

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

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

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

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

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

### Instructions:

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

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

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

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

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 90%

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

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

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

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

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

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

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

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

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

Yes, with adequate funding. The City of Philadelphia, through the Office of Supportive Housing (OSH), currently prepares and assembles the Consolidated Application, serves as the grantee for new SHP development projects through the first operations period, and is the permanent grantee for 30 Shelter Plus Care grants. Anticipated resources needed to sustain current activities, serve as permanent grantee for all existing SHP projects (73, not including 2 HMIS projects) and Shelter Plus Care projects (31) and provide project oversight and monitoring for the full Continuum is estimated at 10 FTE staff members, with an estimated cost of \$700,000 per year.

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

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

Name	Meeting Frequency
Mayor's Task Forc...	Quarterly
McKinney Executiv...	Annually
McKinney Prioriti...	Annually
Special Needs RFP...	Annually
Special Needs Dev...	Annually
Leasing Review Co...	Annually
Shelter Plus Care...	Annually
Supportive Housin...	Annually
Outreach Collabor...	Monthly or more
Outreach Workers ...	Monthly or more
10 Year Plan Acti...	Quarterly
10 Year Plan Stee...	Monthly or more
10 Year Plan Hous...	Monthly or more
10 Year Plan Inta...	Monthly or more
10 Year Plan Outr...	Monthly or more
10 Year Plan Empl...	Monthly or more
10 Year Plan Prev...	Monthly or more
10 Year Plan Comm...	Monthly or more
10 Year Plan Beha...	Monthly or more
Public/Private Ta...	Quarterly
Special Needs Dev...	Annually

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

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

**Name of Committee/Sub-Committee/Work Group:** Mayor's Task Force to End Homelessness/Ten-Year Plan Advisory Group

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

**Describe the role of this group:**

Provides a forum for stakeholders to share perspectives on homelessness, strategically address homelessness and provide progress updates on ending homelessness through the 10 year plan.

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

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

**Name of Committee/Sub-Committee/Work Group:** McKinney Executive Committee

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

**Describe the role of this group:**

Reviews and finalizes ranking of all proposals for inclusion in the City's consolidated Homeless Assistance Programs application.

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

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

**Name of Committee/Sub-Committee/Work Group:** McKinney Priorities Public Hearing

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

**Describe the role of this group:**

Any member of the community may testify regarding the use of McKinney funding.

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

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

**Name of Committee/Sub-Committee/Work Group:** Special Needs RFP Briefing Session

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

**Describe the role of this group:**

This is a briefing session for groups and individuals interested in requesting Special Needs Development funding, which includes McKinney funding as well as CDBG, HOME, and HOPWA funding. The session is conducted jointly by the City's Office of Housing and Community Development and Office of Supportive Housing.

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

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

**Name of Committee/Sub-Committee/Work Group:** Special Needs Development Review Committee

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

**Describe the role of this group:**

This is a group of public and private sector individuals who review and make recommendations regarding SHP, HOME, CDBG, and HOPWA funding based on responses to the Request for Proposals for Special Needs Development.

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

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

**Name of Committee/Sub-Committee/Work Group:** Leasing Review Committee-SHP

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

**Describe the role of this group:**

Reviews project proposals submitted for leasing projects using SHP funding and makes program improvement and funding recommendations.

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

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

**Name of Committee/Sub-Committee/Work Group:** Shelter Plus Care Review Committee

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

**Describe the role of this group:**

Reviews project proposals submitted for new and continued Shelter Plus Care funding and makes program improvement and funding recommendations.

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

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

**Name of Committee/Sub-Committee/Work Group:** Supportive Housing Renewals Review Committee

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

**Describe the role of this group:**

Reviews project proposals submitted for continued Supportive Housing Program funding and makes program improvement and funding recommendations. All SHP renewal requests are ranked by this group.

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

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

**Name of Committee/Sub-Committee/Work Group:** Outreach Collaborative Committee

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

**Describe the role of this group:**

Reviews trends in street homeless locations and counts. Addresses issues and problems related to public and political reaction to homeless individuals on the street. Includes Police, Center City District, Fairmount Park, and Benjamin Franklin Parkway (a major central city thoroughfare) representatives.

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

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

**Name of Committee/Sub-Committee/Work Group:** Outreach Workers Planning Meeting

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

**Describe the role of this group:**

Shares strategies, information and progress among all outreach workers in the city.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Action Leadership Group

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

**Describe the role of this group:**

Through judicial, foundation, community and political leadership, serves as a visible force behind the 10 Year Plan. Reviews and evaluates recommendations from the Plan work groups; provides the overall guidance and support necessary to drive tasks to completion.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Steering Committee

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

**Describe the role of this group:**

Supports Plan Director; assists work groups; serves as a bridge between work groups and leadership; reviews work group recommendations; interprets guidance from Plan leadership; keeps Mayor's Task Force abreast of progress.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Housing Work Group

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

**Describe the role of this group:**

Creates and monitors the detailed tactical plan for Goal 1 of the 10 year Plan, to ensure that all Philadelphians have a decent, safe, accessible, and affordable home.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Intake and Shelter Work Group

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

**Describe the role of this group:**

Creates and monitors the detailed tactical plan for Goal 7 of the 10 Year Plan, to ensure that shelters are dignified places for emergency assistance, not a destination.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Outreach Work Group

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

**Describe the role of this group:**

Creates and monitors the detailed tactical plan for Goal 3 of the 10 Year Plan, to ensure that no one in Philadelphia needs to live on the streets.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Employment Work Group

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

**Describe the role of this group:**

Responsible for creating and monitoring the detailed tactical plan for Goal 6 of the 10 Year Plan, to build human capital.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Prevention Group

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

**Describe the role of this group:**

Responsible for creating and monitoring the detailed tactical plan for Goals 2,4, and 8 of the Plan, including prevention, discharge planning, and connection to mainstream benefits.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Community Engagement/Political Will Work Group

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

**Describe the role of this group:**

Responsible for creating and monitoring the detailed tactical plan for Goal 5 of the Plan, generating the political will, civic support, and public and private resources to end homelessness.

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

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

**Name of Committee/Sub-Committee/Work Group:** 10 Year Plan Behavioral Health Committee

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

**Describe the role of this group:**

Creates and monitors the detailed tactical plan for Goals 1,3,4, and 8 of the Plan; proposes supported housing and treatment packages tailored to the needs of the cohorts (mental illness, substance abuse, or co-occurring conditions) within the group of chronically homeless individuals.

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

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

**Name of Committee/Sub-Committee/Work Group:** Public/Private Task Force Workshops on Homelessness

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

**Describe the role of this group:**

Provides information to homeless service providers, consumers, advocates, and policy makers about issues related to homelessness through periodic forums, presentations, or workshops.

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

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

**Name of Committee/Sub-Committee/Work Group:** Special Needs Development Review Committee

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

**Describe the role of this group:**

Reviews project proposals submitted for new funding, including SHP, HOME, CDBG, and HOPWA, and makes program improvement and funding recommendations.

