CoC only reported the number of people actually counted and did not apply statistical analysis to the numbers. This method is in alignment with HUD's published Guide for Counting Unsheltered Homeless People.

The most recent sheltered PIT was in 09; the one previous to that was in 07. The 09 sheltered data shows a decrease in the number of people in ES and TH programs. This may be due to differences in the way in which the data is collected and analyzed in the HMIS and the HIC.

The CoC has become more restrictive on the types of programs that are recorded on the HIC, to better align itself with HUD's instructions on this issue. Only those programs that are specifically targeted to the homeless are recorded in the HIC, and subsequently in the PIT. The CoC continues to make improvement on this issue, and therefore it is likely that some of the TH programs that were reported in the PIT in 07 were not reported in 09 due to an understanding that they did not exclusively serve the homeless.

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

Instructions:

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

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Emergency Shelter and Transitional Housing providers that were currently using HMIS as of the night of the count were given instructions by the HMIS System Administrators on how to capture in the HMIS the people who were served by their programs on the night of the count. The HMIS end-users at each participating agency received these instructions several times, and were also provided coaching and follow-up assistance to help ensure the numbers entered in the HMIS accurately reflected only the actual number of people in shelters or TH programs that night. Every effort was been made to exit appropriately from the HMIS people who were no longer in the program. After the data was all entered in the HMIS, reports were run to identify potential duplicate names, with corrections made as needed.

Emergency Shelter and Transitional Housing providers not entering data into HMIS on the night of the count were required to complete a paper survey on the number of clients in their programs and sub-population information for these clients. Follow-up phone calls and emails were completed as needed to both HMIS and non-HMIS using agencies to ensure the most accurate information possible was collected.

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

Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

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

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Emergency Shelter and Transitional Housing providers that were using HMIS as of the night of the count were required to record in HMIS the number of people in their program(s) on the night of the count. They were also to include the appropriate sub-population information on the people staying in the shelter or transitional housing program on that night. Training was provided to these agencies on how to correctly enter this data into the HMIS. The HMIS System Administrators also worked with the Agency Administrators to clean up and properly record the PIT data in the HMIS.

Emergency Shelter and Transitional Housing providers that were not active users of the HMIS on the night of the count were sent a paper survey requesting this same population/subpopulation information. The survey was returned to the CoC, and the numbers reported in those surveys were added to the numbers recorded in the HMIS. Follow-up phone calls and emails were completed as needed to both HMIS and non-HMIS using agencies to ensure the most accurate information possible was collected.

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

Instructions:

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

The teams of volunteer counters on the night of the PIT were given very clear, distinctly marked street boundaries of the area in which they were to count. All volunteers were instructed to count only the individuals in their area, so that people would not be counted by two different teams. If a volunteer saw a homeless person outside of his/her area, and was not sure if that person would be counted by another team, the volunteer was able to count that person, and indicate on their tally sheet the person's location. If it was discovered another team had covered that same area, adjustments would be made to ensure the homeless person was only recorded once.

Every attempt was made to collect identifying information (such as names or partial names) through interviews for the unsheltered population either on the street the night of the PIT or at service provider locations the next day; this information was entered into HMIS. A report was then generated from HMIS to identify those who were recorded twice during the street count. Adjustments were made to the unsheltered count as needed based on this report.

Shelters and transitional housing programs were all instructed to conduct their sheltered count after curfew. This would help ensure that all people who were going to be in the facility for the night were already in, thereby reducing the likelihood that they would be included in the unsheltered count.

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

Over the past year, the introduction of the Homeless Prevention & Rapid ReHousing (HPRP) program in Detroit has served over 1,000 families who were homeless or at-risk of becoming homeless since October 2009. Although HPRP is not targeted to only homeless families, the CoC is confident that this program has prevented a significant number of families from becoming unsheltered.

The CoC is exploring how other sources of funding (such as ESG) may be used in a way similar to HPRP, in order to continue to provide these types of prevention and rapid Rehousing services even after HPRP has ended.

For HPRP and similar programs, the CoC has found that little outreach has been necessary, and that families who are homeless or at-risk of becoming homeless are already accessing many of the service providers providing assistance.

In the coming year, the CoC will also work with the Detroit Public Schools homeless liaison to ensure strategies are in place for the identification of homeless families and linking them to the appropriate housing and supports.

