

City of Knoxville, Tennessee

Five-Year Consolidated Plan



**For the HUD
CDBG, HOME, and ESG
Programs**

**For the five-year period
July 1, 2010 – June 30, 2015**

FINAL

May 14, 2010



**City of Knoxville
Community Development Department
400 Main Street, 5th Floor
Knoxville, TN 37902**

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GENERAL

Executive Summary

The Executive Summary is required. It includes the objectives and outcomes identified in the plan and an evaluation of past performance.

Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.



GENERAL

Five-Year Plan Executive Summary

Overview

The Consolidated Plan establishes the basis and strategy for the use of federal funds granted to the City of Knoxville by the U. S Department of Housing and Urban Development (HUD) under the following programs:

- Community Development Block Grant (CDBG)
- HOME Investment Partnership Program (HOME)
- Emergency Shelter Grant Program (ESG)

In addition to CDBG, HOME and ESG programs, the City received stimulus funds in 2009 and is implementing Neighborhood Stabilization Program-1 (NSP-1), Community Development Block Grant – Recovery (CDBG-R), and Homelessness Prevention and Rapid Re-Housing (HPRP) programs. The projects funded with these funds will continue until they are completed and all funds are expended.

The City of Knoxville Community Development Department is the lead agency responsible for the development and implementation of this Consolidated Plan. This plan includes five program years covering the time period beginning July 1, 2010 through June 30, 2015. The strategies and projects outlined in this plan are intended to benefit low and moderate income residents, improve neighborhoods with high concentrations of low and moderate income residents and positively impact the city as a whole. Strategies will coordinate with other federal and state grant programs and local initiatives to meet the objectives outlined in the plan. The Consolidated Plan builds on the strengths and accomplishments of current plans and will continue programs that support the five-year objectives.

In 1999, the City of Knoxville received designation as a Round 2 Empowerment Zone. The EZ designation ended in December 2009 and grant funds will be expended through June 2010. Many projects were implemented with EZ funds promoting economic development, creating jobs and improving neighborhoods within the EZ. The \$25 million in federal EZ funds leveraged \$519 million in private and other funds and a total of approximately 1950 jobs were created. The EZ final report will be published later in 2010 and will detail all the accomplishments of the program. Several successful projects started with EZ funds will be expanded to areas outside the EZ and continued with other federal funds.

Community Development receives city general funds for initiatives such as the chronic problem properties, façade improvements, and property

acquisition programs – all of which complement or enhance activities funded through this plan. These initiatives help improve the built environment in low- to moderate-income neighborhoods.

By leveraging the work and resources of partner agencies such as Knoxville's Community Development Corporation (KCDC), Knoxville-Knox County Community Action Committee (CAC), Community Housing Development Organizations (CHDOs), and others, the housing stock is improved, neighborhoods are stabilized, home ownership opportunities are increased and the viability of communities is strengthened.

Targeting homeless assistance dollars to support the goals of the Ten Year Plan to End Chronic Homelessness reinforces that plan's emphasis on housing and long-term solutions.

This plan focuses on the Community Development Department's core competencies, the leveraging of resources, and coordination with other city departments and partner agencies. This pro-active approach helps achieve the goals of the Consolidated Plan as well as the Mayor's goals of building stronger and safer neighborhoods to make Knoxville a great place to live, work, and raise a family.

The Community Development Department completed an extensive community input process including public meetings, agency consultations and surveys. For the first time, the City of Knoxville joined with Knox County in the community input process, eliminating duplicate meetings and coordinating input regarding area needs. The department has completed an analysis of data in order to identify needs, develop strategies for addressing the needs, and undertake specific actions consistent with those strategies. A draft of this plan was made available on March 19, 2010 for public review and comment for a 30-day period. The final plan and documents are available on the City's website (www.cityofknoxville.org/development) and in print form in the Community Development Department, City-County Building, 400 Main St, Fifth Floor.

The priorities and proposed accomplishment goals outlined in this plan are based on assumptions about funding levels for the Consolidated Plan programs. Using the city's current funding and based on level funding of all programs in the next five years, the table below indicates the amount of CDBG, HOME and ESG funding that the City of Knoxville may receive. Since these programs are subject to annual Congressional appropriations as well as changes in the number of communities eligible to receive entitlement grants, the planned activities may change based on actual annual funding.

	CDBG	HOME	ESG	Total
2010 Annual Entitlement	\$2,032,567	\$1,391,991	\$82,579	\$3,507,137
Program Income	\$130,000	\$350,000	-	\$480,000
2010 Annual Funds Available	\$2,162,567	\$1,741,991	\$82,579	\$3,987,137
Five-year Total Estimated Funds Available	\$10,812,835	\$8,709,955	\$412,895	\$19,935,685

The **Five-Year Consolidated Plan goals, specific objectives and priorities** are shown in the table below. The projects and activities to be implemented through the Five Year Consolidated Plan will meet the federal objectives, local goals and strategies shown in the table below. High priority indicates that funds will be made available to address the need during the five year plan period. Medium priority indicates that, if funds are available, activities to address the need may be funded.

Five-Year Consolidated Plan Goals, Specific Objectives and Priorities

FEDERAL OBJECTIVES	LOCAL GOALS and SPECIFIC OBJECTIVES	PRIORITY -LEVEL
Provide Decent Housing (DH)	A. HOMEOWNERSHIP	
	1. Increase the supply of affordable owner-occupied housing.	High
	2. Improve the quality and energy efficiency of owner-occupied housing.	High
	3. Improve access to fair and affordable owner-occupied housing.	High
	4. Increase the supply of visitable owner-occupied housing.	High
	B. RENTAL HOUSING	
	1. Increase the supply of affordable rental housing.	High
	2. Improve the quality and energy efficiency of affordable rental housing.	High
	3. Improve access to fair and affordable rental housing.	High
	4. Increase the supply of visitable rental housing.	High
	C. HOMELESSNESS	
	1. Increase the supply of permanent supportive housing for persons who are homeless.	High
	2. Improve access to permanent supportive housing for persons who are homeless.	High
	3. Provide supportive services for persons who are homeless or at risk of becoming homeless.	High
Create a Suitable Living Environment (SL)	D. NEIGHBORHOOD STABILIZATION	
	1. Mitigate the impact of vacant, blighted and foreclosed properties.	High
	2. Eliminate environmental hazards that impede redevelopment.	High
	3. Improve the safety and livability of neighborhoods through redevelopment and revitalization.	High
	4. Strengthen neighborhoods by increasing the capacity of resident and stakeholder-led organizations.	High
	5. Support quality facilities and services available to the public.	Medium
	6. Promote the development of mixed-income neighborhoods.	High
	7. Improve mobility and access to transportation.	High
Create Economic Opportunities (EO)	E. ECONOMIC DEVELOPMENT	
	1. Increase access to economic opportunities for businesses in LMI areas.	High
	2. Increase access to economic opportunities for LMI persons.	Medium
	3. Remediate and redevelop brownfields.	Medium

Target Areas

The Community Development Department has established four target areas (discussed in the Strategic Plan section of the plan) based on needs data and the current and planned initiatives within the areas.

Energy Efficiency and Sustainability

The Community Development Department is committed to promoting energy efficiency, green development and community sustainability through the implementation of Consolidated Plan activities. Through one of the CHDO's, Knox Housing Partnership, the City funded the construction of seven affordable LEED Gold homes in 2008. The houses have garnered national attention and serve as a point of pride for the Park City neighborhood. The City of Knoxville currently requires *Energy Star New Homes* certification for all replacement homes built under the City's owner-occupied rehabilitation program and any new home built by a nonprofit CHDO partner. Since implementing this requirement in 2008, 10 new homes have achieved *Energy Star New Home* certification. Rental rehabilitation projects funded with NSP-1 will have *Energy Star* certification, at a minimum, and some will achieve *LEED for Homes* certification. The City will continue to require the maximum energy efficiency certification feasible for new activities over the next five years.

Visitability

The Community Development Department is committed to promoting visitability to the greatest extent possible in all of the housing development projects. A home that is visitable features:

- One zero-step entrance in the front, back or basement,
- Doors and hallways that provide at least 32" of clearance on the zero-step entrance level, and
- At least a half bathroom that is usable by a person in a wheelchair or scooter.

By incorporating visitability features in housing construction, homes are made visitable by everyone while providing the opportunity for homeowners to "age in place".

Vacant Properties Initiative

A recent effort of the City Community Development Department, in partnership with Knox County and the Council of Involved Neighborhoods (COIN), is an intergovernmental and interdepartmental focus on vacant and blighted properties and their effect on neighborhood development and stabilization. The Vacant Properties Committee formed in June 2009 to study the impact of vacant properties and seek solutions to the problem. Subcommittees focus on data collection, codes enforcement and remediation, tax sale foreclosures, and land banking and strategic reuse. One of the products expected from the work of the Committee is an "on the ground" property survey. This information will be valuable in implementing Consolidated Plan activities such as property acquisition in a strategic manner. Additionally, Community Development contracted with the Genesee Institute to review Knoxville's current issues surrounding vacant and blighted properties and make recommendations for solutions to the problems. The

Genesee report is contained in Appendix A. One issue Knoxville is examining is the way it may more effectively deal with tax foreclosures. The mapping of vacant problem properties and tax foreclosures assisted the City in determining Target Areas in which to focus Consolidated Plan activities over the next five years. This effort will be expanded to include other departments and community representatives as needed.

HUD Tables 1C and 2C combined, below, indicate the objectives and outcomes for the specific strategies to be implemented during the Five-Year Consolidated Plan period.

HUD Tables 1C and 2C – Summary of Specific Objectives – Homelessness, Housing and Community Development

Availability/Accessibility of Decent Housing (DH-1)						
Specific Objective	Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	% Completed Cumulative
DH-1 Specific Objective: Decent Housing Outcome: Availability/Accessibility						
DH1.1	Improve the quality and energy-efficiency of owner-occupied housing through the rehabilitation or replacement of sub-standard housing for low-income families.	CDBG HOME PRIVATE	Number of Owner-Occupied Units Rehabilitated or Replaced	2010 2011 2012 2013 2014	30	% % % %
			MULTI-YEAR GOAL		150	%
DH1.2	Increase the supply of quality, energy-efficient, affordable rental and homeownership units through rehabilitation or new construction.	CDBG HOME NSP 1 PRIVATE	Number of formerly abandoned/foreclosed/distressed Units Constructed/ Rehabilitated	2010 2011 2012 2013 2014	11	% % % % %
			MULTI-YEAR GOAL		50	
DH1.3	Increase the supply of affordable owner occupied and affordable rental housing through new construction and rehabilitation by local CHDOs.	HOME CHDO set-aside	Units constructed or rehabilitated & sold to low-mod homebuyers Affordable rental units Constructed or rehabilitated by CHDOs	2010 2011 2012 2013 2014	34	% % % % %
			MULTI-YEAR GOAL		80	%
DH1.4	Improve the quality, safety, functionality, and accessibility of homes owned by LMI homeowners.	CDBG	Number of homeowners assisted with emergency home repairs, and accessibility improvements	2010 2011 2012 2013 2014	200	% % % % %
			MULTI-YEAR GOAL		1000	

DH1.5	Improve access to fair and accessible housing, and promote fairness, accessibility and inclusion through Fair Housing education and training.	CDBG FHAP	Number of completed investigations and number of training events	2010 2011 2012 2013 2014	15		% % % % %
			MULTI-YEAR GOAL		60		
DH1.6	Increase the supply of permanent supportive housing for persons who are chronically homeless through rehabilitation or new construction.	HOME CDBG NSP-1	Number of supportive housing units developed	2010 2011 2012 2013 2014	48		% % % % %
			MULTI-YEAR GOAL		200		%
DH1.7	Provide supportive services for persons who are homeless or at risk of becoming homeless.	ESG CDBG HPRP	Number of persons served	2010 2011 2012 2013 2014	350		% % % % %
			MULTI-YEAR GOAL		1000		%
DH1.8	Provide supportive services, operations and essential services for homeless transitional housing facilities with the goal of placing persons in permanent housing.	ESG CDBG HPRP	Number of persons placed in permanent housing	2010 2011 2012 2013 2014	100		% % % % %
			MULTI-YEAR GOAL		500		%

Affordability of Decent Housing (DH-2)							
Specific Objective	Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed	
DH-2	Specific Objective: Decent Housing Outcome: Affordability						
DH2.1	Increase homeownership opportunities for low- and moderate-income households through down-payment assistance.	CDBG HOME PRIVATE	Number of LMI homebuyers assisted with down-payment assistance	2010	20		%
				2011			
			2012			%	
			2013			%	
			2014			%	
			MULTI-YEAR GOAL		100		%
DH2.2	Increase the number of LMI home buyers through credit counseling, home ownership training and home maintenance training.	CDBG HOME PRIVATE	Number of Homebuyers trained	2010	30		%
				2011			
			2012			%	
			2013			%	
			2014			%	
			MULTI-YEAR GOAL		100		
DH2.3	Improve the energy-efficiency of home-ownership and rental units for LMI residents through energy retrofits.	CDBG-R	Number of homes improved	2010	17		%
				2011			
			2012			%	
			2013			%	
			2014			%	
			MULTI-YEAR GOAL		35		%

Sustainability of Decent Housing (DH-3)							
Specific Objective		Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-3	Specific Objective: Decent Housing Outcome: Sustainability						
DH3.1	Improve the quality and appearance of blighted and/or unsightly homes and their impact on the neighborhood through acquisition, rehabilitation, historic preservation, or façade improvements.	CDBG EZ Program Income	Number of homes improved.	2010	20		%
				2011			
			2012			%	
			2013				
			2014			%	
			MULTI-YEAR GOAL				100

Availability/Accessibility of Suitable Living Environment (SL-1)							
Specific Objective		Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	Specific Objective: Suitable Living Environment Outcome: Availability/Accessibility						
SL1.1	Improve neighborhoods by supporting quality facilities and services available to the public.	CDBG	Number of park improvements and/or number of facility improvements	2010	2		%
				2011			
			2012			%	
			2013				
			2014			%	
			MULTI-YEAR GOAL				6

Sustainability of Suitable Living Environment (SL-3)							
Specific Objective		Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-3	Specific Objective: Suitable Living Environment Outcome: Sustainability						

Sustainability of Suitable Living Environment (SL-3)							
Specific Objective		Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL3.1	Strengthen neighborhoods by increasing the capacity of resident and stakeholder –led organizations and by providing planning, design and other technical assistance.	CDBG City	Number of organizations assisted with technical assistance	2010	15		%
				2011			
				2012			%
				2013			%
				2014			%
			MULTI-YEAR GOAL		50		
SL3.2	Improve the safety and livability of neighborhoods through redevelopment and revitalization.	CDBG	Number of Redevelopment Areas and/or Revitalization Plans initiated/continued	2010	3		%
				2011			
				2012			%
				2013			%
				2014			%
			MULTI-YEAR GOAL		6		
SL3.3	Mitigate the impact of blighted, problem, and foreclosed properties in LMI neighborhoods.	CDBG	Number of properties acquired and/or number of properties mitigated	2010	10		%
				2011			
				2012			%
				2013			%
				2014			%
			MULTI-YEAR GOAL		90		
SL3.4	Improve mobility and access to transportation in LMI neighborhoods	CDBG	Number of sidewalk improvements and/or Number of bus shelters	2010	1		%
				2011			
				2012			%
				2013			%
				2014			%
			MULTI-YEAR GOAL		5		

Availability/Accessibility of Economic Opportunity (EO-1)							
Specific Objective		Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-1	Specific Objective: Economic Opportunity Outcome: Availability/Accessibility						
EO 1.1	Increase access to economic opportunities for businesses in LMI areas through development loans.	CDBG EZ PI	Number of businesses assisted and number of jobs retained/created	2010 2011 2012 2013 2014	2 businesses		% % % % %
			MULTI-YEAR GOAL				5
EO 1.2	Increase access to economic opportunities for LMI persons	CDBG	Number of persons assisted and number of jobs obtained	2010 2011 2012 2013 2014	10		% % % % %
			MULTI-YEAR GOAL				50

Sustainability of Economic Opportunity (EO-3)							
Specific Objective		Source of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-3	Specific Objective: Economic Opportunity Outcome: Sustainability						
EO3.1	Improve economically distressed areas (i.e., redevelopment areas and brownfields) by eliminating blight, improving property values, and removing constraints to private development and to cause private redevelopment and historic preservation by enhancing and expanding availability of local, state and federal incentive programs.	CDBG	Number of façade improvements and/or Number of brownfields remediated	2010 2011 2012 2013 2014	5		% % % % %
			MULTI-YEAR GOAL				25

GENERAL

Strategic Plan

Mission

The Mission of the City of Knoxville Community Development Department is to support neighborhoods and revitalize low- and moderate-income communities. We promote sustainable residential and commercial growth in order to create vitality and new investment in the Heart of Knoxville and throughout the City.

Details of the Strategic Plan begin on page 70 of this document.



MANAGING THE PROCESS

Consultation (91.200 (b))

1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.
2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.



MANAGING THE PROCESS

Consultation: Lead Agency

1

As the local entitlement grantee for the CDBG, HOME and ESG programs, the City of Knoxville Community Development Department (Community Development) is the lead agency for the development of the five-year Consolidated Plan, as well as the Annual Action Plans, that outline the proposed activities and expenditures under these programs. The Community Development Department strives to work with many partners in the community to implement program priorities for the CDBG, HOME and ESG programs. Community Development does not receive Housing Opportunities for People with AIDS (HOPWA) funds and therefore will omit HOPWA-related questions.

The Community Development Department works with partners to implement programs that are funded through the Department by these federal program funds and other funds. Below is a partial list of partner agencies and recipients of CDBG, HOME and/or ESG funds that assist in implementing Community Development goals and objectives.

Public and Private Agency Partners

City of Knoxville

- Office of Neighborhoods
- Neighborhood Codes Enforcement
- Parks and Recreation

Knox County

- Knox County Office of Neighborhoods and Community Development

Other Public Organizations

- Council of Involved Neighborhoods
- Knoxville's Community Development Corporation
- Knoxville-Knox County Metropolitan Planning Commission
- Middle Tennessee State University
- Partnership for Neighborhood Improvement
- University of Tennessee, Knoxville

Private and Nonprofit Organizations and Agencies

- Child and Family Services
- disAbility Resource Center
- East Tennessee Community Design Center
- East Tennessee Foundation
- Helen Ross McNabb Center
- Knox Area Rescue Ministries
- Knoxville/Knox County Community Action Committee (CAC)
- Knox Housing Partnership
- Knoxville Area Urban League
- Knoxville Habitat for Humanity
- Legal Aid of East Tennessee
- Neighborhood Housing, Inc.
- Salvation Army
- Southeastern Housing Foundation
- Volunteer Ministry Center
- YWCA of Knoxville

MANAGING THE PROCESS

Consultation: Plan Development Process

2

The City of Knoxville Community Development Department focused on two significant plan development strategies:

1. Gather community needs information and input from public and private agency partners and from those who receive services; and
2. Collect and analyze census and other local housing data in partnership with the Knoxville/Knox County Metropolitan Planning Commission.

Throughout the plan development process, Community Development has been committed to collaborating with a locally diverse group of citizens, agency staff, and City and County local government staff. The results of this effort are reflected in this Five-Year Consolidated Plan.

Community Needs

Community Development is committed to meeting the needs of low and moderate income citizens in Knoxville. To be successful, community participation, service providers input and consultation with other local government entities is crucial. This consolidated planning process has been more directly focused on these partnerships than ever before. The public and private agencies, local citizens and local government entities that participated during the information and input gathering process are as follows:

Local Citizens

The City's Community Development Department, in partnership with the Knox County Office of Neighborhoods and Community Development held a public meeting on December 14, 2009 where 49 were in attendance. Each person had the opportunity to fill out a survey (results of this survey data are discussed in the Citizen Participation section).

Service Providers

- Alzheimer's Association
- American Red Cross
- Cherokee Health
- Child and Family Tennessee
- Knoxville/Knox County CAC Workforce Connection
- Compassion Coalition
- CONNECT Ministries
- Department of Labor
- disAbility Resource Center
- East Tennessee Foundation
- Family Promise Knoxville
- Helen Ross McNabb Center
- Interfaith Health Clinic
- Knox Area Rescue Ministries
- Knox County Health Department

- Homeless Management Information System – University of Tennessee
- Knox Housing Partnership
- Knoxville Area Urban League
- Knoxville-Knox County Head Start
- Knoxville Leadership Foundation
- Knoxville Tenants Association
- Legal Aid of East Tennessee
- Neighborhood Housing Inc.
- Pellissippi State Community College
- Positively Living
- Public Defender’s Community Law Office
- Safe Haven Center
- Samaritan Place
- Socially Equal Energy Efficient Development (SEED)
- Southeastern Housing Foundation
- The Next Door
- Volunteer Ministry Center
- World Changers
- YWCA

Local Government and Public Organizations

City of Knoxville

- Public Service
- Operations and Efficiency
- Codes/Service Department

- Knoxville Police Department
- Engineering
- Policy and Communications
- Title VI/EBOP
- Parks and Recreation
- Community Relations
- City Council
- Fire Department
- Knoxville Area Transit

Knox County

- Knox County Sheriff’s Department
- Parks and Recreation
- Health Department
- Office of Neighborhoods and Community Development
- Public Library

Joint City and County

- Metropolitan Planning Commission/Transportation Planning Organization
- Mayors’ Ten Year Plan to End Chronic Homelessness
- Knoxville’s Community Development Corporation(KCDC) (housing authority)

Public Organizations

- Knox County Council Parent Teacher Association
- University of Tennessee



MANAGING THE PROCESS

Citizen Participation (91.200 (b))

3. Based on the jurisdiction's current citizen participation plan, provide a summary of the citizen participation process used in the development of the consolidated plan. Include a description of actions taken to encourage participation of all its residents, including the following:
 - low- and moderate-income residents where housing and community development funds may be spent;
 - minorities and non-English speaking persons, as well as persons with disabilities;
 - local and regional institutions and other organizations (including businesses, developers, community and faith-based organizations);
 - residents of public and assisted housing developments and recipients of tenant- based assistance;
 - residents of targeted revitalization areas.
4. Provide a description of the process used to allow citizens to review and submit comments on the proposed consolidated plan, including how the plan (or a summary of the plan) was published for review; the dates, times and locations of a public hearing, or hearings; when and how notice was provided to citizens of the hearing(s); the dates of the 30 day citizen comment period, and if technical assistance was provided to groups developing proposals for funding assistance under the consolidated plan and how this assistance was provided.
5. Provide a summary of citizen comments or views received on the plan and explain any comments not accepted and reasons why these comments were not accepted.



MANAGING THE PROCESS

Citizen Participation: Participation Process

3

The City of Knoxville Community Development Department serves an important role in Knoxville's low- and moderate-income community, with program resources focused on supporting three overarching needs:

- Decent Housing
- Suitable Living Environment
- Economic Opportunity

Community Development staff are proud to provide services that impact neighborhoods, as well as individuals, within the City of Knoxville.

The Community Development Department is committed to improving the public input process for services provided to low- and moderate-income citizens of Knoxville. Community Development strives to broaden public access to its process and continues to build capacity for participation in all aspects of Community Development. The process described below demonstrates adherence to the current Citizen Participation Plan developed for the 2005-2010 Five-Year Consolidated Plan.

The development of this Five-Year Consolidated Plan includes outreach to local government departments and the community served by CDBG, HOME and ESG programs. Collaboration with partners and citizens in the Knoxville community serves to build a strong and meaningful Consolidated Plan. By utilizing this information, Community Development gains an understanding of overall issues facing the City of Knoxville as well as where other major resources are being invested. Community Development aims to be a positive leader in neighborhoods and to seek long term success with program funds investment.

The Consolidated Plan will be finalized and submitted to HUD on May 14, 2010. A second citizen input meeting will take place April 13, 2010 and comments will be documented in the Plan.

Summary of Citizen Participation Process

To gather community needs information, the Community Development Department, in partnership with Knox County Office of Neighborhoods and Community Development, hosted a citizen-input meeting, a series of focus groups with service providers, and interdepartmental discussions. The format of these meetings was discussion-based with a single facilitator and the following questions guided discussion:

- What is working in your community?
- What are needs to be met?
- What are challenges to meeting those needs?;
- In an ideal world, what would you like to see happen (with regard to community development)?

During the citizen input meeting and the service providers focus groups, the directors of the City and County Community Development Departments provided an overview of the work and services provided by each department including the funding and regulatory limitations the departments face in implementing priorities set forth in the Consolidated and Annual Plans.

Citizen Input Meeting and Survey

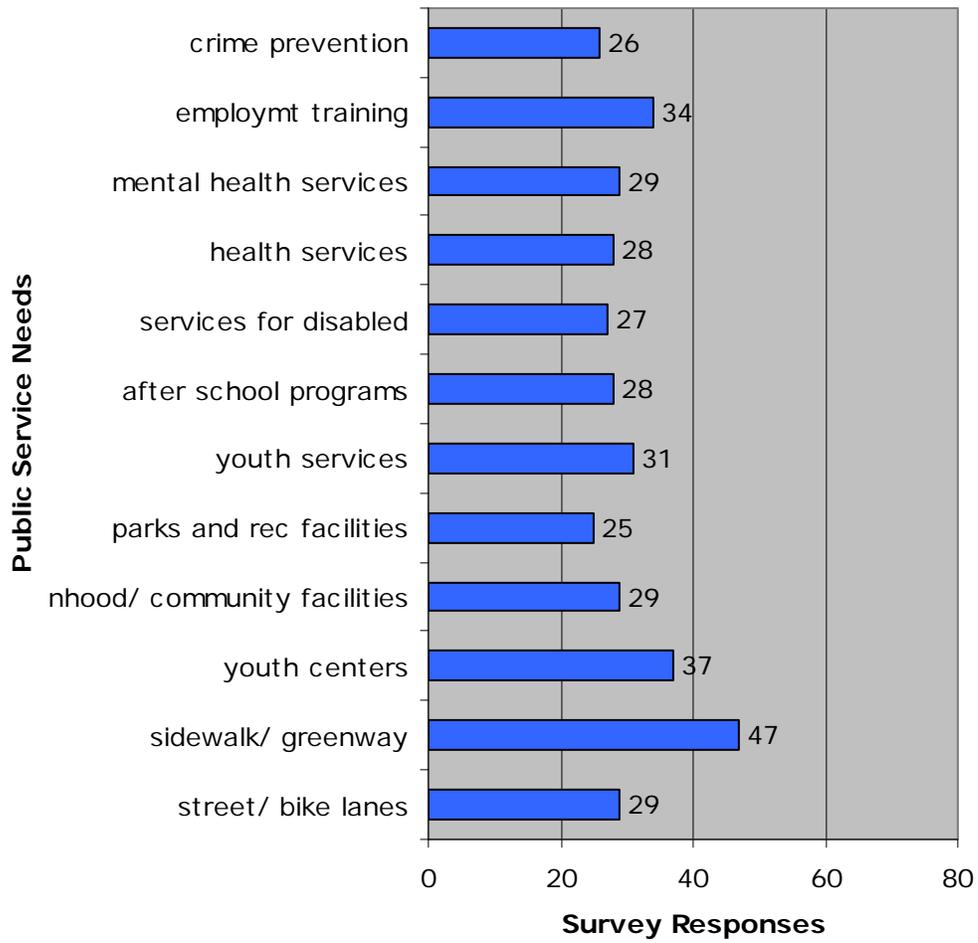
The citizen-input meeting was held in the evening on December 14, 2009. Approximately 49 citizens attended. The meeting was facilitated by the City of Knoxville's Community Development Department director. It was held at the Cansler YMCA, 616 Jessamine Street, Knoxville, TN 37917 – a prominent location in a key area served by Community Development. At the end of this meeting each individual was asked to fill out a community development needs survey. Surveys were either submitted that evening or returned to Community Development by March 8, 2010.

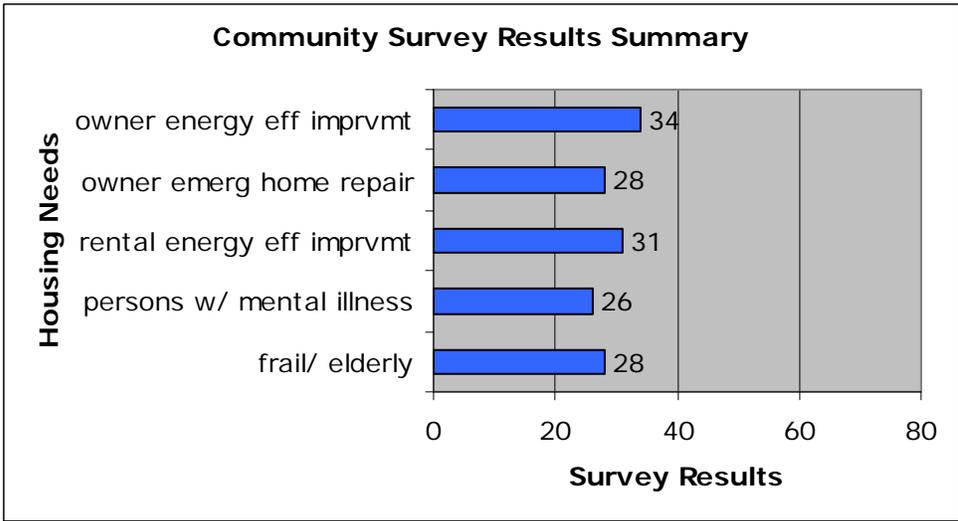
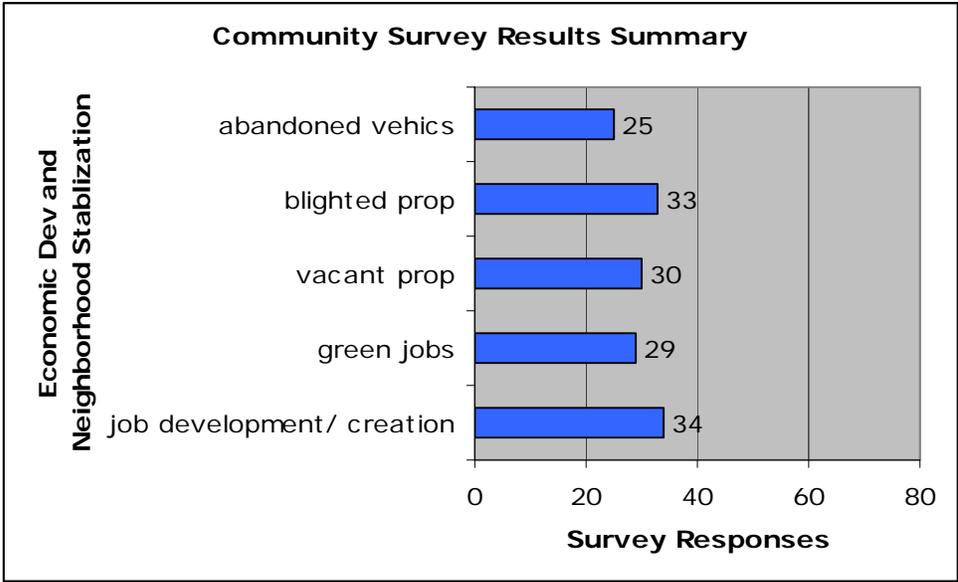
The announcement for this meeting was posted two times in the major newspaper in Knoxville, the Knoxville News Sentinel, and over 500 postcard announcements were U.S. mailed to individuals and organizations, including groups that serve persons with disabilities, minorities and persons of low- and very low-income who are residents of local target areas where funding is proposed to be used.