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

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Community and Economic Development	Public Sector	State g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Department of Public Welfare	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Department of Veterans Affairs (Region 3)	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Philadelphia VA Medical Center	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Veterans
AIDS Activities Coordinating Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Community Behavioral Health	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Department of Behavioral Health/Office of Menta...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Department of Behavioral Health/Office of Addic...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, A...	Substance Abuse
Department of Human Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
Department of Public Health	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Fairmount Park Commission	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Managing Director's Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mayor's Office for Faith-Based Initiatives	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Mayor's Office of Re-Entry	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Office of Supportive Housing	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Office of HIV Planning	Public Sector	Local g...	None	HIV/AIDS
Office of Housing and Community Development	Public Sector	Local g...	Authoring agency for Consolidated Plan, Attend 10-year pl...	NONE
Philadelphia City Council	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Philadelphia City Planning Commission	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE

Philadelphia CoC			COC_REG_v10_000071	
Philadelphia Free Library	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Philadelphia Housing Development Corporation	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Redevelopment Authority	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Philadelphia Housing Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, A...	NONE
School District of Philadelphia	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Temple University	Private Sector	Non-pro..	None	NONE
University of Pennsylvania	Private Sector	Non-pro..	None, Committee/Sub-committee/Work Group	NONE
Philadelphia Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Philadelphia Prison System	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Philadelphia Community Court	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Philadelphia Workforce Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Workforce Investment Board	Private Sector	Non-pro..	None	NONE
1260 Housing Development Corporation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
AchieveAbility	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
ActionAIDS	Private Sector	Non-pro..	None, Committee/Sub-committee/Work Group	HIV/AIDS
ACTS Christian Transitional Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
American Red Cross	Private Sector	Non-pro..	None	NONE
Asociasion de Puertorriquenos en Marcha, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Bethesda Project	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Calcutta House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Community for Dignity and Fairness for the Home...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE

Philadelphia CoC				COC_REG_v10_000071
Carroll Park Community Council	Private Sector	Non-pro..	None	NONE
Catholic Social Services	Private Sector	Faith-b...	None	NONE
Congreso de Latinos Unidos	Private Sector	Non-pro..	None	NONE
Covenant House	Private Sector	Non-pro..	None	Youth
Diversified Community Services	Private Sector	Non-pro..	None	NONE
Drueding Center/Project Rainbow	Private Sector	Non-pro..	None	NONE
Energy Coordinating Agency	Private Sector	Non-pro..	None	NONE
Episcopal Community Services	Private Sector	Non-pro..	None	NONE
Friends Rehabilitation Program	Private Sector	Non-pro..	None	NONE
Gaudenzia	Private Sector	Non-pro..	None	Substance Abuse
Family Planning Council	Private Sector	Non-pro..	None	NONE
Germantown YMCA	Private Sector	Non-pro..	None	NONE
Greater Philadelphia Urban Affairs Coalition	Private Sector	Non-pro..	None	NONE
Hall Mercer	Private Sector	Hospita..	None	NONE
HELP Philadelphia	Private Sector	Non-pro..	None	NONE
Homeless Advocacy Project	Private Sector	Non-pro..	None	NONE
Horizon House, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Impact Services, Inc.	Private Sector	Non-pro..	None	NONE
Korean Community Development Services Center	Private Sector	Non-pro..	None	NONE

Philadelphia CoC				COC_REG_v10_000071
Lutheran Settlement House	Private Sector	Faith-b...	None	NONE
Mental Health Association	Private Sector	Non-pro..	None	Seriously Me...
Methodist Family Services of Philadelphia	Private Sector	Faith-b...	None	NONE
Mt. Airy Bethesda	Private Sector	Faith-b...	None	NONE
Northwest Philadelphia Interfaith Hospitality N...	Private Sector	Faith-b...	None	NONE
Overington House	Private Sector	Non-pro..	None	NONE
People's Emergency Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	NONE
Philabundance	Private Sector	Non-pro..	None	NONE
Philadelphia Committee to End Homelessness	Private Sector	Non-pro..	None	NONE
Philadelphia Community Real Estate Corporation	Private Sector	Non-pro..	None	NONE
Public Health Management Corporation	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Philadelphia Veterans Administration Medical Ce...	Private Sector	Hos pita..	Attend 10-year planning meetings during past 12 months	Veteran s
Philadelphia Veterans Multi-Service and Educati...	Private Sector	Non-pro..	None	Veteran s
Professional Healthcare Institute, Inc.	Private Sector	Busi ness es	None	NONE
Project H.O.M.E	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Ready, Willing, and Able	Private Sector	Non-pro..	None	NONE
Resources for Human Development	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
SELF, Inc	Private Sector	Non-pro..	None	NONE
SHARE	Private Sector	Non-pro..	None	NONE

Philadelphia CoC				COC_REG_v10_000071
Traveler's Aid Society	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
United Way of Southeastern PA	Private Sector	Funder...	None	NONE
University of Business District	Private Sector	Non-pro..	None	NONE
Valley Youth House	Private Sector	Non-pro..	None	Youth
Volunteers of America	Private Sector	Non-pro..	None	Youth
Women Against Abuse	Private Sector	Non-pro..	None	Domestic Vio...
Women of Excellence	Private Sector	Non-pro..	None	NONE
Women's Community Revitalization Project	Private Sector	Non-pro..	None	NONE
Seble Menkir	Individual	Hom eles..	None	NONE
Tony Moses	Individual	Hom eles..	None	NONE

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

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

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

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

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

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

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

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

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

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

**Emergency Shelter:** Yes

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

The 2008 e-HIC reports an overall increase of 235 Emergency Shelter beds within the Philadelphia CoC.

The increase in the number of beds is mainly a result of the factors outlined below:

Following the completion of facility renovations, Jane Addams, an emergency housing program for families, re-opened. (+82 beds)

The emergency housing program that exclusively serves survivors of domestic violence, Woman Against Abuse, increased its capacity after relocating to a larger facility. (+36 beds)

Due to the increased year-round demand for emergency housing by single males, the Ridge Avenue Center is now utilizing its overflow/seasonal beds year-round (+115 year-round beds; -225 seasonal/overflow beds).

Three existing emergency shelters serving homeless individuals were included in the Housing Inventory Chart for the first time: The Veterans Group, Soldiers of the Lord, and Philadelphia Brotherhood Rescue Mission. The Philadelphia CoC learned of these shelters through their application for funding from the Emergency Food and Shelter Program (+169).

Other key changes to the Housing Inventory Chart are as follows:

Fernwood, an existing emergency housing program that predominately serves households with dependent children, is now being used as an Overflow facility rather than a Year-Round facility (-114 Year-Round Beds; + 50 Overflow Beds).

Due to the concerns expressed by the neighboring community, Outley House, an emergency housing facility serving single males, reduced its number of year-round beds by 20 and ceased its operation of 80 seasonal beds.

