

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 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 to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 72%

*** 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, will 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 to 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. This committee also recommends and coordinates technical assistance to increase effectiveness.	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 ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Detroit Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	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...
Freedom House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	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	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Jeffrey Nutt	Private Sector	Othe r	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	Veteran s, Su...
Operation Get Down	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Perfecting Community Development Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Positive Images	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domesti c Vio...
Simon House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substan ce Ab...
Shelters of Love	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Southwest Counseling Solutions	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Southwest Housing Solutions	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
The Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Traveler's Aid Society of Metropolitan Detroit	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
United Community Housing Coalition	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domesti c Vio...
United Way 211 On-the-Go	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	Veteran s, Do...
Detroit City Council	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Detroit Housing Commission	Public Sector	Publi c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	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	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Advantage Health Centers/Health Care for the Ho...	Private Sector	Hos pita..	Attend 10-year planning meetings during past 12 months	NONE

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...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s
U.S. Department of Housing and Urban Development	Public Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Alternative Diverse Services	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...
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	Veteran s, 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	Domesti c 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	Seriously Me...
Various: 2011 PIT Street Ambassadors	Individual	Homeles s	Committee/Sub-committee/Work Group	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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- 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 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: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(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
 - Subpopulations represented - No more than 2 may be selected
 - 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: 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: 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 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: 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 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: 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)

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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: 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:

- 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: 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:

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 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:

- 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 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:

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: 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:

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: 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:

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: 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 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: 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

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: 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

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: 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

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: 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

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: 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

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: 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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- 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 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 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

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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

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: 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

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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: 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

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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:

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: 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:

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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:

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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:

- 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: 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

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: 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:
- 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: 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:

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: 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

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: 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

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: 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: Attend Consolidated Plan 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

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: 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: 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

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: 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

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: 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

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: 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

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: 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

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: 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

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: 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: 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: 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, 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: 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

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: Alternative Diverse 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, 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

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: 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

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: 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:

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: 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

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: 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: Various: 2011 PIT Street Ambassadors

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)

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) g. Site Visit(s), k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, h. Survey Clients, o. Review CoC Membership Involvement, 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), b. Consumer Representative Has a Vote, 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(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 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 2011 HIC is reporting fewer emergency shelter beds than in the 2010 HIC.

There are 340 fewer seasonal beds reported in 2011 than in 2010. This is due to a large seasonal shelter that was open at the time of the 2010 HIC was completed (January 2010) but was not open at the time of the 2011 PIT (January 2011). This seasonal shelter did not open until February 2011, and therefore the beds were not able to be included in the 2011 HIC/PIT.

There was an increase in the number of year-round shelter beds reported in 2011. This is due to a new requirement that shelters that receive certain funding from the State report their beds in HMIS and the HIC.

HPRP Beds: Yes

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

We are reporting an increase of 88 more HPRP Homeless Assistance beds in 2011 than in 2010. The number of HPRP homeless assistance beds reported in the 2010 HIC was based on the number of beds that were receiving HPRP homeless assistance as of the end of January 2010. Due to the way in which the HPRP program was rolled out in Detroit during the fall of 2009, the process for screening and enrolling people in the HPRP program was not as efficient as it could have been; therefore, the number of Homeless Assistance beds actually leased by January 2010 was relatively low (44). By January 2011, the number of HPRP Homeless Assistance beds being leased was higher (132), thereby resulting in an increased number of beds reported in the HIC.

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 2011 HIC reflects an increase in the overall number of TH beds from the 2010 HIC.

There was a decrease of current/new TH beds from 2010 to 2011 due to several TBRA programs that had been reported in the 2010 HIC ended by 2011. The CoC categorizes TBRA as TH. Because these programs had ended by the time the 2011 HIC was completed, they were not included in the inventory count.

An overall increase is reported, however, due to that in 2011 a number of TH beds were reported a underdevelopment that were not reported in 2010. These TH beds underdevelopment are largely VA-funded Grant Per Diem beds that were not available for occupancy at the time the HIC was completed, but were scheduled to be available at a later time in 2011.

Permanent Housing: Yes

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

The 2011 HIC shows an increase in approximately 1,400 PH beds. This increase is largely due to a significant influx of more than 1,000 Section 8 vouchers targeted to the homeless (HARP vouchers) the CoC experienced during 2010. These vouchers became active during the latter part of 2010, resulting in their being reported on the 2011 HIC, but not the 2010 HIC.

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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

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): Unsheltered count, HUD unmet need formula, Housing inventory

Specify "other" data types:

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

The CoC used HUD's unmet need formula and the unmet need tool (spreadsheet) provided by HUD. The CoC populated this tool with information from the most recent (2011) unsheltered PIT count, as well information from the 2011 housing inventory survey.

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-501 - Detroit CoC, MI-518 - Livingston County CoC, MI-505 - Flint/Genesee County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-519 - Holland/Ottawa County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-510 - Saginaw City & 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).