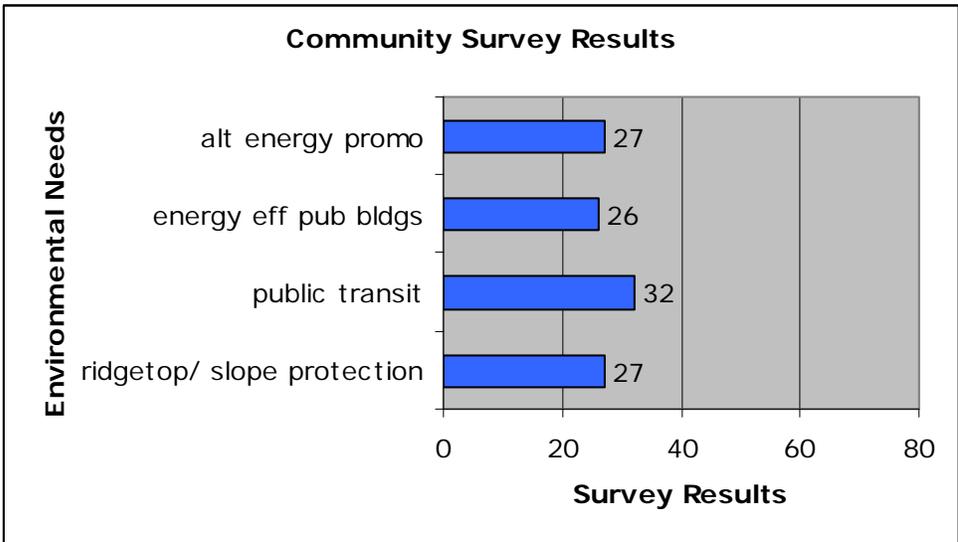
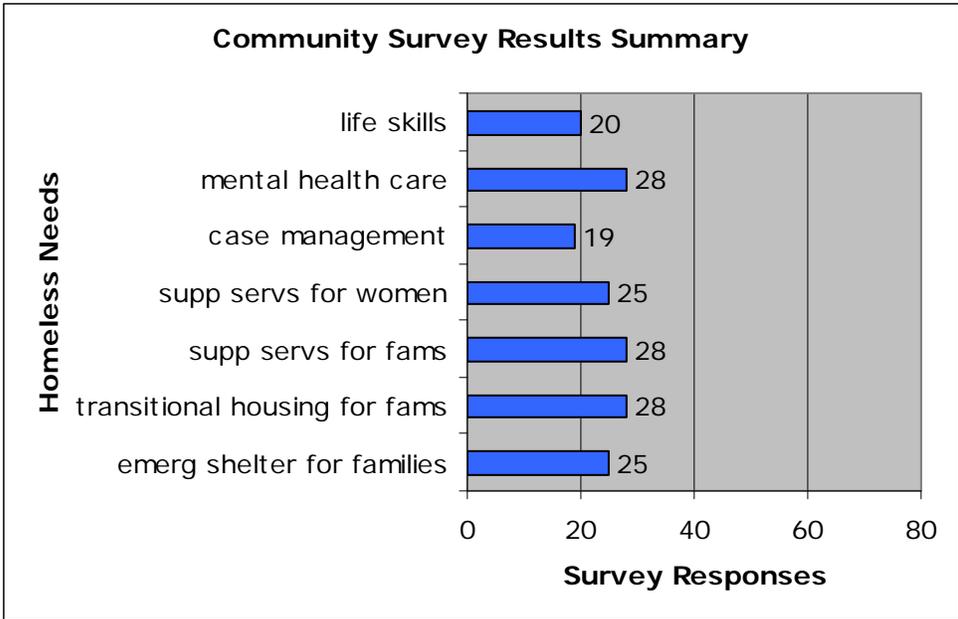
The Community Development Needs Survey was distributed to over 500 individuals and groups, including the City's Office of Neighborhoods weekly newsletter group, groups that serve persons with disabilities, minorities and persons of low- and moderate-income. The survey was also accessible on the City's Community Development website.

Seventy-eight surveys (78) were received and results are described below. Please note that every respondent did not answer all of the questions because each issue may not have pertained to every person's knowledge. A sample survey may be seen in Appendix B. Note that the survey asked participants to choose whether they think listed issues are of low, medium or high level of need. These results shown in the tables below indicate only the areas where 25 or more participants thought an issue was a high priority. Complete survey results are on file in the City of Knoxville Community Development Department.

Community Survey Results Summary







[Service Providers Focus Group Meeting and Survey Results](#)

The service providers focus group sessions took place on November 19, 2009 at the Cansler YMCA and were facilitated by a third party facilitator. Each focus group lasted for approximately two hours and was divided into the following four categories:

- homeless service providers;
- education and jobs service providers;
- housing and economic development service providers; and
- health/special needs service providers.

The City Community Development Department and Knox County Office of Neighborhoods and Community Development worked together to send electronic and paper invitations, with follow-up phone calls, to service provider agencies in Knoxville and Knox County. In attendance were 29 organizations represented by approximately 70 individuals. At the end of the sessions, each individual was asked to complete a survey and turn it in that day or return it by fax or U.S. mail to the City's Community Development Department. A total of 43 surveys were submitted and summary results are included below. All results from these surveys may be found in Appendix B. Some highlights of needs discussed in the focus sessions are:

- Need for better transportation options
- Increased funding for administrative services such as case management
- Access to health care for homeless and mentally ill
- Access to mental health services
- Housing for persons with developmental disabilities and mental illness
- Case management/permanent supportive housing and services for homeless and mentally ill
- Need for child care centers and services
- Need for health services
- Need for employment training
- Job development and creation
- Access to substance abuse treatment
- Emergency home repairs for both rental and owner occupied homes
- Moderate rehab and energy efficiency improvement to rental and owner occupied homes
- Need to have blighted properties addressed
- Modifications to homes for persons with disabilities
- Job training for homeless

City and County Interdepartmental Meetings

Interdepartmental discussions included 24 City and County departments and public agencies. The meetings especially helped identify needs in our Community and how each department and agency works to meet those needs. These meetings highlighted the importance of each department and agency's role in City and County government and the value of continued partnership. The Community Development Department aims to keep communication open with these departments and agencies to ensure all Community Development efforts are a success.

Youth Input

Staff from the Community Development Department met with two groups of young people from Project Grad and Fulton High School to learn their perspective on the work Community Development does. Their comments

focused on needs and suggestions in the realm of education and job creation. The feedback received is summarized in a list below.

- Mentoring program for students and parents.
- Tutorial program for students in order to enhance academic excellence.
- After-school program (in school buildings) to provide tutoring and a safe haven for students to be away from outside elements.
- College preparatory workshops to better prepare students for college.
- Technical preparatory workshops to better train students for jobs in various trades.
- Literacy projects that center around family engagement (Mom, Dad and Me) with a focus on reading, writing and math.
- Cultivate collaborative partnerships between community, churches, schools and home.
- Technology skills training for parents and grandparents.
- Job training program for parents (located at the school).
- Job readiness skills for students.
- Financial literacy for parents and students.
- Work with area employers and businesses to encourage the hiring of more inner-city adults and students, and encourage sensitivity to the challenges and needs of the community.
- Increase citizen representation on various boards, commissions and advisory groups in order to have a "community" voice at the table.

MANAGING THE PROCESS

Citizen Participation: Plan Review Process

4

Citizen Participation Plan

The City of Knoxville Community Development Department encourages the participation and input of citizens in the planning and implementation of its community development activities. This Citizen Participation Plan process applies to programs funded under the Community Development Block Grant (CDBG), HOME Investment Partnership Act (HOME), and Emergency Shelter Grant (ESG) programs of the U.S. Department of Housing and Urban Development (HUD). Through the Citizen Participation Process, citizens have the opportunity, and are encouraged, to express their views and concerns to assist in strengthening government operations with regard to community development in the City of Knoxville.

Citizen Input

The intended outcome of the consolidated planning process is the integration of the broad base of knowledge and expertise of citizens with workers in the housing and community development fields, including staff of the Community Development Department.

In partnership with neighborhoods served by Community Development, the City's Office of Neighborhoods, service provider agencies, the Council of Involved Neighborhoods, Partnership for Neighborhood Improvement and general outreach, participation by all citizens is encouraged. This includes reaching out to residents of public and assisted housing, minorities, non-English speaking persons and persons with disabilities. Persons of low- and very low-income who are residents of the Community Development Department's target areas (blighted areas in which funds are proposed to be used) will be especially encouraged to participate. Target areas are described in the Strategic Plan section of this document.

The Community Development Department in partnership with the City's Office of Neighborhoods (and with the Knox County Office of Neighborhoods and Community Development) will continue to build capacity in neighborhoods for participation in the Community Development process.

The Consolidated Plan, Annual Action Plans, and Consolidated Annual Performance and Evaluation Report (CAPER) are all available on the City's website (www.cityofknoxville.org) at all times for viewing. Citizens can contact the Community Development Department to receive a hardcopy of any plan or report by calling 865-215-2120.

This Citizen Participation Plan is designed to encourage citizens to:

- Participate in the development of the Five-Year Consolidated Plan;

- Participate in the development of the Annual Action Plans;
- Participate in any Substantial Amendments to the Consolidated and Annual Action Plan; and
- Participate in a review and comment process for the Annual Performance Evaluations and Reports the City is required to submit to the U.S. Department of Housing and Urban Development.

Information Sharing

Community Development will provide information to citizens on the amount of funds available and the range of programs, projects, services, and activities that can be undertaken, and on plans to minimize displacement and to assist any person displaced. This information is on file at the Community Development office and will be presented at the annual public hearings.

Community Development's goal is to minimize displacement of persons, and Community Development has developed a plan that defines the types and levels of assistance that is provided to a person who is displaced. Displacement might occur, for example, when a major rehabilitation project is undertaken on someone's house or apartment complex/building.

Community Development provides information to the public housing authority, Knoxville's Community Development Corporation (KCDC), about Consolidated Plan activities related to KCDC's developments and surrounding communities so that KCDC can make this information available at the annual public hearing required under the Comprehensive Grant program.

To serve all citizens, Community Development will provide Braille materials, materials recorded on audiocassettes, and interpreters for the hearing impaired with a week's prior notice of special needs. Please contact Community Development at 865-215-2120 for assistance.

Community Development is committed to meeting the needs of non-English speaking residents in the case of public hearings where a significant number of non-English speaking residents are expected to participate. Foreign language interpreters and materials translated in the appropriate language will be provided with a week's prior notice of need. Please contact the Community Development Department for assistance at 865-215-2120.

Citizen Input Notification

Citizens of Knoxville will be notified about the City of Knoxville Community Development's citizen input process at least two (2) weeks ahead of any public event via fliers, letters, brochures, fact sheets, and at least one (1) week in advance via advertisements, news releases, public service announcements, feature stories, and/or display notices. Community Development staff will attend at least one public event and will attend other events on a case-by-case basis.

Community Development will organize and host at least two (2) citizen input

meetings each year to access citizen's views on housing and community development needs and will respond to proposals and questions at all stages of the community development program year. At least one of these meetings will be held to get citizen input before the Five-Year Consolidated Plan is written, and at least one will be held to discuss the consolidated plan and receive feedback prior to its submission. Additional citizen input meetings may be held during the year to gather citizen input. Meetings will be at times and locations convenient to potential or actual program beneficiaries, with accommodations for persons with disabilities. Meetings are held, as much as possible, at times of day and in areas that facilitate the attendance of low- and very low-income people. Please contact the Community Development Department to request accommodations at 865-215-2120.

Draft Plan Availability for Citizen Review and Comment

When any draft Plan or Report is complete, it will be announced by the City that the Plan is open for review and public comment. A notification(s) will be advertised in the local newspaper of general circulation – the Knoxville News Sentinel – to inform the public that the draft Five-Year Consolidated Plan or draft annual Action Plan is available for review and public comment, as well as a date for a public meeting. The notification will provide a summary of the proposed plan. The notice will also be posted on the Community Development Department's website (www.cityofknoxville.org/development) and on bulletin boards at the locations below. The public notice will state that copies of the particular Plan will be available for review and comment on the Community Development Department's website and at the following locations for thirty (30) days:

City of Knoxville's Community Development Department
400 Main Street, 5th Floor
Knoxville, TN 37902

Lawson-McGhee Library
500 W. Church Avenue
Knoxville, TN 37902

Knoxville-Knox County Community Action Committee (CAC main office)
2247 Western Avenue
Knoxville, TN 37921

CAC East Neighborhood Center
4200 Asheville Highway
Knoxville, TN 37914

CAC South Neighborhood Center
522 Old Maryville Pike
Knoxville, TN 37920

Submission of Comments

The City of Knoxville Community Development Department will accept written comments via U.S. mail at Community Development Director, P.O. Box 1631, Knoxville, TN 37901 or by hand delivery to the Community Development Department, 400 Main Street, 5th Floor, Knoxville, TN 37902 and email to bwade@cityofknoxville.org, as well as oral comments during the public meeting.

All comments and views expressed during the citizen comment period will be considered, along with other key considerations such as the Community Development budget, in preparing and revising the Five-Year Consolidated Plan, Substantial Amendments, and Performance Reports. A summary of citizen comments will be attached to the final Five-Year Consolidated Plan, Substantial Amendment, or Annual Report.

The Community Development Department will provide citizens with a timely, substantive written response to written complaints and grievances related to the Five-Year Consolidated Plan, Substantial Amendments, or Reports, within 15 working days.

Performance Report

Citizens will have the opportunity to review and submit comment for fifteen (15) days on the Annual Performance report.

Amendments

Amendments to the Five-Year Consolidated Plan may occur in the event of a substantial change in the City's Community Development program. A substantial change is defined by federal regulation and is one or more of the following:

- A change in the national objective met by an activity;
- A change in target area (as defined in the Strategic Plan section of the Five-Year Consolidated Plan);
- For non-housing activities, a change of 10% or \$100,000, whichever is greater, in the amount to be expended on an activity; or
- For housing activities, a change of 10% or \$200,000, whichever is greater, in the amount of funds to be made available for housing activities. Changes in location for housing activities will be considered a substantial change only if there is a waiting list for the project from which funds are transferred that would require an amount of funding in excess of the amount remaining in the budget for that project.

If program income for a given project is \$100,000 or more over the projected levels, either the Consolidated Plan will be amended, or the excess program income will be included in the following year's consolidated plan.

Access to Records

Community Development will provide citizens with reasonable and timely access to information and records relating to the proposed use of funds. Information and records for the past 5 years are on file at the Community Development office. For a public records request, please call 865-215-2120 or write to City of Knoxville Community Development Department, PO Box 1631, Knoxville, TN 37901-2962.

Technical Assistance

Community Development will provide technical assistance to groups representative of low- and very low-income people and special interest groups located in or serving targeted areas that request such assistance in developing proposals for any program covered under the consolidated plan. This technical assistance may take the form of workshops, site visits, referrals to other technical assistance organizations, or one-on-one assistance. For example, when Community Development posts a request for proposals for distribution of program funds, those who would like to apply are required to attend a workshop where the grant proposal is reviewed and potential grantees may ask questions about the process.

MANAGING THE PROCESS

Citizen Participation: Citizen Comments

5

The Community Development Department hosted a citizen input meeting on April 13, 2010 at the Charles W. Cansler YMCA, address, from 5:30pm-7:00pm. Twenty-four people attended, including six Community Development staff. Eight questions and comments were received. Detailed notes captured during the meeting are found in Appendix B. One written comment/grievance was received and the director of Community Development will respond in writing within 15 days – in accordance with the Citizen Participation Plan.

Because City Council will consider the Five-Year Consolidated Plan and 2010 Action Plan at the April 20, 2010 City Council meeting, a workshop was held April 8, 2010 with Council members. Out of nine Councilmembers, seven attended, as well as eight Community Development staff and three citizens. This meeting was broadcast on community television and open to the public. Notes from this meeting are found in Appendix B.

Overview of comments and questions received:

- Three comments were received complementing the plans as strong on community involvement, concise, and well put together.
- During the City Council workshop, many questions were asked about specifics of both plans, including what is AMI for the areas served by Community Development, issues concerning lead abatement and whether sites are visitable.

Citizen Input Meeting:

- One question was related to available funds for minority-run nonprofits and capacity building for those nonprofits.
- One question was related to increased homelessness needs in Tennessee as the state makes decisions to cut services to people with mental health issues.
- One question was specifically about sidewalks and how improvements will be included in future years.
- One question was related to Community Development's consideration of Maslow's Hierarchy of Needs in making funding decisions.
- One question addressed an individual's grievance (a written letter was also received) that Community Development is not succeeding in meeting the needs of people with CDBG funding.

One public comment was received by email from Barbara Kelly, executive director at Knox County CAC. She wrote of appreciation for both plans and the process of developing the plans. She especially emphasized the importance of homelessness prevention through increasing availability of affordable housing. See full comment in Appendix B.

All comments were accepted during the public comment period.



HOUSING AND HOMELESS NEEDS

Housing Needs 91.205

6. In this narrative, describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost- burden, substandard housing, and overcrowding (especially large families) and substandard conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners compared to the jurisdiction as a whole. The jurisdiction must define the terms "standard condition" and "substandard condition but suitable for rehabilitation."
7. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must provide an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.



HOUSING AND HOMELESS NEEDS

Housing Needs

6-7

The table following this section from the Comprehensive Housing Affordability Strategy (CHAS) 2000 data book, *Housing Problems Output for All Households*, shows the housing needs in Knoxville by low-income categories and household type. **Any housing problem** is defined as having a cost burden of greater than 30% of income spent on housing, and/or overcrowding, and/or lacking complete kitchen or plumbing facilities. Cost Burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance and utilities.

Table 2A below, taken from the CHAS data, provides an estimate of housing needs over the next five-year period for households of various types and income levels. The "unmet need" for each category is calculated from the CHAS data by multiplying the percent of households in each type who have a housing problem times the number of households in that type. The special needs population category overlaps the other categories and includes all households where one or more persons has mobility or self-care limitation. The renter category could include families receiving housing assistance if they have still have a housing problem as defined above.

HUD Table 2A – Priority Housing Needs/Investment Plan Table

PRIORITY HOUSING NEEDS (Types of households)		Percent of Median Family income	Priority	Unmet Need (# of households)
Renter	Small Related (2-4)	0-30%	High	2105
		31-50%	High	1152
		51-80%	Medium	530
	Large Related (5 or more)	0-30%	High	271
		31-50%	High	183
		51-80%	Medium	150
	Elderly (1-2 ,62 or more)	0-30%	High	758
		31-50%	High	530
		51-80%	Medium	256
	All Other	0-30%	High	4409
		31-50%	High	2626
		51-80%	Medium	1015
Small Related	0-30%	High	536	
	31-50%	High	627	
	51-80%	High	1018	

PRIORITY HOUSING NEEDS (Types of households)		Percent of Median Family income	Priority	Unmet Need (# of households)
Owner	Large Related	0-30%	High	80
		31-50%	High	199
		51-80%	High	253
	Elderly	0-30%	High	1229
		31-50%	High	654
		51-80%	High	351
	All Other	0-30%	High	515
		31-50%	High	299
		51-80%	High	685
Special	See note below*	0-80%		
Needs		0-80%		
		0-80%		
		0-80%		
		0-80%		
		0-80%		
		0-80%		

*Persons with Special Needs are included within the other categories listed.

HUD Table 2A – Priority Housing Needs/Investment Plan Goals

Priority Need	5-Yr. Goal	
	Plan	
Renters-% of Median Family Income (MFI)	# of households	
0 – 30% of MFI	76	
31 - 50% of MFI	38	
51 - 80% of MFI	38	
Owners-% of MFI		
0 – 30% of MFI	775	
31 – 50% of MFI	387	
51 - 80% of MFI	388	
Homeless*		
Individuals and Families	1000	
Non-Homeless Special Needs		
Elderly		
Frail Elderly		
Severe Mental Illness		
Physical Disability		
Developmental Disability		
Alcohol/Drug Abuse		
HIV/AIDS		
Victims of Domestic Violence		
Total	2702	
Total Section 215	2702	
215 Renter	152	
215 Owner	1550	

* Homeless individuals and families assisted with transitional and permanent housing.

HUD Table 2A – Priority Housing Activities

Priority Need	Total 5-Yr. Goal Plan/ Act	Yr. 1 Goal Plan/ Act	Yr. 2 Goal Plan/ Act	Yr. 3 Goal Plan/ Act	Yr. 4 Goal Plan/ Act	Yr. 5 Goal Plan/ Act
CDBG						
Acquisition of existing rental units	0					
Production of new rental units	0					
Rehabilitation of existing rental units	100	20	20	20	20	20
Rental assistance	0					
Acquisition of existing owner units	0					
Production of new owner units	0					
Rehabilitation of existing owner units	1100	220	220	220	220	220
Homeownership assistance	0					
HOME						
Acquisition of existing rental units	48	24		12		12
Production of new rental units	100	48	2		50	
Rehabilitation of existing rental units	4		4			
Rental assistance	0					
Acquisition of existing owner units	6	2		2		2
Production of new owner units	44	8	10	8	10	8
Rehabilitation of existing owner units	200	30	35	40	45	50
Homeownership assistance	200	20	30	40	50	60
HOPWA						
Rental assistance	N/A					
Short term rent/mortgage utility payments	N/A					
Facility based housing development	N/A					
Facility based housing operations	N/A					
Supportive services	N/A					
Other						

Based on the data available, the following priority needs are established:

Extremely low-income: less than or equal to 30% Area Median Income (AMI) (currently \$17,650 for a four-person household).

Within this population, 64% of renter occupants have a housing problem, as defined by HUD, and 49% of renter occupants have a cost burden of greater than 50% of their income. Of the owners in this income category, 76% have a housing problem, as defined by HUD, while 54% have a cost burden of greater than 50% of their income.

Very low-income: greater than 30% and less than or equal to 50% AMI (currently 50% AMI is \$29,400 for a four-person household).

Within this population, 66% of the renters have a housing problem, as defined by HUD, while 52% of the owners have a HUD-defined housing problem.

Low-income: greater than 50% and less than or equal to 80% AMI (currently 80% AMI is \$47,050 for a four-person household).

Within this population, 28% of the renters have a HUD defined housing problem and 35% of the owners have a HUD defined housing problem.

There are significant numbers of households with cost burdens in the rental and owner occupied households for the income ranges less than or equal to 50% AMI and less than or equal to 30% AMI.

The Table below – Disproportionate Housing Needs City of Knoxville – shows housing needs by income category and race. The disproportionate need threshold is established for each income category and any disproportionate need is identified.

American Indian/Alaska Native Non-Hispanic households have a disproportionately greater housing problems in the 30% to less than or equal to 50% AMI category.

Hispanic or Latino households have disproportionately greater housing problems in the 50% to less than or equal to 80% AMI.

Hispanic or Latino households and Asian Non-Hispanic households have disproportionately greater housing problems in the greater than 80% AMI category.

**DISPROPORTIONATE HOUSING
NEEDS – CITY OF KNOXVILLE**

Median Family Income	Total Households	Households With Any Housing Problem	% With Any Housing Problem	Disproportionate Need Threshold
TOTAL HOUSEHOLDS				
<= 30% MFI	15,335	10,229	66.7	76.7
30% to <= 50% MFI	10,786	6,581	61.0	71.0
50% to <= 80% MFI	13,925	4,429	31.8	41.8
> 80% MFI	35,902	2,628	7.3	17.3
WHITE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	10,649	7,416	69.6	No
30% to <= 50% MFI	8,334	5,155	61.9	No
50% to <= 80% MFI	11,733	3,729	31.8	No
> 80% MFI	31,243	2,117	6.8	No
BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	3,893	2,249	57.8	No
30% to <= 50% MFI	2,036	1,144	56.2	No
50% to <= 80% MFI	1,758	569	32.4	No
> 80% MFI	3,697	350	9.5	No
AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	40	22	55.0	No
30% to <= 50% MFI	26	22	84.6	Yes
50% to <= 80% MFI	42	4	9.5	No
> 80% MFI	118	14	11.9	No
ASIAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	293	220	75.1	No
30% to <= 50% MFI	71	52	73.2	Yes
50% to <= 80% MFI	160	44	27.5	No
> 80% MFI	316	70	22.2	Yes
OTHER RACES NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	278	204	73.4	No
30% to <= 50% MFI	168	111	66.1	No
50% to <= 80% MFI	112	30	26.8	No
> 80% MFI	285	23	8.1	No
HISPANIC OR LATINO HOUSEHOLDS				
<= 30% MFI	182	118	64.8	No
30% to <= 50% MFI	151	97	64.2	No
50% to <= 80% MFI	120	53	44.2	Yes
> 80% MFI	243	54	22.2	Yes

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races. Source data: HUD, CHAS 2000. Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 5, 2010.

Housing Problems Output for - All Households

Name of Jurisdiction: Knoxville(CDBG), Tennessee		Source of Data: CHAS Data Book				Data Current as of: 2000					
Household by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(L)
1. Household Income <=50% MFI	2,709	5,255	634	10,010	18,608	3,665	1,537	319	1,137	6,658	25,266
2. Household Income <=30% MFI	1,699	3,244	350	6,494	11,787	1,684	665	88	683	3,120	14,907
3. % with any housing problems	44.6	64.9	77.4	67.9	64	73	80.6	90.9	75.4	75.7	66.4
4. % Cost Burden >30%	44.4	61.3	66.3	67.8	62.6	73	79.4	79.5	74.8	75	65.2
5. % Cost Burden >50%	26.1	48.2	42	60.3	51.5	45	70.5	54.5	64.4	54.9	52.2
6. Household Income >30% to <=50% MFI	1,010	2,011	284	3,516	6,821	1,981	872	231	454	3,538	10,359
7. % with any housing problems	52.5	57.3	64.4	74.7	65.9	33	71.9	86.1	65.9	50.3	60.5
8. % Cost Burden >30%	52.1	52.2	46.8	73.3	62.8	32.8	71.4	68	65.9	48.9	58.1
9. % Cost Burden >50%	16.2	9.8	16.2	27.5	20.1	14.7	32.8	33.8	46.9	24.5	21.6
10. Household Income >50 to <=80% MFI	798	2,200	332	3,652	6,982	2,452	2,362	465	1,340	6,619	13,601
11. % with any housing problems	32.1	24.1	45.2	27.8	28	14.3	43.1	54.4	51.1	34.8	31.3
12.% Cost Burden >30%	30.8	19.8	10.2	26.6	24.2	14.3	42.1	41.9	50.8	33.5	28.7
13. % Cost Burden >50%	3	0.4	0	1.4	1.2	4.3	7.9	3.4	13.5	7.4	4.2
14. Household Income >80% MFI	938	4,062	377	5,556	10,933	6,241	13,132	1,428	3,986	24,787	35,720
15. % with any housing problems	9.8	3.7	22	3.6	4.8	5.4	7.3	11.9	14.3	8.2	7.1
16.% Cost Burden >30%	7.7	1.1	0	2.2	2.2	5.3	6.9	5	13.6	7.4	5.8
17. % Cost Burden >50%	2.1	0	0	0	0.2	0.8	0.9	0.3	1.7	1	0.7
18. Total Households	4,445	11,517	1,343	19,218	36,523	12,358	17,031	2,212	6,463	38,064	74,587
19. % with any housing problems	36.8	34.2	51.2	42.9	39.7	20.8	18.4	31.7	32	22.3	30.8
20. % Cost Burden >30	36	30.6	29.7	42	37.2	20.7	17.9	22.3	31.4	21.4	29.1
21. % Cost Burden >50	14.7	15.3	14.4	25.7	20.7	9.7	6.2	6.6	13.9	8.7	14.6



HOUSING AND HOMELESS NEEDS

Homeless Needs 91.205 (c)

8. Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered.
9. Describe, to the extent information is available, the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.



HOUSING AND HOMELESS NEEDS

Homeless Needs

8-9

Homeless Needs

HUD Table 1A – Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	12	30	3	45
1. Number of Persons in Families with Children	43	82	9	134
2. Number of Single Individuals and Persons in Households without children	418	299	108	825
(Add Lines Numbered 1 & 2 for Total Persons)	461	381	117	959
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
a. Chronically Homeless	190		60	250
b. Seriously Mentally Ill	267		0	
c. Chronic Substance Abuse	228			
d. Veterans	56			
e. Persons with HIV/AIDS	52			
f. Victims of Domestic Violence	48			
g. Unaccompanied Youth (Under 18)	3			

NOTE: The "point-in-time" count of homeless persons is derived from the 2009 annual HUD Continuum of Care application. That data is collected using a very specific methodology intended for the CoC application, which may be useful when comparing one community's CoC numbers to another's, but may be less reliable when attempting to have a broader overall understanding of the scope of homelessness in Knoxville. The CoC data is collected using narrow definitions and likely yields an undercount of the overall homeless population. The Ten Year Plan office is currently relying on newer data derived from the Homeless Management

Information System, which is continuously improving in reliability and quality of data, and as such our understanding of the extent of homelessness in our community. Current 2010 HMIS data indicates that, over a three-month window of time, approximately 1370 episodically homeless individuals and 589 chronically homeless individuals received some type of service in Knoxville. The Ten Year Plan Office estimates that there are 1100 individuals overall, including the chronically homeless, would be in need of permanent supportive housing in our community.