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):

Within the Detroit CoC, one program in particular has been successful in reaching individuals who routinely sleep on the street. This program is called "Project Helping Hands", and is a partnership between the Detroit Dept. of Substance Abuse, Wayne County CMH, and a local service provider, Neighborhood Service Organization. Project Helping Hands employs outreach workers who go to locations throughout the city where individuals are known to be sleeping outside. Through ongoing engagement with these individuals, the workers are able to build the relationship and trust needed to convince the homeless to seek treatment and shelter. The outreach workers then work to get the individuals placed into shelter and off the streets. Over the past year, the scope and reach of Project Helping Hands has unfortunately been significantly reduced, due to State budget cuts, resulting from Michigan's poor economy. Despite having to scale back this project, the outreach teams remain committed to engaging with people on the streets who normally avoid shelters.

In addition to Project Helping Hands, there are several other service providers in Detroit that have mobile teams conducting outreach to the homeless, including six PATH (Projects for Assistance in Transition from Homelessness) programs. The local United Way also has an innovative outreach program which makes direct contact with people on the streets and connects them with services.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

In the coming year, the CoC anticipates a new 42-unit PSH project will begin providing PSH to singles and families. This project was awarded Permanent Housing Bonus funds in the 2009 CoC competition. While this project is not specifically targeted to people who are CH, it is anticipated that many of the people who will be occupying these units will be CH or have a head of household who is CH. This project is owned and operated by Cass Community Social Services.

Another SHP project that was awarded Permanent Housing Bonus funds in the 2009 CoC competition is anticipated to begin leasing up in the coming year. This project will provide PSH to an estimated 30 highly vulnerable homeless individuals, over half of which are estimated will be CH. This project is operated by Neighborhood Service Organization.

Two projects that were recorded as *¿*under development¿ in the 2010 HIC have since begun providing PSH for the CH, for an additional 27 units of PSH specifically targeted to the CH.

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

The CoC's 10-Year Plan to End Homelessness has a goal to "Increase by 5% annually the number of units of permanent and PSH via HUD, MSHDA, private market, and other sources for individuals and families." It is anticipated many of the occupants of these units will be chronically homeless.

The 10-Year Plan also has a goal to "Re-allocate HUD funding toward supportive housing projects for the chronically homeless, if funding is available." The extent to which this goal will be realized will vary from year to year as funds become available for reallocation.

The Detroit Team to End Chronic Homelessness, a CoC committee, is composed of service providers, and local and state government and is responsible for providing oversight to funded programs that provide PSH for the CH. In the coming years, this committee will continue to identify ways to increase PH for the CH.

The CoC continues to advocate at the State level for additional funding for projects to provide PH for the CH.

How many permanent housing beds do you currently have in place for chronically homeless persons? 248

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 275

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 505

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 765

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

At 85%, the CoC is currently exceeding HUD's expectations for percentage of people remaining in CoC funded PH projects for at least 6 months. Over the course of the coming year, HAND will be increasing the extent to which it conducts on-going monitoring of these programs, and to provide technical assistance to an organization when decline in performance is noted. In order to maintain this performance level, HAND will continue to monitor program performance and intervene with technical assistance to providers when needed. A key factor in ensuring success of PH programs in the CoC is the provision of supportive services that assist people in remaining stably housed. PH providers have been experiencing significant decreases in funding for services due to State budget cuts, which threaten the ability of these programs to continue providing needed services. In the coming year, HAND will advocate for continued funding for services in PH to help ensure on-going success of these programs.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

In the coming year, HAND will be developing and implementing a more robust system of monitoring and evaluating CoC-funded programs. Along with this improved monitoring and evaluation system will be an increased provision of technical assistance to providers struggling to meet performance expectations. Ultimately, if providers are not able to improve performance within a given timeframe, HAND will consider re-allocating that program's funding to other programs that have proven to be successful in keeping people housed for at least six months.

HAND will also continue to work closely with the MI office of the Corporation for Supportive Housing, in providing technical assistance and training to providers of PSH, to help ensure the providers and staff have the skills needed to work with their consumers in keeping them housed.

HAND will also advocate for funding for mental health, substance abuse, and other services funding to support programs that help to keep people housed.

- What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 85
- In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 86
- In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 90
- In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 90

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

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

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

At 68%, the Detroit CoC is currently exceeding the expected performance for people in transitional housing moving to permanent housing. In order to maintain this performance level, the CoC will continue to monitor program performance and intervene with technical assistance to providers when needed. The CoC will also continue to pursue and advocate for resources that will assist in the development of more permanent and affordable housing so that people leaving transitional housing programs have available housing into which to move.

Over the course of the coming year, the CoC intends to increase the extent to which it conducts on-going monitoring of these programs, and to provide technical assistance to an organization when decline in performance is noted.