HMIS staff has been experiencing increased demands by funders and agencies for additional HMIS reporting support. Therefore, HMIS staff has been time limited when assisting agencies with generating and analyzing HMIS outcome reports. We are currently using the HMIS Budgeting and Staffing Toolkit to seek alternative methods to support the HMIS staff. We are considering ways to diversify our funding for HMIS as well as charging fees for specific ad hoc services to the agencies. Additionally, we are planning on making the agencies more accountable for their own data by running more of their own reports, thereby allowing the HMIS staff to perform other key functions.

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) 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	86%+
* Permanent Housing (PH) Beds	51-64%

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

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 63%. Our low bed coverage is due to one large voucher program that has been unable to enter all of their data. This program is currently providing housing and services to more than 2882 clients, and accounts for our low coverage percentage in PH. Approximately 1/2 of the client data has been entered into the HMIS, however, the CoC is not able to complete the remainder of client 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) and we have been unsuccessful in our attempts to get all of the information we need for complete data entry.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

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 2011.

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

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):

- * Daily help desk support is provided to end-users with data entry issues and running data quality reports
- * Agencies are advised to run data quality reports monthly
- * Training is provided on common data entry problems
- * HMIS Tips are sent out to all end users to emphasize correct data entry procedures
- * The HMIS APR is run quarterly for all of programs to review bed utilization, specifically on the dates used for AHAR and PULSE
- * Training is provided on generating data quality reports. These reports include the Universal Data Element Completeness, Clients without Entries, Clients with Missing Service Transactions, and others
- * The CoC scores HUD-funded programs on data quality for funding renewal, improving data quality

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

- * End users are asked to enter data into HMIS as close to real-time as possible and at least within 48 hours of the client intake.
- * 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 and Unexited Clients data quality reports to determine if clients have the correct entry dates and if any clients need to be exited
- * The number of active clients in HMIS programs (per the APR) should not be more than 105% or less than 65% of the number of clients on the Housing Inventory Chart for the AHAR Point-In-Time dates of the last Wednesday of October, January, April and July.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR, 2010 PULSE
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans, 2011 PULSE

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

Instructions:

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

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

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

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

2F. 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: 09/01/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/30/2013

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 completed in Jan '11; the one prior was in Jan '09.

The CoC reported an increase in unsheltered people from '09 to '11. This is b/c the CoC improved the way it did next-day interviews on the days following the PIT to identify unsheltered people, and therefore reported an increase in the unsheltered.

The CoC reported a decrease of 412 people in ES from '09 to '11 due to: 1) a 340-bed seasonal shelter that was open and operating during Jan '09 (and therefore all of its occupants counted in the '09 sheltered count) was not open and operating at the time of the '11 count, and therefore had no people in the shelter to count in the '11 PIT. 2) A large 24-hr walk-in shelter reported approx 100 fewer sheltered people in '11 than in '09. The decrease is due to a difference in how the data from this provider was collected.

The CoC reported a decreased of 235 people in TH from '09 to '11 due to: 1) By Jan 2011, approx 130 TBRA vouchers for the homeless had expired. Because TBRA is a temporary, 2-yr program, the CoC categorized these vouchers as TH. The vouchers were active in '09, and therefore included in the '09 count; however, because they had expired by '11 they were not included in the '11 HIC or the PIT. 2) A TH program reported having over 120 beds/occupants in '09 reported having only 27 beds/occupants in '11, a difference of approx 100 beds. This is likely due to an error in the organization's reporting.

2I. 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 "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the 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 by the above selected method(s), 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 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 clients, 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. Reports were then generated from the HMIS, with non-HMIS provider information added to the totals, to arrive at the numbers reported in the HDX.

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

Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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:	
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selections 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):

ES and TH 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 required record in the HMIS the appropriate sub-population information (chronic status, mental health, substance abuse, veteran status, etc) 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 and subpopulation information. They were required to indicate on the forms not only how many people were in their program on the night of the PIT, but also how many people met one or more of the subpopulation characteristics. 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. Reports were then generated from the HMIS, with non-HMIS provider information added to the totals, to arrive at the numbers reported in the HDX.

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

Instructions:

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

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 verify the data quality of sheltered homeless persons:
(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).

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

The vast majority of the sheltered PIT data was collected through the HMIS. Therefore, several weeks prior to the PIT, HMIS Agency Administrators were given written instructions as well as training on how to properly enter their PIT data in the HMIS on the night of the count. These instructions were repeated several times, to ensure all Agency Administrators understood what was expected. In the days leading up to the PIT, and on the night of the PIT itself, the Agency Administrators were given a reminder (via email) about the data entry expected of them. Follow up was done with the Agency Admins following the count as needed.

The CoC made participation in the PIT a prerequisite for SHP-funded agencies to be eligible for renewal funding in 2011. This helped to ensure that the data entry was completed within the time frame directed by the CoC.

A de-duplication report was generated from HMIS to help ensure that people were not mistakenly counted in two different programs. If this occurred, corrections were made.