APM Family Shelter ceased operations (-24 beds).

**Safe Haven Bed:** Yes

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

This is the first year that Safe Haven Beds are listed separately from Permanent and Transitional Housing beds. The Philadelphia 2008 e-HIC includes 50 year-round Safe Haven beds.

**Transitional Housing:** Yes

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

The 2008 e-HIC reports an overall decrease of 382 Transitional Housing beds within the Philadelphia CoC.

In previous years, all of the supportive housing programs funded by the City of Philadelphia's Department of Behavioral Health (DBH) were included in the Housing Inventory as one entry. In this year's e-HIC, each individual housing program funded by DBH is listed separately. Each program was reviewed prior to inclusion in this year's e-HIC. During the review, programs no longer serving homeless individuals were removed from the Housing Inventory Chart (-489).

In addition, My Brother's House, a program previously classified as Safe Haven Transitional Housing, is now included in the Safe Haven Chart (-20).

While the overall number of transitional housing beds declined, 112 family beds became available in 2008 through the opening of two new transitional housing programs: Homeless Diversion: Strengthening Communities and HTF Transitional Housing Program.

Homeless Diversion: Strengthening Communities is Philadelphia's first Rapid Re-Housing program. Participating families receive a rental subsidy, case management services, and housing counseling for up to 12 months. To be eligible, families must have resided in emergency housing for less than 30 days and have at least one major barrier to self-sufficiency (+17).

The HTF Transitional Housing Program is designed to provide further assistance to families exiting transitional housing who would be unable to maintain housing stability without the continued receipt of a rental subsidy and supportive services (+95).

**Permanent Housing:** Yes

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

The 2008 e-HIC reports an overall decrease of 724 Permanent Housing beds within the Philadelphia CoC.

In previous years, all of the supportive housing programs funded by the City of Philadelphia's Department of Behavioral Health (DBH) were included in the Housing Inventory as one entry. In this year's e-HIC, each individual housing program funded by DBH is listed separately. Each program was reviewed prior to inclusion in this year's e-HIC. During the review, programs no longer serving homeless individuals were removed from the Housing Inventory Chart (-436).

Current target populations of non-HUD funded Permanent Supportive Housing Programs were also reviewed. Programs currently targeting special needs populations other than formerly homeless households were removed from the Housing Inventory Chart (-317).

Two programs previously classified as Safe Haven- Permanent Housing were moved to the Safe Haven Chart (-50): Women of Change and St. Columba's.

While the overall number of permanent housing beds declined, 66 individual and 89 family beds became available in 2008 through the opening of four new permanent housing programs: Welcome Home, Fresh Start, Cecil Housing, and Cloisters III.

#### Change in Chronically Homeless Beds

The 2008 e-HIC reports an increase of 220 beds designated for chronically homeless individuals. In 2008, Philadelphia's third Housing First program serving exclusively chronically homeless individuals began operations, Welcome Home (+60 beds). In addition, two programs designated 160 existing beds to chronically homeless individuals: Reed House & Mid-City Apartments and Job Readiness & Supportive Services for Homeless Men and Women.

Please note: When the two Safe Haven Programs were removed from the permanent housing chart (Women of Change and St. Columba's), the number of beds designated for chronically homeless individuals artificially decreased by 50. This artificial decrease of CH beds leads to an inaccurate representation of the Philadelphia CoC's chronic bed progress and 2007 achievements.

To resolve this inconsistency, per instructions received from ESNAPS, the number of PH/CH beds entered into all screens, except the e-HIC, represents the number of SH-PH beds on the night of the 2008 Point-in-Time count.

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

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Philadelphia CoC ...	10/20/2008

## Attachment Details

**Document Description:** Philadelphia CoC PA-500 Housing Inventory Chart

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

## Instructions:

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

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

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

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

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

**Must specify other:**

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

**Specify "other" data types:**

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

With the assistance of the Center for Urban Community Services, the Philadelphia CoC developed a local unmet need formula in 2006. The formula takes into account the total number of beds in the CoC's current and new housing inventory, the number of sheltered and unsheltered homeless households on the night of the Point-in-Time count, and locally derived statistics on the housing needs of key subpopulations.

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

### Intructions:

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

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

**Select the HMIS implementation type:** Single CoC

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

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

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

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

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

**If "No" select reason:**

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

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

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

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

**Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 04/15/2004

**Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** No or low participation by non-HUD funded providers, No CoC formal data quality plan, HMIS unable to generate CoC- wide data or reports, HMIS is unable to generate data for PIT counts for sheltered persons

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

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

The efforts in the upcoming year to improve the bed coverage rates of supportive housing programs will have a direct impact on the identified barriers and challenges to the HMIS Implementation. As stated in Section 2D HMIS Bed Coverage Rate, participating providers have only been required, thus far, to submit HMIS data for OSH and/or HUD-funded supportive housing programs. In the next annual submission of HMIS data in October 2009, these providers will be required to submit data from each of their supportive housing programs, regardless of funding source.

As a result of increased HMIS Participation within the Philadelphia CoC and in anticipation of the revised HMIS standards, an HMIS subcommittee will be added in January 2009 to the existing governance structure of the McKinney Public/Private Strategic Planning Committee. This subcommittee will ensure that the HMIS Lead Agency reaches compliance with the forthcoming HMIS standards, including the development of a CoC-wide Data Quality Plan.

# Attachment Details

## Document Description:

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

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

**Organization Name** City of Philadelphia Office of Supportive Housing  
**Street Address 1** 1401 JFK Blvd  
**Street Address 2** 10th Floor  
**City** Philadelphia  
**State** Pennsylvania  
**Zip Code** 19102  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** State or Local Government  
**If "Other" please specify**

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

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

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

### Instructions:

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

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

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	51-64%

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

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

The City of Philadelphia Office of Supportive Housing (OSH) is the HMIS Lead Agency for the Philadelphia CoC. To date, all supportive housing programs receiving funding through the Supportive Housing Program (SHP), Shelter Plus Care Program (SPC), Emergency Shelter Grant Program and/or from OSH have been connected to the local HMIS.

Permanent housing programs within the Philadelphia CoC currently have an HMIS bed coverage rate lower than 65%. Approximately 61% of beds in this program type are currently included in the local HMIS.

While the Philadelphia CoC contains about 100 permanent housing programs, a majority of these programs are operated by a small number of organizations. To date, these organizations have only been asked to submit HMIS data for the programs receiving funding from the sources listed above. For the next annual submission of HMIS data in October 2009, OSH will request data from every supportive housing program operated by these organizations, regardless of funding source. In addition, OSH will further efforts to gain participation in HMIS by providers that do not receive any government funding.