HUD Table 1A above represents data from Knoxville's most recently completed Continuum of Care application, submitted in 2009. The methodology for collecting these data specifically excludes the counting of those who are housed but at-risk of homelessness or even the "couch homeless," and those who have no permanent residence but rely on the temporary hospitality of family and friends. Undoubtedly the current economic recession, with increased foreclosure and unemployment rates, has increased the at-risk and "couch homeless" population. Families and individuals are accessing resources such as meals at the rescue mission and food from area food pantries in increased numbers, suggesting greater reliance on these stopgap resources when faced with the choice between buying food and paying rent. Nonetheless, despite this sort of evidence of significant need, we do not have a statistically reliable count of the number of individuals who are currently at-risk of homelessness.

[The Nature and Extent of Homelessness by Racial and Ethnic group](#)

Current reporting from the local homeless management information system (HMIS) indicates that the homeless population in Knoxville is currently 70% White, 24% African-American, and 6% members of other ethnic groups.



HOUSING AND HOMELESS NEEDS

Non-homeless Special Needs 91.205 (d) including HOPWA

10. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, public housing residents, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (Table 1B or Needs.xls in CPMP Tool) of their Consolidated Plan to help identify these needs.
*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.



HOUSING AND HOMELESS NEEDS

Non-homeless Special needs including HOPWA 10

Within the City of Knoxville, it is estimated that there are 3,321 low-moderate income elderly residents with incomes at or below 80% Area median income. An additional 4,221 elderly persons are categorized as LMI frail elderly.

Information provided by the disAbility Resource Center estimates the number of LMI persons with disabilities in Knoxville is approximately 35,500, while the number of LMI persons with severe mental illness is approximately 3,225.

The City of Knoxville does not qualify for HOPWA funds. Samaritan Ministries, a church-based ministry serves approximately 300 persons with AIDS Knoxville.

The table below indicates the number of housing units with supportive services available for elderly residents within the City of Knoxville.

City Sector	Assisted Care Living Facility #of beds	Assisted Rent Housing #of beds	Continuing Care Ret. Center #of beds	Independent Living # of beds	Residential Home for the Aged #of beds	Total
Central	27	1,280			5	1,312
East		414				414
North	70			68	72	210
Northwest		30	49	81	21	181
South		152				152
West	211	515		109		835
Total	308	2,732	49	258	98	3,104

Mental and physical health institutions seek to place patients into appropriate housing through discharge planning processes. Indigent patients with significant needs for supportive services pose a significant challenge for these agencies, due to limited supportive housing resources and insufficient lead times for housing placement. Work is ongoing with local housing and supportive services agencies to avoid discharge of patients into homelessness or precarious housing situations, but there remains significant work to be done in this area.

According to the TN Disability Pathfinder, the agencies that provide programs to assist PWDs – persons with disabilities – in finding and selecting available housing which meets their individual needs are:

disAbility Resource Center
East TN Human Resource Agency
Knox Co. Housing Authority
TN Housing Development Agency (THDA)
Volunteer Ministry Center

Agencies that provide, via their programs, residential options to children and adults who have developmental disabilities are:

The Arc of Knox County
Breakthrough Corporation
Cerebral Palsy Center
Meritan
Sertoma Center



HOUSING AND HOMELESS NEEDS

Lead-based Paint (91.205 (e))

11. Estimate the number of housing units* that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.



HOUSING AND HOMELESS NEEDS

Lead-based Paint

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The table below shows the number of units occupied by extremely low (less than 30% of area median income), very low (greater than 30% and less than or equal to 50% AMI), and low (greater than 50% and less than or equal to 80% AMI) income families and built before 1978. Based on experience with housing rehabilitation and lead paint testing, it is estimated that 80% of the units built before 1978 contain lead paint.

Income Level	Number of units pre-1978	Estimated % with lead-based paint	Estimated number of units with lead-based paint
Extremely low	9,987	80%	7,990
Very low	6,940	80%	5,552
Low	8,578	80%	6,862
Totals	25,505	80%	20,404

City-wide, 67% of the housing stock was built prior to 1978. Within the target areas, 74% of the housing stock was built prior to 1978. CHAS data and the Housing Unit analysis tables located in Appendix C were used to calculate this estimate.



HOUSING MARKET ANALYSIS

Housing Market Analysis (91.210)

12. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.

13. Provide an estimate; to the extent information is available, of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.

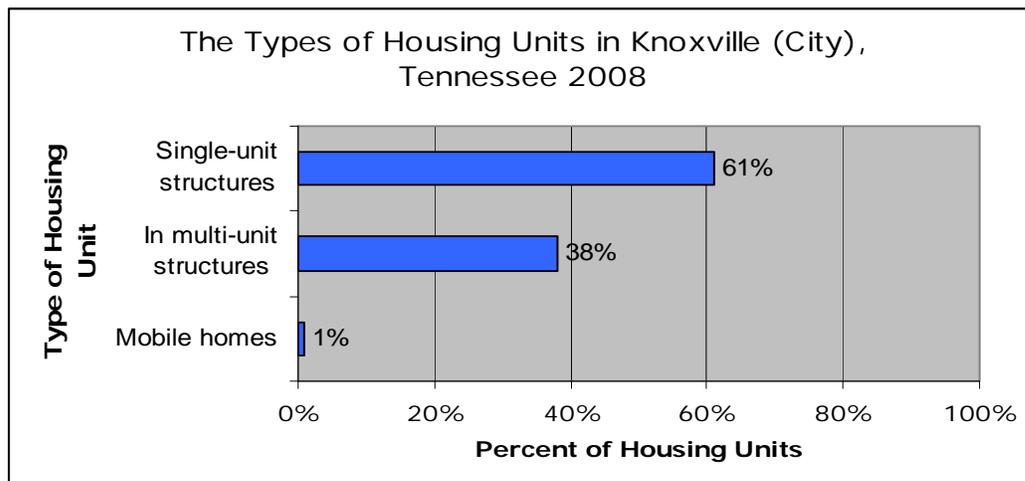


HOUSING MARKET ANALYSIS

Housing Market Analysis

12-13

Based on information from the 2008 American Communities Survey, the entire City of Knoxville had a total of 93,000 housing units. Eleven percent of those were vacant. Of the total housing units, 61 percent were in single-unit structures, 38 percent were in multi-unit structures, and 1 percent was mobile homes. Twenty-one percent of total housing units were built since 1990.



Within the City of Knoxville, there were 84,000 occupied housing units - 42,000 (50 percent) owner occupied and 42,000 (50 percent) renter occupied. Four percent of the households did not have telephone service and 10 percent of the households did not have access to a car, truck, or van for private use. Twenty-eight percent had two vehicles and another 12 percent had three or more.

Thirty-five percent of owners with mortgages, 13 percent of owners without mortgages, and 51 percent of renters in Knoxville city spent 30 percent or more of household income on housing.

2007 City of Knoxville Residential Property - % Share of Housing Stock

Single dwelling – 54,036 – 59.9%

Multi-family – 36,148 – 40.1%

Total - 90,184 – 100%

From 2000 to 2007, the City of Knoxville averaged 313 new multi-dwellings per year, while the Knox County balance averaged 282. Of the 4,760 apartment units added countywide since 2000, 53 percent (2,507 units) were located in Knoxville, the remainder (2,253 units) in the county balance.

Residential Property Inventory Growth Rates (%)

In City of Knoxville, 2000-2007

Single dwelling – 5.4%

Multi-dwelling – 7.5%

Total - 6.2%

Multi-dwellings comprised an 87 percent share of all net residential building activity in the Central City from 2000 to 2007, the largest of any planning sector. The South City and East City sectors were second and third, with 51 and 41 percent shares, respectively. Among county sectors, 30 percent of new housing in the South Sector was comprised of apartments, while the Northeast County, North City, North County, and West City sectors had the lowest shares. The Central City added 516 multi-dwellings in the past three years, boosted by 212 units at Sutherland Park (2005 and 2007) and 160 units at The Crowne at Campus Pointe (2006). In 2007, the South County and Northwest City sectors each gained 252 new multi dwelling units with the additions of Quarry Trail and Legacy Pointe.

RENT RATES

Between 2000 and 2007, average apartment rents in Knox County increased 35 percent, from \$490 to \$662 per month. Among apartment types, *two bedrooms, 1.5 baths* marked the largest rent gains at 45 percent, while the segment *two bedrooms, two baths* had smallest increases (19 percent). The greatest single-year change (2006 to 2007) occurred in the *two bedrooms, 1.5 baths* category, up 15.7 percent.

Across the U.S., apartment rents climbed 24 percent since 2000, with the *all-units* average reaching \$1,046 per month in 2007. (This was \$384 more than Knox County's average monthly rental rate in 2007). The national *all-units* average actually declined 2.2 percent from \$1,070 in 2006 to \$1,046 per month in 2007, but otherwise averaged three percent annual gains over the past eight years.

OCCUPANCY RATES

In occupancy news, the *all units* category in Knox County reported small gains. Rates rose from 91.5 percent occupied in 2000 to 94.4 percent in 2007. *Two bedrooms, two baths* category notched the highest occupancy rate with 97 percent in 2007, while *efficiency* units registered the lowest at 92.2 percent. During 2006 and 2007, all categories showed occupancy rates above 90 percent, the first time this decade.

Average Monthly Apartment Rents in Knox County in 2007

Efficiency - \$456

1 bedroom, 1 bath - \$555

2 bedrooms, 1 bath - \$595

2 bedrooms, 1.5 baths - \$685

2 bedrooms, 2 baths - \$774

3 bedrooms, 2 baths - \$ 904

Source for all info above is: Multi-dwelling Housing Trends in Knox County, TN

2009 HOME Rent Limits

Knoxville, TN
(rents include utility allowance)

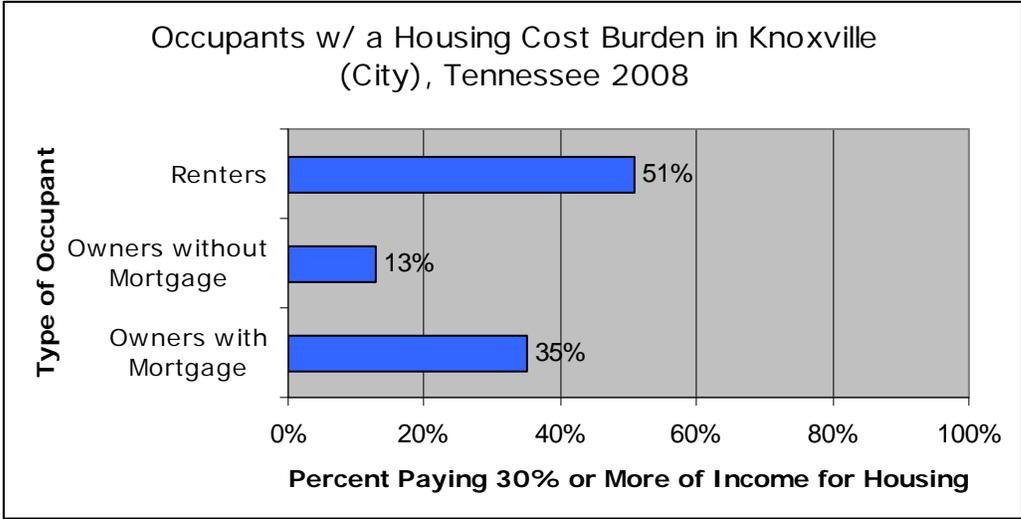
	0 BR	1 BR	2 BR	3 BR	4 BR
Low Home Rent	482	551	661	764	852
High Home Rent	482	554	667	894	922

There is a 14% vacancy rate for units with a current gross rent (rent and utilities) that is affordable to households with incomes at or below 30% of HUD Area Median Family Income. Sixty-one percent of these units were built before 1970.

There is an 18% vacancy rate for units with a gross rent that is affordable to households with incomes greater than 30% and less than or equal to 50% of HUD Area Median Family Income. Fifty-seven percent of these units were built before 1970.

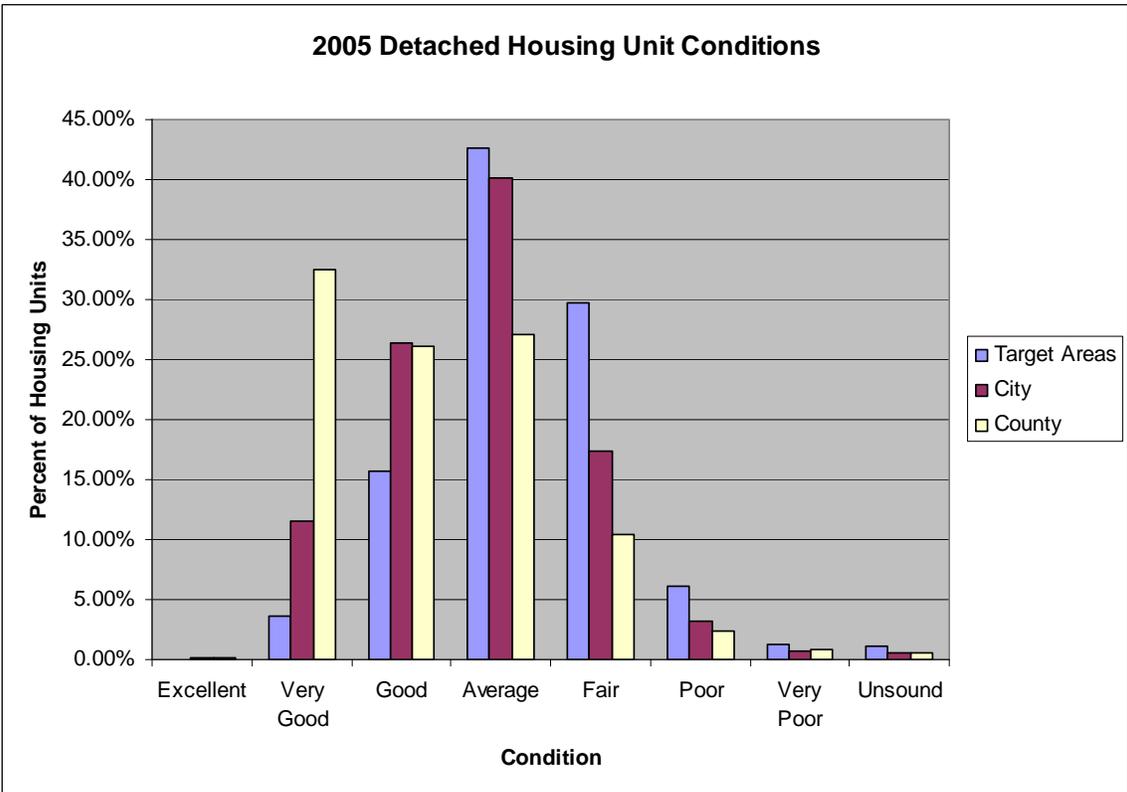
There is a 6% vacancy rate for units with a gross rent that is affordable to households with incomes greater than 50% and less than or equal to 80% of HUD Area Median Family Income. Thirty-six percent of these units were built before 1970.

There is a 6% vacancy rate for units with a gross rent that is affordable to households with incomes above 80% of HUD Area Median Income. Thirty-one of these units were built before 1970.



Source: U.S. Census Bureau, 2008 American Community Survey The U.S. Census Bureau's Population Estimates Program produces the [official population estimates for the nation, states, counties and places, and the official estimates of housing units for states and counties](#). The population and housing characteristics included above are derived from the American Community Survey. Detail may not add to totals due to rounding. Percentages are based on unrounded numbers.

The chart below shows the housing conditions in Knoxville, Knox County and in the Target Areas.



Between January 2008 and mid-May 2009, a total of 134 bank owned foreclosures were sold in Knox County with 37 of those sold within the target areas. The average monthly absorption rate for foreclosed properties within the Target Areas is 2.2 for the same time period. According to the Mortgage Banker's Association's latest National Delinquency Survey in May 2009, delinquencies and foreclosures continued to climb nationally. It is estimated that local job loss coupled with national trends will increase abandoned and foreclosed properties within the Target Areas over the next three years.

Based on the 2008 American Community Survey (U.S. Census Bureau) 11% of the City of Knoxville's total housing units were vacant.



HOUSING MARKET ANALYSIS

Public and Assisted Housing 91.210 (b)

14. In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including
 - the number of public housing units in the jurisdiction,
 - the physical condition of such units,
 - the restoration and revitalization needs of public housing projects within the jurisdiction,
 - the number of families on public housing and tenant-based waiting lists and
 - results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25).

15. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).



HOUSING MARKET ANALYSIS

Public and Assisted Housing

14-15

Knoxville's Community Development Corporation (KCDC), the public housing authority for the City of Knoxville and Knox County, currently has 3579 public housing units available for occupancy with 35 vacant units. Of the total, 495 units are out of service due to modernization activity:

Status	OBR	1BR	2BR	3BR	4BR	5BR	Total
Total	918	770	994	648	172	77	3579
Occupied	917	717	779	496	96	44	3049
Vacant	1	8	18	5	3		35
In Modernization		45	197	147	73	33	495

An additional 40 units are used for other purposes including resident services and live-in maintenance staff. Units approved to be demolished are not included in this unit count (68 units at Montgomery Village).

Within the East Knoxville area, KCDC will be adding 20 new units (10 duplexes) of replacement housing in the Park City area and 85 new construction and rehabilitation public housing units on the Eastport School property all designated for the elderly. KCDC is purchasing a 304-unit Section 8 project-based complex (Townview Towers) that will also serve elderly and disabled residents. Also, once the merger of KCDC and Knox County Housing Authority is completed, KCDC's portfolio will include 197 more public housing units.

KCDC administers 3569 Section 8 housing choice vouchers providing tenant-based rental assistance.

KCDC's housing stock is in good repair with efforts continually being made to improve the physical buildings as well as the quality of life for residents living there. KCDC has worked to develop a corporate vision. KCDC's strategic objective is to become the premier provider of affordable housing and to improve downtown and surrounding neighborhoods through development activities. KCDC has focused on redesigning public housing into competitive, affordable housing with value-added extras. KCDC's Annual and 5-Year Plan shows the improvements planned for different public housing developments over the next five years (see Appendix E for the KCDC Capital Fund Annual Program Statement and Five-Year Action Plan). In addition, KCDC plans to apply for a HOPE VI grant to revitalize the Taylor Homes/Lee Williams community.

There are currently 2,278 families on KCDC's public housing waiting list (some families applied for more than one location which seemingly inflates

the number of applications) The percentage of applicants by bedroom size is shown in the table below.

1 bedroom	2 bedroom	3 bedroom	4 bedroom	5 bedroom
68.4%	18.4%	10%	2.6%	0.6%

There are 373 families on the Section 8 voucher waiting list shown by bedroom size in the table below.

1 bedroom	2 bedroom	3 bedroom	4 bedroom
243	97	31	2

KCDC conducted a Section 504 needs assessment in accordance with 24 CFR 8.25. All common facilities were made accessible for persons with disabilities in accordance with federal regulations. Where possible, up to 5% of all dwelling units were made accessible. Accessible units are well distributed throughout KCDC’s inventory. KCDC has not had a problem with housing families with the need for accessible units, but should the waiting time for families needing accessible units increase significantly, KCDC will reconfigure units in family developments to address this demand.

The following table lists additional federally subsidized apartment facilities in Knoxville not managed by KCDC and the number of units available for low income families and elderly/disabled residents.

NAME	ADDRESS	No. of Units	Elderly/ Disabled Housing?
Belle Meade Apartments	7209 Old Clinton Hwy Knoxville, 37921	56	No
Big Oak Apartments	3807 Middlebrook PK. Knoxville, 37921	150	No
Broadway Towers	1508 McCroskey Ave. Knoxville, 37917	215	Yes
Candleridge Plaza Apartments	3405 Harrow Gate Ln. Powell, 37849	100	Yes
Cedar Springs Apartments	434 Gallaher View Rd. Knoxville, 37919	97	Yes
Dogwood Terrace	8729 Middlebrook Pk. Knoxville, 37919	20	Yes
Forest Creek Apartments	322 Forrestal Dr. Knoxville, 37918	70	No
Golden Age Retirement	1109 Beaman Lake Rd. Knoxville, 37914	101	Yes
Green Hills Apartments	1928 Natchez Ave. Knoxville, 37915	199	No

NAME	ADDRESS	No. of Units	Elderly/ Disabled Housing?
Kensington Forest Apartments	404 Tammy Dr. Powell, 37849	135	No
Maud Booth Gardens	4501 Washington Pk. Knoxville, 37917	37	Yes
Morningside Garden	1800 Linden Ave. Knoxville, 37917	268	Yes
Norwood Manor Apartments	5237 Tillery Rd. NW Knoxville, 37912	120	No
Pine Ridge Apartments	4700 Schubert Rd. Knoxville, 37912	125	No
Pines Apartments	1233 Francis Rd. Knoxville, 37919	152	No
Ridgebrook Apartments	2121 Ridgebrook Ln. Knoxville, 37921	144	No
St. Mary's Villa	4121 Emory Rd. Knoxville, 37938	46	Yes
St. Mary's Villa at Riverview II	5845 E. John Sevier Hwy. Knoxville, 37924	75	Yes
Stonewall Apartments I	3423 Sevier Ave. Knoxville, 37920	97	No
Stonewall Apartments II	5022 Chapman Hwy. Knoxville, 37920	51	No
Summit Towers	201 Locust St. Knoxville, 37912	278	Yes
Sunnybrook Apartments	4500 Doris Circle Knoxville, 37918	152	Yes
Tillery Ridge Apartments	1716 Merchants Dr. Knoxville, 37912	109	No
Townview Towers	1100 Townview Dr. Knoxville, 37915	304	Yes
Westview Towers	7823 Gleason Rd. Knoxville 37919	240	Yes

The following is a list of apartments developed using Low-Income Housing Tax Credits and offering affordable rents for persons with low and moderate incomes.

Low-Income Housing Tax Credit Properties

NAME	ADDRESS	CITY	TAX CREDIT UNITS
Hillside Place	2050 Edgeview Way	Knoxville	96
Flenniken Square	3935 Martin Mill Pike,	Knoxville 37920	51

NAME	ADDRESS	CITY	TAX CREDIT UNITS
One South Place	1311 Berttie-Rand Street	Knoxville 37920	72
Hiawassee Square I	180 Hiawassee Street	Knoxville	24
Prestwick Ridge	415 Prestwick Ridge Way	Knoxville 37919	136
Grand House II	4428 Grandview Drive	Knoxville	1
University Avenue Apts.	Scattered Sites	Knoxville 37921	32
Dunhill Apartments	1036 Dunhill Way	Knoxville	74
Riverburch Village Apts.	7236 Oak Ridge Highway	Knoxville	40
Summercrest Way	3930 Summercrest Way	Knoxville	80
Rocky Top Apartments	1810 Rocky View Way	Knoxville	96
West Vista Ridge Apts.	1201 Vista Ridge Way	Knoxville	96
Hiawassee Square II	3404 Dill Street	Knoxville	12
Peaks of Knoxville	4013 Peaks Landing Way	Knoxville	76
Lyons Den Apartments	3417 Valley View Drive	Knoxville	74
Sutherland Square	410 Harry Street	Knoxville 37919	36
Passport Homes	Mechanicsville Commons	Knoxville 37921	50
Cassell Ridge Apts.	1235 Cassell Valley Way	Knoxville	144
Sunview Estates	Breakbill Road	Knoxville	32
Summitt Towers	201 Locust Street	Knoxville	278
Morningside Gardens	1800 Linden Avenue	Knoxville	268
Sutherland Park	3267 Sutherland Avenue,	Knoxville 37919	134
Townview Terrace I Apts.	320 S. Hall of Fame Drive	Knoxville	200
Sutherland View	Sutherland View Way	Knoxville 37919	
Cassell View Apts.	Broadcast Way	Knoxville	140
Wilson Village Apts.	2020 Wilson Road	Knoxville	72
Westview Towers	7823 Gleason Drive	Knoxville	240
Ridgebrook	2121 Ridgebrook Lane	Knoxville 37921	144



HOUSING MARKET ANALYSIS

Homeless Inventory 91.210 (c)

16. The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. This inventory of facilities should include (to the extent it is available to the jurisdiction) an estimate of the percentage or number of beds and supportive services programs that are serving people that are chronically homeless.



HOUSING MARKET ANALYSIS

Homeless Inventory: Existing facilities and services

16

Emergency shelter, transitional housing, and permanent supportive housing facilities are identified in the charts below, excerpted from the Knoxville's 2009 Continuum of Care application. All beds listed on the permanent supportive housing include supportive services provided by and coordinated by the listed organization. If beds are specifically reserved for the chronically homeless, that is noted on the chart.

Continuum of Care: Housing Gap Analysis Chart

	Current Inventory	Under Development	Unmet Need/ Gap
--	-------------------	-------------------	-----------------

Individuals

Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	346		-131
	Transitional Housing	322		-65
	Permanent Supportive Housing	106	57	247
	Total	774		51

Persons in Families with Children

Beds	Emergency Shelter	67		-48
	Transitional Housing	123		-83
	Permanent Supportive Housing	11		64
	Total	201		-67

Outreach and assessment are provided by Knoxville-Knox County Community Action Committee's Homeward Bound program, by Knox Area Rescue Ministries' Crossroads Welcome Center, Helen Ross McNabb Center, Knoxville Police, Knox County Sheriff's Department, and by a number of smaller faith-based organizations.

Homelessness prevention activities are offered through Volunteer Ministry Center's *Refuge* program, CAC Homeward Bound, CAC case management provided to at-risk clients in several public housing high-rise apartments, counseling and representation by the Legal Aid Society, and by smaller faith-based organizations.



HOUSING MARKET ANALYSIS

Special Need Facilities and Services 91.210 (d)

17. Describe, to the extent information is available, the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring persons returning from mental and physical health institutions receive appropriate supportive housing.



HOUSING MARKET ANALYSIS

Special Need Facilities and Services

17

The table below indicates the number of housing units with supportive services available for elderly residents within the City of Knoxville.

City Sector	Assisted Care Living Facility #of beds	Assisted Rent Housing #of beds	Continuing Care Ret. Center #of beds	Independent Living # of beds	Residential Home for the Aged #of beds	Total
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Mental and physical health institutions seek to place patients into appropriate housing through discharge planning processes. Indigent patients with significant needs for supportive services pose a significant challenge for these agencies, due to limited supportive housing resources and insufficient lead times for housing placement. Work is ongoing with local housing and supportive services agencies to avoid discharge of patients into homelessness or precarious housing situations, but there remains significant work to be done in this area.

According to the TN Disability Pathfinder, the agencies that provide programs to assist persons with disabilities (PWDs) in finding and selecting available housing which meets their individual needs are:

disAbility Resource Center
 East TN Human Resource Agency
 Knoxville's Community Development Corporation (KCDC)
 Tennessee Housing Development Agency (THDA)
 Volunteer Ministry Center

Agencies that provide residential options to children and adults who have developmental disabilities are:

The Arc of Knox County
 Breakthrough Corporation
 Cerebral Palsy Center
 Meritan
 Sertoma Center

There are at least seven agencies that provide a wide range of HIV/AIDS-related services in the Knoxville region, including prevention education and community outreach, HIV testing, risk counseling, mental health counseling, continuum-of-care counseling and referral, case management, Ryan White programs, and medical decision-making and treatment education. These agencies include the Knox County Health Department, the Hope Center of Fort Sanders Hospital, Helen Ross McNabb, Child & Family Inc., Goodman-Powell Court, Positively Living and Samaritan Ministries.

These service providers report an increased number of people getting infected with HIV, especially in the African American community. While the largest numbers of infections continue to be among men having sex with other men, trends here reflect regional increases in infections among the heterosexual population as well. And although there were 13 deaths attributed to AIDS in Knox County in 2009, better treatment and drugs mean that people with AIDS are living longer. Combined with rising unemployment and loss of insurance among HIV-infected individuals, these trends have compromised the ability of providers to meet rising demand for services.

For the first time, the State of Tennessee's AIDS Drug Assistance Program in late 2009 reached enrollment capacity, and a waiting list was established. Samaritan Ministries, a church-based ministry serving approximately 300 clients in Knoxville, reports two additional troubling trends. First, clients are finding it increasingly difficult to find clean and safe housing that is also affordable -- in part because of high utility bills. Second, clients without insurance and who use the Emergency Room as their primary healthcare provider, are finding that health care not directly related to HIV/AIDS -- such as diabetes, a bad knee or an upper respiratory infection -- is increasingly beyond their reach.

The City of Knoxville does not qualify for HOPWA funds. Only two providers offer beds to people living with AIDS. Goodman-Powell Court is an apartment complex with nine units, most of which are reserved for people living with AIDS. Positively Living, which receives HOPWA funds via the Tennessee Department of Health, has a total of 24 beds, of which approximately 30% to 40% are occupied by people who are HIV positive or living with AIDS, with the remainder occupied by people with other catastrophic illnesses. Beds reserved for people with HIV or living with AIDS are always full, and there is a waiting list of approximately 20 persons.



HOUSING MARKET ANALYSIS

Barriers to Affordable Housing 91.210 (e)

18. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.



HOUSING MARKET ANALYSIS

Barriers to Affordable Housing

18

A. Complexity of the Development Process: The application process for zoning and subdivision regulations can be complicated and confusing. Due to the necessity of application deadlines and approvals from more than one agency, the process often takes longer than anticipated. Public opposition to high density development is common.

B. Acquiring and Assembling Inner City Parcels: The private developer may encounter difficulties when trying to acquire and assemble parcels for redevelopment. Title issues, liens, unsuitable soils and environmental issues are some of the difficulties one may encounter in trying to develop affordable housing.

C. Increasing Cost of Development: The redevelopment of existing housing sites is often considered unprofitable. The high risk and narrow profit margins make investors reluctant to be the first to make substantial investments in declining neighborhoods.

D. Access to Available Government Programs and Subsidies: Although several programs designed to reduce or supplement the cost of development, such as the Blighted Properties Redevelopment Program funded with EZ funds, have been available in recent years, the funds have been limited.

E. Building Codes: Complying with the Building Codes required for renovation of older structures can sometimes increase the cost of development.

F. Tax-Foreclosed Properties: The development of affordable housing through rehabilitation or redevelopment of tax foreclosed properties is an opportunity Knoxville is unable to realize due to the tax foreclosure process and title issues at the end of the process.

By statute, a property can be tax foreclosed after the third full-year of nonpayment of property taxes. However there are properties with up to ten years of tax delinquency that have yet to be taken to foreclosure. This is caused by budgetary, technical, and procedural limitations in the tax offices and court, and the lack of an effective and strategic property disposition tool. Often properties have more taxes and liens owed on them than they are worth by the time they are taken to tax sale creating a disincentive to redevelopment.