Organizations not participating in the HMIS were contacted individually and required to complete a paper survey that collected the PIT population and sub-population information.

2L. 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 during the most recent point-in-time count of 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:

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

Prior to the night of the PIT, the CoC identified targeted areas of the city to count where people who are homeless are known to congregate. These areas were identified based on prior knowledge and provider expertise. The identified portions of the city were divided into smaller sections, and a team of enumerators was assigned to at least one section. After receiving training on how to properly conduct the interviews, the teams were sent out to canvass the streets to identify and interview people who were homeless. The data collected through the interviews included identifying information and sub-population information. Enumerators had incentives (food, warm clothes) to give to the homeless to help engage with them.

For 3 days following the night of the PIT, teams of enumerators went to local soup kitchens and drop in centers to interview people to determine if they were unsheltered on the night of the PIT. Over 300 surveys were completed, with 92 of those identifying as having been unsheltered homeless on the night of the PIT. To every extent possible, identifying and sub-population information was collected from people at the soup kitchens.

All attempts possible were made to interview people on the streets and in the soup kitchens. Ultimately, however, the person could choose to not divulge information to the interviewer.

All of the data collected on the streets and in the next-day interviews was entered into HMIS and de-duplicated.

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

Instructions:

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

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:

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

Instructions:

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

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

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 checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input checked="" type="checkbox"/>
Survey Question:	<input checked="" type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

A significant amount of training was provided to people doing the street count, next-day interviews, and entering data in HMIS.

To avoid duplication, the counters were given distinctly marked street boundaries of the area in which they were to count on the night of the PIT. All counters were instructed to only interview and count the people in their area, so that people would not be counted twice.

Interviews were conducted at soup kitchens for 3 days following the PIT. People at the soup kitchens were asked the same questions as people on the streets the night of the count.

In all interviews, every attempt was made to collect identifying information including names, birthdates and partial SSNs. Interviewees were given the option of giving only a few letters in first/last name, or only year of birth if he/she did not want to divulge more information.

All data was entered into HMIS. The HMIS then created a unique identifier for the person based on the person's name, gender, birth date, and partial SSN. A de-duplication report was run based on the unique identifier. This report identified 13 duplicate individuals, which were removed from the final unsheltered tally.

ES and TH programs were all instructed to conduct their sheltered count after curfew. This helped to 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 as well.

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):

Although the 2011 PIT did not identify any unsheltered homeless households with children, the CoC recognizes that family homelessness continues to be a reality. On the night of the PIT, there were over 280 households with dependent children staying in ES and TH. Not included in the PIT numbers are the many families living in a precarious housing situation.

Since its roll out in Oct 2009, HPRP has served over 4,000 households who were homeless or at-risk of homelessness. Building off the success of HPRP, the CoC has decided to allocate its State ESG dollars in a manner similar to HPRP and is using these funds for short term rental/utility assistance to help end or prevent homelessness for families.

Additionally, in its process for identifying projects for HUD Permanent Housing Bonus dollars, the CoC made the decision that these projects had to serve the chronically homeless, including chronically homeless families. Through this strategy, the CoC plans to reduce the number of homeless families in our community.

Outreach efforts are concentrated on educating service providers on resources available to homeless families, including the type of assistance available and the eligibility criteria to qualify for assistance.

In the coming year, the CoC plans to work with the 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):

There are several programs in the CoC that identify and engage the unsheltered homeless:

The Road Home: A program of Neighborhood Service Org., The Road Home employs mobile mental health outreach workers to canvas the city to identify people living on the streets. Through ongoing engagement, the workers build the relationships needed to convince the homeless to seek tx and shelter.

Project Helping Hands: A program of the Detroit Bureau of Substance Abuse, PHH also employs mobile outreach workers to go to locations throughout the city where individuals are known to sleep outside. PHH staff make as many contacts as necessary with a client to persuade them to seek shelter and services.

211 On-the-Go: An outreach program of the local United Way, this program provides information and referrals on the streets for people who are homeless.

PATH: There are 6 PATH teams in the CoC. Each team does street outreach to the homeless. In the coming year, staff from PATH teams will be paired with Detroit Police Officers as they make their patrols. The PATH workers will be able to identify people in need of mental health tx and link them to such tx, which will reduce police time and resources doing the same.

CAPPA: The Community & Police Advocacy program, a program of the Northeast Guidance Center, pairs a mental health professional with a police officer to canvas the downtown area of the city to engage the unsheltered homeless.

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 FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 134
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 149
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 371
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 631

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

The CoC has been very intentional about increasing chronically homeless beds. Over the last few years, the CoC Board of Directors and Project Review Committees have prioritized projects that serve the chronically homeless for funding. In the 2009 CoC Competition, Neighborhood Service Organization was awarded SHP funding. Currently listed as under development on the 2011 HIC, this project is expected to increase the number of chronically homeless beds by 15 in the coming year.