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

### Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	0%
* Date of Birth	0%	0%
* Ethnicity	44%	1%
* Race	18%	1%
* Gender	4%	0%
* Veteran Status	70%	1%
* Disabling Condition	74%	0%
* Residence Prior to Program Entry	6%	1%
* Zip Code of Last Permanent Address	12%	16%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** Yes

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

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

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

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

## Programs Utilizing HMIS on a Daily Basis

The City of Philadelphia Office of Supportive Housing (OSH) is the HMIS Lead Agency for the Philadelphia CoC. OSH has incorporated HMIS data quality standards within existing contractual relationships with emergency and transitional housing providers and has installed various tools within HMIS to monitor data quality.

All placements into City-funded emergency housing programs are managed through a centralized intake system. During the assessment process, intake staff completes the Reception Interview Screen in HMIS for each household seeking emergency housing services. Since the 2007 application, the universal data elements found on this screen have all become mandatory data fields.

The first supportive housing programs to begin participation in HMIS were those that held contracts with OSH. OSH has capitalized on the existing contractual relationships to establish high data quality standards for these initial participating agencies. HMIS participation and data quality standards have been incorporated into the case management standards for emergency and transitional housing programs. In addition, a supplementary document containing step-by-step instructions on the use of HMIS to implement OSH policies and procedures has been distributed to each program.

Job role-specific dashboards are now accessible to OSH administrative and provider supervisory staff. Each dashboard displays data most relevant to the user's job functions and responsibilities. For example, supervisory staff is able to quickly ascertain whether or not case managers are updating the Client Master Screen on a regular basis.

OSH has worked extensively with each emergency housing provider to develop program-specific performance indicators. Many of the baselines for these performance indicators are based on each program's HMIS data. Because HMIS data is being reviewed on a quarterly basis by OSH administrative staff, program staff has an incentive to ensure the data accurately represents the program's activities and outcomes.

Transitional housing case manager supervisors are required by OSH to conduct quality reviews of client records. Sections of individual client records are rated on a scale of one to five. These ratings are shared with individual case managers through HMIS.

Through the standard monitoring activities conducted by OSH, data fields routinely left blank and/or completed incorrectly have been identified. The upcoming HMIS trainings in October will focus on improving the completion and data quality of these identified data fields.

## Programs Submitting HMIS Data on an Annual Basis

In April 2008, OSH launched an initiative to reach 100% HMIS bed coverage among all SPC and SHP funded programs by October 2008. Throughout the spring, OSH staff facilitated mandatory trainings on the HMIS technical and data standards.

Programs not maintaining electronic client records prior to the initiative were required to utilize a spreadsheet created by OSH to gather and report the required HMIS data. Through the password and formatting utilities within Microsoft Excel, users are prevented from entering invalid responses. Drop-

down values were also included for select data elements.

Upon completion of training, each program was asked to submit a data sample of 20 households to OSH. These samples were reviewed to ensure programs were gathering the required data elements as instructed.

The HMIS data import tool also enables OSH to monitor HMIS data submitted by participating agencies. Once data is imported into HMIS, a load log is generated. This log identifies all fields containing invalid/missing data for key universal data elements.

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

As noted previously, all placements into City-funded emergency housing programs are managed through a centralized intake system. When clients are placed into an emergency housing program, intake staff creates a POS in HMIS that includes the program entry date and an estimated exit date. Exit dates are established by intake staff based on the assessed needs of each client.

Program staff is able to generate a report of upcoming expirations of client placements through the HMIS POS Reminder Screen. Based on the continuing needs of each client, program staff may extend client placements.

Each participating emergency housing program is required to manage and report nightly attendance through HMIS. These attendance reports are used on a daily basis by OSH staff to report the nightly census to key stakeholders, identify system vacancies, and monitor program performance.

Nightly bed lists used to complete the attendance report are generated through HMIS based on program entry and exit dates. If a client does not have a valid entry date, the client's name will not appear on the program's bed list. In addition, the system does not allow one client to have concurring placements in two or more emergency housing programs.

If a client has been absent for three nights and an exit date has not yet been entered, the client's assigned case manager is alerted of the continued absence through an automatically generated message in his/her HMIS inbox. The case manager will continue to receive this message until the client's case is closed. The client record is automatically closed if an exit date has not been entered after a continuous absence of 30 days.

Placement into participating transitional housing programs is also managed centrally by OSH. Applications for transitional housing are completed in HMIS by emergency housing case managers. Once an application is approved and a client has been placed into a transitional housing program, OSH releases the client record to the transitional housing program. Through this process, the program entry date is generated. The Close Out screen is completed once a client exits the program. The weekly monitoring of system vacancies by OSH administrative staff ensures program exit dates are accurately maintained by each program.

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

### Instructions:

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

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

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

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

### Instructions:

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

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

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

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

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

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

**If 'Yes' indicate date of last review or update by CoC:** 05/30/2008

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

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

**Instructions:**

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

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

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

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

### Instructions:

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

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

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

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

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

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

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

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

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	437	650	0	1,087
Number of Persons (adults and children)	1,384	2,008	0	3,392
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	1,895	1,127	457	3,479
Number of Persons (adults and unaccompanied youth)	1,895	1,127	457	3,479
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	2,332	1,777	457	4,566

Philadelphia CoC			COC_REG_v10_000071	
<b>Total Persons</b>	3,279	3,135	457	6,871

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

### Instructions:

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

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	189	411	600
* Severely Mentally Ill	1,199	320	1,519
* Chronic Substance Abuse	1,317	361	1,678
* Veterans	273	69	342
* Persons with HIV/AIDS	112		112
* Victims of Domestic Violence	496		496
* Unaccompanied Youth (under 18)	20		20

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

### Instructions:

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

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

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

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

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/28/2009  
(mm/dd/yyyy)

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

**Emergency Shelter providers** 92%

**Transitional housing providers:** 100%

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

### Instructions:

#### Survey Providers:

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

#### HMIS:

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

#### Extrapolation:

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

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

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

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

**If Other, specify:**

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

Providers counted the total number of individuals residing in the facility on the designated night. Because a 100% participation rate was not achieved among emergency housing providers, the General Extrapolation Tool was used to calculate the CoC-wide Point-in-Time count.

The changes in the sheltered count are primarily attributable to updates to the e-HIC and modifications in methodology. Most notably, the number of single individuals in transitional housing declined as a result of modifications made to the data collection methodology. In previous years, point in time data for programs overseen by the City of Philadelphia Department of Behavioral Health (DBH) was provided by DBH rather than the individual programs. All clients in these programs were assumed to be homeless individuals. In 2008, surveys were distributed to the individual programs who were instructed to report only the number of individuals who met the HUD definition of a homeless individual.

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

### Instructions:

#### HMIS:

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

#### HMIS plus extrapolation:

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

#### Sample of PIT interviews plus extrapolation:

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

#### Interviews:

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

#### Non-HMIS client level information:

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

#### Other:

CoC used a combination of methods.

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

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

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

If Other, specify:

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

Providers were instructed to collect Subpopulation data either through individual client interviews or from administrative/client records. Because a 100% participation rate was not achieved by the CoC among emergency housing providers, the General Extrapolation Tool was used to calculate the CoC-wide count of each subpopulation.