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

The Detroit CoC will continue to meet or exceed HUD's expectations on the percentage of people moving from transitional to permanent housing by providing on-going program monitoring and technical assistance. As the CoC identifies transitional housing programs that are consistently unable to move their consumers into permanent housing, the CoC will consider re-allocating that program's funding to other programs that have proven to be successful in either moving people from transitional to permanent housing or programs that have been proven to keep people in permanent housing.

The CoC will also review best practices to identify models of transitional housing that have demonstrated success in moving people to permanent housing. A key factor the CoC will examine is the identification of populations that seem to be the best served by transitional housing. Any lessons learned will be applied to the Detroit CoC as appropriate to help ensure continued high performance in this area.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 68
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 71
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 83
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 90

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

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

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

The CoC is proud of the fact it met HUD's expectations on this objective, despite the difficult economic situation in Detroit and the State. In the coming year, HAND will continue to work closely with the CSH MI office in improving employment outcomes in the CoC. This work will include the following:

- + Continuing the work of an employment subcommittee within the CoC
- + Ensuring CoC representation on Statewide Employment & Incomes Support workgroup
- + Expanding access to existing employment services & expanding investment of funding from multiple systems to address education & training needs of homeless/formerly homeless job seekers
- + Improve critical cross-systems (housing, treatment services, and employment services) linkages so that homeless job seekers have the housing, support, and training to be successful

HAND will also be working with the City of Detroit's HPRP program and the City's Workforce Development Dept. to align and integrate employment opportunities.

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

During the updating of the Detroit 10-Year Plan to End Homelessness, an additional goal of specifically addressing the issue of employment was created. This goal is: "Create opportunities for accessing and retaining sustainable employment to increase housing stability and self-sufficiency for people who are experiencing homelessness or at-risk of homelessness." In the coming years, this goal will be met by:

- + Addressing gaps & barriers in employment services available to persons who are homeless
- + Improving access to employment services through the Community Employment Pathways Initiative, a national model that aims to create collaboration between workforce development and homeless assistance systems
- + Promoting investment in programs that meet the training & educational needs of people who are homeless
- + Addressing barriers such as affordable and reliable child care & transportation options
- + Exploring creative avenues for employment, such as social enterprise opportunities

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

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit? 22

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit? 26

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit? 31

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

In the coming year, the CoC anticipates a new 42-unit PSH project will begin providing PSH to families, where the head of household has a disability. This project was awarded Permanent Housing Bonus funds in the 2009 CoC competition, and is owned and operated by Cass Community Social Services.

In the coming year, it is also anticipated that HPRP will continue to provide rapid rehousing or prevention services help to families. From 10-1-09 to 9-30-10, the HPRP program in Detroit has provided rapid rehousing or prevention assistance to over 1,000 families with children who were homeless or at-risk of becoming homeless.

Additionally, the State Emergency Solutions Grant (ESG) program is being re-tooled to provide a greater amount of prevention and rapid re-housing assistance to individuals and families who are homeless or at-risk of homelessness. It is estimated that this program will provide assistance to approximately 100 households.

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

The CoC's 10-Year Plan to End Homelessness has several longer-term goals and action steps to address family homelessness. They include:

- + Increase by 5% annually the number of units of permanent and PSH via HUD, MSHDA, private market, and other sources for individuals and families
- + Coordinate landlord education and outreach efforts to increase housing options available to homeless individuals and families including returning citizens/ex offenders
- + Explore ways in which supportive service only programs can partner with shelters and leverage service funding to ensure people are moving from shelters to housing

These action steps will be carried out by HAND and individual service providers.

Additionally, the efforts the CoC will also be undertaking to address employment needs of people who are homeless will further help to reduce the number of homeless households with children.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count?	230
In 12-months, what will be the total number of homeless households with children?	219
In 5-years, what will be the total number of homeless households with children?	178
In 10-years, what will be the total number of homeless households with children?	138

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place 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 demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

What:

The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to assure that youth "aging out" of foster care are not discharged into homelessness, including discharge into HUD McKinney-Vento programs. The "Youth in Transition Program" prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with educational, vocational, and psychological skills to function as independent self-sufficient adults.

Where:

Every effort is made to ensure that upon discharge from foster care, young people are leaving the programs and moving into stable and suitable housing. Case planning for transition begins with all youth in foster care several years prior to discharge, in accord with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69), including attention to locating suitable living arrangements and assistance in moving into housing (CFF 722-7), must be completed for each individual prior to discharge. Young people leaving foster care typically move on to independent living, return home to a parent or other relative, or remain with a foster parent, or guardian.

Who:

The stakeholders involved in these efforts include DHS, organizations that provide foster care services, and organizations that provide housing assistance.