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

The CoC's 10-Year Plan to End Homelessness has a goal to increase by 5% annually the number of units of permanent and permanent supportive housing via HUD, MSHDA (state), private market, and other sources for individuals and families. It is anticipated that many of these units will serve the chronically homeless. One way in which the CoC ensures that the chronically homeless is served is by prioritizing for funding those projects which target the chronically homeless. Since the 2008 Competition, this prioritization has created a pipeline of new chronically homeless beds that are placed in service each year. Based on our community's needs, the CoC anticipates continuing to prioritize projects that serve the chronically homeless. The CoC Steering Committee develops the annual funding priorities and the Project Review Committee is responsible for ensuring projects that are submitted for funding adhere to these priorities.

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 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 Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs 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. 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 by entering "0" in the numeric fields and note in the narratives.

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 75

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 77

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 84

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

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):

A key factor in ensuring the success of PH programs in the CoC is the provision of supportive services that assist people in remaining stably housed. Through a partnership, the CoC provides quarterly trainings such as “Trauma-Informed Services” and “Housing First” to educate agency staff on best practices in service provision for permanent housing residents. D-Tech, the CoC’s permanent housing committee, will continue to work with programs to identify best practices and gaps in services so that adequate training can be provided. The CoC also aims to ensure that effective and efficient services are provided. As such, the CoC’s Project Review Committee conducts on-going monitoring of programs, and when decline in performance is noted, technical assistance is provided to an organization. HAND will continue to monitor program performance and intervene with technical assistance to providers when needed.

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

Over the long-term, the CoC will increase the permanent housing retention percentage in several ways. The CoC will work to expand the services and consumers access to services by promoting partnerships. D-Tech and the Board of Directors will work with service providers to identify and address barriers that impede access to service. These committees will also work to build partnerships across agencies and sectors. HAND will also continue to work closely with the Corporation for Supportive Housing in providing technical assistance and training to providers of PSH to help ensure that providers have the necessary skills to assist consumers in housing retention and stability. Lastly, the CoC will utilize its evolving program monitoring and evaluation system to promote quality services. The Project Review Committee will identify programs that are struggling to meet performance expectations, provide targeted assistance, and reallocate funding from programs that consistently underperform.

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

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

Instructions:

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

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. 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 enter "0" in the numeric fields below and note in the narratives.

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

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

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 71

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 73

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 76

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 70%, the Detroit CoC is currently exceeding the expected performance for people moving from transitional housing 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 in which to move.

Over the course of the coming year, the CoC (Project Review Committee) 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, Project Review 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 performance in this area.

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

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

Instructions:

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

In 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 program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 19

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 19

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 20

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 21

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).

At 19%, the CoC is performing slightly below HUD’s goal. Despite the economic and unemployment challenges in Detroit, the CoC is exploring ways to improve employment outcomes. HAND will again partner with CSH with a focus on:

- ¿ Redesigning the employment subcommittee of the CoC to include new leadership and a cross-section of participants including homeless system and mainstream employment services providers
- ¿ Expanding access to existing employment services and expanding investment of funding from multiple systems to address education & training needs of homeless/formerly homeless job seekers
- ¿ Improving the critical cross-systems (housing, treatment services, and employment services) linkages so that homeless job seekers have the housing, support, and training to be successful
- ¿ Identifying and providing technical assistance to programs that are underperforming

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

During the updating of Detroit’s 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 and 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

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.

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 265

In 12 months, what will be the total number of homeless households with children? 257

In 5 years, what will be the total number of homeless households with children? 238

In 10 years, what will be the total number of homeless households with children? 208

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

In order to reduce the number of homeless households with children, the HAND and service providers will engage in proven strategies that address barriers to a family's ability to remain stably housed. Utilizing a rapid re-housing approach, short-term financial assistance and case management will be provided to move families out of homelessness into permanent housing. In the coming year, it is anticipated that HPRP will continue to provide rapid re-housing or prevention services to families. From 10-1-09 to 10-1-11, the HPRP program in Detroit has provided rapid re-housing or prevention assistance to over 2,600 families with children who were homeless or at-risk of becoming homeless.

Additionally, the State Emergency Solutions Grant (ESG) program has been retooled. Modeled after HPRP, the State's ESG program provides a greater amount of prevention and rapid re-housing assistance to individuals and families who are homeless or at-risk of homelessness.

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

Through the 10-Year Plan to End Homelessness, HAND and service providers will carry out the following action steps:

- + Increase by 5% annually the number of units of permanent and PSH via HUD, MSHDA, private market, and other sources for individuals and families. This includes utilizing permanent housing bonus funds to create beds for chronically homeless families.
- + Coordinate landlord education and outreach efforts to increase housing options available to homeless individuals and families
- + 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

Additionally, the efforts the CoC will also be undertaking through the Employment Committee to address employment needs of people who are homeless will further help to reduce the number of homeless households with children by addressing one of the causes of family homelessness- unemployment or underemployment.