Currently, the quality of title transferred to the end owner as a result of the foreclosure process is a *clerk and masters title* that is not easily insurable. This decreases the value of the property and is a significant roadblock to any

future investment in the property. This deficiency leads to a large number of properties that go through the tax foreclosure process remaining blighted and underutilized in the community - having a contagious effect throughout the neighborhoods where the properties are located. On average only 40% of the properties taken to tax sale auction are actually sold. It is unclear if any of these properties are the subject of any significant investment after sale. Without the ability to redevelop current blighted properties, the problem will only exacerbate and become increasingly difficult and expensive to approach over time.



STRATEGIC PLAN

The strategic plan must describe how the jurisdiction plans to provide new or improved availability, affordability, and sustainability of decent housing, a suitable living environment, and economic opportunity, principally for extremely low-, low-income, and moderate-income residents.

General Priority Needs Analysis and Strategies 91.215 (a)

19. In this narrative, describe the reasons for setting priorities for allocating investment among different activities and needs, as identified in tables* prescribed by HUD. 92.215(a)(1)
20. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.
21. If applicable, identify the census tracts for Neighborhood Revitalization Strategy Areas and/or any local targeted areas.
22. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).
23. If appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to Neighborhood Revitalization Strategy Areas and/or any local targeted areas.
24. Identify any obstacles to meeting underserved needs.



STRATEGIC PLAN

General Priority Needs Analysis and Strategies 19-24

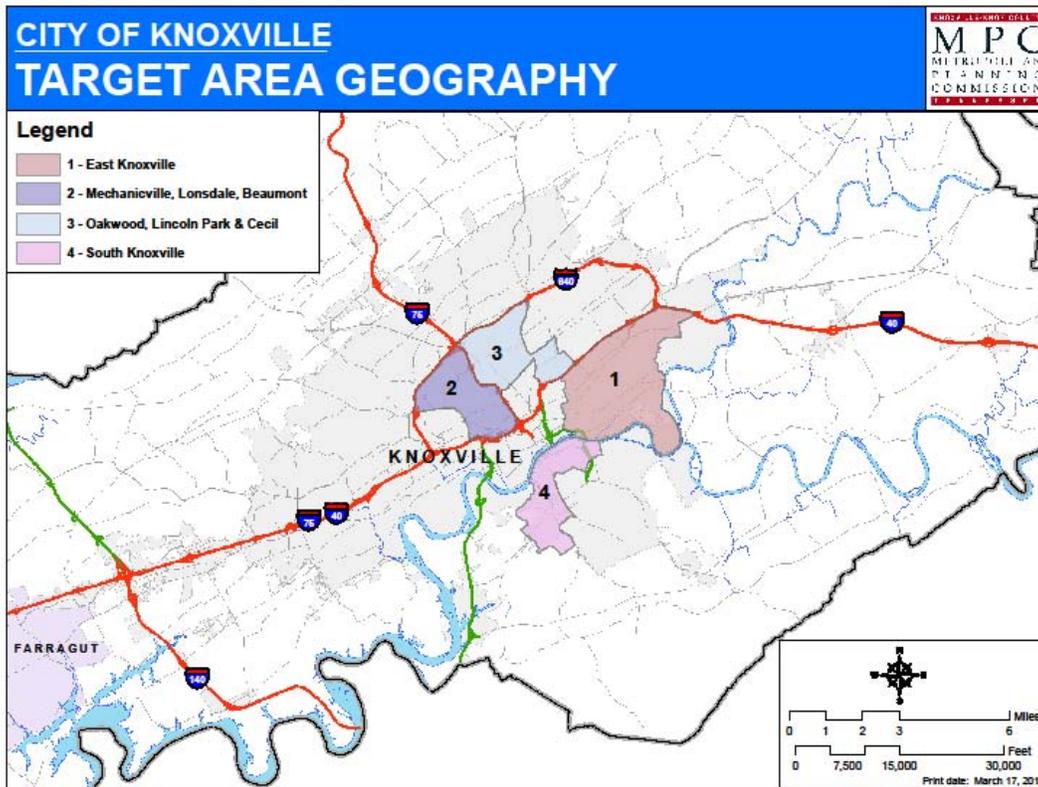
The Community Development Department has completed an analysis of data in order to identify needs, develop strategies for addressing the needs, and undertake specific actions consistent with those strategies. The priorities indicated on the needs tables are based on data analysis as well citizen and agency information.

This plan focuses on the Community Development Department's core competencies, the leveraging of resources, and coordination with other city departments and partner agencies. Building on existing plans such as the City's Redevelopment Areas and KCDC's initiative in the Walter P. Taylor Homes public housing community, this pro-active approach will help to achieve the goals of the Consolidated Plan as well as the Mayor's goals of building stronger and safer neighborhoods to make Knoxville a great place to live, work, and raise a family.

Geographic Areas

The Five-Year Consolidated Plan projects and activities serve low- to moderate-income residents and neighborhoods within the City of Knoxville. Knoxville is the largest city in East Tennessee with a population of 183,546. The City boundary comprises 103.8 square miles.

Within the City, four Target Areas are designated to receive a priority for certain Community Development projects. The Target Areas were selected based on needs data from several sources in addition to the current and planned initiatives focused on neighborhood revitalization. The map below shows the target areas.



Target Area 1 – East

This area with the zip codes of 37915 and 37914 includes the following census tracts: 000500,000600,001900,002000,002100 and 003200.

Target Area 2 – Mechanicsville, Lonsdale, Beaumont (MLB)

This area with the zip code of 37921 includes the following census tracts: 001200,001300,001400 and 002800.

Target Area 3 – Oakwood Lincoln Park/Cecil Avenue

This area with the zip code of 37917 includes the following census tracts: 001500, 002900 and 001700.

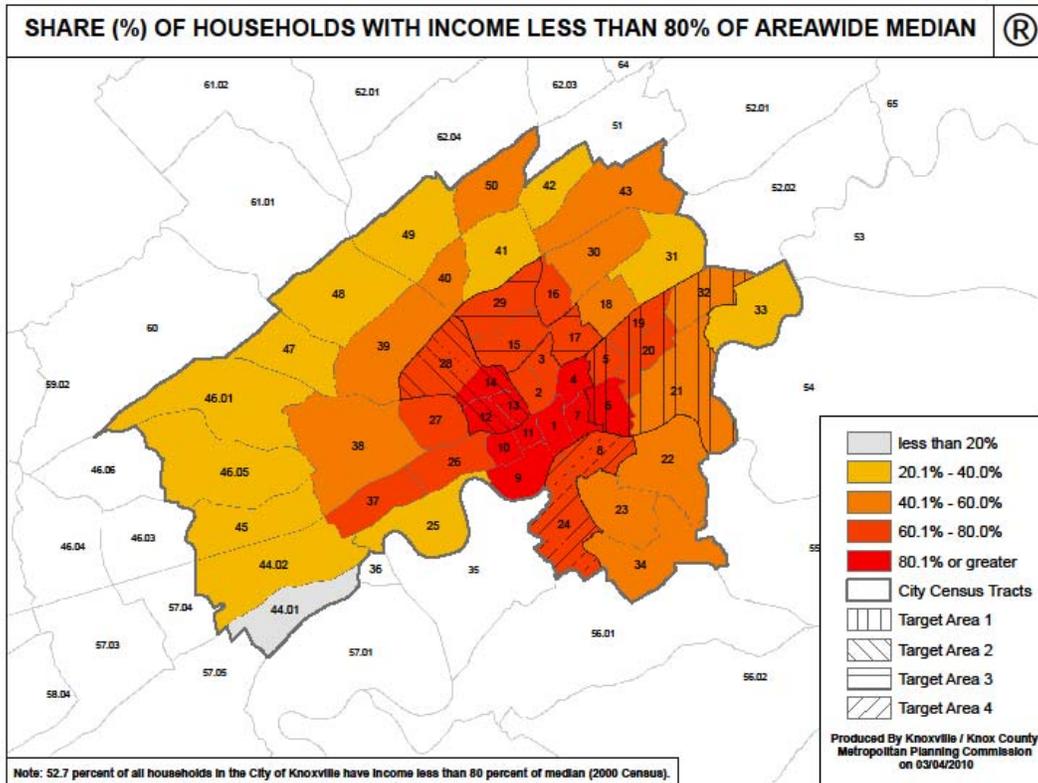
Target Area 4 – Vestal /Sevier Ave

This area with the zip code of 37920 includes the following census tracts: 000800 and 002400.

Census data was used to determine household income and minority concentration, while Comprehensive Housing Affordability Strategy (CHAS) data was used to determine the housing needs within the target areas. According to 2008 estimates, the City of Knoxville has an unemployment rate of 6.6% while the unemployment rate in the target areas was 9.7%. In

2009, the unemployment rate for the City increased to 12.1%, while the unemployment rate within the target areas has increased to 17.9%.

The area median income for the households located within the target areas is \$27,045 which is less than 50% of the area median income for Knox County, \$58,800. The map below indicates the percent of households within the target areas with incomes less than 80% of the area median income.



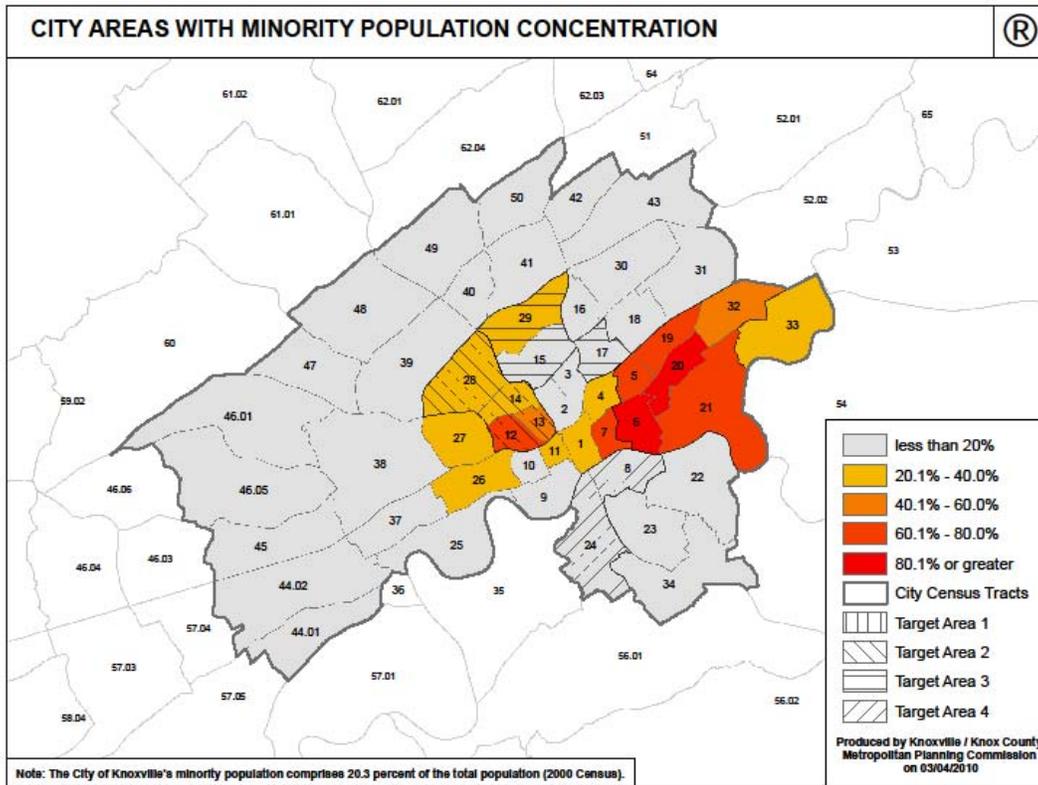
The target areas are comprised of older neighborhoods surrounding the central city with 53% of the housing units constructed prior to 1960. Vacant parcels with residential zoning currently total 3,400 comprising approximately 1,900 acres. Information provided by the local utility company, Knoxville Utilities Board, indicates that in the last five years, utility service to 2,800 residential properties within the target areas has been disconnected, and not reconnected, indicating a large number of vacant properties.

The table below shows 2009 Neighborhood Stabilization Program data from HUD indicating that all census tracts within the target areas have medium to high foreclosure risk scores and high vacancy risk scores. Additionally, local data on bank owned and tax foreclosed properties indicate a high percentage within the target areas.

Target Areas / Risk Scores /Types of Abandoned & Foreclosed Properties

Census Tract	Target Area	HUD Foreclosure Risk Score	HUD Vacancy Risk Score	Bank Owned	Abandoned or Foreclosed through City Tax Sale	Total
5	1	14	20	16	20	36
6	1	17	16	11	9	20
19	1	13	20	15	19	34
20	1	15	20	35	81	116
21	1	13	18	16	31	47
32	1	15	18	21	33	54
Totals				114	193	307
12	2	17	19	1	14	15
13	2	14	19	13	25	38
14	2	13	20	15	34	49
28	2	15	17	15	69	84
Totals				44	142	186
15	3	13	18	10	11	21
17	3	15	19	12	12	24
29	3	13	18	15	14	29
Totals				37	37	74
8	4	12	16	4	8	12
24	4	15	19	14	24	38
Totals				18	32	50
All totals				213	404	617

The map below shows the percentage of minority concentration within the City and target areas.



A description of the current and planned activities to be enhanced in each target area follows.

Target Area 1 – East

This area includes the Five-Points redevelopment area, Park City, Park Ridge, Chilhowee and Burlington neighborhoods. The Five-Points Redevelopment Plan and the MLK Corridor Plan serve the guide Community Development activities in this area. Economic development activities and new housing construction funded with Empowerment Zone dollars are some of the investments made in this area in recent years. Improvements to Union Square Park and sidewalk improvements are recent investments in this target area. Knoxville's Community Development Corporation, KCDC, is rehabilitating a vacant school building partially funded with NSP-1 and constructing new low-income housing tax credit units for seniors. KCDC anticipates applying for a HOPE VI Revitalization grant for the Walter P. Taylor Homes public housing community located in Five Points. The city intends to focus resources to this area in a strategic way to strengthen the current investments and aid in stabilizing the neighborhood.

Target Area 2 – Mechanicsville, Lonsdale, Beaumont (MLB)

The MLB area includes the neighborhoods of Mechanicsville, Lonsdale and Beaumont. There are two neighborhood redevelopment areas, Mechanicsville, and Lonsdale, within the target area, and considerable development has occurred in the area within the last 10 years. The Lonsdale Redevelopment Plan is guiding development with commercial development underway on Heiskell Avenue. The City will continue activities such as property acquisition and housing rehabilitation within the target area.

Target Area 3 – Oakwood Lincoln Park/Cecil Avenue

This target area in north Knoxville is adjacent to the Downtown North Redevelopment Plan area. Significant investment in economic development activities focused on the area businesses and improved streetscapes has brought in new retail and housing along the commercial corridor of Central Ave and Broadway. Activities including housing rehabilitation and development within the Oakwood/Lincoln Park and Cecil Avenue neighborhoods will serve to strengthen and build on the redevelopment efforts already completed.

Target Area 4 – Vestal /Sevier Ave

Included within this area are the South Waterfront redevelopment area and the Vestal redevelopment area. Guided by the Vestal Redevelopment Plan, economic development activities are underway, and continued efforts in this area are needed to support current investment. Additionally, the South Waterfront Redevelopment Plan funded with City general funds and private investment will be strengthened with Community Development activities focused on LMI housing activities such as housing rehabilitation.

Obstacles to Meeting Underserved Needs

The largest obstacle to addressing underserved needs in Knoxville continues to be the lack of adequate funding. To the greatest extent possible, the City will coordinate activities through the consolidated plan with other City departments, non-profit agencies, the local public housing agency, housing developers, homeless providers and special needs groups to build on federal and local initiatives in an effort to best leverage funds to address the community's underserved needs.



STRATEGIC PLAN

Specific Objectives 91.215 (a) (4)

25. Summarize priorities and specific objectives the jurisdiction intends to initiate and/or complete in accordance with the tables prescribed by HUD. Outcomes must be categorized as providing either new or improved availability/accessibility, affordability, or sustainability of decent housing, a suitable living environment, and economic opportunity.



STRATEGIC PLAN

Specific Objectives

Priorities and Specific Objectives

The City evaluated data, performed the housing analysis, and gathered information from stakeholders in the process of preparing the Consolidated Plan. Based on the assessment of the information, priorities were set for Knoxville’s housing, infrastructure, services and other needs. These specific objectives are placed in the following categories which correspond to the federal objectives of: 1. Provide decent housing, 2. Create a suitable living environment, and 3. Create economic opportunities.

FEDERAL OBJECTIVES	LOCAL GOALS and SPECIFIC OBJECTIVES	PRIORITY -LEVEL
Provide Decent Housing (DH)	A. HOMEOWNERSHIP	
	1. Increase the supply of affordable owner-occupied housing.	High
	2. Improve the quality and energy efficiency of owner-occupied housing.	High
	3. Improve access to fair and affordable owner-occupied housing.	High
	4. Increase the supply of visitable owner-occupied housing.	High
	B. RENTAL HOUSING	
	1. Increase the supply of affordable rental housing.	High
	2. Improve the quality and energy efficiency of affordable rental housing.	High
	3. Improve access to fair and affordable rental housing.	High
	4. Increase the supply of visitable rental housing.	High
	D. HOMELESSNESS	
	1. Increase the supply of permanent supportive housing for persons who are homeless.	High
	2. Improve access to permanent supportive housing for persons who are homeless.	High
	3. Provide supportive services for persons who are homeless or at risk of becoming homeless.	High
Create a Suitable Living Environment (SL)	D. NEIGHBORHOOD STABILIZATION	
	1. Mitigate the impact of vacant, blighted and foreclosed properties.	High
	2. Eliminate environmental hazards that impede redevelopment.	High
	3. Improve the safety and livability of neighborhoods through redevelopment and revitalization.	High
	4. Strengthen neighborhoods by increasing the capacity of resident and stakeholder-led organizations.	High
	5. Support quality facilities and services available to the public.	Medium
	6. Promote the development of mixed-income neighborhoods.	High
	7. Improve mobility and access to transportation.	High

FEDERAL OBJECTIVES	LOCAL GOALS and SPECIFIC OBJECTIVES	PRIORITY -LEVEL
Create Economic Opportunities (EO)	E. ECONOMIC DEVELOPMENT	
	1. Increase access to economic opportunities for businesses in LMI areas.	High
	2. Increase access to economic opportunities for LMI persons.	Medium
	3. Remediate and redevelop brownfields.	Medium

The programs listed below are potential projects which may be implemented over the next five years. Programs to be implemented will be based on the availability of program funds. Other initiatives that leverage program funds and support the goals and strategies of the Consolidated Plan will be considered in choosing projects to fund in each program year.

To address the objectives above, the following strategy areas and programs have been identified:

Housing programs

1. CHDO activity – New and rehabilitated housing for sale or rent to LMI residents.
2. Owner-Occupied Rehabilitation – Energy-efficient, visitable, “healthy home” rehabilitations and replacement homes for LMI homeowners living in sub-standard properties.
3. Down Payment Assistance – Home ownership opportunities for LMI residents.
4. Education & Counseling - Credit counseling, financial fitness, homeowner maintenance and homebuying for potential homeowners.
5. Emergency Home Repair - Home repairs and or for LMI home-owners to stabilize and prevent further deterioration of owner occupied homes.
6. My Front Yard - Exterior improvements for LMI owner-occupied homes.
7. Ramps and Rails – Exterior accessibility features for LMI person’s with disabilities.
8. Rental Rehabilitation – Development of affordable, energy efficient and visitable rental housing through the rehabilitation of exisiting properties.
9. Permanent Supportive Housing - Development of housing for persons who are chronically homeless.
10. Fair Housing Activities – Investigation of housing discrimination complaints and promotion of housing equality through outreach and education.
11. Homeless Services – Provision of services to prevent or alleviate chronic homelessness

Neighborhood Stabilization Programs

12. Blighted Property Redevelopment Program loans – Loans for the development of Blighted properties in LMI areas.
13. Blighted property acquisition – Acquisition and disposition of residential and/or commercial properties to mitigate the negative impact of blighted properties.
14. Blighted property programs – Community gardens, artistic board-up, environmental clean-up, abandoned property redevelopment and other vacant property initiatives to mitigate the negative impacts of vacant and blighted properties.
15. Neighborhoods Capacity Building – Programs to build the capacity of resident and stake-holder led organizations.
16. Technical Assistance to Non Profits & Agencies – Planning and design technical assistance to agencies focused on neighborhood stabilization projects.
17. Public Improvements – Sidewalks, bus shelters, bicycle lanes, parks and greenway improvements.
18. Public Facilities Improvements – Physical improvements to facilities serving the public
19. Services that address high priority needs – Programs that address the needs of persons living in LMI areas and special needs populations.

Economic Development Programs

20. Commercial Facades – Exterior improvements to commercial buildings in LMI areas.
21. Commercial Development loans – Loans for the purpose of business creation or expansion in LMI areas for job creation.
22. Brownfields Remediation – Brownfield remediation for the purpose of economic development and job creation.
23. Employment and Job Training – Programs to support training, education and the employability of LMI individuals.

Goals and objectives to be carried out during the Strategic Plan period are indicated in the boxes with an "X" on the HUD required table below.

X	Objective Category Decent Housing Which includes:	X	Objective Category: Suitable Living Environment Which includes:	X	Objective Category: Expanded Economic Opportunities Which includes:
X	assisting homeless persons obtain affordable housing	X	improving the safety and livability of neighborhoods	X	job creation and retention
X	assisting persons at risk of becoming homeless	X	eliminating blighting influences and the deterioration of property and facilities	X	establishment, stabilization and expansion of small business (including micro-businesses)
X	retaining the affordable housing stock	X	increasing the access to quality public and private facilities	X	the provision of public services concerned with employment
X	increasing the availability of affordable permanent housing in standard condition to low-income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability	X	reducing the isolation of income groups within areas through spatial deconcentration of housing opportunities for lower income persons and the revitalization of deteriorating neighborhoods	X	the provision of jobs to low-income persons living in areas affected by those programs and activities under programs covered by the plan
X	increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/ADOS) to live in dignity and independence	X	restoring and preserving properties of special historic, architectural, or aesthetic value	X	availability of mortgage financing for low income persons at reasonable rates using non-discriminatory lending practices
X	providing affordable housing that is accessible to job opportunities	X	conserving energy resources and use of renewable energy sources	X	access to capital and credit for development activities that promote the long-term economic social viability of the community



HOUSING

Priority Housing Needs 91.215 (b)

26. Describe the relationship between the allocation priorities and the extent of need given to each category specified in the Housing Needs Table. These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
27. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category, particularly among extremely low-income, low-income, and moderate-income households.
28. Identify any obstacles to meeting underserved needs



HOUSING

Priority Housing Needs

26-28

Allocation Priorities and Extent of Need

Due to the significant number of housing units in the City that were built prior to 1969 (54%) and the significant number of low-income owner occupied households with “any housing problem” (see Housing Needs section on page 35), the City’s Owner Occupied Housing Rehabilitation program will remain a high funding allocation priority. In addition to addressing the individual low-income homeowner’s housing needs, owner occupied housing rehabilitation has a stabilizing impact on transitional and distressed neighborhoods by addressing substandard and blighting conditions and encouraging new investment. Cost burden and substandard housing problems are both addressed in the Owner Occupied Housing Rehab program through refinancing, reduced utility costs, and rehabilitation of substandard housing conditions.

Deferred maintenance and lack of exterior home improvements in low-income households (owner occupied and rental) negatively impacts surrounding property values and neighborhood moral. The My Front Yard program will be targeted to specific neighborhood areas for discrete investments in individual properties (exterior façade and landscaping) with the goal of impacting the surrounding neighborhood. As indicated above there is a significant older housing inventory in the City in the need of “dressing up”.

There are significant unmet needs in households that need emergency repairs. An Emergency Home Repair program currently run by a CDBG subrecipient indicates that their waiting list for owner occupied home repairs is over 500 persons and the need is confirmed in Table 2A. In addition, another subrecipient operates a Minor Home Repair program that utilizes student volunteers and indicates a waiting list as well.

The homeownership rate in Knoxville is only 50% compared to the national average of 67%. Encouraging homeownership will empower low-income citizens, strengthen neighborhoods and address the blighting and often substandard conditions of rental properties in many targeted areas. The City’s Down payment Assistance Program incents the purchase of energy efficient homes in targeted neighborhoods.

Funding of the City’s CHDOs will continue at a significant level. New construction, acquisition and acquisition rehab homeownership and rental development funding is planned. The development of new CHDO capacity will be supported with CHDO operating funds.



HOUSING

Specific Objectives/Affordable Housing 91.215 (b)

29. Identify each specific housing objective by number (DH-1, DH-2, DH-2), proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period, or in other measurable terms as identified and defined by the jurisdiction.
30. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.
31. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units.
32. If the jurisdiction intends to use HOME funds for tenant-based rental assistance, specify local market conditions that led to the choice of that option.



HOUSING

Specific Objectives/Affordable Housing

29-32

Specific Objectives/Affordable Housing

Table 2C located on pages 11 to 16 show the specific affordable housing objectives, performance indicators and planned numbers to be implemented. These include the following:

- Owner-Occupied rehabilitation, DH1.1.
- Rental and owner occupied housing development through rehabilitation or new construction, DH1.2.
- CHDO developed housing, DH1.3.
- Emergency home repairs and accessibility improvements, DH1.4.
- Development of permanent supportive housing, DH1.6.
- Down-payment assistance for LMI homebuyers, DH2.1.
- Credit counseling, home buyer and home maintenance training, DH2.2.
- Rehabilitation focused on energy efficiency retrofits, DH2.3.

The age and condition of the City's housing stock point to the need for continued housing rehabilitation and preservation programs throughout the City. Funds dedicated to the City's Owner Occupied Housing Rehabilitation program, subrecipients operating emergency and minor home repair programs and the Blighted Property Redevelopment Program support the improvement of existing housing stock. In addition, the improvement of residential facades under the My Front Yard program for homes in relatively good condition positively impacts adjacent properties, strengthens neighborhoods and encourages additional private investment in the areas targeted for revitalization.

The private market, including Low Income Housing Tax Credit Development is more than keeping up with household growth and need for additional rental units. The condition of low-income rental units will be addressed through codes enforcement and partnering with KCDC on a Section 8 voucher property improvement pilot. In addition the City will support the development, preservation and rehabilitation of permanent supportive rental housing and strategic low-income rental units through its nonprofit and CHDO partners. The City supports KCDC's plans to apply for additional rental assistance vouchers to help make more housing affordable. To address the negative impact that small landlord rental projects have on some neighborhoods and incent landlords to improve the condition of their neighborhood rentals, the My Front Yard program will be expanded to address smaller rental projects.

The almost even split between owner occupied and rental housing within the City limits points to the need for funding to encourage home purchase within

the City and particularly within the areas target areas. The City's downpayment program and CHDO homeownership development will support this market opportunity.

The City will continue to partner with affordable housing developers utilizing the Low-income housing tax credit program. In particular the City has provided funds for the development of Minvilla, a 57 unit permanent supportive housing project. The City will continue to provide CDBG and HOME funds to develop permanent supportive housing projects. By partnering with projects that utilize low-income housing tax credits, federal funds are leveraged to produce a greater number of affordable units. In addition, the City will leverage Federal Home Loan grant funds as they are awarded to local developers on a competitive basis.

State

State funds to be utilized include program income that was generated from the State's HOUSE program and New Start mortgages available through THDA to support the home sales of local nonprofit developers

Local

The Affordable Housing Trust Fund (ATFH) was established at the East Tennessee Foundation with contributions from Knoxville's Community Development Corporation (KCDC), the City of Knoxville and the Cornerstone Foundation. The Fund is intended to support the production, preservation, and rehabilitation of housing for low-income households located within the city of Knoxville. The city makes annual contributions of general funds to the AHTF.

The Fund makes resources available through grants, loans and forgivable loans to nonprofit organizations determined to be a 501(c)(3) by the Internal Revenue Service (IRS) and to for-profit corporations. The selection process for funding projects is competitive and proposals must be received 30 days in advance.

Private

Ultimately private investment will fuel the revitalization of the housing stock in City neighborhoods spurred on by strategic investments by the City. The City leverages private mortgagee financing in the following programs: Down Payment Assistance Program, CHDO development projects (owner occupied and rental), and the Blighted Property Redevelopment Program. Developing new lending partnerships to further leverage owner occupied rehab loans is a priority area.

The City does not intend to use HOME funds for Tenant-based Rental Assistance (TBRA).



HOUSING

Public Housing Strategy 91.215 (c)

33. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list).
34. Describe the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing.
35. Describe the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.
36. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
37. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))



HOUSING

Public Housing Strategy

33-37

Knoxville's Community Development Corporation (KCDC), a high performing public housing agency, recently completed an Agency Plan which includes a 5-year Plan covering 2010–2014 and an annual plan covering July 1, 2010 – June 30, 2011. The 5-Year Plan describes KCDC's mission and long-range goals and objectives for achieving the mission over the next 5 years. The Annual Plan provides details about KCDC's immediate operations, programs and services, and the agency's operational strategies for the upcoming fiscal year.

KCDC's goals for the next five years include:

- Expanding the supply of assisted housing with objectives to include applying for additional Section 8 VASH Vouchers, if available; leveraging private or other public funds to create additional housing opportunities; acquiring or building units or developments; and exploring housing development opportunities outside city limits.
- Improving the quality of assisted housing with objectives to include renovating or modernizing public housing units; demolishing or disposing of obsolete public housing; providing replacement public housing for any demolished or disposed of public housing; and rating all newly acquired Section 8 properties on in-house Housing Quality Rating System to enhance rent reasonableness comparisons and encourage owner-repairs and energy efficiency upgrades.
- Increasing assisted housing choices by implementing public housing or other homeownership programs.
- Providing an improved living environment by designating developments or buildings for the elderly.
- Promoting self-sufficiency and asset development of assisted households by attracting supportive services to assist residents with training and employment (partner with local job training programs) and attracting supportive services to increase independence for the elderly or families with disabilities (provide information and referral services and partner with local agencies).
- Undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability (participate in local affirmative action workshop/programs, designate staff for membership in local affirmative action groups).

The City's Strategy will help address the needs of public housing residents in the following ways:

- Coordination with KCDC to encourage KCDC residents to participate in the city's Homeownership Programs.
- Coordination of City efforts in targeted areas with KCDC strategies so that maximum impact will be achieved.