Health Care:

What:

As part of its 10 Year Plan, the CoC has begun work with CSH in a Frequent Users Systems Engagement (FUSE) initiative, which is working with local health care institutions to develop strategies for successfully identifying, engaging, and providing housing and supports for people who cycle between homelessness and the hospital. One intent in this initiative is to increase the likelihood of a person being discharged from the hospital into housing. The CoC will promote and advocate for policies and procedures that improve discharge planning, as well as assist hospital systems in identifying resources to promote community collaboration. Additionally, the FQHCs in Detroit work with consumers to ensure a smooth transition to the next necessary medical and/or supportive service in the community, including housing when needed. FQHCs have adopted protocols that assure that housing placement and links to other resources necessary for the client to achieve successful re-entry are established prior to systems discharge. The protocols and policies are designed to prevent discharge into homelessness or to McKinney-Vento programs.

Where:

People with continuing health needs may be discharged from the hospital to a nursing home or an AFC home. Every effort is made to discharge the person into an appropriate housing situation.

Who:

CoC staff, CSH, Henry Ford Hospital, the Detroit Medical Center, St. John's Health System, local FQHCs, MPRO

Mental Health:

What:

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual..." In addition R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify "strategies for assuring that recipients have access to needed and available supports identified through a review of their needs." Housing, as well as food, clothing, physical health care, employment, education, legal services, and transportation, is included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. As such, formal systems policy, protocol, and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness, including discharge to HUD McKinney-Vento programs.

Where:

Mental health programs work directly with housing providers to ensure that people leaving a mental health care institution are not discharged into a homeless situation, but instead they are released to an appropriate living situation, such as transitional living programs, AFC homes, or independent living.

Who:

The stakeholders for this issue include Detroit/Wayne Community Mental Health Agency, community mental health providers, and other local service providers.

Corrections:

What:

Safe, affordable, and permanent housing is one of the goals of the Michigan Prisoner Reentry Initiative (MPRI). MPRI is the Michigan Department of Corrections (MDOC) system-wide initiative to re-engineer the policies and protocols by which offenders are prepared for and supported in the community re-entry following their release from prison. The MPRI initiative also works to identify appropriate housing for parolees. The CoC, community mental health service providers, and CSH have recently begun working with the Wayne County Mental Health Court Pilot Initiative. This initiative will identify people with a mental health need who are either leaving a correctional facility, or being diverted from a correctional facility and into a community mental health provider. This initiative includes providing both mental health services and housing. Additionally, the CoC continues to partner with CSH on the development of a FUSE Initiative with Wayne County Jails and Wayne County Mental Health Court.

Where:

People exiting correctional facilities often return to living with friends/family in the community in which they lived prior to incarceration. Efforts are also underway to help place people with mental health needs into supportive housing in the community.

Who:

MDOC, MPRI, Wayne County Mental Health Court, Wayne County Jail System, CSH, housing providers, community mental health providers

3C. Continuum of Care (CoC) Coordination

Instructions:

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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:

- + expand the supply of affordable, safe, supportive housing
- + strengthen and expand efforts to prevent homelessness
- + increase awareness and utilization of mainstream services and community resources

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 2009 Action Plan (1500 character limit):

Under the HPRP initiative, Detroit received approximately \$18 million: \$15.2 million directly from HUD and an additional \$3 million from the State. As the lead entity for the CoC in Detroit, HAND was responsible for identifying organizations to implement the State HPRP program. Over the past year, HAND has worked with these agencies to help ensure HPRP is being implemented successfully. HAND has worked with the service providers to identify and resolve barriers that prevent people from accessing these resources, as well as helping to ensure the funds are spent in accordance with HUD's regulations.

HAND has a contract with the City HPRP program to carry out HMIS related activities, including the purchase of HMIS licenses, providing initial and on-going training, and oversight of data quality and reporting. Over the past year, HAND hired an additional HMIS staff member to oversee all HMIS reporting for both the City and State programs. This staff member works closely with the HPRP service provider agencies, helping to ensure accurate, complete, and timely data entry.

HAND staff work closely with HPRP staff at the City of Detroit, service providers, and HUD technical assistance providers working with the City to identify barriers to program access and successes. Over the past year, HAND has successfully advocated for changes in City program requirements that were preventing the program from being implemented effectively.

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

Over the course of the past year, the ARRA program the CoC has worked most closely with has been the HPRP program, as described above.

Since early 2009, the CoC followed the development of HPRP, by attending numerous HUD-sponsored workshops, as well as workshops and webinars sponsored by CSH and National Alliance to End Homelessness, and by consulting with colleagues from other urban areas.