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 publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, 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. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the 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, emergency homeless 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 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, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. 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 Department of Corrections (MDOC) system-wide initiative to better prepare and support returning citizens following their release from prison, which includes identifying appropriate housing for parolees. The CoC, community mental health providers, and CSH have recently begun working with the Wayne Co. 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. This initiative includes providing both mental health services and housing. Additionally, the CoC continues to partner with CSH on the FUSE Initiative with Wayne Co. Jails and Mental Health Court. Lastly, a new 2 year pilot program between MDOC and MSHDA aims to better coordinate discharge of persons released from prison. Prior to release, a discharge plan is initiated. Upon release, rental assistance will be provided to ensure parolees are stably housed.

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, MSHDA, Wayne Co. Mental Health Court, Wayne Co. Jails, 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 gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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 2008 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. HAND has worked with these agencies to design the intake and assessment processes and 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 played a major role in the HMIS data collection and reporting requirements for HPRP. HAND provides initial and on-going training and oversight of data quality and reporting. 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. 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)?

The ARRA program the CoC has worked most closely with has been the HPRP program, as described above.

Over the course of 2010 and 2011, the City has worked much more closely with the CoC and local service providers in the implementation of the City's HPRP program. 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. The CoC is also working to bring providers from the City and State HPRP programs together to discuss lessons learned.

The VA is a partner with the CoC and there has been ongoing communication between CoC and VA staff about the implementation of over 250 VASH program. As additional VASH vouchers became available, the CoC worked with the VA to better target the vouchers to the most in need veterans. In order to do this, the CoC coordinated outreach to service providers that significantly worked with veteran populations. The CoC also arranged a space for the VA to work on-site with service providers and veterans to accept VASH applications. The CoC has also helped to provide the VA with additional resources to which they can link their clients, such as the HPRP program and ESG for security or utility deposits.

During the course of 2009, when the City of Detroit was planning for NSP funds, the CoC attended a number of community-wide planning meetings held by the City's Planning & Development Department. The CoC was not solicited for additional input into the programming of these funds. The CoC has not been able to gain much traction in the coordination of NSP funds with the City. However, dialogue between the CoC and the City continues on how to better collaborate and coordinate resources. As a HUD-identified priority community, we anticipate that a better partnership will be forged which will lead to 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 Schools' 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)

The CoC and member agencies interact with homeless liaison within the Detroit Public School System. Staff from service providers and the liaisons serves as a resource for identifying homeless families. Through a referral from the liaison or agency 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's strategic plan has a goal of building partnerships and collaboration across agencies including collaboration with the VA. Recently, the Director of Homeless Programs from the local VA hospital joined the HAND Board. As board member, the VA directly participates in the planning and strategic efforts for addressing veteran homelessness within the CoC. This relationship has resulted in increase collaboration and coordination of veteran services.

The CoC is also addressing veteran homelessness by expanding bed capacity. The CoC is proud to report the opening a 150 bed PSH project for homeless veterans, developed and managed by Southwest Housing Solutions. Within the past two years, over 250 VASH vouchers are currently leased up or in the process of leasing up. The Detroit Rescue Mission and Michigan Veterans Foundation operate two TH programs specifically targeted to veterans.

Lastly, the CoC is very excited about the Supportive Service for Veterans Families grant that was recently awarded to Southwest Counseling Solutions. One of only 85 awards across the nation, the SSVF program is expected to assist 450 veteran families within the its first year with supportive services and rental assistance to promote housing stability within the Detroit CoC. The CoC anticipates that the SSVF grant will provide a model for future programs to address veteran homelessness.

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

Like many other Continuums, HAND struggles to have an accurate count on the number of youth experiencing homelessness within our community. Because many unaccompanied youth take refuge with friends or other doubled-up living arrangements, they often do not engage with the homeless assistance system.

Nevertheless, several providers within the Continuum work tirelessly to engage this population. Covenant House, Detroit Rescue Mission, Alternatives For Girls, Cass Community Services, and Catholic Social Services all provide programs to address youth homeless. Between these providers, over 100 transitional housing beds are available to house unaccompanied youth. These providers also offer a myriad of services including outreach, life skills training, employment and educational services to provide youth with the skills needed to transition to independent living. Efforts are also made to address barriers or policies that affect youth homelessness. For example, unlike some other programs, Cass promotes family unification by allowing male youth up to 18 to stay in shelters with their family.

All of the above-mentioned efforts closely align with the CoC strategic plan goals of housing vulnerable populations, providing support services to increase housing retention and stability, and removing regulatory burdens and policies. Building on the expertise of our youth providers, the CoC will continue to explore ways to best engage and service unaccompanied youth.

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 HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 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 Fy2011 into a new project. New reallocated permanent housing projects may apply under 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)? Yes

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.

3E. Hold Harmless Need (HHN) Reallocation - Grant(s) Eliminated

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by eliminating one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be eliminated.