KCDC uses its Operating Funds and Capital Fund Program dollars to improve the management and operation of public housing and to improve the living environment for families residing in public housing. Planned improvements with Capital Funds are described in the attached Annual Statement and Five-Year Action Plan located in Appendix E.

KCDC's strategic plan includes improving/expanding conventional housing properties. Some projects are already underway and others are planned over the next five years. Utilizing a combination of Capital Funds and Stimulus Funds, KCDC is planning to rehabilitate the Montgomery Village property in south Knoxville and Western Heights in northwest Knoxville. Work at Montgomery Village includes selective demolition, renovation of buildings and units, and replacing domestic water lines. Work at Western Heights will include selective demolition and renovation of buildings and units. Approximately \$1.25 million is being spent on the renovation of Valley Oaks Apartments, a 48 two-bedroom unit complex which KCDC acquired.

KCDC's strategy involving the Five Point's Comprehensive Redevelopment Plan, which includes the Taylor Homes/Lee Williams property, is well underway. One of the action plans relating to this strategy is the Eastport site development of elderly housing. All funding to complete the project is in place. The funds will be used to rehabilitate the old Eastport School into 25 units and to construct 60 new units on adjacent property to serve elderly residents.

KCDC's Resident Services Program works with residents to improve the quality of life in their communities. The two program components are Resident Associations and Knoxville Tenant Council.

Resident Associations: Each public housing development is encouraged to form a resident association to direct activities in the development and address resident concerns. The Resident Services staff assists in recruiting and mobilizing residents to become a part of their association. Resident associations are eligible to receive funding from KCDC if they follow HUD guidelines relative to elections, operations, recalls, and funding expenditures. Staff helps the associations interpret and comply with these guidelines.

Knoxville Tenant Council (KTC): The Knoxville Tenant Council was chartered in 1978 to provide a formal resident organization to work directly with KCDC to address residents' issues and concerns. The Council is made up of democratically-elected representatives from the resident associations. KTC and KCDC's executive and administrative staffs meet monthly to coordinate the efforts of management and residents. KTC may apply for grants from HUD and local organizations to fund resident initiatives such as workshops to develop leadership potential or to publish a resident newsletter. These funds could also be used to contract with consultants to help KTC and the resident associations deal with problems and issues facing residents of public housing.



HOMELESS

Priority Homeless Needs

38. Describe the jurisdiction's choice of priority needs and allocation priorities, based on reliable data meeting HUD standards and reflecting the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals.
39. Provide an analysis of how the needs of each category of residents (listed in question #38) provided the basis for determining the relative priority of each priority homeless need category.
40. Provide a brief narrative addressing gaps in services and housing for the sheltered and unsheltered chronic homeless. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.



HOMELESS

Priority Homeless Needs

38-40

Jurisdiction's Choice of Priority

This jurisdiction's Office of the Mayors' Ten Year Plan to End Chronic Homelessness, in cooperation with the local homeless coalition and Continuum of Care (CoC), assesses and reviews the needs of the community's homeless families and individuals and establishes priorities in accordance with strategies outlined in the Ten Year Plan (TYP) – the CoC Plan is found in Appendix D. The TYP's ongoing work as well as the CoC's annual process involves consultation with providers, homeless persons, and the public. The overall strategy focuses on homelessness prevention, ending chronic homelessness, greatly reducing the amount of time spent experiencing homelessness, and greater community reintegration for those individuals who have been placed into permanent, appropriate housing. As such, support for affordable permanent housing options, supportive services, and homelessness prevention activities are the highest priority.

Analysis of Needs

Emergency Shelter – Current efforts in this community are focused on shortening the time spent in emergency shelter, with rapid access to appropriate permanent housing being the goal for anyone who experiences homelessness. By doing so, demand for emergency shelter will be reduced. Development of further emergency shelter is a low priority. Funding for current shelter essential services such as case management and operations with Emergency Shelter Grants remains a high priority.

Transitional housing – For some individuals, transitional housing with targeted supportive services may be the path to stable, permanent housing. The need for specialized transitional housing opportunities remains, and is a medium priority.

Permanent supportive housing – Affordable, permanent housing with supportive services is the cornerstone of this jurisdiction's Ten Year Plan to End Chronic Homelessness. In concurrence with national objectives to end chronic homelessness, Knoxville has made development of additional units of permanent supportive housing a high priority.

Narrative Addressing Gaps

This jurisdiction's Ten Year Plan to End Chronic Homelessness has, as implied by the plan's name, a focus on closing the gap in housing and services for

the chronically homeless in this community. Due to ongoing implementation of the Ten Year Plan, this community is now successfully placing roughly ninety chronically homeless individuals into supportive housing annually, using existing affordable housing stock. Further implementation of the plan will require the development of additional new units of permanent supportive housing to supplement that existing housing stock. Following that strategy to close the gap in housing and services for the chronically homeless will continue to be key to Ten Year Plan implementation.



HOMELESS

Homeless Strategy 91.215 (d)

Homelessness

41. Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.
42. Describe the jurisdiction's strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.



HOMELESS

Homeless Strategy: Homelessness

41-42

Jurisdiction's Strategy for Developing a System to Address Homelessness

Knoxville has been implementing its Ten Year Plan to End Chronic Homelessness since 2007. While the plan is focused on ending chronic homelessness, its implementation has already resulted in a high level of collaboration and coordination among organizations that serve the homeless population, chronic and otherwise. Seeking to capitalize on what has already been a community-wide re-orientation of homeless services, development of an updated plan began in 2009 and is expected to be rolled out in mid-2010. The updated plan will continue the focus on chronic homelessness, but also expand its strategies to prevent, reduce and end homelessness in all categories.

The updated plan will be focused on homelessness prevention, greatly abbreviating the time anyone in this community experiences homelessness, and on ending all long-term homelessness, including chronic homelessness. As agencies, organizations, and ministries align themselves to these goals, supportive services for homelessness prevention and for sustaining the formerly homeless in supportive housing become very similar. Coordination among agencies will provide those who do find themselves homeless with a clear path to permanent housing appropriate to their needs. A high level of coordination will result in greater efficiency and accountability among provider organizations, and will also increase the accountability for the homeless themselves by eliminating opportunities for homeless families and individuals to ricochet through the system without forward movement.

Jurisdiction's Strategy for Helping Extremely Low- and Low-income Persons

Knoxville has piloted a homelessness prevention program, which provides case management and supportive services for at-risk individuals living in four public housing locations which had been identified as having high eviction rates. Property managers identify residents who are at-risk of eviction and refer them to case management. Those residents are assisted in resolving issues that would otherwise result in eviction and are thus able to remain in housing. Because this pilot program has been highly successful and exceeded all expectations, the second iteration of this community's homelessness plan will seek to replicate this program at targeted low- and extremely low-income multifamily locations. Additionally, the model will also be adapted to identify and serve low- and very low-income families and individuals living at scattered sites throughout the community.



HOMELESS

Homeless Strategy 91.215 (d)

Chronic Homelessness

43. Describe the jurisdiction's strategy for eliminating chronic homelessness. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented in Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness.
44. Describe the efforts to increase coordination between housing providers, health, and service agencies in addressing the needs of persons that are chronically homeless. (91.215(l))



HOMELESS

Homeless Strategy: Chronic Homelessness

43-44

Jurisdiction's Strategy for Eliminating Chronic Homelessness

Knoxville is currently implementing a Ten Year Plan to End Chronic Homelessness. This plan is focused on the "housing first" model of permanent supportive housing. Outreach and engagement services identify the chronically homeless within the community and connect them with case management services. Case management is structured to assist the chronically homeless in obtaining affordable housing as rapidly as possible, where case management and supportive services are continued, with the goal of sustaining housing and reintegrating into the community to the greatest extent possible. The Continuum of Care chronic homelessness strategy is designed to reflect and support the implementation of the jurisdiction's existing Ten Year Plan strategy.

Efforts to Increase Coordination

Implementation of this jurisdiction's Ten Year Plan to End Chronic Homelessness has resulted in key provider agencies coordinating, adapting and in some cases realigning their core functions in order to achieve the objective of ending chronic homelessness in this community. The Ten Year Plan's focus on permanent supportive housing for the chronically homeless is currently yielding a significant volume of permanent housing placements with retention rates in that housing exceeding the already high national averages for this proven type of housing.

Knoxville is currently seeking to build on the high level of coordination around ending chronic homelessness by developing an updated homelessness plan that will seek to end all long-term homelessness, greatly shorten the time that any individual or family spends in homelessness, and prevents homelessness in the first place for those who are at risk.



HOMELESS

Homeless Strategy 91.215 (d)

Homelessness Prevention

45. Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.



HOMELESS

Homeless Strategy: Homelessness Prevention 45

Jurisdiction's Strategy for Preventing Homelessness

This community has piloted a homelessness prevention program which provides case management and supportive services for at-risk individuals living in four public housing locations which had been identified as having high eviction rates. Property managers identify residents who are at-risk of eviction and refer them to case management. Those residents are assisted in resolving issues that would otherwise result in eviction and are thus able to remain in housing. Because this pilot program has been highly successful and exceeded all expectations, the second iteration of this community's homelessness plan will seek to replicate this program at targeted low- and extremely low-income multifamily locations. Additionally, the model will also be adapted to identify and serve low- and very low-income families and individuals living at scattered sites throughout the community.



HOMELESS

Homeless Strategy 91.215 (d)

Institutional Structure

46. Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.



HOMELESS

Homeless Strategy: Institutional Structure

46

Institutional Structure to Carry Out Strategy

The Mayor of the City of Knoxville, in cooperation with his Knox County counterpart, has an office which is charged with implementing this jurisdiction's Ten Year Plan to End Chronic Homelessness. The TYP office coordinates directly with the Knoxville-Knox County Homeless Coalition, which is a 25 year-old volunteer collaboration among most of the community's homeless housing service providers. The Coalition also doubles as this jurisdiction's Continuum of Care organization.

The Ten Year Plan works with the Coalition and directly with its member organizations, with City and County Community Development Offices and others to orchestrate the implementation of the Ten Year Plan. The TYP office works with local government to allocate resources for the plan, works with partner organizations to seek state and federal grant funding, and also brings in considerable local philanthropic resources to support TYP initiatives. The TYP office also works directly to build community support for the plan and to navigate the challenges presented when finding locations and funding new units of permanent supportive housing for the chronically homeless. The TYP office also has an advisory board consisting of public, faith-based, and private organizations and individuals.



HOMELESS

Homeless Strategy 91.215 (d)

Discharge Coordination Policy

47. Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons." The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.



HOMELESS

Homeless Strategy: Discharge Coordination Policy

47

ESG, Supportive Housing, Shelter Care Plus and Section 8 SRO Discharge Coordination Policy

Institutional discharge coordination continues to be one of the more difficult challenges in preventing and ending homelessness. The issue exists in the first place because of limited resources available to the organizations discharging individuals who are at risk of subsequent homelessness. Jails and foster-care organizations cannot hold people involuntarily beyond their dates for release or emancipation. Mental and physical health care organizations cannot hold people involuntarily, and the costs of simply housing people within those institutions while awaiting outplacement is generally prohibitive.

That notwithstanding, discharging people into homelessness is an undesirable outcome, and this jurisdiction's Ten Year Plan includes eliminating the practice as one of its goals. As a stop-gap measure, local homeless service providers are working with discharging institutions to at least improve communications and coordination when an indigent person is discharged, so that a case manager can assist that person with things like accessing needed medication and coordination of services so that each individual has the shortest path to permanent housing. More expansive coordination with discharging institutions will be a component of the updated homelessness plan to be released in mid 2010. Discharge planning information from the 2009 Continuum of Care application is listed below.

Foster Care

The Tennessee Department of Children's Services includes protocols for discharge planning for children aging out of foster care. Practical experience indicates that these efforts at placement are often unsuccessful, either at discharge or at some point soon after. Efforts are being made to address this issue through encouraging the state interagency council on homelessness to address the issue as part of the development of a state ten-year homeless plan. Although the system currently falls short of the goal of zero discharges of youth into homelessness or McKinney-Vento funded housing, there are no McKinney- Vento funded projects that intentionally or specifically target discharged individuals as clients. The Ten Year Plan Office and the local Homeless Coalition are actively seeking to develop an improved discharge process over the coming year.

Health Care

Currently there is no formal protocol for discharge planning for homeless individuals in the local health care system. Informally, some hospitals will attempt to locate housing, will attempt to contact homeless service providers

to make arrangements, or will release individuals with no housing plan at all. Improvements in discharge planning is a key point of the local Ten Year Plan, and discussions with local hospitals are planned or are underway to address discharge planning as well as the cost savings to hospitals that can be achieved if they support housing and services organized under the structure and guidance of the Ten Year Plan. There are no McKinney-Vento funded projects that intentionally or specifically seek to serve as an acceptable housing option for patients discharged from the health care system.

Mental Health

The Tennessee Department of Mental Health and Developmental Disabilities includes a protocol for discharge planning from its regional mental health institutes. Efforts are made at the institutions to locate appropriate housing for patients prior to discharge. Demand for treatment exceeds resources and local research capability, and practical experience indicates that these efforts at housing placement are often unsuccessful. Work is underway locally to improve communication and understanding between discharging agencies and local homeless service agencies to improve the discharge planning process. Although the system currently falls short of the goal of zero discharges of patients into homelessness or McKinney-Vento funded housing, there are no McKinney-Vento funded projects that intentionally or specifically target discharged individuals as clients.

Corrections

The Tennessee Department of Corrections include pre-release programs that include a housing plan. The Federal Bureau of Prisons also includes prerelease programs that include housing education and assistance. Practical experience indicates limited success with these programs. Short-term incarceration in local jails often leaves insufficient time for the development of a housing placement program. Release of sex-offenders poses an especially significant challenge, with street homelessness frequently being the result. Work is underway locally to develop during the coming year pre- and post adjudication jail diversion programs to better address the issues of mental illness and addiction as affected individuals interface with the criminal justice system. Jail diversion would include housing and treatment to break the cycle of homelessness and incarceration. Although the system currently falls short of the goal of zero releases into homelessness or McKinney-Vento funded housing, there are no McKinney-Vento funded projects that intentionally or specifically target discharged individuals as clients.



HOMELESS

Specific Objectives/Homeless (91.215)

48. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables* prescribed by HUD, and how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan. For each specific objective, identify proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specified time period (one, two, three or more years) or in other measurable terms as defined by the jurisdiction.



HOMELESS

Homeless Strategy: Specific Objectives/Homeless

48

Objectives of Jurisdiction

Table 1C and 2C – Summary of Specific Objectives located on pages 11 to 16 list the specific objectives, performance indicators and multi-year goals that the city intends to implement to address the needs of the homeless and chronically homeless populations located in Knoxville.

During the five year period of this Consolidated Plan, the City will assist in the funding of 200 units of permanent supportive housing through rehabilitation or new construction (DH1.6). Supportive services will be provided to prevent homelessness and place homeless persons in housing (DH1.7). It is estimated that 1000 persons will be served during the five-year period of the plan. Supportive services, operations and essential services will be provided to homeless shelters and transitional housing facilities with the goal of 500 persons to be placed in permanent housing (DH1.8).



NON-HOMELESS SPECIAL NEEDS

Priority Non-Homeless Needs 91.215 (e)

49. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.
50. Describe the basis for assigning the priority given to each category of priority needs.
51. Identify any obstacles to meeting underserved needs.
52. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.
53. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.



NON-HOMELESS SPECIAL NEEDS

Priority Non-Homeless Needs

49-53

Within the City of Knoxville, it is estimated that there are 3,321 low-moderate income elderly residents with incomes at or below 80% Area median income. An additional 4,221 elderly persons are categorized as LMI frail elderly.

Information provided by the disAbility Resource Center estimates that the number of LMI persons with disabilities in Knoxville is approximately 35,500, while the number of LMI persons with severe mental illness is approximately 3,225.

The Housing data used to determine the number of households with housing problems and cost burdens, located in the Housing analysis section of this document, includes special needs households.

The table below indicates the number of housing units with supportive services available for elderly residents within the City of Knoxville.

City Sector	Assisted Care Living Facility #of beds	Assisted Rent Housing #of beds	Continuing Care Ret. Center #of beds	Independent Living # of beds	Residential Home for the Aged #of beds	Total
Central	27	1,280			5	1,312
East		414				414
North	70			68	72	210
Northwest		30	49	81	21	181
South		152				152
West	211	515		109		835
Total	308	2,732	49	258	98	3,104

According to the TN Disability Pathfinder, the agencies that provide programs to assist persons with disabilities (PWDs) in finding and selecting available housing which meets their individual needs are:

disAbility Resource Center
 East TN Human Resource Agency
 Knox Co. Housing Authority
 TN Housing Development Agency (THDA)
 Volunteer Ministry Center

Agencies that provide, via their programs, residential options to children and adults who have developmental disabilities are:

The Arc of Knox County
Breakthrough Corporation
Cerebral Palsy Center
Meritan
Sertoma

The City of Knoxville does not qualify for HOPWA funds, however two providers offer beds to people living with AIDS. Goodman-Powell Court is an apartment complex with nine units, most of which are reserved for people living with AIDS. Positively Living, which receives HOPWA funds via the Tennessee Department of Health, has a total of 24 beds, of which approximately 30% to 40% are occupied by people who are HIV positive or living with AIDS, with the remainder occupied by people with other catastrophic illnesses. Beds reserved for people with HIV or living with AIDS are always full, and there is a waiting list of approximately 20 persons.

There are at least seven agencies that provide a wide range of HIV/AIDS-related services in the Knoxville region, including prevention education and community outreach, HIV testing, risk counseling, mental health counseling, continuum-of-care counseling and referral, case management, Ryan White programs, and medical decision-making and treatment education. These agencies include the Knox County Health Department, the Hope Center of Fort Sanders Hospital, Helen Ross McNabb, Child & Family Inc., Goodman-Powell Court, Positively Living and Samaritan Ministries.



NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives 91.215 (e)

54. Identify each specific objective developed to address a priority need by number and contain proposed accomplishments and outcomes the jurisdiction expects to achieve in quantitative terms through related activities over a specified time period (i.e. one, two, three or more years), or in other measurable terms as identified and defined by the jurisdiction.
55. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.



NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives

54-55

Table 1C and 2C describes the objectives that will address needs in the next five years.

Knoxville will provide exterior accessibility features such as ramps for low and moderate income homeowners. By improving the functionality and accessibility of housing, home owners with disabilities will be less isolated and able to access needed services.

All new and replacement homes constructed will be visitable. Visitability provides the following features:

- One zero-step entrance in the front, back or basement.
- Doors and hallways that provide at least 32" of clearance on the zero-step entrance level.
- At least a half bathroom that is usable by a person in a wheelchair or scooter.

Visitability allows homeowners the opportunity to "age in place" which stabilizes neighborhoods.

Programs such as Owner-Occupied Rehabilitation, Emergency Home Repair and My Front Yard serve elderly and disabled residents and improve their housing quality and affordability. Addressing housing safety issues and code compliance enables home owners to stay in their homes, while providing quality housing to the neighborhood.

Developing accessible sidewalks and bus shelters will assist in providing access to transportation and services for all persons.

Public facility improvements will increase accessibility to services for all people.

The City is currently assisting KCDC in the construction of elderly units in the Park City neighborhood and at the Eastport school site.

Additionally, the Disability Coordinator for the City of Knoxville is a Community Development staff person who provides valuable information regarding accessibility for all projects.



COMMUNITY DEVELOPMENT

Priority Community Development Needs 91.215 (f)

56. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table 2B – i.e., public facilities, public improvements, public services and economic development.
57. Describe the basis for assigning the priority given to each category of priority needs provided on Table 2B.
58. Identify any obstacles to meeting underserved needs.



COMMUNITY DEVELOPMENT

Priority Community Development Needs: 56-58

As discussed in the *Strategic Plan* section of the Consolidated Plan, the community development needs are addressed in the strategies for Neighborhood Stabilization and Economic Opportunity. Evaluation of available data and information from stakeholders was used to establish priorities for community development projects. The HUD Table 2B below indicates the priority levels for the various eligible project categories. **High** priority indicates that CDBG and/or other funds will be made available to address the need during the five year plan period. **Medium** priority indicates that if CDBG funds or other funds are available, activities to address the need may be funded.

Table 2B – Priority Community Development Needs

Priority Need	Priority Need Level	Priority Need	Priority Need Level
Neighborhood Stabilization		Economic Development	
Acquisition of Real Property	H	Economic Development (general)	H
Disposition	H	C/I Land Acquisition/Disposition	M
Clearance and Demolition	M	C/I Building Acq/Const/Rehab	H
Clearance of Contaminated Sites	M	ED Assistance to For-Profit	H
Code Enforcement	M	ED Technical Assistance	H
Public Facility (General)	M	Micro-enterprise Assistance	M
Homeless Facilities	H		
Parks and/or Recreation Facilities	M		
Infrastructure (General)	H		
Water/Sewer Improvements	M		
Sidewalks	H		
Other Infrastructure	M		
Public Services (General)	M		
Legal Services	M		
Employment/Training Services	M		
Health Services	M		
Lead Hazard Screening	H		
Fair Housing Activities	H		
Tenant Landlord Counseling	M		

Local City funds are used for Codes Enforcement, demolitions and the Office of Neighborhoods. Local funds also augment the federal dollars allocated for Property Acquisition and the Commercial Façade programs.

Neighborhood Stabilization Programs include the following projects

- Blighted Property Redevelopment Program loans – Loans for the development of Blighted properties in LMI areas.
- Blighted property acquisition – Acquisition and disposition of residential and/or commercial properties to mitigate the negative impact of blighted properties.
- Blighted property programs – Community gardens, artistic board-up, environmental clean-up, abandoned property redevelopment and other vacant property initiatives to mitigate the negative impacts of vacant and blighted properties.
- Neighborhoods Capacity Building – Programs to build the capacity of resident and stake-holder led organizations.
- Technical Assistance to Non Profits & Agencies – Planning and design technical assistance to agencies focused on neighborhood stabilization projects.
- Public Improvements – Sidewalks, bus shelters, bicycle lanes, parks and greenway improvements.
- Public Facilities Improvements – Physical improvements to facilities serving the public
- Services that address high priority needs – Programs that address the needs of persons living in LMI areas and special needs populations.

Economic Development Programs include the following projects

- Commercial Facades – Exterior improvements to commercial buildings in LMI areas.
- Commercial Development loans – Loans for the purpose of business creation or expansion LMI areas for job creation.
- Brownfields Remediation – Brownfield remediation for the purpose of economic development and job creation.
- Employment and job Training – Programs to support training, education and the employability of LMI individuals.

The programs listed above are potential projects which may be implemented over the next five years. Programs to be implemented will be based on the availability of program funds. Other initiatives that leverage program funds and support the goals and strategies of the Consolidated Plan will be considered in choosing projects to fund in each program year.



COMMUNITY DEVELOPMENT

Specific Community Development Objectives

59. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.



COMMUNITY DEVELOPMENT

Specific Community Development Objectives **59**

Please reference Table 1c and 2c in the Executive Summary section, pages 11 to 16 of this document.



COMMUNITY DEVELOPMENT

Neighborhood Revitalization Strategy Areas 91.215(g)

60. If the jurisdiction has one or more approved Neighborhood Revitalization Strategy Areas, the jurisdiction must provide, with the submission of a new Consolidated Plan, either: the prior HUD-approved strategy, or strategies, with a statement that there has been no change in the strategy (in which case, HUD approval for the existing strategy is not needed a second time) or submit a new or amended neighborhood revitalization strategy, or strategies, (for which separate HUD approval would be required).

The City of Knoxville Community Development Department did not designate a neighborhood revitalization strategy area and will not include a response for this section.

The City has designated four Target Areas discussed in the Strategic Plan Section of this document (beginning on page70).





COMMUNITY DEVELOPMENT

Barriers to Affordable Housing 91.215 (h)

61. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.



COMMUNITY DEVELOPMENT

Barriers to Affordable Housing

61

Strategy to Remove Barriers to Affordable Housing

In order to address barriers to affordable housing, the City will pursue the strategies outlined below.

A. Complexity of the Development Process: The City is marketing an increasing number of parcels through its Homemakers Program. We will be reviewing these parcels for compatibility with the subdivision regulations and correcting many of the more difficult obstacles before transferring them to developers. Small parcels can be combined with others and re-platted into buildable lots of record, reducing the time and cost investment for the developer.

B. Acquiring and Assembling Inner City Parcels: The City continues to administer redevelopment areas this year including Mechanicsville, Five Points, Lonsdale, and Vestal. All the areas contain properties that have remained undeveloped or underutilized for several years due to title or environmental problems. The City will acquire abandoned property and clear such problems, offering lots for sale for redevelopment.

C. Increasing Cost of Development: New programs are being designed to encourage private investment in older neighborhoods. Previously, incentives targeted to assist and encourage residential development were developed independently from commercial incentives. New policy on redevelopment tries to coordinate residential redevelopment with adjacent neighborhood commercial development so that both come on line at the same time. This serves to support both efforts. The City is encouraging alterations to designs of infill housing that make the new housing fit in better with the older existing homes. Design guidelines have been developed for use in redevelopment areas and for all City subsidized infill houses. This effort includes descriptions and illustrations of low cost modifications builders can make. In the long run, this will help maintain high property values for buyers and should have a substantial impact on neighborhood image and marketability. An I-H Zoning applies the infill guidelines area wide in selected neighborhoods. The City adopted an amendment to the zoning ordinance that makes development of substandard inner city parcels more feasible, reducing the time line and approval process in many cases.

D. Access to Available Government Programs and Subsidies: Marketing of the City's programs is being emphasized and new marketing efforts are underway. A listing of available Homemakers properties and EZ Blighted properties are posted on the City web site (<http://www.cityofknoxville.org>). The Office of Neighborhoods sends out a weekly newsletter including

information about all City grant opportunities to a listserv of 500 Knoxville residents.

E. Building Codes: The City has adopted the International Building Code that contains a chapter “Existing Buildings” allowing designers additional alternatives to meet requirements when renovating older buildings. The Alternative Building Code can be used in the Central Business Improvement District (CBID). This option can make redevelopment of older buildings more practical and less expensive.

F. Tax-Foreclosed Properties: The Vacant Properties Committee is focusing on the problem of tax-foreclosed properties. Further study is underway and a strategy will be developed in an effort to alleviate the issue of undevelopable properties.



COMMUNITY DEVELOPMENT

Lead-based Paint 91.215 (i)

62. Describe the jurisdiction's plan to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.



COMMUNITY DEVELOPMENT

Lead-based Paint

62

The City will continue to implement the HUD regulations for elimination of lead based paint hazards. The program to identify lead based paint hazards is an integral part of the total process for housing rehabilitation. All pre-1978 built houses, which are identified for the rehab program, receive a lead hazard screen/lead based paint testing to determine if a lead hazard exists. If a lead hazard is identified, a Risk Assessment is prepared to define the hazard(s) and to define the remediation necessary to eliminate hazard(s). The actual remediation work is accomplished as a part of the rehab work. All lead based paint inspections and Risk Assessments are prepared by the Rehabilitation Specialist staff as a part of their rehab duties.

These actions will reduce the number of housing units in the City with lead-based paint hazards and increase the inventory of lead-safe housing available to extremely low-income, low-income, and moderate-income families. The City will also continue to coordinate with Middle Tennessee State University Lead Elimination Action Program (LEAP) by referring eligible families for lead-hazard reduction assistance.

The City has Rehab Specialist staff certified as Healthy Homes Specialists with the National Environmental Health Association. Healthy Homes measures are carried out on rehab projects to reduce the number of health and safety risk within the homes.



COMMUNITY DEVELOPMENT

Antipoverty Strategy 91.215 (j)

63. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually)
64. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.



COMMUNITY DEVELOPMENT

Antipoverty Strategy

63-64

According to the 2008 American Communities Survey, 25 percent of the residents of Knoxville were in poverty. Thirty-three percent of related children under 18 were below the poverty level, compared with 10 percent of people 65 years old and over. Seventeen percent of all families and 45 percent of families with a female householder and no husband present had incomes below the poverty level

The Community Development Department implements programs that benefit low and moderate income individuals, families and neighborhoods in an effort to reduce poverty and improve the quality of life.

Programs that create home ownership opportunities provide LMI families with the ability to build wealth while serving to stabilize neighborhoods. Housing rehabilitation results in lower energy costs and savings to the homeowners. Economic development programs, such as the commercial façade program, create job opportunities in LMI neighborhoods by improving the business's ability to attract customers and grow. Development of affordable rental housing for LMI families and individuals increases their opportunity to save income and become self-sufficient.

The City of Knoxville, in cooperation with KCDC, the city's redevelopment authority, implements redevelopment plans in low and moderate income areas to strengthen public and private investment and create job opportunities and neighborhood revitalization.

All families participating in Community Development programs will see an improvement in their economic condition and it is anticipated that the number of families in poverty will be reduced.



COMMUNITY DEVELOPMENT

Institutional Structure 91.215 (k)

65. Provide a concise summary of the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, community and faith-based organizations, and public institutions.
66. Provide an assessment of the strengths and gaps in the delivery system.
67. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy. (91.215(l))



COMMUNITY DEVELOPMENT

Institutional Structure

65-67

Partners

The lead entity charged with implementing the Five-Year Consolidated Plan is the Community Development Department of the City of Knoxville. The Community Development Department, referred to throughout this document as “the City” or “Community Development”, ensures that federal requirements are met and complies with HUD reporting requirements. Several projects are implemented by Community Development while other projects are completed by non-profit agencies, housing developers, Community Housing Development Organizations (CHDOs) and the public housing and redevelopment agency for Knoxville and Knox County, Knoxville’s Community Development Corporation (KCDC).

The City partners with the Knoxville-Knox County Metropolitan Planning Commission (MPC) for planning and technical support for the Consolidated Plan. MPC researches and analyzes housing related data, provides mapping services and participates in redevelopment area planning. MPC also conducts historic site surveys and conducts local historic reviews under the City’s Memorandum of Agreement with the State Historic Preservation Officer.

MPC was established in 1956 by Knoxville and Knox County as the agency responsible for comprehensive county-wide planning and administration of zoning and land subdivision regulations. Funding for MPC activities comes primarily from city and county appropriations and from federal grants for specific studies.

The City partners with KCDC, the local public housing and redevelopment agency for Knoxville, to assist in drafting and implementing the redevelopment area plans. KCDC is also the property acquisition agent for the City.