Over the course of 2009, the CoC provided a great deal of input and recommendations to the City of Detroit in their planning process for HPRP funds. The extent to which the City incorporated the recommendations of the CoC in their planning and initial roll-out of the HPRP program was minimal. However, over the course of 2010, the City has been working much more closely with the CoC and local service providers in the implementation of the HPRP program. In the past months, a number of barriers preventing successful program implementation have been identified by both the CoC and service providers; through on-going dialogue with the City, several of these barriers have been mitigated. While it is the opinion of the CoC that a true partnership with the City of Detroit is still developing, progress has been made over the past year.

The VA is a partner with the CoC and there has been ongoing communication between CoC and VA staff about the implementation of the VASH program. The CoC has helped to provide the VA with additional resources to which they can link their clients, such as the HPRP program for security or utility deposits.

During the course of 2009, when the City of Detroit was planning for the NSP funds to be received, the CoC attended a number of community-wide planning meetings held by the City's Planning & Development Department. The NSP programs are being targeted to very specific neighborhoods, and the City has placed a high emphasis on demolition activities. The CoC was not solicited for additional input into the programming of these funds.

On a recent visit to Detroit, USICH director Barbara Poppe met with key leaders from the CoC, the City, the VA, the Dept of Labor, Wayne County, and other stakeholders. One outcome from this visit has been the recommendation from the USICH for a greater level of collaboration and coordination among these stakeholders. The CoC is confident that having this recommendation from the USICH will help to serve as a catalyst for additional coordination and better alignment of resources.

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

If yes, please describe the established policies that are in currently in place.

All CoC agencies receiving McKinney-Vento funds and serving families have policies in place that are consistent with educational rights under the McKinney-Vento Act. As such, these policies require that all children are enrolled in school and connected with the appropriate resources. These policies include intake and admission procedures that assess whether or not children are enrolled in school upon entering a program, the development of family case plans which include an assessment of children's educational needs, and follow-up case management to ensure that children remain enrolled in school and connected with educational resources. Additionally, agencies have a staff person that coordinates with the Detroit Public School's Homeless Liaison to ensure rights are respected and children are linked to educational services provided under the McKinney-Vento Act.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

A McKinney-Vento Homeless Liaison sits on the board of the CoC body. This person plays an integral role in the response to the educational needs of homeless families within the CoC. As a board member, the liaison participates in the strategic planning process of the CoC body with a particular focus on the educational needs of homeless families. The liaison also serves as a resource for identifying homeless families. Through a referral from the liaison or CoC staff, identified families are connected to resources with the CoC. In addition to the homeless liaison, the Detroit Public School (DPS) system is well-represented in the CoC. DPS representatives attend CoC meetings and participate on CoC committees. Both the liaisons and DPS representatives share information about available educational resources pursuant to McKinney-Vento with CoC member agencies. Additionally, the liaison and DPS representatives are kept abreast of HUD-funded homeless programs and services within the CoC. Like the homeless liaison, DPS representatives also identify homeless families that can be connected to CoC programs and services.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

Many CoC member agencies, particularly McKinney-Vento funded programs, have and will continue to maintain policies, procedures, and staff that consider the educational needs of homeless families in emergency or transitional shelters. These policies include intake procedures that ensure children are enrolled in school and that also advise families of their McKinney-Vento rights with respect to the educational needs of their children. Beyond admission, many agencies have procedures in place that ensure the ongoing progress of children's education by encouraging participation in tutoring and mentoring programs as well as extracurricular activities that support the educational needs of children. Additional services at some agencies include: fully-equipped libraries, financial assistance with field trips and other school-related activities, and early childhood education programs. These policies and procedures, along with continued collaboration with DPS, will ensure the CoC continues to consider the educational needs of children residing in emergency and transitional shelters.

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

The Detroit CoC is addressing the issue of homelessness among veterans in several ways. First, the CoC is proud to report the opening during this past year of a 150 bed PSH project for homeless veterans. This project was developed and is managed by Southwest Housing Solutions. Services are provided on-site by Southwest Counseling Solutions.

In the 2010 HIC, the CoC reported having over 200 VASH vouchers either currently leased up or in the process of being leased up. The CoC also has two TH programs specifically targeted to veterans. One program is provided by the Detroit Rescue Mission, the other by the Michigan Veterans Foundation.

Lastly, the CoC is submitting for the Permanent Housing Bonus a project that will provide 150 units of permanent supportive housing for homeless individuals. While this project is not specifically targeted to veterans, it is anticipated that a significant number of the people to be served by this program may be homeless veterans.