Amount Available for New Project: (Sum of All Eliminated Projects)			
\$0			
Eliminated Project Name	Grant_Number_Eliminated	Component Type	Annual Renewal Amount
This list contains no items			

3F. Hold Harmless Need (HHN) Reallocation - Grant(s) Reduced

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be reduced.

Amount Available for New Project (Sum of All Reduced Projects)					
\$288,464					
Reduced Project Name	Reduced Grant Number	Project Name	Annual Renewal Amount	Amount Retained	Amount available for new project
Detroit Rescue MI...	MI0044B5F011003	---	\$493646	\$394917	\$98729
Mariner's Inn Res...	MI0054B5F011003	---	\$132235	\$105788	\$26447
JVS Career Initat...	MI0031B5F011003	---	\$816441	\$653153	\$163288

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Reduced Project Name: Detroit Rescue MIssion Ministries Maranatha
Grant Number of Reduced Project: MI0044B5F011003
Reduced Project Current Annual Renewal Amount: \$493646
Amount Retained for Project: \$394917
Amount available for New Project: \$98729
(This amount will auto-calculate by selecting "Save" button)

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Reduced Project Name: Mariner's Inn Residential Program (SSO)
Grant Number of Reduced Project: MI0054B5F011003
Reduced Project Current Annual Renewal Amount: \$132235
Amount Retained for Project: \$105788
Amount available for New Project: \$26447
(This amount will auto-calculate by selecting "Save" button)

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Reduced Project Name: JVS Career Initiative Center

Grant Number of Reduced Project: MI0031B5F011003

Reduced Project Current Annual Renewal Amount: \$816441

Amount Retained for Project: \$653153

Amount available for New Project: \$163288
(This amount will auto-calculate by selecting "Save" button)

3G.Hold Harmless Need (HHN) Reallocation - Proposed New Project(s)

Eligible CoCs whose FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs must identify if the new projects that it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

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

\$288,463

Current Priority #	New Project Name	Program Type	Component Type	Transferred Amount
1	E...	SHP	HMIS	\$288,463

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2011 CoC Competition. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

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

2011 Rank (from Project Listing): 1

Proposed New Project Name: Expansion Homeless Management Information System

Program Type: SHP

Component Type: HMIS

Amount Requested for New Project: \$288,463

3H. Hold Harmless Need (HHN) Reallocation - Reallocation Balance Summary

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

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

Reallocated funds available for new project(s)	\$288,464
Amount requested for new project(s)	\$288,463
Remaining Reallocation Balance	\$1

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	275	Beds	134	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	86	%	75	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	71	%	70	%
Increase the percentage of homeless persons employed at exit to at least 20%	22	%	19	%
Decrease the number of homeless households with children.	219	Households	265	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Obj 1 The decrease in CH Beds is due to reporting methods. In 2010, some providers reported beds which were occupied by a chronically homeless person as a chronic bed although it was not specifically designated for CH persons. Upon further instructions, this year providers were asked to only record beds that were specifically designated for the CH. CH beds actually increased by 15 due to a new project.

Obj 2 The CoC believes that the decrease in PH retention rate is attributed to a new resource. After many years of inactivity, the State provided over 1,000 Section 8 vouchers for homeless individuals. Many PH residents left to accept the vouchers. New residents filled these vacancies, but had not yet reached a LOS of at least 6 months by the time of this application.

Obj 3 While we were slightly below our goal of 71%, we exceeded HUD's objective of 65% persons moving from TH to PH.

Obj 4 Michigan's unemployment rate continues to rank as the top amongst states. Given this, our 2010 goal may have been a little ambitious. Additionally, our employment committee struggled to make traction due to a loss of leadership as a result of a death.

Obj 5 A 42 unit project that was projected to begin serving families experienced delays due to financing. Also, an ESG program that provided assistance to homeless families were not captured on the HIC because it began services after January 2011.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless 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 last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

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 FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	446	206
2010	742	248
2011	646	134

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 15

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, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$1,365,469	\$838,334	\$51,000	\$50,000
Operations	\$0	\$14,500	\$72,800	\$0	\$4,500
Total	\$0	\$1,379,969	\$911,134	\$51,000	\$54,500

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

The decrease in CH Beds is due to inaccurate reporting methods. In the 2010, some providers reported beds which were occupied by a chronically homeless person on the night of the PIT as a chronic bed although it was not specifically designated for CH persons. Although providers were given specific instructions, human error does occur. Staff turnover from year to year can also result in inconsistent data. In the 2011 PIT, the CoC placed an even greater emphasis on training for providers. Upon further training, providers were asked to only record beds that were specifically designated for the CH. Therefore, it appears that the number of CH beds decreased. CH beds actually increased by 15 due to a new project, Piquette Square.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) 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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

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)	466
b. Number of participants who did not leave the project(s)	890
c. Number of participants who exited after staying 6 months or longer	385
d. Number of participants who did not exit after staying 6 months or longer	631
e. Number of participants who did not exit and were enrolled for less than 6 months	260
TOTAL PH (%)	75

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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have 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.