KCDC is governed by a seven member Board of Commissioners, including one resident commissioner, appointed for staggered terms by the Mayor of Knoxville. The Board selects an Executive Director who is charged with the operations of the corporation consistent with applicable federal, state and local rules and regulations. KCDC employs approximately 160 regular full-time employees. KCDC manages 3,579 units of public housing and administers 3569 Section 8 housing vouchers throughout the City and Knox County. There is no relationship between the city and KCDC regarding hiring, contracting and procurement. The City reviews and posts for public viewing KCDC’s five-year and annual plans prior to their submission to HUD. These plans include KCDC’s proposed capital improvements and demolition and replacement housing plans. KCDC’s 2010-2015 Plan and 2010 Annual Plan are included in Appendix E.



COMMUNITY DEVELOPMENT

Coordination 91.215 (I)

68. Describe the efforts to enhance coordination between public and assisted housing providers and governmental health, mental health, and service agencies.
69. Describe efforts in addressing the needs of persons that are chronically homeless with respect to the preparation of the homeless strategy.
70. Describe the means of cooperation and coordination among the state and any units of general local government in the metropolitan area in the implementation of the plan.
71. Describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies, particularly with regard to the development of the jurisdiction's economic development strategy.
72. Describe the jurisdiction's efforts to coordinate its housing strategy with local and regional transportation planning strategies to ensure to the extent practicable that residents of affordable housing have access to public transportation.



COMMUNITY DEVELOPMENT

Coordination

68-72

As discussed in the section of the plan on *Managing the Process*, the City collaborated with Knox County and consulted with many agencies and organizations in focus group meetings during the planning phase of the Five-Year Plan. The City will continue coordination with these and other entities in the development of projects and activities for the Annual Action Plans.

The Five-Year Plan and Annual Action Plans are guided by and in coordination with the plans, programs, and initiatives of Community Development’s partner agencies, some of which are listed below. The Community Development Department has staff representation on many of these committees and task forces.

City of Knoxville	<ol style="list-style-type: none"> 1. Energy Efficiency and Conservation Block Grant program 2. Solar Cities Initiative 3. Energy and Sustainability Task Force 4. Ten Year Plan to End Chronic Homelessness 5. Homelessness Prevention and Rapid Re-housing (HPRP) program 6. Community Development Block Grant – Recovery (CDBG-R) program 7. Neighborhood Stabilization Program 1 program 8. Empowerment Zone Initiatives and continuing revolving loan funds 9. City-County Vacant Properties Committee 10. City Capital Budget-funded programs 11. Knoxville Police Department Initiatives 12. Codes Enforcement activities and “sweeps.” 13. Parks & Recreation and Greenways plans 13. Cumberland Avenue / Fort Sanders Long Range Planning Process 14. Downtown North Redevelopment activities 15. Mayor’s Economic Development Committee 16. Mayor’s Council on Disability Issues (CODI) 17. Visitability study 18. Neighborhood Advisory Council
Metropolitan Planning Commission <i>and</i> Knoxville Regional Transportation Planning Organization (TPO)	<ol style="list-style-type: none"> 1. Sector and Corridor Plans 2. TPO regional plans (e.g., Complete Streets) 3. Bicycle Plan 4. Joint City/County Task Force on Ridge, Slope and Hillside Development and Protection

Knoxville's Community Development Corporation (KCDC)	<ol style="list-style-type: none"> 1. Redevelopment Plans (Lonsdale, Mechanicsville, etc.) 2. HOPE VI – (planned) 3. Five Year and annual plan
Knoxville Area Transit	<ol style="list-style-type: none"> 1. Public Transportation plans
Knox County Schools	<ol style="list-style-type: none"> 1. Project GRAD and Youth Academy of Finance 2. Plans for vacant school buildings
Knox County Health Department	<ol style="list-style-type: none"> 1. Childhood Obesity program 2. Food Policy Council
East Tennessee Foundation	<ol style="list-style-type: none"> 1. Affordable Housing Trust Fund 2. Neighborhood Small Grants program

These partner organizations, along with numerous other non-profits, for-profits, and neighborhood organizations work closely with the City to identify needs and to develop and implement strategies to address a broad range of community development issues. Some additional examples include:

- The Knoxville Area Chamber Partnership participates on the Mayor's Economic Development Committee to coordinate city and private sector economic development initiatives.
- The Knoxville Area Transit will soon open a new downtown transit center and is holding a series of public meetings and internal city staff meetings to develop new routes that will better serve transit users including residents of affordable housing.
- The Community Development Department works closely with the Tennessee Housing Development Agency in the implementation of their Neighborhood Stabilization Program.
- The Ten Year Plan office and Community Development Department works closely with the Knoxville Coalition for the Homeless, local mental health agencies, and social service providers in the preparation and implementation of the city's homeless strategies.



COMMUNITY DEVELOPMENT

Monitoring 91.230

73. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.



COMMUNITY DEVELOPMENT

Monitoring

73

The Community Development Department Director oversees the planning and budgeting process to ensure that, as they are developed, projects are consistent with grant requirements. This planning process also ensures that each funded project is consistent with the Five-Year Consolidated Plan and makes progress toward identified community development objectives.

All subgrantee projects are assigned to a Project Manager or Specialist for oversight, monitoring, and technical assistance. The Community Development Administrator drafts contracts with input from the subgrantee and Project Manager. The City Law Department finalizes the contracts in order to ensure compliance with applicable laws and regulations. As required by City Code, the City Council approves certain contracts.

Subgrantees submit quarterly progress reports and a completion report. Reports are reviewed by the Project Manager/Specialist to ensure contract compliance. Funds are typically provided to subgrantees on a reimbursement basis. Reimbursement requests are submitted to the City on a monthly or as-needed basis, and contain supporting documentation for all expenses for which reimbursement is requested. Requests are reviewed, revised (if necessary), and approved by the Project Manager/Specialist, then reviewed and approved by the Community Development Administrator. The Senior Accounting Clerk prepares a check request, which is approved by the Community Development Administrator and Department Director prior to submission to the City Finance Department.

The Community Development Department's Monitoring Plan is followed to assess the level of monitoring required for each subgrantee. Monitoring is scheduled and recorded on the Monitoring Schedule. Subgrantee monitoring is performed on an informal basis, "desk review," through telephone, email, and periodic meetings between City and subgrantee staff. Formal monitoring, "on-site review," is performed on an annual basis (except in the case of low risk subgrantees or projects). Formal monitoring is conducted by the Project Manager and/or Community Development Administrator at the subgrantee's office, and includes review of agency policies, procedures, financial records, and project documentation. A written report is issued following a formal monitoring session. Any findings or concerns that require subgrantee action are followed up on by both the subgrantee and City staff.

For City-operated housing activities, applications for assistance are analyzed by Housing Finance Specialists for compliance with program guidelines. Housing Rehabilitation Specialists provide detailed specifications for ensuring that the activity meets Neighborhood Housing Standards and cost estimates to ensure that construction bids are reasonable and allowable. During the

construction process, all activities are monitored by Housing Rehabilitation Specialists for compliance with the terms of the construction contract and Neighborhood Housing Standards. The Housing Manager reviews and approves work and activities during each step of the rehabilitation process – financial analysis, write-up/cost estimate, bid, and construction. The Community Development Administrator periodically conducts in-house monitoring.

Payment for contractor and other housing activity expenses are processed by the Housing Finance Specialists and approved by the Housing Manager and Department Director prior to payment.

The Senior Accounting Clerk oversees the Department's overall expenditures and financial status, and assists the Community Development Administrator in drawing funds from HUD on a regular basis.

Several staff members address special regulatory requirements. The Community Development Administrator and the Assistant Community Development Administrator, who have participated in HUD Environmental Training, handle environmental reviews and the release of funds process. Project Specialists assist with conducting site-specific reviews that are then reviewed by the Community Development Administrator.

For projects requiring procurement and federal labor standards compliance, the assigned project monitor provides technical assistance to the agency performing the project, oversees the bid process, works with contractors, and reviews certified payroll.

Members of the Department's housing staff are certified risk assessors for lead based paint hazards. These staff members perform inspections, testing, assessments, and clearance for homes the City funds through the rehabilitation or other housing programs. When time is available, technical assistance, inspections, and assessments are also provided for CDBG and HOME funded non-profit agencies on an as-needed basis.

The Department Director and the Community Development Administrator implement the City's Citizen Participation plan with assistance from the Neighborhood Coordinator. Community Development staff participate in community forums, neighborhood meetings, and other agencies' planning processes. Additionally, the Office of Neighborhoods, staffed by the Neighborhood Coordinator, provides information and a central point of contact for neighborhood and community organizations.



COMMUNITY DEVELOPMENT

Housing Opportunities for People with AIDS (HOPWA)

74. Describe the activities to be undertaken with HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living.
75. Identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.
76. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
77. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
78. Provide an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.
79. Describe the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.

Specific HOPWA Objectives

80. Identify specific objectives that the jurisdiction intends to initiate and/or complete in accordance with the tables* prescribed by HUD.
81. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

The City of Knoxville does not currently receive HOPWA funds and therefore will not provide narrative for the above questions.



OTHER NARRATIVES AND ATTACHMENTS

82. Include any Strategic Plan information that was not covered by a narrative in any other section. If optional tables are not used, provide comparable information that is required by consolidated plan regulations.

83. Section 108 Loan Guarantee

If the jurisdiction has an open Section 108 project, provide a summary of the project. The summary should include the Project Name, a short description of the project and the current status of the project, the amount of the Section 108 loan, whether you have an EDI or BEDI grant and the amount of this grant, the total amount of CDBG assistance provided for the project, the national objective(s) codes for the project, the Matrix Codes, if the activity is complete, if the national objective has been met, the most current number of beneficiaries (jobs created/retained, number of FTE jobs held by/made available to LMI persons, number of housing units assisted, number of units occupied by LMI households, etc.)

84. Regional Connections

Describe how the jurisdiction's strategic plan connects its actions to the larger strategies for the metropolitan region. Does the plan reference the plans of other agencies that have responsibilities for metropolitan transportation, economic development, and workforce investment?



OTHER NARRATIVES AND ATTACHMENTS

Affirmatively Furthering Fair Housing

The City is in the process of conducting an updated *Analysis of Impediments to Fair Housing Choice* and will include the document in the final Consolidated Plan document as an appendix. The City will address any impediments to fair housing to the extent that it is able. The Fair Housing Assistance Program, FHAP, operates within the Community Development Department and investigates Fair Housing complaints within the city of Knoxville. In order to affirmatively further fair housing, the following activities will be conducted:

- City staff investigation and conciliation of complaints related to housing discrimination.
- Counseling and referrals as necessary.
- Education and outreach to residents, housing providers, lenders, and other community members.
- Dissemination of information to the local news media on fair housing and equality issues and activities.
- Participation in training sessions, workshops, and conferences.
- Visible placement of equal opportunity housing logo on relevant City publications and housing programs that use City, CDBG, HOME, and ESG funding.
- Staff support and/or technical assistance to the Equality Coalition for Housing Opportunity, the Council On Disability Issues, Knoxville/Knox County Access To Justice Collaborative, Disability Resource Center, East Tennessee Coalition for the Homeless, and Dr. Martin Luther King Jr. Commemoration Commission.
- Operation and/or funding programs that promote housing opportunities, such as homeownership education and downpayment assistance, housing improvements, and new housing development.

Section 108 Loan Guarantees

The City does not currently have an open Section 108 project.

Regional Connections

The Regional Transportation Planning Organization (TPO) develops transportation plans on a regional level. The City has partnered with this organization in plans such as the Complete Streets Project.



APPENDICES

Appendix A – Genesee Report

Appendix B – Citizen Participation Process Documents

Appendix C – Housing and other Data Tables (from MPC)

Appendix D – Continuum of Care Plan

Appendix E – Public Housing Five-Year and Annual Plan

Appendix F – Analysis of Impediments to Fair Housing Choice (will be submitted prior to July 1, 2010)



APPENDIX A

*Assessment Observations and Recommendations
Relating to the Current Systems and Strategies Concerning
Vacant and Abandoned Property Conditions
in Knoxville and Knox County, Tennessee*

Prepared by the Genesee Institute
February 12, 2010

Introduction

On behalf of the joint Knoxville - Knox County Vacant Properties Committee, the City of Knoxville Community Development Department Director selected the Genesee Institute to conduct an on-site assessment of current conditions and systems that deal with the identification, mitigation, acquisition, management, and disposition of foreclosed, vacant, and abandoned properties, and to make recommendations on effective strategies, including the feasibility of a formal land bank program and changes in the property tax collection and foreclosure system.

The Genesee Institute held preliminary meetings via telephone with staff of the City of Knoxville Community Development Department including the Director, the Community Development Administrator and the Neighborhood Coordinator to determine the most effective method of gathering relevant information and stakeholder opinions that would be useful in this assessment.

Methodology

On November 5, 2009, the Genesee Institute met with key stakeholders to facilitate discussions on current practices, challenges, and opportunities related to tax-foreclosed and other vacant and abandoned properties. Discussion group participants included the Knox County Trustee; representatives of the Council of Involved Neighborhoods (COIN); and professional staff from the City of Knoxville and Knox County, the Metropolitan Planning Commission (MPC), Knoxville's Community Development Corporation (KCDC), and the Development Corporation of Knox County.

During the small group sessions, City and County staff presented an overview of the scope of the current problem and the programs, policies, and ordinances currently available in the City and County to address vacant, blighted, and abandoned properties.

MPC staff presented vacant and blighted property data and trends in a GIS format from several sources, including the U.S. Department of Housing and

Urban Development (HUD), Knoxville Utilities Board (KUB), the city's PermitsPlus database, the Knox County Property Assessor, the city Tax Office, and the Knox County Trustee.

City and County staff from Codes Enforcement and Community Development presented the neighborhood stabilization tools currently available to them through local ordinances (such as dirty lot, nuisance, unfit buildings, abandoned or inoperable vehicles, and demolition by neglect); the city's Better Building Board; the City interdepartmental Chronic Problem Properties Committee; the slum/blight acquisition process; and the surplus/real properties disposition process, including the Homemakers Program.

KCDC staff presented the land bank authority currently available to them through state legislation.

City Tax Office staff and the Knox County Trustee discussed the current process of property tax foreclosure and sale which typically results in properties without a clear or marketable title. Since title to the property is suspect, title insurance companies are unwilling to provide title insurance to mortgage lenders who, in turn, are unwilling to lend funds to property owners for the rehabilitation or redevelopment of tax sale properties. As a result, the properties that are purchased at tax sale often are not redeveloped and continue to decline, negatively impacting adjacent homes and neighborhoods. Even more significant are the number of undesirable properties (about 60%) that do not sell at tax sale and are, by default, owned by the City and County. As all of these properties continue to decline, they require costly remedial actions to mitigate blight, but they do not generate tax revenue to cover the costs to the City or County.

The Genesee Institute educated the participants on the Michigan Land Bank model, discussed its potential application in Knoxville and Knox County, and explained the use of land bank tools in other communities around the country. Michigan's improved tax foreclosure system was described in depth, and there was significant discussion regarding the similarities and differences between the Michigan system and the current property tax foreclosure system in Knoxville and Knox County. (See *Michigan Land Bank Model and Tax Foreclosure System section below*.) Particular focus was given to possible improvements to the current process that would increase the efficiency and effectiveness of the tax foreclosure systems.

The reduction of vacant and abandoned properties was identified as a key component of stabilizing a community's property values. Aside from tax-foreclosed properties, the growing number of mortgage-foreclosed properties associated with the current financial crisis was also discussed.

The Genesee Institute facilitated a public presentation on November 5, 2009 to educate stakeholders on effective strategies and best practices related to vacant

and abandoned properties. The meeting was held in the evening to allow for community residents who are unable to attend during the traditional workday. The presentation was well attended with approximately seventy-five community members, including community leaders, neighbors, elected officials, and public and private agencies and local governmental professional staff, non-profit agencies and affordable housing advocates, for-profit and non-profit developers and other community stakeholders. The Genesee Institute summarized the “Ten Steps to Urban Land Reform” as defined by Paul Brophy, and discussed the Michigan land bank model, land management strategies, system reforms and financial models that are critical to a comprehensive vacant and abandoned property initiative.

On the final day of the site visit, the Genesee Institute attended a meeting with the Mayor of the City of Knoxville, the Knox County Mayor, and key city and county staff to debrief the initial observations from the preceding meetings and prior research conducted by the consultant team. After the morning meeting, the consultant team participated in a tour of the City of Knoxville to increase their knowledge of the neighborhoods that have experienced significant blight and abandonment. The visit concluded with a final meeting with city and county staff to discuss what had been learned and potential strategies for adoption by local agencies.

Michigan Land Bank Model and Tax Foreclosure System

Michigan’s delinquent tax collection and foreclosure process which was substantially reformed in 1999, coupled with land bank legislation enacted in 2003, provide counties with the ability to balance efficient and uniform tax collection with the ability to carefully manage and dispose of tax-foreclosed properties subject to foreclosure.

Rather than place the interests of tax collection and property disposition in competition with one another, the Michigan model allows communities to rely upon annual full funding of tax receivables, yet manage tax foreclosure in such a manner that the property subject to foreclosure is not rushed to public auction, but can be managed and redeveloped based upon priorities of the local community and governed by policy which seeks to place property at its highest use in the long term.

By financing and “pre-funding” delinquent taxes through the issuance of Delinquent Tax Anticipation Notes (DTANS), county treasurers in Michigan fully fund all local government by borrowing the amount of uncollected taxes, distributing the proceeds to fund government operations, and collecting the delinquent taxes in an orderly, uniform, and efficient manner. This method allows a more careful process – typically through a public “land bank” authority – to find new permanent owners for properties subject to judicial foreclosure.

The uniform process of bulk judicial foreclosure on all properties two years delinquent provides for the protection of individual property rights through a thorough process requiring a constitutionally defensible series of notices to all parties with interest in the subject properties. This procedure delivers clear and marketable title to the ultimate new owner. Under this method, the trial court enters a final judgment of foreclosure on all property and sets the redemption date at which time all prior rights and liens are extinguished. The entire process encompasses 25 months from the time property becomes delinquent to transfer of title to the county. In certain instances, abandoned property is foreclosed in just 13 months. Further, the Act allows hardship postponements to be granted to individuals facing a substantial financial hardship – typically homeowners. In Genesee County, for example, over 3,000 properties have been saved from foreclosure in this manner. Over 9,000 properties have been foreclosed during that same period (2002-2009). All costs of title research, noticing, legal fees, and steps required to execute a foreclosure action are assessed on all delinquent parcels at the time such costs are incurred.

The delinquent fees assessed (effectively 16% in the first year of delinquency, 18% in the second year) offset the modest borrowing costs for the DTANs as well as the uncollected taxes on property which is never redeemed or sold. This source actually generates additional surplus, which in Genesee County has provided the core funding of the nation's most aggressive and well funded land bank – The Genesee County Land Bank. Surplus revenue transferred to the land bank has ranged from \$1.3 million to \$2.1 million per year.

In 31 of Michigan's 83 counties (encompassing over two-thirds of the state's population), officials have formed public land bank authorities as the primary method of sale for foreclosed properties. Land Banks are authorized to sell property by negotiated sale, governed by policy intended to produce the best re-use of land based upon locally-determined policies and priorities – a far more effective method than a risky public auction. In this case, counties not only realize higher land sale proceeds (negotiated sales produce much more serious buyers), but also can prescribe reutilization of property in a manner consistent with local needs and values.

Observations

The preliminary assessment is that the City of Knoxville and Knox County are ahead of many other similar locations in the capacity to implement strategies to address vacant and abandoned property issues. The Metropolitan Planning Commission has created a parcel-based Geographic Information System (GIS) that allows the local government and community to understand the characteristics of its property inventory throughout the County. This information is critical in targeting programming and investment where it will have the largest impact.

Despite some apparent market weakness and resultant blight in areas of Knox County as a result of the Country's current economic situation, the majority of the area still experiences market stability. The community possesses many private and public institutional assets, including both significant new private investment as well as a very strong university investment. The presence of a relatively diverse real estate market with strong anchor institutions and neighborhoods is a positive indicator that the Michigan tax collection and land bank model tools could be successful in Knoxville.

As compared to many communities the Genesee Institute has studied, we observed significant planning capacity at the city and county government level. This commitment to planning has resulted in the development of a number of neighborhood and commercial district plans, comprehensive downtown and south waterfront plans, and other initiatives. Such planning support will be a key ingredient of the success of a land bank program.

The high capacity of Knoxville's Community Development Corporation (KCDC) is evident by its past development activity and public housing track record. KCDC's knowledgeable staff fully utilizes the development tools and authority given to it by Tennessee law. Its ability to purchase, manage, develop, and dispose of property, as well as administer acquisition by eminent domain, creates flexibility that is useful to the redevelopment of areas facing market challenges. KCDC's use of tax-increment financing is creative and effective in the redevelopment of commercial districts and adjacent neighborhoods. KCDC is highly functional, and is proactive and assertive in utilizing its current development tools.

The code enforcement systems in the City and County are more streamlined than most communities. Though these systems are primarily complaint-driven, City Neighborhood Codes Enforcement recently piloted a walking "Codes Sweep" in order to be more pro-active and to explore ways to improve the efficiency and effectiveness of the systems. Unpaid charges for City-performed work such as dirty lot clean-up, board-up, and demolition become liens on the property. Liens are filed with the Register of Deeds against properties for dirty lot clean up, solid waste clean-up and for all demolitions performed by City construction and remediation resources. After the lien is filed, it is noted on the tax roll and collected in the same manner as City taxes. Lien forgiveness must be approved by the Director of the Public Service Department, the Director of the Law Department, the Finance Director, and the Better Building Board based on criteria set forth in the City Code of Ordinances.

While participants of the meetings identified a number of challenges related to housing and neighborhood conditions, attendees agreed that the growing number of mortgage and tax-foreclosed properties is an immediate priority that must be addressed, as the problem is not likely to diminish in the foreseeable future and could be exacerbated without immediate intervention. Some of the other challenges mentioned by participants in the focus groups include:

contagious blight; the presence of a growing number of underutilized properties, especially in neighborhoods adjacent to the downtown area; “tired” commercial areas on the east side of Knoxville; and the high costs and time associated with clearing title.

The tax collection rates for the City and County are relatively high. Approximately 95% of property owners pay their taxes on time and about 99% owe three years or less. So, on average, approximately 1% of the tax roll is more than three years delinquent. These high rates of collection are a very positive indicator for the local governments as they each rely heavily on property taxes for their respective general fund budgets.

One of the major areas of concern was the quality of title transferred to the end owner as a result of the foreclosure process. The *clerk and masters title* is not easily insurable, which decreases the value of the property and is a significant roadblock to any future investment in the property. This deficiency leads to a large number of properties that go through the tax foreclosure process remaining blighted and underutilized in the community – having a contagious effect throughout the neighborhoods where the properties are located. On average, only 40% of the properties taken to tax sale auction are actually sold. It is unclear if any of these properties are the subject of any significant investment after sale. While the majority of neighborhoods in the City and County are stable with only spot blight, it is our experience that without the ability to redevelop current blighted properties the problem will only exacerbate and become increasingly difficult and expensive to approach over time.

Another area of opportunity lies in the reform of the tax foreclosure system. While the overall system from a statutory standpoint appears to be somewhat efficient, some opportunity may lie in re-engineering the current practical application of the system. By statute, a property can be tax-foreclosed after the third full-year of nonpayment of property taxes. However, according to the data provided to the Genesee Institute, there are properties with up to ten years of tax delinquency that have yet to be taken to foreclosure. This may be caused by budgetary, technical, and procedural limitations in the tax offices and court, and by the lack of effective and strategic property disposition tools.

Overall, the Genesee Institute observed strong general support for the development of a land banking program, as well as changes to the tax collection and foreclosure systems. As is the case in many communities, however, attention is needed to issues of governance and transparency. This principle seems highly achievable, as City and County already seem to be very transparent and inclusive with other government supported programs. Inclusion of local stakeholders will be critical to ensure community acceptance of such a significant new public entity in the community, especially when such an entity will be engaged in real estate transactions. In particular, special attention should be given to the role of local governments and community-based organizations,

because the creation of a land banking program must not be perceived as diminishing their role, but rather enhancing it by providing them with development and land assembly tools previously unavailable to them.

Recommendations

1. Continue discussions between the City, County, and Chancery Court to address budgetary, technical, and procedural limitations in order to streamline the tax foreclosure process and increase the volume of foreclosures completed each year. Ideally, the system should have the operational capacity sufficient to execute foreclosure action on all suitable properties identified by the City and County each year

NEXT STEPS: Create a “process map” of the current process to identify the specific steps that are the source of the limitations, and develop alternatives to the current process.

2. Explore securing a contract with a title company to conduct title searches and to review and comment on all service of process and litigation. This will likely improve the quality of the title and may lead to an insurable title, making the property more marketable.

NEXT STEPS: Work with Purchasing to draft an appropriate proposal to secure title services.

3. Begin to explore legislative changes to the tax foreclosure process that will allow for a system wherein clear insurable title is the product of the property tax foreclosure judgment. Such a change would provide greater likelihood that these properties are returned to productive use as real estate within the community. The ability to convey marketable title will also increase the value of the property, as more properties will sell at auction or through a land bank program, and such sales will generate higher sale values.

NEXT STEPS: Draft proposed legislation reforming the Tennessee tax foreclosure process to provide marketable title as a result of the judgment of foreclosure.

4. Consider KCDC as the organization most suited to implement a land-banking program. Initiate legislation that would increase the powers of housing and redevelopment authorities in the State of Tennessee to allow them authority to expedite quiet title actions as a way to clear the title issues related to the City’s and County’s current property inventory. In addition, financial models should be explored as a way to increase funding for land banking activities.

- NEXT STEPS: 1) Engage the appropriate City, County, and KCDC officials to define KCDC as the de facto Land Bank Authority for Knoxville and Knox County. 2) Draft legislative amendments to Tennessee law governing housing and redevelopment authorities (such as KCDC) to allow them to accept the transfer of tax delinquent property and execute expedited quiet title actions. 3) Determine what City and County ordinance changes are required to establish KCDC as the local land bank. 4) Explore additional funding sources and new financial models for land banking activities including both the acquisition and disposition of vacant and blighted properties.
5. Once state and local legislative authority is in place to create a land-banking program and KCDC is staffed and funded as the land bank, the City and County should transfer their current property inventory to the Land Bank for management and disposition. Policies and procedures should be created and consistently applied to guide the acquisition and disposition of land-banked properties.

- NEXT STEPS: 1) Prepare and execute a master deed transferring local government-owned property to KCDC. 2) Conduct a process with KCDC and key City and County staff to develop proposed acquisition, management, disposition, and pricing policies, as well as procedures for executing transactions. 3) Form and appoint an advisory board specifically to provide input and direction to KCDC regarding the land bank program.
6. Explore creating a property and lawn maintenance system that is responsible for both land bank-owned properties, and the overgrown and dirty lots that are subject to codes enforcement issues in an effort to provide better service and be more efficient with public resources. Consider creating a beautification fund for use in greening and improving lots with little or delayed market viability for redevelopment (i.e., tree plantings, artistic board-ups, etc.).

NEXT STEPS: Engage city, county, and KCDC staff to determine the feasibility of one comprehensive maintenance system or most efficient alternative for maintaining properties owned by the land bank and properties subject to codes enforcement actions. Determine potential costs to beautification of properties and identify potential funding sources.

The Genesee Institute is available to assemble a team of experts to provide assistance in completing any or all of these tasks.