HAND is continuing to plan for the needs of homeless veterans by partnering with the local Corporation for Supportive Housing (CSH) and their work with the local Veterans Integrated Services Network (VISN) and the VA. HAND and CSH are having on-going dialogue with these partners, discussing policy reforms needed to break down barriers faced by homeless veterans as they attempt to access housing and services. These discussions will be focusing on systemic changes needed at both the local and State levels.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	74	Beds	59	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	79	%	85	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	79	%	68	%
Increase percentage of homeless persons employed at exit to at least 20%	18	%	21	%
Decrease the number of homeless households with children.	219	Households	219	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

Obj #1: In '09, the CoC projected three new PH projects would begin housing the CH by 6/30/10. The projected beds would have totaled 74 new PH beds for the CH. As of the completion of the HIC in May '10, however, only one of these new projects had begun providing PH for the CH, a 47 bed S+C project. The two additional projects (to provide 12 and 15 beds for the CH) remain on track to provide housing for the CH within the very near future. An additional S+C project for the CH was able to expand their capacity by 12 beds over the past year, which, although an unplanned expansion, helped to provide additional beds for the CH.

Obj #3: The '09 proposed achievement was based on the fact that the CoC reported in section 4C of the 2009 Exhibit 1 78% of people in TH had exited into PH. The CoC made a goal to keep increasing this rate; therefore the proposed achievement for 2010 was 79%. Over the past year, the CoC has begun to more closely monitor the performance of TH programs on an on-going basis. The next step the CoC will be taking in the coming year is to provide technical assistance to TH programs having difficulties exiting clients into PH. Although the CoC did not meet its proposed achievement, the achievement that was reached (68%) is still above HUD's expectations of percentage of people moving from TH to PH.

Obj #5: The CoC is not reporting a change in this number, due to not doing a PIT count in '10, and therefore cannot report on an actual achievement in this area.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

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 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	1,503	460
2009	446	206
2010	742	248

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 59

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, 2009 and January 31, 2010.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$517,902	\$0	\$0	\$0	\$0
Total	\$517,902	\$0	\$0	\$0	\$0

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 number of CH being reported in '10 is based on the sheltered PIT conducted while completing the HIC. The number of CH reported in '09 was based on the '09 sheltered & unsheltered PIT counts. Due to the method the CoC used in the '09 PIT (a HUD-approved method), it is possible the '09 numbers reflect an undercounting of the CH. In '10, the shelter providers received detailed instructions how to record the number of CH in their shelters on the night of the count in HMIS (or via a paper survey, if a non-HMIS provider). Follow-up was conducted after the count to ensure an accurate recording of the number of sheltered CH. The CoC feels that improved training on data collection and follow-up efforts contributed to the increased number of CH.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The 'Total PH %' will be auto-calculated after selecting 'Save.' Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	444
b. Number of participants who did not leave the project(s)	1977
c. Number of participants who exited after staying 6 months or longer	361
d. Number of participants who did not exit after staying 6 months or longer	1691
e. Number of participants who did not exit and were enrolled for less than 6 months	286
TOTAL PH (%)	85

Instructions:

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

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1053
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	711
TOTAL TH (%)	68

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select *Save* and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 4,230

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	591	14	%
SSDI	152	4	%
Social Security	39	1	%
General Public Assistance	202	5	%
TANF	394	9	%
SCHIP	1	0	%
Veterans Benefits	103	2	%
Employment Income	878	21	%
Unemployment Benefits	98	2	%
Veterans Health Care	202	5	%
Medicaid	335	8	%
Food Stamps	1,474	35	%
Other (Please specify below)	387	9	%
includes child support, medicare, and unspecified other income			
No Financial Resources	1,173	28	%

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

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

4E. Continuum of Care (CoC) 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 >\$100,000, Preference policy for hiring low and very low income persons residing in the service area, Notify area Youthbuild programs of job opportunities

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.

Project APRs are reviewed on a yearly basis by the CoC to determine the project's performance in improving client access to mainstream resources. This performance is one criterion taken into considering during the Continuum's project renewal and funding process.

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.

October 28, 2009
December 16, 2009
February 17, 2010
April 21, 2010
June 16, 2010
August 18, 2010
October 20, 2010

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. quarterly (once each quarter)

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).