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	1118
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	780
TOTAL TH (%)	70

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-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) 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 recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps 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 who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within 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: 3,773

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	527	14	%
SSDI	138	4	%
Social Security	44	1	%
General Public Assistance	210	6	%
TANF	293	8	%
SCHIP	0	0	%
Veterans Benefits	90	2	%
Employment Income	730	19	%
Unemployment Benefits	130	3	%
Veterans Health Care	223	6	%
Medicaid	352	9	%
Food Stamps	1,442	38	%
Other (Please specify below)	397	11	%
includes child support, medicare, and unspecified other income			
No Financial Resources	943	25	%

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

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

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

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 consideration during the Continuum's project renewal and funding process. Based on a project's APR, a project is scored on its ability to assist clients in securing mainstream resources. The higher success a project can demonstrate in assisting clients with securing mainstream resources, the higher the score the project will receive for that criterion. In the 2011 Application round, projects scoring 90% or greater receive the maximum score. If a project consistently underperforms in this area, that project will be targeted for technical assistance.

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.

December 15, 2010
March 1, 2011
April 20, 2011
June 15, 2011
September 21, 2011

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).

November 30, 2010

December 2, 2010

January 31, 2011

March 23, 2011

July 18-19, 2011

July 20-21, 2011

July 25, 2011

July 26, 2011

May 12-13, 2011

May 25-26, 2011

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 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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name ▲	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
H.O.P.E. Initiative	2011-10-05 21:41:...	1 Year	Alternative s For ...	111,726	Renewal Project	SHP	SSO	F
CCSS Transitiona l...	2011-10-11 15:18:...	1 Year	Cass Communit y So...	188,724	Renewal Project	SHP	TH	F
CCSS Safe Haven f...	2011-09-23 18:29:...	1 Year	Cass Communit y So...	420,000	Renewal Project	SHP	SH	F
CCSS Mom's Place ...	2011-10-11 15:14:...	1 Year	Cass Communit y So...	257,272	Renewal Project	SHP	TH	F
Teen Infant Paren...	2011-09-23 10:31:...	1 Year	Catholic Social S...	355,618	Renewal Project	SHP	TH	F
Teen Empower ment ...	2011-10-12 18:10:...	1 Year	Catholic Social S...	181,417	Renewal Project	SHP	SSO	F
SUPPORT IVE HOUSIN...	2011-10-13 17:51:...	1 Year	CHARTER COUNTY OF...	453,143	Renewal Project	SHP	PH	F
SHELTER PLUS CARE...	2011-10-13 17:47:...	1 Year	CHARTER COUNTY OF...	40,560	Renewal Project	S+C	PRA	U
SHP-GATEWA Y COMM...	2011-10-24 08:11:...	1 Year	CHARTER COUNTY OF...	127,813	Renewal Project	SHP	SSO	F
SHELTER PLUS CARE...	2011-10-13 17:40:...	1 Year	CHARTER COUNTY OF...	214,404	Renewal Project	S+C	PRA	U
SUPPORT IVE HOUSIN...	2011-10-13 18:04:...	1 Year	CHARTER COUNTY OF...	112,665	Renewal Project	SHP	SSO	F
S + C-GATEWA Y CO...	2011-10-24 08:00:...	1 Year	CHARTER COUNTY OF...	287,892	Renewal Project	S+C	SRA	U

SHP - PERMANENT H...	2011-10-24 08:15:...	1 Year	CHARTER COUNTY OF...	401,246	Renewal Project	SHP	PH	F
West Grand Blvd T...	2011-10-10 16:26:...	1 Year	Coalition On Temp...	105,546	Renewal Project	SHP	TH	F
Peterboro TSP 2011	2011-10-11 14:28:...	1 Year	Coalition On Temp...	84,979	Renewal Project	SHP	TH	F
SAFAH 2011	2011-10-10 16:36:...	1 Year	Coalition On Temp...	68,259	Renewal Project	SHP	SSO	F
Peggy's Place 2011	2011-10-07 15:54:...	1 Year	Coalition On Temp...	660,686	Renewal Project	SHP	TH	F
DV TSP - New Begi...	2011-10-10 14:11:...	1 Year	Coalition On Temp...	308,083	Renewal Project	SHP	TH	F
Buersmeyers Manor...	2011-10-10 16:18:...	1 Year	Coalition On Temp...	135,338	Renewal Project	SHP	PH	F
Homeless Assessme..	2011-10-10 13:42:...	1 Year	Community & Home ...	680,524	Renewal Project	SHP	SSO	F
Rights of Passage...	2011-10-07 14:13:...	1 Year	Covenant House Mi...	400,233	Renewal Project	SHP	TH	F
Permanent Support...	2011-10-10 15:54:...	1 Year	Detroit Central C...	1,009,997	Renewal Project	SHP	PH	F
Douglas	2011-10-13 13:18:...	1 Year	Detroit Rescue Mi...	543,532	Renewal Project	SHP	TH	F
Maranatha	2011-10-14 16:00:...	1 Year	Detroit Rescue Mi...	394,917	Renewal Project	SHP	PH	F
Samaritan Center	2011-10-11 12:47:...	1 Year	Detroit Rescue Mi...	622,667	Renewal Project	SHP	TH	F
Genesis House I /...	2011-10-11 16:03:...	1 Year	Detroit Rescue Mi...	406,740	Renewal Project	SHP	TH	F
Genesis House II	2011-10-11 12:36:...	1 Year	Detroit Rescue Mi...	1,057,721	Renewal Project	SHP	TH	F
My Own Place	2011-10-11 12:42:...	1 Year	Detroit Rescue Mi...	220,333	Renewal Project	SHP	PH	F
Veterans Independ..	2011-10-13 12:49:...	1 Year	Detroit Rescue Mi...	448,436	Renewal Project	SHP	TH	F