APPENDIX B

CONSOLIDATED PLAN PUBLIC MEETING
December 14, 2009

SIGN-IN SHEET

NAME	AGENCY	ADDRESS	E-MAIL
Quentin Jones	87.9684 Baptist Church	7250 Martin Luther King 616 5555555 57	SJ ETC @ yma.knoxville.org
Stephanie Jones	YMCA of East TN	11033 Wauhatchie Ln 616 5555555 57	jsjett @ yma.knoxville.org
Deborah L. Porter	Knot County Govt	2340 Magnolia	us wd comment Knoxville
Wendell D. McKinnon	Community of Immanuel Church	2340 Magnolia Clifton TN 37116	quartelbauer @ yahoo.com
Tony Shupe	Knox County Park + Rec	2447 Sutherland Ave Knoxville 37216	tenny.shupe @ knoxcountyt.org
Lightsey Staley	SEED	3029 Davenport Rd 1815 Elm (Knoxville TN)	mustaru @ Comcast.net
USA WILKINSON	YMCA Knoxville	CLUCH AVE 1201 MAGNOLIA AVE	bigginh@knoxville.gov
JANICE EUBANKS	DIXIE LOUNGE	1201 MAGNOLIA AVE 3403 JACOBSON PK KNOXVILLE 37915	BLIMING @ yahoo.com
KATHY D. ELLIS	CCRC	400 COLEMAN ST 500 GAR 57 (57010)	LD ELLIS @ yma.knoxville.org
PERCY CHILDRESS	ETC DC	500 GAR 57 (57010) 125 El Clumb?	PERCY @ ETC DC ORG
Bob Beckler	CCY	125 El Clumb?	bob @ bobbeckler.org
Bobbie Ramsey	CCRC	2347 W. Main	bdizj @ knox.org
Kate Moore	Knoxville Leadership Hall	901 S Summit Hill Ave	knob @ yma.org
Hann Rassel	St John Baptist Church	255 Market Hill Ave	Amo23 @ yahoo.com
State Patron	Neighborhood Housing	901 E Summit Hill Ave 308 37901	5 Starbuck @ yma.org
James N Campbell	Volunteers of America	2821 E. Magnolia Ave 37914	Rhobbar @ yma.org
Stephanie Wilson	Knox Co Health Dept	1410 Danmore Ave 37917	Stephanie.Wilson @ knoxcountyt.org
Jedra House	Legal Aid	525 WEST ST. SUITE 404 37800	dmr @ yma.org
John Thayer	CCY	2511 W. Astor Ave 37917	John Thayer @ knox.org
Cecelia Waters	Knox/Immanuel Church	P.O. Box 51650, Knoxville, TN	Cecelia.Waters @ knox.org
KIM TRENT	KNOX HERITAGE	2805 Woodbine Ave	S. John 504692 @ gmail.com
STAN JOHNSON	SEED		

Name Agency Telephone Email

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2	Wadding	CAC Housing	865-244-3080	So.Wadding@cachousing.org
3	AY Sudder	CAC HOUSING	865-244-308	AY.Sudder@CACHOUSING.ORG
4	Water Taylor	World Changers	865-250-3086	wtaylor@TNBaptist.org
5	Ward, Harper	VMC		
6	David Massey	OFFICE OF NEIGHBORHOODS	215-3232	
7	Anne Umbach	Family Promise of Knoxville	584-2822	anumbach@familypromiseofknoxville.org
8	Jacqui Mays	Knox Housing Partnership	637-1679	jmays@khp.org
9	Darryl M. Hoke	Knoxville Habitat for Humanity	523-3539	dmhoke@kfh.com
10	Deb Porter	Knox County		
11	Kevin Wiggins	COK		
12	Rogers, Douglas	COK		
13	Mike D. Horton	Knox County		
14	Rosevelt Bester	CAC	546-3500	
15	Bona Morgan	HMC	544-3841	Jana.Morgan@mcad.org

org

11/19/2009 Focus Group - Housing and ED

Name	Agency	Telephone	Email
16 Scott Hunsinger	KHP	258-9548	shunsing@khp.org
17 Katie More	KLF	524-2774	kmore@kfl.org
18 Steve Pagan	NH1	524 2774	spagan@nh1.org
19 Aaron Kyle	KAVL	524-5511	akyle@kavll.org
20 Amber Cibeck	KUCB	533-2124	acibeck@kucb.org
21 Cecelia Waters	Knoxville-Knox County CTE	637-6700	cecilia.waters@knoxcc.org
22 Jennifer Sawyer	Comcast (Knoxville)	855-871-8005	jensawyer@comcast.net
23 Carol Williams	CAE	546-3502	
24 Alvin Nance	KCDL	403-1100	alvin_nance@kcdl.org
25 Jamie Brennan	Uilda Family TN		

Name Agency Telephone Email

1	Stephanie Goodman	Child: family in Transitional Living	865-521-5652	sgoodman@h.h-family.org
2	Fred Small	Dept of Labor	865-575-4680	fred.small@tl.gov
3	TRAY HIRSH	KNOX AREA RESCUE MINISTRIES	551-0883	thirsh@karm.org
4	Alicia Smith	Public Defender's Community Law Office	594-6120	asmith@pdkn.org
5	Roosevelt Cretnel	Knox CAC REACH	546-3500	Roosevelt.Cretnel@knoxcac.org
6	Barbara Denny	Knox CAC - Proj. Succeed	546-3500	barbara.denny@knoxcac.org
7	Antonia Russell	KARM	613-6540	antonia@karm.org
8	Kathe Moore	Southeastern 2 nd Neighborhood Housing	544-2714	kmoores@k1f.org
9	Matt Silva	Knox Co. Public Defender	594-4282	msilva@pdkn.org
10	Mark Buchanan	Knox Hills	974-9142	mbuchan@knoxhills.org
11	Annaliese Beyer	YUDCA	237-6124	annaliese@yudca.org
12	Steve Jenkins	Partially Living	556-5217	stjenkins@coalition.org
13	Nicole Quinn	Samantha Place	684-1889	Nicole@acc.org
14	Jewell Minnich	HTMCL	544-3841 x4104	Jewell.Minnich@omcabb.org
15	Bob Becker	CAH		bob@b-becker.org

11/19/2009 Focus Group - Homeless

Name	Agency	Telephone	Email
16 Chathymiles	regu rd of east Tennessee	615-403-5550	cmiles@leathory
17 Jessica Brannigan	Compassion Coalition	865 251 1591 x8	Jessica@compassioncoalition.org
18 Mike Demteral	Ten Yearz Plan	215-3103	mlunthorn@cityofknoxville.org
19 Mark Kigson	City	215 2235	Mr.Kigson@cityofknoxville.org
20 Joyce Shouday	Family Promise Knoxville	584-2822	Jshouday@familypromiseknoxville.org
21 Michael Pillero	Clonerhof	525-2104	michael.pillero@cherokeehealth.com
22 Cecelia Waters	Knoxville-Knox County CARE	637-6700	ceceliawaters@knoxcare.org
23 Wardi Harper	VMC	524.3920	kharp@vmc.org
24 Lisa Hildon/STHM	WUCAT	523-6120	lhildon@wucacox.com
25 Roseanne Kelly	CAC	546-3500	Rbarbara-kelly@knoxcare.org
26 Jamie Brannan	Child & Family TN	524-7483	Jbrannan@child-family.org
27 Emkang	CAC	546-3500	erin.lane@knoxcare.org
28 Carl Williams	CAC	546-3500	

Name	Agency	Telephone	Email
1 Beth Doak	DISABILITY RESOURCE CENTER	637-3666	legard@ctn.org
2 Nancy Thomas	Knoxville - Knox Co Head Start	522-2193	rkchs@comcast.net
3 Joyce Farmer	"	"	"
4 Tracy Hanks	Knox Area Rescue Ministries	633-7695	thanks@karm.org
5 Jamie Brunner	Child & Family TN		
6 Nicole Cray	DISABILITY RESOURCE CENTER	637-3666	" same "
7 Bill Ragay	World Changers	423-842-8977	modemk@hotmail.com
8 Madena Ragay	World Changers	423-842-8974	wkragay@namb.net
9 John Hanks	Knox Child Care	865 5763500	john.hanks@knoxcc.org
10 Angela Smith	KNOXWORKERS CONNECTIONS	865-574-5220	vaughn.omin@knoxcc.org
11 Windie Wilson	GAC Workforce Connections	865 544-5200	windie.wilson@knoxcc.org
12 Katie Moore	WLF	524-2774	kmoores@wlf.org
13 Bill Myers	Knoxville Urban League	524-5511	bmyers@knoxul.org
14 Rogers Daughy	City of Knoxville CO	215213	rdoughy@cityofknoxville.org
15 Kathy D Ellis	City of Knoxville Conn Dept	215-226	kofllise.cityofknoxville.org

Name Agency Telephone Email

1	Nicole Gray	disABILITY Resource Center 637-3166	Wcraig@drchng
2	Lillian Bureau	disABILITY Resource Center 637-3166	LBureau@drchng
3	Katie Moore	Knoxville Leadership Foundation	Kmoore@kff.org
4	Jewel Minnich	HRC	Jminnich@mcrcsh.org
5	Nina Bowling	Inter Faith Health Clinic	nina@interfaithclinic.org nina@interfaithclinic.org
6	Sare Peoples	Safe Haven Center	peoples@safehavencenter.org
7	USA HIGGINSBOTHAM	YWCA Knoxville	
8	Jim Johnson	AMERICAN RED CROSS	Jim@KNOXARC.ORG
9	Albert V. Nelson	Knox County ARC	Roberts, NELS or E. Nelson@KRC.ORG
10	Jennifer Wade	Alzheimer's Association	janice.wade@alz.org
11	Theresa Blair	Knox Co. Health Dept.	thair@knoxcounty.org
12	Burwood James	Knox Co. ARC	
13	Erin King	ARC	
14	Michael Piere	Chamber of Commerce	
15	Karen Harper	VMC	

CONSOLIDATED PLAN 2010-2015
 FOCUS GROUP MEETING
 JANUARY 15, 2010

NAME	AGENCY	ADDRESS	E-MAIL
1 Kim Henry	Dev. Corp.	17 MARKET SQ, #201	khenry@knoxdevelopment.org
2 Janet Drumheller	Knox Co. Public Library	500 W. Church	jdumheller@knoxlib.org
3 BILLIE SPICER	KCDG	901 BROADWAY 37917	bspicuz3@kcdc.org
4 Tim Ezzeil	UT	Suite 311, UT Conf. Center	tezzeil@utr.edu
5 BEULAH WOODRIF-BRILL	KAT	900 Volunteer Landing Lane 37915	brill@katbus.com
6 Mark Donaldson	MARC	Suite 403 City Park Bldg	mark.donaldson@knoxmfg.org
7 Jeanette Kelleher	East Tennessee Foundation	625 Market St, Suite 460, 37902	jkelleher@etf.org
8 Pam Trainor	Knox County County PTA	3017 Hackman St 37920	ptrainor@aol.com
9 Jeff Welch	Knox TPO/MPC	Suite 403 City County Bldg	jeff.welch@knoxtpo.org
10 Joshua Outsy	STEEB	1209 Oakdale Trail	mroutsey@yahoo.com
11 Alvin Nance	KCC	901 N. Broadway 37917	alanance@kcc.org

GOVERNMENTAL Focus Group

5-YR CON PLAN

Dec. 1, 2009

NAME	DEPT.
1 David Massey	Community Development
2 Shawanna Fiston	Operations? \$50,311
3 Calvin Whitaker	Comm. Dev.
4 Stephanie Cook	" "
5 RR Ron Hiltz	com D&V
6 Robert Meyers	codes/service dept
7 Chad Weth	Public Service
8 Tim Dimick	COR - CD
9 Bob Faulkner	W&S - SCAD
10 Brian Starnano	W&S
11 Janet Eberman	KRPD - GRANTS
12 M. Pagan Jones	KRPD - GRANTS
13 Deputy Cheryl Lindsey Bass	KPD
14 Kathy Filled	City ComDev
15 Terry Stupp	Knox Co Public + Rec
16 David McGrew	City Engineering
17 Roy Braden	Knox Co.
18 Sean Payne	" "
19 Rogers Daught	City C. D.
20 Anne Wallace	Policy & Comm.
21 [Signature]	Title VI/8BOT
22 [Signature]	Environ & Comm

	<u>Name</u>	<u>Department</u>
23	Richard	Town Hall Office
24	Jeremiah	Police
25	Doug Bataille	High County Parks & Rec
26	Norman Lewis	Franklin Co. Health Dept
27	David Bruce	Public Service Dept
28	Stan Sharp	Fire Dept.
29	ROGER BYRNE	FIRE DEPT
30	BRENT Seymour	FIRE
31	Joe Huftgruit	Knoxville City Council
32	FRANK STRICKLAND	COMMUNITY REL. DIRECTOR

Homelessness Survey Results
Nov 19, 2009 Service Providers Focus Groups

We received 10 responses total.

What services does your organization offer? To whom are they offered?

Public Defender's Community Law Office- criminal legal defense for indigent population charged w/ crimes in Knox County. The office also offers social services for purposes of legal defense (release planning, coordination of services, etc.)
The Next Door(Cathie Ragsdale)- transitional housing for women involved w/ the criminal justice system
The Next Door(Sue Schuerenberg)- Transitional housing, counseling, case management, workforce development, spiritual growth, women exiting incarceration/jail, addiction, co-occurring disorders (no information given)- transitional housing for women 18 and older; 24 month program
Volunteer Ministry Center(Gabrielle Cline)- case management; transitional day shelter; permanent supportive housing; offered to the homeless- emphasis on chronically homeless
Family Promise of Knoxville- non-emergency shelter for homeless families; case management during and after; longer term shelter- 2-3 months
Child and Family Tennessee- case management, emergency shelter, counseling, housing, educational resources, employment skills, life skills
Volunteer Ministry Center(Bruce Spangler)- transitional supportive services for those experiencing homelessness, homeless preventive services for marginally housed
KARM- shelter, food, recovery programs, day resource center
Knoxville/Knox County CAC (Barbara Disney)- case management- long term housing for homeless; training/education/employment stabilization; supportive services to promote self-sufficiency in housing, education, and employment

How long has your organization been offering these services?

Public Defender's Community Law Office- 10yrs (approx)
The Next Door(Cathie Ragsdale)-in the process of setting up in Knoxville- 5 years in Nashville
The Next Door(Cathie Ragsdale)- new non-profit in Knoxville- still searching for housing (no information given)- over 75 years
Volunteer Ministry Center(Gabrielle Cline)- (no answer given)
Family Promise of Knoxville- 4 ½ yrs
Child and Family Tennessee- 30+ years
Volunteer Ministry Center(Bruce Spangler)- 25+ years
KARM- 49 years
Knoxville/Knox County CAC (Barbara Disney)- (no answer)

Among the group or groups that your organization seeks to serve, whose needs are not being met?

Why?

Public Defender's Community Law Office- chronically mentally ill/homeless; sex offenders
The Next Door(Cathie Ragsdale)-N/A
The Next Door(Sue Schuerenberg)- women are not being served because we have not located transitional housing to lease
(no information given)-mental health needs- not enough housing- women who are felons- employment- education
Volunteer Ministry Center(Gabrielle Cline)- most severely mentally ill – appropriate housing not available; those w/ extremely complicated criminal histories- no appropriate resources
Family Promise of Knoxville- very little funds for services to families; single parent w/ teen child of opposite sex
Child and Family Tennessee- homeless youth and families. Lack of funding. Lack of housing resources.
Volunteer Ministry Center(Bruce Spangler)-chronic/severe mentally ill individuals experiencing homelessness; sexual offenders
KARM- sex offenders
Knoxville/Knox County CAC (Barbara Disney)- \$ for families

How many people/families doe your organization serve, on average, each month? How many people are currently on a waiting list, if there is one, for your organization's services? Please indicate

Homelessness Survey Results Nov 19, 2009 Service Providers Focus Groups

whether your organization typically sees seasonal highs and lows in those seeking services, or generally has a steady demand.
Public Defender's Community Law Office- the Social Service Department of the CLO sees a steady stream of individuals (largely referred by our attorneys)- on average, 10 individuals per week are referred.
The Next Door(Cathie Ragsdale)- N/A
The Next Door(Sue Schuereberg)- unknown (no information given)-64
Volunteer Ministry Center(Gabrielle Cline)- 200 or so- we don't have a waiting list; our demand is fairly steady, although there is more urgency in summer and winter
Family Promise of Knoxville- we can only serve a max of 4 families or 14 people. Our current group will be w/ us for another 6-8 weeks and our wait list has 15 families on it. We normally stay full continually
Child and Family Tennessee- 40+ homeless youth ages 16-21 are served monthly
Volunteer Ministry Center(Bruce Spangler)- 150/monthly- marginally housed; 350/monthly- people experiencing homelessness
KARM-13,640 total shelter stays; 37,200 meals; 6,200 monthly resource center service/visits
Knoxville/Knox County CAC (Barbara Disney)- (no answer)

Have you noticed a marked change in the nature of those seeking the services of your organization over the past five years (more families or individuals, different geographic location, etc.)?
Public Defender's Community Law Office- Increased numbers of young/transient individuals in need of mental health services.
The Next Door(Cathie Ragsdale)- N/A
The Next Door(Sue Schuereberg)- N/A
(no information given)- more women entering the program with a criminal history- 'A and D. issues- mental health issues
Volunteer Ministry Center(Gabrielle Cline)- people are more ill (mentally and physically)
Family Promise of Knoxville- people who come to Knoxville from all over the country because they have heard- we are a Mecca for housing, jobs, services, etc.
Child and Family Tennessee- increase in homeless youth unable to obtain employment
Volunteer Ministry Center(Bruce Spangler)-more mentally ill; more "violent"
KARM- more young adults (18-25); increase in families; increase in jail/prison releases; increase in mental health diagnosed clients
Knoxville/Knox County CAC (Barbara Disney)- more families are becoming homeless due to the economy; homeless prevention \$ would help prevent having to relocate families

What would you consider to be the three most urgent issues affecting the people your organization serves?

Public Defender's Community Law Office- substance abuse, homelessness, and mental illness
The Next Door(Cathie Ragsdale)- employment, medical, and mental health services
The Next Door(Sue Schuereberg)-employment, medical, mental health
(no information given)- unemployment, lack of healthcare (all), affordable housing
Volunteer Ministry Center(Gabrielle Cline)- lack of available subsidized housing; lack of quick access to mental health services; need for long term supportive services
Family Promise of Knoxville- housing priority for families, jobs, transportation
Child and Family Tennessee- lack of housing, employment, transport
Volunteer Ministry Center(Bruce Spangler)- availability of permanent supportive housing; access to appropriate permanent supportive housing; support \$ for coordinated case management services
KARM- services offered to those with felonies; transportation; jobs
Knoxville/Knox County CAC (Barbara Disney)- economy; lack of affordable housing; mental illness

What are the three greatest challenges your organization is currently facing?

Public Defender's Community Law Office- criminalization of homelessness/mental illness, funding for increased staff/services; availability of community resources (substance abuse services, housing, etc.)
The Next Door(Cathie Ragsdale)- finding a facility
The Next Door(Sue Schuereberg)- housing
(no information given)- funding, lack of community resources, staff

Homelessness Survey Results
Nov 19, 2009 Service Providers Focus Groups

Volunteer Ministry Center(Gabrielle Cline)- community perception of our folks- people don't want PSH in their neighborhood; funding for needs- deposits, back bills, etc.; funding for staff salaries
Family Promise of Knoxville- funding, trying to continue to offer our case management services due to increase in the # of families needing to come into our program
Child and Family Tennessee- funding for housing of youth 16-21 years, funding for basic needs

Volunteer Ministry Center(Bruce Spangler)- community/ political resistance to permanent supportive housing, continuous funding \$ for case management, development of permanent supportive housing
KARM- space, staffing, resources
Knoxville/Knox County CAC (Barbara Disney)- too many people per case manager, more case management \$ for family stabilization

Homelessness Survey Results
 Nov 19, 2009 Service Providers Focus Groups

Rental Housing Needs	Low			Med			High			Neighborhood Stabilization		
	Low	Med	High	Low	Med	High	Low	Med	High	Low	Med	High
Acquisition	1	3	2				3	1	3			
Emergency Home Repairs	2	3	1				4	1	1			
Moderate Rehabilitation	2	4	0				5	1	1			
Substantial Rehabilitation	3	1	2				6	1	0			
New Construction	2	0	4				4	1	2			
Tenant-based Rental Assistance	0	0	6				6	0	0			
Project-based Rental Assistance	0	2	4				5	1	1			
Preservation of Existing Stock	0	2	3				5	1	0			
Energy Efficiency Improvements	0	3	2									
Housing for Migrant Workers	3	2	1				3	1	1			
Lead Based Paint Screening/Abatement	3	1	1				0	0	6			
Rental Housing for the Elderly	1	1	4				2	4	1			
Rental Housing for Single Persons	0	3	4				3	1	2			
Rental Housing for Small Families(2-4 people)	0	0	6				4	1	1			
Rental Housing for Large Families(5+ people)	1	0	6				4	1	1			
Homeownership Needs												
Down Payment/Closing Cost Assistance	2	3	1				4	1	1			
Moderate Rehabilitation	3	3	0									
Emergency Home Repairs	3	2	1									
Substantial Rehabilitation	3	0	2									
New Construction	4	0	1									
Energy Efficiency Improvements	3	2	2									
Modifications for the Disabled	3	1	2									
Lead Based Paint Screening/Abatement	3	2	1									

Housing and Economic Development Survey Results Nov. 19, 2009 Service Providers Focus Groups

10 groups responded

What services does your organization offer? To whom are they offered?

Ten Year Plan Office: Coordination of the implementation of the Ten Year Plan
Connect Ministries: Reentering felony

Knox Housing Partnership: housing counseling- both pre and post purchase, financial literacy education, new home construction, rentals – most customers are below 80% AMI

KHP: Housing, home ownership training, foreclosure consultation

City of Knoxville Community Development(Kathy Ellis): Economic Development Housing Rehabilitation; Fair Housing; Disability Coordinator

Knoxville Habitat for Humanity: affordable housing, inter-city development

World Changers: Free labor for housing rehab. We sponsor one week project for up to 350 students and their adult sponsors and construction volunteers to provide owner occupied home rehab.

Knoxville Area Urban League- workforce, small business, youth and education and housing; housing: default mortgage and foreclosure prevention, rental counseling, homebuyers education, budget and credit classes and mortgage assistance; offer services to city and county

Volunteer Ministry Center: permanent and supportive housing to the homeless; rent, utility assistance to marginally housed; dental services to the poor and homeless

CAC- community needs

How long has your organization been offering these services?

Ten Year Plan Office: 3 years

Connect Ministries: 1 ½ years

Knox Housing Partnership: since 1990

KHP: (no answer)

City of Knoxville Community Development(Kathy Ellis):: Many years. Unsure of inception date.

Knoxville Habitat for Humanity: 20 yrs

World Changers: 20 years

Knoxville Area Urban League- 37 years

Volunteer Ministry Center: permanent supportive housing- 2 yrs; day shelter- 20yrs; dental and health services- several years

CAC- 20+ years

Among the group or groups that your organization seeks to serve, whose needs are not being met? Why?

Ten Year Plan Office: those who are still on the streets

Connect Ministries: (no answer)

Knox Housing Partnership: it has become extremely difficult for very-low income people to obtain mortgage financing due to the meltdown in the mortgage market

KHP: (no answer)

City of Knoxville Community Development(Kathy Ellis):: Mentally challenged; resources and training
Knoxville Habitat for Humanity: People who want to locate outside depressed school zones.

World Changers: Elderly, handicapped, single parent families. These groups usually don't have the economic resources or physical capabilities to maintain their homes adequately.

Knoxville Area Urban League- seniors- training is needed for reverse mortgages or HECM's to receive certification. Land lord/tenants issues

Volunteer Ministry Center: the homeless seeking permanent supportive housing- lack of available housing

CAC- homeless because the public apathy

How many people/families does your organization serve, on average, each month? How many people are currently on a waiting list, if there is one, for your organization's services? Please indicate whether your organization typically sees seasonal highs and lows in those seeking services, or generally has a steady demand.

Ten Year Plan Office: The TYP operate in support of other organizations, agencies, ministries

Housing and Economic Development Survey Results Nov. 19, 2009 Service Providers Focus Groups

Connect Ministries: (no answer)

Knox Housing Partnership: we have a steady demand; we provide homebuyer ed to approximately 15-20 households a moth and approximately 5-8 households attend financial literacy education. We provide foreclosure counseling to up to 20 household a month. We provide referral services to several people each month

KHP: (no answer)

City of Knoxville Community Development(Kathy Ellis): Numerous people/family served

Knoxville Habitat for Humanity: We have 370+ mortgages w/ 3-4 people per house; ~50 people in program; steady demand

World Changers: We only provide our services for one week each year, usually in June or July. We would typically work on 25-30 homes. Nationwide we work on about 1800 homes each summer. The summer of 2009 saw our 20,000th house and over 250,000 volunteers.

Knoxville Area Urban League- monthly 100 in housing. No waiting list. KAUL has a steady demand for services

Volunteer Ministry Center: (no answer)

CAC-(no answer)

Have you noticed a marked change in the nature of those seeking the services of your organization over the past five years (more families or individuals, different geographic location, etc.)?

Ten Year Plan Office: (no answer)

Connect Ministries: (no answer)

Knox Housing Partnership: we have seen a marked increase in foreclosure counseling from all income backgrounds

KHP: (no answer)

City of Knoxville Community Development(Kathy Ellis): Individuals seeking funding for rehabilitation of blighted properties. Private sector lending constraints have increased dramatically due to mortgage crisis.

Knoxville Habitat for Humanity: less people- more difficult to get clients

World Changers: Mostly an increase in the number of residents with needs due to economic conditions.

The nature of the individual residents has changed very little (Jesus said, "the poor you will have with you always.")

Knoxville Area Urban League- Due to the economy and foreclosures, KAUL has had an increase in the number of people that call or come to the league for services. KAUL has received request from outside of the county

Volunteer Ministry Center: with the change in VMC's programming- the number of homeless seeking permanent supportive housing has increased; more families come to the Refuge for rent a utility assistance
CAC-more families

What would you consider to be the three most urgent issues affecting the people your organization serves?

Ten Year Plan Office: the need for supportive services, the need for additional affordable appropriate housing, the need for rent subsidy (particularly project based vendors)

Connect Ministries: (no answer)

Knox Housing Partnership: people losing their homes either owned or rental; financial difficulties due to job loss or health issues; inability for people to obtain mortgage financing

KHP: affordable housing; energy efficiency

City of Knoxville Community Development(Kathy Ellis): Transportation, Jobs/Training, Childcare

Knoxville Habitat for Humanity: credit history, location desired for housing, transportation

World Changers: 1. Insufficient funds to maintain their homes which results in 2. Decaying neighborhoods which results in 3. A feeling of hopelessness and despair.

Knoxville Area Urban League- transportation, affordable housing and rentals and employment

Volunteer Ministry Center: more permanent supportive housing facilities throughout Knox County; transitional housing (between emergency services and permanent supportive housing) clients in VMC's programs sleep at KARM. They would be better served in a transitional facility until their apt. becomes available; more \$ for rent and mortgage assistance

CAC- (no answer)

Housing and Economic Development Survey Results
Nov. 19, 2009 Service Providers Focus Groups

What are the three greatest challenges your organization is currently facing?

Ten Year Plan Office: community acceptance of new locations for permanent supportive housing, resources for case management services, resources for mental health services

Connect Ministries: (no answer)

Knox Housing Partnership: need for ongoing operating funds that aren't tied to specific programs; need for additional support staff to assist program staff

KHP: eligible properties; HUD timelines

City of Knoxville Community Development(Kathy Ellis):: Funding, Expertise to share with applicants for various programs, legal barriers

Knoxville Habitat for Humanity: property acquisition and permitting, funding- we are non-profit – economy has affected donations, finding families

World Changers: 1. We partner with agencies to supply the building materials. Resources for these material are our biggest challenge. 2. Finding lodging, usually in a local high school, for our participants. In some areas, even though we have agency support, the cost of lodging and food services are prohibitive for long-term project viability.

Knoxville Area Urban League- foreclosure prevention, refinancing on loans and mortgage/rental funds to help keep families in their homes

Volunteer Ministry Center: decrease in donations (revenue) due to economic downturn; not enough staff (case mgrs have full loads- admin. Staff wear multiple hats); lack of affordable/suitable housing for the homeless and mentally ill

CAC- (no answer)

Housing and Economic Development Survey Results
 Nov. 19, 2009 Service Providers Focus Groups

Capital Improvements	Low	Med	High	Low	Med	High	
Street Improvements/Bike Lanes	2	3	1	Small Business Loans	1	4	2
Sidewalk Improvements/Greenways	1	4	1	Facade Improvements	0	3	4
Water/Sewer Line Improvements	0	3	3	Brownfields Redevelopment	0	4	2
Drainage/Storm Water	1	3	2	Tech Assistance to Small Business	1	3	2
Public Facility Needs				Commercial Development Assistance	0	4	2
Senior Centers	3	1	1	Homeless Needs			
Youth Centers	1	3	1	Emergency Shelters for Families	1	1	5
Veterans Centers	3	1	1	Emergency Shelters for Men	1	4	2
Neighborhood/Community Facilities	1	3	2	Emergency Shelters for Women	1	4	2
Child Care Centers	0	2	3	Transitional Housing for Families	0	3	4
Parks and Recreation	0	3	2	Transitional Housing for Men	0	4	2
Facilities for people with disabilities	1	2	2	Transitional Housing for Women	0	4	3
Public Service Needs				Supportive Services for Families	1	1	5
Youth Services	1	3	2	Supportive Services for Men	0	4	3
Child Care Services	1	2	3	Supportive Services for Women	0	3	4
After School Programs	1	4	2	Permanent Supportive Housing	0	2	5
Senior Services	1	3	2	Maintenance of Existing Facilities	0	1	5
Services for the Disabled	1	3	2	Job Training for the Homeless	0	2	5
Health Services	1	1	4	Case Management	0	1	6
Veterans Services	2	3	1	Substance Abuse Treatment	1	1	5
Mental Health Services	2	1	3	Mental Health Care	1	1	5
Employment Training	0	2	4	Physical Health Care	0	2	5
Crime Prevention	1	0	5	Housing Placement	1	1	5
Housing Counseling	0	1	4	Life Skills Training	0	1	5
Substance Abuse Services	1	1	4	Chronic Homelessness	*		
Services for those leaving prison	1	3	2	Housing for:			
Economic Development Needs				The Frail Elderly	1	2	5
Job Development/Creation	0	2	5	Persons w/ HIV/AIDS	2	3	2
Commercial Infrastructure	1	4	1	Persons w/ Alcohol/Drug Addictions	1	2	4
Commercial Financial Assistance	0	5	1	Persons w/ Developmental Disabilities	0	3	5
Micro-Business Support	1	3	2	Persons w/ Mental Illness	1	2	5
Green Jobs	1	2	4				

Housing and Economic Development Survey Results
 Nov. 19, 2009 Service Providers Focus Groups

Housing Needs	Low			Med			High					
	Low	Med	High	Low	Med	High	Low	Med	High			
Acquisition	0	2	4	Vacant Properties						0	2	5
Emergency Home Repairs	1	0	6	Blighted Properties						1	0	6
Moderate Rehabilitation	0	1	6	Overgrown Lots						1	2	4
Substantial Rehabilitation	0	2	5	Abandoned Vehicles						0	3	4
New Construction	2	0	5	Dilapidated Structures						0	2	5
Tenant-based Rental Assistance	0	4	2	Parking in Front Yards						1	3	3
Project-based Rental Assistance	0	2	3	Foreclosed Properties						1	2	4
Preservation of Existing Stock	0	2	5	Inappropriate Storage/Eyesores						0	2	5
Energy Efficiency Improvements	0	1	6	Environmental								
Housing for Migrant Workers	2	2	2	Ridge Top and Slope Protection						1	4	1
Lead based Paint Screening/Abatement	2	2	2	Public Transit						0	1	4
Rental Housing for the Elderly	0	3	4	Recycling						0	2	4
Rental Housing for Single Persons	0	3	4	Energy Efficient Public Buildings						0	1	5
Rental Housing for Small Families(2-4 people)	1	2	4	Community Gardens						1	5	1
Rental Housing for Large Families(5+ people)	2	3	2	Environmental Education						0	4	3
Homeownership Needs				Alternative Energy Promotion						0	3	4
Down Payment/Closing Cost Assistance	0	2	5									
Moderate Rehabilitation	0	1	7									
Emergency Home Repairs	0	1	7									
Substantial Rehabilitation	0	1	6									
New Construction	0	3	4									
Energy Efficiency Improvements	0	1	7									
Modifications for the Disabled	0	2	6									
Lead Based Paint Screening/Abatement	2	3	2									

Education and Jobs Survey Results
Nov. 19, 2009 Service Providers Focus Groups

We received 9 responses.

What services does your organization offer? To whom are they offered?

Knox Area Rescue Ministries- Emergency (food, clothing, shelter); care coordinated internally and w/other agencies (including housing); substance abuse recovery; outreach services; job training, life skills, educ. and GED; job searches and placement
CAC Workforce Connections(Vaughn Smith)- Employment and training services to adults, dislocated workers, and disadvantaged youth
disABILITY Resource Center- services- independent living training, peer support, advocacy, information and referral – offered to people who have disabilities
CAC(John Harris)- Professional development and training for 40 fulltime Americorps members
Knoxville Area Urban League- workforce development, business and entrepreneur, small business loans, housing>homebuyers education, mortgage education, foreclosure counseling, budgeting, education, technology training, reading programs, grade school-HS academic support programs; offered: everyone
HDKCRC@Pellissippi State- job training services
CAC Workforce Connections(Windie Wilson)- job prep and job connection options. Access to training, range of job search assistance; some employer services. We serve dislocated workers, low-income youth, GED students, and anyone in the community looking for employment
Head Start/Early Start- to low income children under 5 and their families; education, parent training, transportation, nutrition, disability, health, mental health, professional development
Head Start/Early Start(Joyce Farmer)- pre-school (birth to five) and family support services; low income

How long has your organization been offering these services?