The changes in the Sheltered Subpopulation Count are primarily attributed to differences in methodology used to extrapolate the count from the completed point in time surveys. In 2007, the extrapolation method over-estimated the sheltered subpopulation counts. The utilization of the General Extrapolation Tool has created a more accurate representation of homeless subpopulations in the Philadelphia CoC.

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

### Instructions:

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

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

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

**If Other, specify:**

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

Because entry into most of the emergency housing programs within the Philadelphia CoC is accessed through a centralized intake, client movement between housing programs on any given night is minimal. Therefore, all housing providers were instructed to gather the required data on the designated night of the count.

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

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

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

Service-based count:

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

HMIS:

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

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

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

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

**If Other, specify:**

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

### Instructions:

#### Complete coverage:

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

#### Known locations:

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

#### Combination:

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

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

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

**If Other, specify:**

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

### Instructions:

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

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

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

**If Other, specify:**

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

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

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

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

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

All street outreach activities within the Philadelphia CoC are overseen by the Outreach Coordination Center (OCC). The OCC coordinates the activities of a network of street outreach teams run by several non-profit organizations in the city. Outreach activities occur around the clock, with over 30 staff covering all shifts. The OCC collects information on available resources for homeless individuals, maintains a database on services and effectiveness of services, and advocates for access to resources on behalf of homeless persons. OCC teams establish rapport and trust with unsheltered homeless individuals in efforts to persuade these individuals to accept shelter and other needed services. OCC also conducts extended emergency street outreach during severe weather Code Blue and Code Gray during winter months and Code Red during the summer months - in an effort to preserve the lives of those most at risk.

Through the quarterly Homeless Street Counts, Philadelphia has observed a decrease in the number of persons routinely sleeping on the streets. In January 2008, 457 unsheltered homeless individuals were counted on the night of the CoC-wide point-in-time count. This count represents a decrease of 60 individuals from the previous year's winter street count held in January 2007. At that time, 517 unsheltered homeless persons were counted.

The observed decrease in the number of persons sleeping on the streets has been largely attributed to the expansion of Overnight Cafes within Philadelphia since 2006. Philadelphia currently operates three year-round and three winter cafes. Overnight Cafes provide unsheltered chronically homeless individuals a meal and a warm, safe space in which to spend the night. In addition, Overnight Cafes have proven to be an invaluable resource to both unsheltered homeless individuals and to homeless assistance providers. Through the strong relationships that have developed between the café staff and visitors, many unsheltered individuals have become more willing to accept placement in more appropriate housing. In addition, traditional homeless assistance providers are now utilizing the cafes during extended morning hours to share information about available resources.

## Extrapolation Attachment

Document Type	Required?	Document Description	Date Attached
Extrapolation Attachment Excel	Yes	Philadelphia CoC ...	10/17/2008

# Attachment Details

**Document Description:** Philadelphia CoC PA-500 Extrapolation Tool

# Attachment Details

## Document Description:

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

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

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

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

### Instructions:

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

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

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

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

#### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Implement Mayor's Homeless Plan which will create 150 beds through a partnership with the Philadelphia Housing Authority	Director, City of Philadelphia Office of Supportive Housing
Action Step 2	Implement funded projects, Philadelphia Veteran Home Project and Project Restoration	Director, City of Philadelphia Office of Supportive Housing
Action Step 3	Implement HUD/VA Supportive Housing Project	Health Care for Homeless Veterans (HCHV) Coordinator, VA Medical Center

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	825
Numeric Achievement in 12 months	940
Numeric Achievement in 5 years	1,339
Numeric Achievement in 10 years	1,442

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

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Systematically meet with all CoC sponsors/grantees to monitor progress, review and analyze data and share status and goal	Director, City of Philadelphia Office of Supportive Housing
Action Step 2	Share strategies and best practices used by providers with the highest retention rates across CoC to improve and sustain success	Director, City of Philadelphia Office of Supportive Housing
Action Step 3	Evaluate "reasons for exit" for those families and individuals leaving PH prior to 6 months of stay to determine if particular categories of exit reasons can be avoided	Director, City of Philadelphia Office of Supportive Housing

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	80
Numeric Achievement in 12 months	81
Numeric Achievement in 5 years	83
Numeric Achievement in 10 years	85

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

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Share strategies and best practices used by providers with high rates of homeless persons moving from TH to PH.	Director, City of Philadelphia Office of Supportive Housing
Action Step 2	Sustain long-term rental assistance program for 40 households utilizing City and State funding as a resource for individuals and families moving from TH to PH.	Director, City of Philadelphia Office of Supportive Housing
Action Step 3	Conduct a comparison of households that successfully move from TH to PH vs. those households who remain in TH and develop a list of barriers that prevent households from successfully moving from TH to PH along with a list of recommendations for program design to eliminate these barriers.	Director, City of Philadelphia Office of Supportive Housing

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	66
Numeric Achievement in 12 months	67
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	75

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

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Review and share status and goals with all CoC sponsors/grantees.	Director, City of Philadelphia Office of Supportive Housing
Action Step 2	Share employment and mainstream program resource information with providers by creating a resource database that's updated quarterly and distributed to providers.	Director, City of Philadelphia Office of Supportive Housing
Action Step 3	Identify providers who are weak in the areas of connecting participants with employment; identify solutions and prepare corrective action plans.	Director, City of Philadelphia Office of Supportive Housing

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	22
Numeric Achievement in 12 months	23
Numeric Achievement in 5 years	27
Numeric Achievement in 10 years	29

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

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Exhibit 1	Page 57	10/21/2008

Philadelphia CoC		COC_REG_v10_000071
<b>Action Step 1</b>	Implement Mayor's Homeless Plan which will create 300 housing opportunities for homeless households with children through a partnership with the Philadelphia Housing Authority	Director, City of Philadelphia Office of Supportive Housing
<b>Action Step 2</b>	Continue evaluation of local diversion program which serves as a housing first initiative for families	Director, City of Philadelphia Office of Supportive Housing
<b>Action Step 3</b>	Continue operation of local prevention program	Director, City of Philadelphia Office of Supportive Housing

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	1,087
<b>Numeric Achievement in 12 months</b>	1,022
<b>Numeric Achievement in 5 years</b>	847
<b>Numeric Achievement in 10 years</b>	424

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

### Instructions:

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

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

<b>Foster Care Discharge Protocol:</b>	Formal Protocol Implemented
<b>Health Care Discharge Protocol:</b>	Protocol in Development
<b>Mental Health Discharge Protocol:</b>	Formal Protocol Implemented
<b>Corrections Discharge Protocol:</b>	Formal Protocol Implemented

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

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

### **Foster Care Discharge**

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

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

The City/County child welfare agency, the Department of Human Services (DHS), has implemented formal written protocols regarding discharge planning. The CYD Policy Manual, Section 4400, directs that the Child Permanency Plan to the Family Service Plan must include, for all youth 15-1/2 and over, an assessment of independent living skills and services directed at preparing the youth for transition to independence, if indicated. There is clear guidance around discharges from placement and the function of aftercare. To serve youth as they age out of foster care, DHS has established an Adolescent Initiative for any young person between the ages of 16 and 21 who is currently or was formerly in care. Services, including housing assistance, are located at the Achieving Independence Center, located in Center City and easily accessible by public transportation. In addition, DHS, along with the Office of Supportive Housing and other social service departments in the City of Philadelphia, is managed by Director of Social Services whose function it is to ensure that social services are delivered in a high-quality, coordinated manner via DSS CARES, a shared client data warehouse in the beta testing phase with 120 users.