September 20-21, 2007
September 26-27, 2007
November 1-2, 2007
January 23-24, 2008
February 6-7, 2008
April 22-23, 2008
May 7-8, 2008
June 4-5, 2008
June 18-19, 2008
July 22-23 2008
August 5-6, 2008
December 3-4 2008
January 2009
April 29, 2009
July 21-22, 2009
November 30 - December 1, 2009
March 11, 2010
July 20 & 21, 2010
August 17 & 18, 2010

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
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p> <p>A significant number of programs that assist clients with applying for mainstream benefits have received SOAR training, and use the skills and strategies gained through that training process. In general, a client's need and eligibility for mainstream benefits is identified during the intake/ assessment process and incorporated into the individual plan of service. Case managers assist clients in obtaining the forms to fill out, completing and submitting the forms, and advocating with the benefit provider on behalf of the client as needed.</p>	95%
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	100%
<p>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:</p> <p>Several providers assist clients with completing an application for assistance from the Michigan Department of Human Service. This application is for assistance with food stamps, cash assistance, Medicaid, and TANF.</p>	9%
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process:</p> <p>In general, case managers provide follow up through regular home/office visits with clients to ensure mainstream benefits are received. Case managers work with representatives from the mainstream benefit provider to advocate for the clients and to ensure the client is receiving all the benefits he/she is entitled to. When mainstream benefits are received, clients are generally asked to provide a copy of documentation of the benefit, which is included in the client file.</p>	100%

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter Plus Care...	2010-10-29 09:00:...	1 Year	Michigan Departme..	87,780	Renewal Project	S+C	SRA	U
Buersmeyers Manor...	2010-10-25 10:26:...	1 Year	Coalition On Temp...	135,338	Renewal Project	SHP	PH	F
Wilshire Apartmen..	2010-10-06 16:11:...	1 Year	Southwest Housing...	129,539	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11-04 13:54:...	1 Year	Michigan Departme..	526,992	Renewal Project	S+C	SRA	U
SHOP II	2010-10-21 10:51:...	1 Year	Travelers Aid Soc...	213,300	Renewal Project	SHP	TH	F
Teen Infant Paren...	2010-10-08 12:21:...	1 Year	Catholic Social S...	355,618	Renewal Project	SHP	TH	F
SUPPORTIVE HOUSIN...	2010-10-07 15:25:...	1 Year	CHARTER COUNTY OF...	112,665	Renewal Project	SHP	SSO	F
Genesis House II	2010-10-29 12:26:...	1 Year	Detroit Rescue Mi...	1,057,721	Renewal Project	SHP	TH	F
Peggy's Place 2010	2010-10-08 16:12:...	1 Year	Coalition On Temp...	660,686	Renewal Project	SHP	TH	F
Detroit Veterans ...	2010-10-15 16:25:...	1 Year	Michigan Veterans...	709,836	Renewal Project	SHP	TH	F
SHELTER PLUS CARE...	2010-10-07 13:32:...	1 Year	CHARTER COUNTY OF...	283,212	Renewal Project	S+C	SRA	U
Permanent Support...	2010-10-19 07:36:...	1 Year	Detroit Central C...	1,009,997	Renewal Project	SHP	PH	F

SUPPORTIVE HOUSIN...	2010-10-07 15:19:...	1 Year	CHARTER COUNTY OF...	401,246	Renewal Project	SHP	PH	F
Rights of Passage...	2010-10-27 15:55:...	1 Year	Covenant House Mi...	400,233	Renewal Project	SHP	TH	F
SUPPORTIVE HOUSIN...	2010-10-07 14:13:...	1 Year	CHARTER COUNTY OF...	453,143	Renewal Project	SHP	PH	F
SHELTER PLUS CARE...	2010-10-07 13:48:...	1 Year	CHARTER COUNTY OF...	210,912	Renewal Project	S+C	PRA	U
Teen Empowerment ...	2010-10-08 12:19:...	1 Year	Catholic Social S...	181,417	Renewal Project	SHP	SSO	F
SAFAH 2010	2010-10-08 16:24:...	1 Year	Coalition On Temp...	68,259	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2010-10-29 08:21:...	1 Year	Michigan Departme..	297,372	Renewal Project	S+C	SRA	U
SHOP III	2010-10-21 11:16:...	1 Year	Travelers Aid Soc...	80,655	Renewal Project	SHP	SSO	F
CCSS Mom's Place ...	2010-10-26 18:14:...	1 Year	Cass Community So...	257,272	Renewal Project	SHP	TH	F
Hubbell Manor	2010-10-15 14:45:...	1 Year	Simon House	88,674	Renewal Project	SHP	PH	F
CCSS Transitiona l...	2010-10-26 18:32:...	1 Year	Cass Community So...	188,724	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-10-29 09:29:...	1 Year	Michigan Departme..	289,560	Renewal Project	S+C	SRA	U
SHELTER PLUS CARE...	2010-10-07 13:58:...	1 Year	CHARTER COUNTY OF...	39,900	Renewal Project	S+C	PRA	U
NSO Bell Housing	2010-11-05 08:44:...	3 Years	Neighborhood Serv...	1,900,000	New Project	SHP	PH	P1
Detroit Rescue Mi...	2010-10-26 10:53:...	1 Year	Detroit Rescue Mi...	426,160	Renewal Project	SHP	TH	F
BEIT	2010-10-21 11:41:...	1 Year	Travelers Aid Soc...	867,982	Renewal Project	SHP	PH	F
Peterboro TSP 2010	2010-10-08 16:17:...	1 Year	Coalition On Temp...	84,979	Renewal Project	SHP	TH	F