Detroit Rescue Mi...	2011-10-13 13:05:...	1 Year	Detroit Rescue Mi...	426,160	Renewal Project	SHP	TH	F
The Oasis	2011-10-13 13:25:...	1 Year	Detroit Rescue Mi...	759,593	Renewal Project	SHP	TH	F
New American Home...	2011-10-18 14:24:...	1 Year	Freedom House	383,543	Renewal Project	SHP	TH	F
Homeless Managem e...	2011-10-21 12:19:...	1 Year	Homeless Action N...	190,273	Renewal Project	SHP	HMIS	F
Expansion Homeles...	2011-10-21 12:06:...	3 Years	Homeless Action N...	288,463	New Project	SHP	HMIS	F1
Career Initiative...	2011-10-19 15:12:...	1 Year	Jewish Vocational. ..	653,153	Renewal Project	SHP	SSO	F
Transitiona l Housing	2011-10-07 10:53:...	1 Year	Mariners Inn	289,004	Renewal Project	SHP	TH	F
Extended Residenc.. .	2011-10-07 10:50:...	1 Year	Mariners Inn	243,585	Renewal Project	SHP	PH	F
Residential Progr...	2011-10-06 11:58:...	1 Year	Mariners Inn	105,788	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2011-10-19 14:53:...	1 Year	Michigan Departme.. .	470,496	Renewal Project	S+C	SRA	U
Detroit FUSE	2011-10-14 16:58:...	5 Years	Michigan Departme.. .	1,014,000	New Project	S+C	SRA	P2
Shelter Plus Care...	2011-10-19 14:44:...	1 Year	Michigan Departme.. .	180,108	Renewal Project	S+C	SRA	U
Shelter Plus Care...	2011-10-24 15:20:...	1 Year	Michigan Departme.. .	2,142,744	Renewal Project	S+C	SRA	U
Detroit Veterans ...	2011-10-10 18:17:...	1 Year	Michigan Veterans...	709,836	Renewal Project	SHP	TH	F
Project Permanen c...	2011-10-12 09:42:...	1 Year	Neighborh ood Lega...	768,090	Renewal Project	SHP	SSO	F
Positive Images II	2011-10-13 00:29:...	1 Year	Positive Images	700,009	Renewal Project	SHP	TH	F
Hubbell Manor	2011-10-05 09:40:...	1 Year	Simon House	88,674	Renewal Project	SHP	PH	F

Housing Recovery ...	2011-10-14 17:18:...	2 Year	Southwest Counsel...	941,892	New Project	SHP	PH	P3
Wilshire Apartmen..	2011-10-19 10:18:...	1 Year	Southwest Housing...	129,539	Renewal Project	SHP	PH	F
Springwell s Partn...	2011-10-21 13:13:...	1 Year	Southwest Housing...	202,978	Renewal Project	SHP	SSO	F
The Target Home P...	2011-10-18 16:05:...	1 Year	The Salvation Arm...	466,464	Renewal Project	SHP	SSO	F
SHOP II	2011-10-20 10:48:...	1 Year	Travelers Aid Soc...	213,300	Renewal Project	SHP	TH	F
SHOP I	2011-10-20 11:41:...	1 Year	Travelers Aid Soc...	222,828	Renewal Project	SHP	TH	F
SHOP III	2011-10-20 10:34:...	1 Year	Travelers Aid Soc...	80,655	Renewal Project	SHP	SSO	F
BEIT	2011-10-20 11:07:...	1 Year	Travelers Aid Soc...	867,982	Renewal Project	SHP	PH	F
Infinity	2011-10-20 11:28:...	1 Year	Travelers Aid Soc...	938,985	Renewal Project	SHP	PH	F
Permanent Support...	2011-10-20 10:33:...	1 Year	United Community ...	569,351	Renewal Project	SHP	SSO	F

Budget Summary

	FPRN	\$19,055,868
Permanent Housing Bonus		\$1,955,892
SPC Renewal		\$3,336,204
Rejected		\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	10/24/2011

Attachment Details

Document Description: Certificate of Consistency