### **Health Care Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

The City has convened a health care discharge planning group with local hospitals that has met to develop draft guidelines. One local hospital has agreed to partner with the City on the use of these guidelines and expansion of resources to serve this population. In September of 2008, the City is meeting with local managed care organizations to discuss development of expanded health care resources at emergency housing facilities. The City has reached out to Boston and Washington to determine the efficacy of their models for care of the medically fragile. Additionally, the City of Philadelphia's Office of Supportive Housing has created a hospital discharge guideline to better serve individuals who are homeless when discharged from hospitals. The City of Philadelphia is committed to developing a discharge policy in partnership with the major hospitals in the area. The City of Philadelphia's Public Health Department will help establish a workgroup comprised of other relevant DSS departments and others to participate in the development of a discharge policy addressing the needs of the homeless in the health system and prevention of discharge to homelessness.

### **Mental Health Discharge**

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

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

The Department of Behavioral Health requires its 14 case management providers to obtain approval of all discharges through the Targeted Case Management (TCM) Unit. TCM standards require that discharge occurs when the consumer no longer meets medical necessity criteria. If case managers cannot locate a consumer, they are required to check with a host of systems, including the emergency shelter system, to ensure that the consumer has not become homeless; the HMIS system permits an "alert" to be placed in the system so that if a consumer requests shelter they can be returned to appropriate placement. In addition, a full-time DBH staff member with access to HMIS and DBH's systems, including the public behavioral health managed care organization, uses this information to support appropriate discharges and prevention of homelessness.

### **Corrections Discharge**

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

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

The Commonwealth of Pennsylvania has two ways of ensuring that individuals released from State Correctional Institutions do not become homeless. First, in order to expedite reentry planning, the PA Department of Corrections (DOC) issued a policy statement on Inmate Reentry and Transition on January 5, 2006 (copy attached). It requires that the continuity of care planners in each institution make every effort to assure a viable home plan and follow-up services for all who will be released at the maximum term of their sentence. This policy includes providing each inmate with written information on housing, a photo ID, and other personal documents. Pertinent are I-VIII, Section 1- A1-2(d) and H1-5, and Section 3A1-5. In addition, linkages have been made with the Veterans Administration to access benefits for which veterans are eligible. Second, the PA Board of Probation and Parole has a formal policy that no individual may be released on parole without an approved Home Plan. Reference to this policy is found in Chapter 623 of the PA Code, Conditions Governing Parole Sections 63..4(2) specifically relates to housing. (attached).

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	DHS Protocol	10/20/2008
Mental Health Discharge Protocol	No	BHS Protocol	10/20/2008
Corrections Discharge Protocol	No	Corrections Protocol	10/20/2008
Health Care Discharge Protocol	No	--	No Attachment

## Attachment Details

**Document Description:** DHS Protocol

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

## Attachment Details

**Document Description:** BHS Protocol

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

## Attachment Details

**Document Description:** Corrections Protocol

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

## Attachment Details

**Document Description:**

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

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

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

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

**If yes, briefly list a few of the goals included in the Consolidated Plan:** Increase the percentage of homeless families who move from transitional to permanent housing from 62% to 65%. Continue to increase the percentage of homeless individuals and families who stay in permanent housing more than 6 months from 78% to 79%. Increase the percentage of households leaving transitional housing with employment income from 23% to 24%. Create new permanent housing for chronically homeless persons through the "housing first" model. Support 40 families exiting transitional housing into private market housing with rental subsidies. Create 500 permanent housing opportunities for homeless individuals and families.

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

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

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

- Goal 1: Open the back door out of homelessness - ensure that all Philadelphians have a decent, safe, accessible and affordable home.
- Goal 2: Close the front door to homelessness - implement successful prevention strategies.
- Goal 3: Ensure that no one in Philadelphia needs to live on the street.
- Goal 4: Fully integrate all health and social services to aid in preventing and addressing homelessness.
- Goal 5: Generate the political will, civic support, and public and private resources to end homelessness.
- Goal 6: Build human capital through excellent employment preparation and training programs, and jobs at a livable wage.
- Goal 7: Make shelters a dignified place for emergency assistance, not a destination.
- Goal 8: Support families and individuals to promote long-term independence and prevent their return to homelessness.

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

**Instructions:**

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

Refer to the NOFA for additional guidance on reallocating projects.

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

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

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

### Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	790	Beds	825	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	79	%	80	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	65	%	66	%
Increase percentage of homeless persons employed at exit to at least 18%	24	%	22	%
Ensure that the CoC has a functional HMIS system	80	%	69	%

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	494	512
2007	655	605
2008	600	825

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

220

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$925,951	\$458,425	\$0	\$169,043	\$244,383
<b>Total</b>	\$925,951	\$458,425	\$0	\$169,043	\$244,383

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	529
b. Number of participants who did not leave the project(s)	1670
c. Number of participants who exited after staying 6 months or longer	379
d. Number of participants who did not exit after staying 6 months or longer	1385
e. Number of participants who did not leave and were enrolled for 5 months or less	224
<b>TOTAL PH (%)</b>	<b>80</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	703
b. Number of participants who moved to PH	465
<b>TOTAL TH (%)</b>	<b>66</b>

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

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

**Total Number of Exiting Adults: 1,232**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	284	23 %
SSDI	96	8 %
Social Security	30	2 %
General Public Assistance	179	15 %
TANF	334	27 %
SCHIP	10	1 %
Veterans Benefits	94	8 %
Employment Income	277	22 %
Unemployment Benefits	5	0 %
Veterans Health Care	7	1 %
Medicaid	544	44 %
Food Stamps	437	35 %
Other (Please specify below)	51	4 %
Medicare		
No Financial Resources	78	6 %

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

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

### Instructions:

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

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

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

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

## 4E. Section 3 Employment Policy Detail

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

If Yes to above question, click save to provide activities

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

Preference policy for hiring low and very low income persons residing in the service area,  
Advertise at social service agencies,  
employment/training/community centers, local newspapers, shopping centers, radio, Notify area Youthbuild programs of job opportunities,  
Establish a preference policy for Section 3 for competitive contracts >\$100,000

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

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

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

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

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** No

**If "Yes", indicate all meeting dates in the past 12 months.**

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

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

**If yes, identify these staff members** Provider Staff

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

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

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

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

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

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

Two representatives from the CoC attended the "Train the Trainer" event held in Baltimore, MD from January 7 - 10, 2008.