Samaritan Center	2010-10-29 12:38:...	1 Year	Detroit Rescue Mi...	622,667	Renewal Project	SHP	TH	F
Infinity	2010-10-26 13:48:...	1 Year	Travelers Aid Soc...	938,985	Renewal Project	SHP	PH	F
Extended Residenc..	2010-10-07 10:08:...	1 Year	Mariners Inn	243,585	Renewal Project	SHP	PH	F
Transitiona l Housing	2010-10-07 10:11:...	1 Year	Mariners Inn	289,004	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-10-28 14:54:...	1 Year	Michigan Departme..	626,496	Renewal Project	S+C	SRA	U
Target Home	2010-11-02 10:28:...	1 Year	The Salvation Arm...	466,464	Renewal Project	SHP	SSO	F
The Oasis	2010-10-29 12:42:...	1 Year	Detroit Rescue Mi...	759,593	Renewal Project	SHP	TH	F
Maranatha	2010-10-26 11:09:...	1 Year	Detroit Rescue Mi...	493,646	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-10-28 15:06:...	1 Year	Michigan Departme..	279,636	Renewal Project	S+C	SRA	U
West Grand Blvd T...	2010-10-08 16:28:...	1 Year	Coalition On Temp...	105,546	Renewal Project	SHP	TH	F
DV TSP - New Begi...	2010-10-08 16:08:...	1 Year	Coalition On Temp...	308,083	Renewal Project	SHP	TH	F
SHOP I	2010-10-26 15:43:...	1 Year	Travelers Aid Soc...	222,828	Renewal Project	SHP	TH	F
New Beginnings	2010-10-11 19:56:...	1 Year	Freedom House	383,543	Renewal Project	SHP	TH	F
Positive Images II	2010-10-08 12:37:...	1 Year	Positive Images	700,009	Renewal Project	SHP	TH	F
My Own Place	2010-10-29 12:32:...	1 Year	Detroit Rescue Mi...	220,333	Renewal Project	SHP	PH	F
Veterans Independ..	2010-10-28 12:12:...	1 Year	Detroit Rescue Mi...	448,436	Renewal Project	SHP	TH	F
Permanent Support...	2010-10-28 18:52:...	1 Year	United Communit y ...	569,351	Renewal Project	SHP	SSO	F

Genesis House I /...	2010-10-28 12:46:...	1 Year	Detroit Rescue Mi...	406,740	Renewal Project	SHP	TH	F
Springwells Partners...	2010-10-08 07:32:...	1 Year	Southwest Housing...	202,978	Renewal Project	SHP	SSO	F
Homeless Assessment...	2010-10-05 12:31:...	1 Year	Community Living ...	680,524	Renewal Project	SHP	SSO	F
Homeless Management e...	2010-10-29 07:37:...	1 Year	Homeless Action N...	190,273	Renewal Project	SHP	HMIS	F
CCSS Safe Haven f...	2010-10-11 10:20:...	1 Year	Cass Community So...	420,000	Renewal Project	SHP	SH	F
H.O.P.E. Initiative	2010-10-27 16:16:...	1 Year	Alternatives For ...	111,726	Renewal Project	SHP	SSO	F
Residential Progr...	2010-10-07 10:09:...	1 Year	Mariners Inn	132,235	Renewal Project	SHP	SSO	F
SUPPORTIVE HOUSING...	2010-10-07 14:23:...	1 Year	CHARTER COUNTY OF...	127,813	Renewal Project	SHP	SSO	F
Career Initiative...	2010-10-27 11:57:...	1 Year	Jewish Vocational...	816,441	Renewal Project	SHP	SSO	F
Project Permanent c...	2010-10-20 15:47:...	1 Year	Neighborhood Lega...	768,090	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2010-11-04 14:06:...	1 Year	Michigan Departme...	177,192	Renewal Project	S+C	SRA	U
Douglas Project	2010-10-29 12:16:...	1 Year	Detroit Rescue Mi...	543,532	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$19,055,869
Permanent Housing Bonus	\$1,900,000
SPC Renewal	\$2,819,052
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MI501 Con Plan Ce...	11/10/2010

Attachment Details

Document Description: MI501 Con Plan Certification