Local trainings have been held on September 20-21, 2007 and April 8-9, 2008. An upcoming training is scheduled for October 28-29.

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

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

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

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

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

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

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

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

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

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

## Part A - Page 2

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

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Reed Preston Perm...	2008-10-20 07:59:...	1 Year	1260 Housing Deve...	201,685	Renewal Project	SHP	PH	F11
Station House Sup...	2008-10-20 13:23:...	1 Year	Volunteers of Ame...	114,744	Renewal Project	SHP	PH	F24
Thompson Street P...	2008-10-10 13:36:...	1 Year	1260 Housing Deve...	260,605	Renewal Project	SHP	PH	F21
Center West Walnu...	2008-10-10 13:32:...	1 Year	1260 Housing Deve...	528,525	Renewal Project	SHP	PH	F12
Sheila Brown Wome...	2008-09-19 11:05:...	1 Year	1260 Housing Deve...	67,686	Renewal Project	SHP	TH	F62
HomeBase	2008-10-13 13:00:...	1 Year	Impact Services C...	615,384	Renewal Project	SHP	TH	F48
Veteran Shared Ho...	2008-10-13 13:10:...	1 Year	Impact Services C...	268,304	Renewal Project	SHP	TH	F61
Women of Change/S. ..	2008-10-17 12:29:...	1 Year	Project H.O.M.E.	772,564	Renewal Project	SHP	SH	F10
Job Readiness & S...	2008-10-17 14:30:...	1 Year	Project H.O.M.E.	124,923	Renewal Project	SHP	PH	F25
CVCA Transitiona l...	2008-10-14 14:25:...	1 Year	Carson Valley Chi...	347,981	Renewal Project	SHP	TH	F64
FAST Housing	2008-10-16 17:03:...	1 Year	City of Philadelp...	647,203	Renewal Project	SHP	PH	F39
Cloisters III	2008-10-16 17:02:...	1 Year	City of Philadelp...	98,189	Renewal Project	SHP	PH	F37
Philadelphi a Tran...	2008-10-16 16:31:...	1 Year	Valley Youth Hous...	497,322	Renewal Project	SHP	TH	F60

Philadelphia CoC							COC_REG_v10_000071		
Homeless Management...	2008-10-19 01:06:...	1 Year	City of Philadelp...	147,924	Renewal Project	SHP	HMIS	F66	
HOPIN II	2008-10-19 00:54:...	1 Year	City of Philadelp...	606,816	Renewal Project	S+C	SRA	U71	
In Community/The ...	2008-10-19 00:55:...	1 Year	City of Philadelp...	329,520	Renewal Project	S+C	SRA	U68	
Hogareno	2008-10-19 00:51:...	1 Year	City of Philadelp...	254,568	Renewal Project	S+C	TRA	U83	
Escalera	2008-10-19 00:49:...	1 Year	City of Philadelp...	73,728	Renewal Project	S+C	PRAR	U72	
Bainbridge	2008-10-19 00:46:...	1 Year	City of Philadelp...	30,720	Renewal Project	S+C	SRA	U84	
Scattered Sites	2008-10-19 01:02:...	1 Year	City of Philadelp...	113,820	Renewal Project	S+C	SRA	U81	
Imani V	2008-10-16 17:04:...	1 Year	City of Philadelp...	103,671	Renewal Project	SHP	PH	F38	
Fresh Start	2008-10-16 17:06:...	1 Year	City of Philadelp...	181,228	Renewal Project	SHP	PH	F40	
Hancock Manor	2008-10-19 00:50:...	1 Year	City of Philadelp...	158,784	Renewal Project	S+C	PRA	U88	
HOPIN III	2008-10-20 01:03:...	1 Year	City of Philadelp...	187,440	Renewal Project	S+C	TRA	U82	
Independence Place I	2008-10-19 00:56:...	1 Year	City of Philadelp...	24,576	Renewal Project	S+C	PRA	U73	
Serenity Court	2008-10-19 01:02:...	1 Year	City of Philadelp...	55,296	Renewal Project	S+C	PRA	U78	
Hope Haven II	2008-10-19 00:53:...	1 Year	City of Philadelp...	61,440	Renewal Project	S+C	PRA	U69	
Gaudenzia - Thompson..	2008-10-16 17:08:...	2 Years	City of Philadelp...	723,212	New Project	SHP	PH	F67	
Mental Health, Dr...	2008-10-19 00:57:...	1 Year	City of Philadelp...	702,360	Renewal Project	S+C	TRA	U70	
Reunificati on Pro...	2008-10-19 01:01:...	1 Year	City of Philadelp...	810,288	Renewal Project	S+C	TRA	U87	
Freedom's Gate	2008-10-19 00:49:...	1 Year	City of Philadelp...	275,220	Renewal Project	S+C	TRA	U86	

Philadelphia CoC							COC_REG_v10_000071		
Mid-City Apartments	2008-10-19 00:58:...	1 Year	City of Philadelp...	112,464	Renewal Project	S+C	PRA	U79	
Gaudenzia-Tioga Arms	2008-10-16 17:07:...	1 Year	City of Philadelp...	233,176	Renewal Project	SHP	PH	S32	
Homeless Management e...	2008-10-19 01:07:...	1 Year	City of Philadelp...	99,272	Renewal Project	SHP	HMIS	F65	
HOPIN I	2008-10-20 01:02:...	1 Year	City of Philadelp...	753,348	Renewal Project	S+C	SRA	U80	
Independence Plac...	2008-10-19 00:56:...	1 Year	City of Philadelp...	12,288	Renewal Project	S+C	PRA	U74	
Assisted Living P...	2008-10-19 00:45:...	1 Year	City of Philadelp...	157,368	Renewal Project	S+C	PRA	U85	
Rowan House	2008-10-17 16:01:...	1 Year	People's Emergenc..	496,362	Renewal Project	SHP	TH	F57	
3902 Transitional...	2008-10-17 15:51:...	1 Year	People's Emergenc..	241,083	Renewal Project	SHP	TH	F55	
Imani Homes III	2008-10-17 12:19:...	1 Year	People's Emergenc..	53,384	Renewal Project	SHP	PH	F14	
Imani II Leasing	2008-10-17 12:16:...	1 Year	People's Emergenc..	14,049	Renewal Project	SHP	PH	F41	
Jobs Opportunity e...	2008-10-18 14:08:...	1 Year	People's Emergenc..	369,810	Renewal Project	SHP	TH	F63	
Visitation Homes	2008-09-18 12:53:...	1 Year	Catholic Social S...	202,085	Renewal Project	SHP	TH	F42	
Family Planning C...	2008-10-17 14:57:...	1 Year	Family Planning C...	122,976	Renewal Project	SHP	PH	F34	
Imani Homes II	2008-10-17 12:12:...	1 Year	People's Emergenc..	34,816	Renewal Project	SHP	PH	F20	
Reed House and Mi...	2008-10-14 09:06:...	1 Year	The Salvation Arm...	278,869	Renewal Project	SHP	PH	F19	
Independence Plac...	2008-10-08 13:45:...	1 Year	Calcutta House, Inc	75,455	Renewal Project	SHP	PH	F31	
Serenity Court 07...	2008-10-08 13:48:...	1 Year	Calcutta House, Inc	115,943	Renewal Project	SHP	PH	F13	
Project Advantage	2008-10-09 11:13:...	1 Year	Resources for Hum...	483,819	Renewal Project	SHP	PH	F35	

Philadelphia CoC							COC_REG_v10_000071		
SALT: Supported A...	2008-10-09 11:15:...	1 Year	Resources for Hum...	221,212	Renewal Project	SHP	PH	F36	
HORIZON HOUSE PER...	2008-10-09 16:22:...	1 Year	HORIZON HOUSE REH...	347,215	Renewal Project	SHP	PH	F22	
Home First	2008-10-09 16:19:...	1 Year	HORIZON HOUSE REH...	620,928	Renewal Project	SHP	PH	F9	
Positive Living	2008-10-10 15:23:...	1 Year	ActionAID S	249,417	Renewal Project	SHP	PH	F28	
New Keys	2008-10-09 16:24:...	1 Year	HORIZON HOUSE REH...	219,825	Renewal Project	SHP	PH	F8	
Casa Nueva Vida	2008-10-10 15:21:...	1 Year	ActionAID S	178,751	Renewal Project	SHP	PH	F18	
Dignity II Transi...	2008-10-13 12:03:...	1 Year	Committee For Dig...	122,254	Renewal Project	SHP	TH	F47	
St. John the Evan...	2008-10-19 01:03:...	10 Years	City of Philadelp...	409,200	New Project	S+C	PRAR	F4	
Melville Way	2008-10-02 14:53:...	1 Year	Travelers Aid Soc...	131,428	Renewal Project	SHP	TH	F53	
Pennsgrove Perman...	2008-10-10 13:38:...	1 Year	1260 Housing Deve...	144,900	Renewal Project	SHP	PH	F30	
Families In Trans...	2008-09-23 10:43:...	1 Year	Travelers Aid Soc...	354,412	Renewal Project	SHP	TH	F59	
HELP Philadelphia	2008-10-02 09:16:...	1 Year	HELP Philadelphia	487,622	Renewal Project	SHP	TH	F52	
New Neighbors	2008-10-10 11:15:...	1 Year	Women's Community...	280,161	Renewal Project	SHP	PH	F16	
Pathways-BONUS PR...	2008-10-20 11:57:...	5 Years	City of Philadelp...	2,671,020	New Project	S+C	TRA	S1	
AppleTree Housing	2008-10-17 14:23:...	1 Year	ACHIEVEability	210,000	Renewal Project	SHP	TH	F50	
Haddington Housin...	2008-10-17 14:32:...	1 Year	ACHIEVEability	161,700	Renewal Project	SHP	TH	F45	
Kairos House/Proj...	2008-10-19 22:27:...	1 Year	Philadelphia Hous...	221,184	Renewal Project	S+C	PRA	U77	
RSVP	2008-10-21 12:17:...	2 Years	Travelers Aid Soc...	700,324	New Project	SHP	PH	F3	

Philadelphia CoC							COC_REG_v10_000071	
Hope Haven I/Proj...	2008-10-19 22:26:...	1 Year	Philadelphi a Hous...	61,440	Renewal Project	S+C	PRA	U75
Abriendo Caminos	2008-10-16 15:00:...	1 Year	Asociacion Puerto...	149,711	Renewal Project	SHP	TH	F58
Imani Homes IV	2008-10-17 12:21:...	1 Year	People's Emergenc. ..	78,996	Renewal Project	SHP	PH	F33
Calcutta House Ap...	2008-10-19 00:48:...	5 Years	City of Philadelp...	187,440	New Project	S+C	SRA	F5
SHP - 2	2008-10-10 17:00:...	1 Year	COMHAR	509,647	Renewal Project	SHP	PH	F26
Sanctuary	2008-10-15 12:54:...	1 Year	Bethesda Project	160,901	Renewal Project	SHP	TH	F49
Project Rainbow	2008-09-26 10:09:...	1 Year	Drueding Center	1,081,415	Renewal Project	SHP	TH	F44
Jannie's Place	2008-10-16 17:10:...	2 Years	City of Philadelp...	584,199	New Project	SHP	PH	F2
Dignity III - Bet...	2008-09-30 11:30:...	1 Year	Committee For Dig...	30,570	Renewal Project	SHP	TH	F43
COMPAS S I	2008-10-14 10:32:...	1 Year	COMHAR	285,806	Renewal Project	SHP	PH	F23
Rapid Rehousing P...	2008-10-19 22:28:...	3 Years	City of Philadelp...	1,992,748	New Project	SHP	TH	R6
1523 Fairmount/ Pr...	2008-10-19 22:22:...	1 Year	Philadelphi a Hous...	36,864	Renewal Project	S+C	PRA	U76
Enhanced Services...	2008-10-13 12:08:...	1 Year	Committee For Dig...	212,313	Renewal Project	SHP	PH	F7
Supports to Achie...	2008-10-09 16:27:...	1 Year	HORIZON HOUSE REH...	346,070	Renewal Project	SHP	TH	F46
Chestnut Manor	2008-10-13 12:46:...	1 Year	Travelers Aid Soc...	255,736	Renewal Project	SHP	PH	F27
Philadelphi a Vete...	2008-09-25 17:08:...	1 Year	The Philadelphi a ...	301,698	Renewal Project	SHP	PH	F29
Latino Homeless S...	2008-10-15 10:02:...	1 Year	Asociacion Puerto...	129,779	Renewal Project	SHP	PH	F17
Safe Haven - My B...	2008-10-15 12:52:...	1 Year	Bethesda Project	223,761	Renewal Project	SHP	SH	F56

Philadelphia CoC							COC_REG_v10_000071	
Monument Village	2008-10-10 10:30:...	1 Year	Methodist Family ...	250,355	Renewal Project	SHP	PH	F15
Overington House ...	2008-10-17 16:46:...	1 Year	overington house	225,959	Renewal Project	SHP	TH	F54
Sojourner House	2008-09-25 09:02:...	1 Year	Women Against Abu...	181,226	Renewal Project	SHP	TH	F51

## Budget Summary

<b>FPRN</b>	\$18,324,004
<b>Rapid Re-Housing</b>	\$1,992,748
<b>Samaritan Housing</b>	\$2,904,196
<b>SPC Renewal</b>	\$5,039,532
<b>Rejected</b>	\$0