Knox Area Rescue Ministries- 50 years
CAC Workforce Connections(Vaughn Smith)- 30+ years
disABILITY Resource Center- 11 years
CAC(John Harris)- 15 years
Knoxville Area Urban League- 1968
HDKCRC@Pellissippi State- 8 yrs
CAC Workforce Connections(Windie Wilson)- 30+ years in various forms
Head Start/Early Start- since 1965
Head Start/Early Start(Joyce Farmer)- since 1965

Among the group or groups that your organization seeks to serve, whose needs are not being met? Why?

Knox Area Rescue Ministries- families, ex-prisoners (jobs), severe/extreme cases, sex offenders
CAC Workforce Connections(Vaughn Smith)- groups identified above- demands exceed resources
disABILITY Resource Center- people transitioning from nursing homes to homes- not a big enough push from HCBS (home and community based service), youth being ready for employment
CAC(John Harris)- some of the low wealth community who are not involved in our [as it appears on page]
Knoxville Area Urban League-hopefully we meet them all to some degree. In employment young black males w/ criminal records are the most difficult to serve
HDKCRC@Pellissippi State- ex-offenders are a huge challenge
CAC Workforce Connections(Windie Wilson)- individuals with criminal backgrounds are difficult to place. People lacking transportation or childcare also present challenges
Head Start/Early Start- undocumented families – lack of social security # restricts access to services. Unable to obtain driver's license- reduces access to work sites
Head Start/Early Start(Joyce Farmer)- more isolated families; increasing Hispanic population; marginal on income, but still needy

How many people/families doe your organization serve, on average, each month? How many people are currently on a waiting list, if there is one, for your organization's services? Please indicate whether your organization typically sees seasonal highs and lows in those seeking services, or generally has a steady demand.

Knox Area Rescue Ministries- 6,200-visits through crossroads; 38,000- meals per month; 13,500-overnight shelter and recovery shelter

Education and Jobs Survey Results Nov. 19, 2009 Service Providers Focus Groups

CAC Workforce Connections(Vaughn Smith)- (no response)
disABILITY Resource Center- We have a steady demand; serve ~400 per year; no waiting list
CAC(John Harris)- CAC serves 40,000 people per year; my program does teaching and community service work
Knoxville Area Urban League- 300; more economic driven than seasonal
HDKCRC@Pellissippi State- we serve an average of 400 people a month
CAC Workforce Connections(Windie Wilson)- 500-600 people per week come through the career center resource room . people utilizing training programs is around 750 per year; 250-300 youth served generally annually (this year an add'l 600+ were in summer jobs)
Head Start/Early Start- head start- 860 preschool children, 32 infants/toddlers- approximately 800 families. 1 500 applications for the 860 slots. Most children served for the "school year"
Head Start/Early Start(Joyce Farmer)- service level- 900 children and families; waiting list- 2-300

Have you noticed a marked change in the nature of those seeking the services of your organization over the past five years (more families or individuals, different geographic location, etc.)?

Knox Area Rescue Ministries- families, elderly, criminal backgrounds, vets, severely mentally ill, women, aging out of foster care
CAC Workforce Connections(Vaughn Smith)- more dislocated workers and families requesting services
disABILITY Resource Center-increase in deaths this past year; increase in youth needing assistance; increase in employment needs; increase in healthcare needs
CAC(John Harris)- (no answer)
Knoxville Area Urban League- (no answer)
HDKCRC@Pellissippi State- more people due to the economy/ lack of computer skills for both aged and school grads (recent)
CAC Workforce Connections(Windie Wilson)- increase in dislocated workers with the increase in unemployment
Head Start/Early Start-increased need. Increase in working poor. Increase in families that do not meet (too high) poverty guidelines (family of four= \$22,000 approx for annual income)
Head Start/Early Start(Joyce Farmer)- more north and west Knoxville, fewer east, more hispanic

What would you consider to be the three most urgent issues affecting the people your organization serves?

Knox Area Rescue Ministries- overcrowding (space), bottleneck of moving forward, accessible services in our area
CAC Workforce Connections(Vaughn Smith)- employment, employment, employment
disABILITY Resource Center- transportation, healthcare, employment
CAC(John Harris)-unemployment; job skills (lack of), transportation
Knoxville Area Urban League- access to avenues for opportunity, education and relevant training, stability
HDKCRC@Pellissippi State- lack of jobs, meeting basic needs of family, transportation
CAC Workforce Connections(Windie Wilson)- current unemployment rate and limited job options; lack of skills for available jobs; challenging backgrounds or other job barriers (transportation, etc.)
Head Start/Early Start- child care for work hours, (lack of childcare certificates), transportation to/from work sites, child care (reliable, affordable), education level of adults limits job options
Head Start/Early Start(Joyce Farmer)- childcare assistance for working people, health/dental/mental health services for HS siblings and adults, transportation

What are the three greatest challenges your organization is currently facing?

Knox Area Rescue Ministries- space- overcrowding, transportation to services, accessible services
CAC Workforce Connections(Vaughn Smith)- economic changes, unemployment
disABILITY Resource Center- support of home and community based services, capacity
CAC(John Harris)- funding
Knoxville Area Urban League-funding, inter-agency relationships
HDKCRC@Pellissippi State- funding
CAC Workforce Connections(Windie Wilson)- having sufficient resources to meet the needs; maintaining capcait and stability w/ fluctuating resources

Education and Jobs Survey Results
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Head Start/Early Start(Nancy Thomas)- inadequate financial resources for families= higher need= increased demand on service providers (including head start); need a facility in West (Cedar Bluff of beyond) Knoxville
Head Start/Early Start(Joyce Farmer)- funding- for more children; facility expansion- west; qualified staff

Capital Improvements	Low	Med	High	Low	Med	High
Street Improvements/Bike Lanes	1	2	2	Small Business Loans	2	2
Sidewalk Improvements/Greenways	0	3	2	Facade Improvements	3	2
Water/Sewer Line Improvements	1	3	1	Brownfields Redevelopment	2	3
Drainage/Storm Water	1	3	1	Tech Assistance to Small Business	2	2
Public Facility Needs				Commercial Development Assistance2	3	2
Senior Centers	1	3	2	Homeless Needs		
Youth Centers	1	3	2	Emergency Shelters for Families	0	3
Veterans Centers	3	3	1	Emergency Shelters for Men	0	6
Neighborhood/Community Facilities	1	6	0	Emergency Shelters for Women	0	5
Child Care Centers	1	1	6	Transitional Housing for Families	0	3
Parks and Recreation	5	2	0	Transitional Housing for Men	0	4
Facilities for people with disabilities	1	3	2	Transitional Housing for Women	0	3
Public Service Needs				Supportive Services for Families	0	3
Youth Services	0	2	4	Supportive Services for Men	0	4
Child Care Services	0	2	6	Supportive Services for Women	0	4
After School Programs	0	1	5	Permanent Supportive Housing	0	4
Senior Services	2	3	2	Maintenance of Existing Facilities	0	5
Services for the Disabled	1	2	3	Job Training for the Homeless	0	4
Health Services	0	1	7	Case Management	0	1
Veterans Services	2	3	2	Substance Abuse Treatment	0	0
Mental Health Services	0	2	6	Mental Health Care	0	2
Employment Training	0	1	6	Physical Health Care	0	1
Crime Prevention	0	2	4	Housing Placement	0	3
Housing Counseling	1	1	4	Life Skills Training	0	1
Substance Abuse Services	0	2	6			
Services for those leaving prison	0	2	5	Housing for:		
Economic Development Needs				The Frail Elderly	0	1
Job Development/Creation	0	0	8	Persons w/ HIV/AIDS	2	0
Commercial Infrastructure	0	3	4	Persons w/ Alcohol/Drug Addictions	1	4
Commercial Financial Assistance	0	3	4	Persons w/ Developmental Disabilities	1	4
Micro-Business Support	1	1	5	Persons w/ Mental Illness	1	2
Green Jobs	1	3	3			

Education and Jobs Survey Results
 Nov. 19, 2009 Service Providers Focus Groups

Rental Housing Needs	Low	Med	High	Neighborhood Stabilization	Low	Med	High
Acquisition	0	1	2	Vacant Properties	1	1	4
Emergency Home Repairs	0	0	4	Blighted Properties	1	1	4
Moderate Rehabilitation	0	3	1	Overgrown Lots	1	1	4
Substantial Rehabilitation	1	2	1	Abandoned Vehicles	2	3	1
New Construction	2	2	0	Dilapidated Structures	2	2	2
Tenant-based Rental Assistance	2	0	1	Parking in Front Yards	2	3	1
Project-based Rental Assistance	2	1	0	Foreclosed Properties	2	2	1
Preservation of Existing Stock	1	1	2	Inappropriate Storage/Eyesores	2	3	1
Energy Efficiency Improvements	0	0	5	Environmental			
Housing for Migrant Workers	2	1	1	Ridge Top and Slope Protection	0	1	4
Lead Based Paint Screening/Abatement	2	2	0	Public Transit	0	0	5
Rental Housing for the Elderly	1	1	2	Recycling	0	2	3
Rental Housing for Single Persons	1	0	3	Energy Efficient Public Buildings	0	1	4
Rental Housing for Small Families(2-4 people)	0	0	4	Community Gardens	1	2	2
Rental Housing for Large Families(5+ people)	1	0	3	Environmental Education	0	2	3
Homeownership Needs				Alternative Energy Promotion	0	2	3
Down Payment/Closing Cost Assistance	2	2	1				
Moderate Rehabilitation	1	4	1				
Emergency Home Repairs	0	1	4				
Substantial Rehabilitation	2	1	2				
New Construction	2	2	1				
Energy Efficiency Improvements	0	1	5				
Modifications for the Disabled	1	1	3				
Lead Based Paint Screening/Abatement	2	2	1				

Special Needs Survey Results
Nov. 19, 2009 Service Providers Focus Groups

We received 14 responses.

What services does your organization offer? To whom are they offered?

Interfaith Health Clinic- primary healthcare, mental health, medicines, and dental comprehensive healthcare
CAC Office on Aging- we have 7 case managers in 4 KCDC high rises working to prevent evictions to the streets. Apt. mgrs refer "at-risk" tenants to us. We also have 6 case managers working w/ seniors to keep them in housing. (in addition cac/homeward bound provides case managers)
Alzheimer's Association- daycare services, care counseling, support groups, care giving training for both family caregivers and professional caregivers, educational opportunities, services for people with Alzheimer's and caregivers, law enforcement training
disABILITY Resource Center- info and referral for anyone; skills training, peer support, advocacy, employment services, legal services; people w/ disabilities
Safe Haven Center- all residents; forensic nursing- advocacy; therapy- prevention educations
Knoxville-Knox County CAC(Barbara Monty)- multiple services for homeless, aging and low-income population, head start
HRMC- I specifically do PSH. McNabb has 24 units of PSC @ their (illegible)
American Red Cross- disaster, armed services, job training, safety training, school health clinics, first aid stations
Knoxville-Knox County CAC(Albert Nelson)- outreach, information and referral, resource assistance, to resolve the crisis needs of families/households residing in Knox County in order to sustain independent living and family stability
Cherokee Health- Primary Care and Behavioral Health Care; our clinic serves homeless persons staying in emerg. Shelters and who are camping
Knoxville-Knox County CAC(Joe Maloy)- rent, mortgage, utilities, and food assistance on a need basis.
Case management and information and persons in need of help navigating the system; service is first based on need and then maybe on income
Knox County Health Department- pediatrics, mc, cdc, social services, coe, comm. health, environmental health, adult pre. Health, immunizations, birth certis, etc. Serves all Knox County residents.
CONNECT Ministries- Life skills, job readiness, case management, resume writing, business plans, community and youth networking and mentoring. We offer these services to anyone who walks through the door
TDMHDD- The Creating Homes Initiative works with local governments and nonprofit organizations throughout Region 2 of East Tennessee to identify, develop, and fund a variety of affordable housing options for persons with severe mental illnesses, co-occurring disorders and other disabling conditions.

How long has your organization been offering these services?

Interfaith Health Clinic- 19 years
CAC Office on Aging- 1yr and 3 months
Alzheimer's Association- 25 years
disABILITY Resource Center-15 years
Safe Haven Center-1973
Knoxville-Knox County CAC(Barbara Monty)- since 1965
HRMC- around 6 yrs
American Red Cross- 90yr+
Knoxville-Knox County CAC(Albert Nelson)- 49yrs
Cherokee Health- thru this clinic for homeless, just since 1/09
Knoxville-Knox County CAC(Joe Maloy)- 45 years
Knox County Health Department- don't know
CONNECT Ministries-14 months
TDMHDD- The TDMHDD initiative began in 2001.

Among the group or groups that your organization seeks to serve, whose needs are not being met? Why?

Interfaith Health Clinic- there are probably less services for the working poor because they are right at the poverty level or just above

Special Needs Survey Results Nov. 19, 2009 Service Providers Focus Groups

CAC Office on Aging- mentally ill clients an clients w. substance abuse problems w/ no insurance and seniors facing homelessness
Alzheimer's Association- funding, not enough volunteers, more people needing services than can be provided by out organization and other organizations
disABILITY Resource Center- people w/ mental health needs
Safe Haven Center- clients w. complex mental health issues
Knoxville-Knox County CAC(Barbara Monty)- aging, homeless, and low-income services are limited and need to be expanded
HRMC- PSH serves homeless individuals w/ mental illness. Housing is furnished but clients need more clothing, food, hygiene supplies, etc. we also (symbol that looks like o with slash through it, maybe shorthand for don't?) house sex offenders, meth/violent offences in past. We (same symbol described above) house clients who are MR.
American Red Cross- basic shelter needs, child care needs
Knoxville-Knox County CAC(Albert Nelson)- elderly and/or disabled citizens, unemployed and/or underemployed citizens, citizens with histories of incarceration
Cherokee Health- homeless persons who need a safe, sterile environment in which to recuperate from medical procedures/surgeries
Knoxville-Knox County CAC(Joe Maloy)- the mentally ill people who have quit taking medicine and the new group of taxpayers who are asking for money to bridge job loss, reduced hours, and companies closing
Knox County Health Department- do not have data to answer appropriately
CONNECT Ministries- re-entering felons because of job restrictions and housing difficulties
TDMHDD- There continues to be a sever lack of appropriate supportive housing Options for persons with chronic mental illnesses, substance abusers and felons with those conditions.

How many people/families doe your organization serve, on average, each month? How many people are currently on a waiting list, if there is one, for your organization's services? Please indicate whether your organization typically sees seasonal highs and lows in those seeking services, or generally has a steady demand.

Interfaith Health Clinic-30,000 patient visits on site last year; 3 month waiting list; dental 1 yr waiting
CAC Office on Aging- 400+ served, 80-100 on waiting list- generally have a steady demand
Alzheimer's Association- 300 monthly
disABILITY Resource Center-over 400 per year, no waiting list
Safe Haven Center- 200-300 intervention, 1000 prevention
Knoxville-Knox County CAC(Barbara Monty)- (no answer)
HRMC- PSH- 24 units. Witing list for "New Hope" (8 units) has around 20 ppl. Waiting list for "The Willows" (16 units) has around 40 people. Steady demand.
American Red Cross- varies- data can be obtained
Knoxville-Knox County CAC(Albert Nelson)- on average 6,000 individuals representing 1800+ families per month. All are seen but many receive limited resource assistance
Cherokee Health- Fairly steady demand, don't have #'s today
Knoxville-Knox County CAC(Joe Maloy)- ave. 250 HH a month thru the west center. This is an unduplicated number. The center does not have a waiting list but the demand has been steady fro the last 1 ½ years
Knox County Health Department- do not have data to answer appropriately
CONNECT Ministries-about 25
TDMHDD- N/A

Have you noticed a marked change in the nature of those seeking the services of your organization over the past five years (more families or individuals, different geographic location, etc.)?
Interfaith Health Clinic- yese over the past year a huge increase in the underemployed or employers dropping insurance

CAC Office on Aging- more and more mental illness, dementia
Alzheimer's Association- increased number of people over the age of 62 (demographics of an aging population)
disABILITY Resource Center- increased need to ramps, healthcare, transportation, employment
Safe Haven Center- increased demand

Special Needs Survey Results Nov. 19, 2009 Service Providers Focus Groups

Knoxville-Knox County CAC(Barbara Monty)- “new poor” and growing number of “old-old” age 85+ HRMC- not really. A few more married couples or “dating” couples looking for housing together
American Red Cross- more unemployed and underemployed
Knoxville-Knox County CAC(Albert Nelson)- we are seeing more requests for assistance from families and individuals who never sought assistance
Cherokee Health- no
Knoxville-Knox County CAC(Joe Maloy)- yes. In the last 1 ½ years more middle class residents in upper income neighborhood are seeking services and information
Knox County Health Department- do not have data to answer appropriately
CONNECT Ministries-N/A
TDMHDD- Changes in TNCare for outpatient mental health and case management services as well as medications; the decreasing availability of inpatient psychiatric beds; and the use of jails as psychiatric providers has resulted in an increase of persons requiring supportive housing.

What would you consider to be the three most urgent issues affecting the people your organization serves?

Interfaith Health Clinic- affordability of healthcare services, access
CAC Office on Aging- access to quick mental health intervention; access to substance abuse programs; housing for persistently mentally ill who cannot make it in public housing
Alzheimer’s Association- respite services, professional caregivers (need increase), transportation for cognitive impaired person
disABILITY Resource Center- people being “sentenced” to nursing homes rather being provided home community based services
Safe Haven Center- sexual violence
Knoxville-Knox County CAC(Barbara Monty)- improved affordable transportation to provide access to community resources, affordable in-home services, dental services
HRMC- lack of case management funds for pt. Assistance, need for dental/eye care (i.e. dentures, glasses), staying out of jail
American Red Cross- increased need for service to the armed forces, tuition for nurse aide training, immediate need to disaster victims
Knoxville-Knox County CAC(Albert Nelson)- family economic, unemployment, hunger
Cherokee Health- access to approp. Level of substance addiction programs; quick access to mental health services; respite care
Knoxville-Knox County CAC(Joe Maloy)- new clients needing services (mortgage, rent, utilities), greater needs than funding, road map on how to receive services
Knox County Health Department- do not have data to answer appropriately
CONNECT Ministries-jobs, housing, health care
TDMHDD- Access to adequate and readily available mental health treatment and medications, including case management; access to a variety of housing environments; opportunities for purposeful activities/employment

What are the three greatest challenges your organization is currently facing?

Interfaith Health Clinic- funding we are looking at cuts in grants; state afety net \$ will probably end after this year. We have taken on many tenn care drops; growing number of patient that need our help and staffing levels
CAC Office on Aging- transportation for 0 income individuals who are under 60; see above 3 issues on #11
Alzheimer’s Association- funding for providing direct care services; public awareness of services; needed increase services for daycares services
disABILITY Resource Center- funding losses
Safe Haven Center- community awareness
Knoxville-Knox County CAC(Barbara Monty)- (no answer)
HRMC- we could always use more funding!; case managers for clients; funding for peer support center- place for homeless, low income, mental illness to go and be safe, stable, structured during day. Gives people sense of “self” and “meaning”.
American Red Cross- funding decreases, lack of volunteers

Special Needs Survey Results
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Knoxville-Knox County CAC(Albert Nelson)- continuing to provide access to our center; continuing to provide resource assistance to satisfy needs; continuing to help stabilize households and allow them independent living

Cherokee Health- patients difficulties w/ transportation; no psychiatric services through our clinic on Broadway yet; enhancing patient adherence w/ their health care needs

Knoxville-Knox County CAC(Joe Maloy)- prevention and planning to solve problem before the problem grows

Knox County Health Department- do not have data to answer appropriately

CONNECT Ministries-funding, network partners, resources; furniture for housing etc. transportation, skill sets

TDMHDD- Availability of mental health dollars; the lack of housing options for specific subpopulations; state budget shortfalls that affect community based services

Capital Improvements	Low	Med	High	Low	Med	High	
Street Improvements/Bike Lanes	4	4	4	Small Business Loans	0	4	4
Sidewalk Improvements/Greenways	3	3	6	Façade Improvements	3	5	2
Water/Sewer Line Improvements	3	6	3	Brownfields Redevelopment	3	4	0
Drainage/Storm Water	2	7	1	Tech Assistance to Small Business	1	3	4
Public Facility Needs				Commercial Development Assistance	2	6	0
Senior Centers	1	8	2	Homeless Needs			
Youth Centers	2	2	6	Emergency Shelters for Families	0	2	8
Veterans Centers	4	4	3	Emergency Shelters for Men	1	4	4
Neighborhood/Community Facilities	1	5	5	Emergency Shelters for Women	0	4	5
Child Care Centers	1	5	4	Transitional Housing for Families	0	2	7
Parks and Recreation	1	8	1	Transitional Housing for Men	1	3	6
Facilities for people with disabilities	1	5	5	Transitional Housing for Women	1	1	8
Public Service Needs				Supportive Services for Families	0	1	7
Youth Services	8	1	1	Supportive Services for Men	1	1	7
Child Care Services	1	4	2	Supportive Services for Women	1	2	6
After School Programs	1	2	7	Permanent Supportive Housing	0	3	7
Senior Services	1	2	7	Maintenance of Existing Facilities	0	4	5
Services for the Disabled	0	3	6	Job Training for the Homeless	0	2	9
Health Services	2	3	6	Case Management	0	0	9
Veterans Services	0	2	6	Substance Abuse Treatment	0	3	7
Mental Health Services	0	2	10	Mental Health Care	0	1	9
Employment Training	2	3	4	Physical Health Care	0	2	8
Crime Prevention	0	3	6	Housing Placement	0	6	4
Housing Counseling	0	2	8	Life Skills Training	1	3	4

Special Needs Survey Results
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Substance Abuse Services	1	4	5		
Services for those leaving prison	1	1	7		
Economic Development Needs				Housing for:	
Job Development/Creation	0	2	9	The Frail Elderly	0 3 7
Commercial Infrastructure	2	4	2	Persons w/ HIV/AIDS	0 5 3
Commercial Financial Assistance	1	5	3	Persons w/ Alcohol/Drug Addictions	1 2 6
Micro-Business Support	1	4	3	Persons w/ Developmental Disabilities	0 2 6
Green Jobs	1	4	2	Persons w/ Mental Illness	0 1 9

Rental Housing Needs	Low	Med	High	Neighborhood Stabilization	Low	Med	High
Acquisition	0	5	2	Vacant Properties	1	3	5
Emergency Home Repairs	0	2	5	Blighted Properties	0	3	6
Moderate Rehabilitation	0	5	2	Overgrown Lots	0	3	6
Substantial Rehabilitation	0	4	3	Abandoned Vehicles	0	3	5
New Construction	2	3	1	Dilapidated Structures	0	2	6
Tenant-based Rental Assistance	0	2	4	Parking in Front Yards	0	6	2
Project-based Rental Assistance	1	2	3	Foreclosed Properties	2	1	5
Preservation of Existing Stock	0	3	2	Inappropriate Storage/Eyesores	1	4	3
Energy Efficiency Improvements	1	4	2	Environmental			
Housing for Migrant Workers	2	2	2	Ridge Top and Slope Protection	3	3	2
Lead Based Paint Screening/Abatement	2	2	2	Public Transit	0	4	5
Rental Housing for the Elderly	1	2	3	Recycling	1	3	4
Rental Housing for Single Persons	1	3	2	Energy Efficient Public Buildings	1	4	3
Rental Housing for Small Families(2-4 people)	0	2	4	Community Gardens	1	4	3
Rental Housing for Large Families(5+ people)	0	2	4	Environmental Education	1	4	2
Homeownership Needs				Alternative Energy Promotion	1	6	1
Down Payment/Closing Cost Assistance	2	2	3				
Moderate Rehabilitation	2	2	4				
Emergency Home Repairs	1	4	3				
Substantial Rehabilitation	2	3	3				
New Construction	1	5	2				
Energy Efficiency Improvements	1	5	2				
Modifications for the Disabled	0	3	5				
Lead Based Paint Screening/Abatement	2	3	3				

Special Needs Survey Results
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Other Comments

Interfaith Clinic- With dwindling and tight govt budgets, essential services are a priority

Consolidated Plan and Annual Plan Council Workshop 4/8/10 Notes

Q. Who handles fair housing complaints?
A. Tara Davis, Fair Housing Specialist

Q. Are there various funding sources for Community Development?
A. Yes, mostly federal funds—from about 11 sources

Q. What do the deadlines (next to information about grant recipients) mean?
A. That's the date by which the grant ends—all expenses must be incurred

Q. Hope VI in Mechanicsville—is that ongoing or completed?
A. Completed; however some homes are for sale as the economy has hit everyone equally hard and some owners are in foreclosure.

Q. Is the intent to keep these homes occupied/encourage home ownership or is the intent to control the housing stock?
A. To keep people in their homes when possible; there is some HERA money for this purpose

Q. What's the income from MinVilla?
A. It's HOUSE program income that we put back into Minvilla

Q. Federal money is not bound by the fiscal year?
A. Correct. It can move in/out of a program year if necessary.

Q. Are all units in Eastport and Flenniken visitable?
A. Yes

Q. Regarding third-party professional reviews (i.e. for LEED, Earth Craft, etc.) have you compared costs of adding these reviews vs. not having them to the overall project costs?

A. Energy Star certification adds about \$2,000 more per home, but it saves ~ 30% on energy costs. We do need to know more about the actual costs.

FYI: The state of TN has developed its own sustainability guidelines that may be more cost effective for you (Comm. Dev.) to use

Q. Regarding lead abatement—what's the big deal, really, if it's buried under ten layers of other paint?

A. The negative health effects on children are the reason to test; lead is a neurotoxin to children and can significantly affect their health.

Q. Do you have to work with special contractors to do this ("lead") work?
A. Yes; they have to be certified

Q. What's the base income rate you use for eligibility?

A. **Eighty percent of AMI**, or Area Median Income, which is ~ \$47K for a family of four

- Q. What's AMI for an individual?
A. \$32, 750 is 80% of the AMI for an individual
- Q. What's NSP2 mean?
A. Neighborhood Stabilization Program, round two (2)
- Q. Regarding the target maps and initiatives, you're looking at "center city" neighborhoods, right?
A. Yes, but some neighborhoods are excluded, such as downtown
- Q. Regarding the target maps, your goal is to have no "striped areas"?
A. Yes
- Q. Is the idea to stabilize an area and then use it as the example?
A. Yes
- Q. How many parcels do we have on this tax map?
A. 1,600
- Q. Under ADA, don't you have to make these documents where we are able to read them?
A. Yes, upon request—with 48 hours notice
- Q. Does "access" mean in the disability sense?
A. No, here it means "provide an opportunity for..."
- Q. With rental housing, do you (Comm. Dev.) work with individual property owners and apartment complexes?
A. Yes
- Q. What does "access to economic opportunities mean"?
A. Refers to the creation or enhancement of job training programs
- Q. Third item under "Econ. Development", are we working with the Chamber?
A. Yes, we work with the Chamber. Meetings are held every two weeks with key stakeholders and the Chamber.
- Q. About fair housing, do you get many complaints?
A. Approximately 9 to 12 per year
- Q. Is there an eight-page summary to this Con Plan?
A. There's an Executive Summary, yes.
- Q. For the annual plan, to what do you attribute the increase in CDBG money?
A. Basically, it's determined in the formula for funding each year and appropriated by Congress.

Q. Was '09 funding less than '08?

A. Slightly

Q. Is it a trend for the funding to reduce each year?

A. Yes, but the amounts stay fairly steady each year

Q. The Emergency Home Repair program—is that “leaky roofs”?

A. Yes, and major systems (i.e. HVAC,) failures, etc.

Q. Is the amount listed in the budget the total cost for HMIS?

A. No, that's the portion we pay. The County also pays for this.

Q. Does Habitat fit the description for a CHDO?

A. No. CHDO's are: East TN Housing Development Corp., Knox Housing Partnership, CAC and Neighborhood Housing.

Q. Are there any moneys that facilitate private developers to insert infill housing?

A. We have a program, called Blighted Properties Redevelopment Program.

Q. What about city Codes. Can we make it easier on them?

A. Yes, we have a good relationship with them.

Comment: Regarding Samaritan Place—it's a great place; my Mother benefitted greatly by going there.—the people are great!

Q. What's meant by 'federal funds are depleting'?

A. It's really just the EZ, since it's coming to a close. Other federal funding sources are okay.

Q. How long will we receive stimulus money?

A. For the next 3 to 4 years

Q. Are you looking to do another PSH project, with 50 units?

A. Yes, that's correct. Fifty units is an estimate based on the TYP projected development of PSH and the need of the community.

Q. \$300K is set aside for the PSH project?

A. Yes

Q. Can the \$300K be used for something other than PSH?

A. Depends on the project, but if it is, we would have to amend our plan. TYP staff comes up with their strategies and we support their initiatives.

Comments from Council members:

Thank you and your staff for all of your hard work. The bus tour was great, too.

Every year, the plan gets more and more concise and tight. It seems more targeted and strategic. Great job.

Notes from Citizen Input Meeting on Five-Year Consolidated Plan and 2010-2011
Annual Action Plan
April 13, 2010, 5:30pm-7:00pm
Cansler YMCA

Question/Comment: Ms. September Goolsby – Living on Selma, applied for CDBG program and was denied because of delinquent taxes, no homeowners insurance and property is not in her name. Is Community Development required to provide to HUD a report describing who applied for projects and who was turned down, including reasons for turning that person down. Isn't the purpose of CDBG programs supposed to be to help people stabilize their lives by helping them so they are then able to pay their taxes and homeowners insurance? She also does not see that CD programs are helping.

Response: CD cannot meet all needs in our community. We prioritize based on overall needs and services we can provide as well as many other factors. Community Development has developed certain requirements that must be met in order to ensure success of projects. HUD does review our files periodically and we do track internally who applies and why they have been turned down, but we do not report regularly on applicants who are not qualified. It is CD's belief that HUD supports our project qualifications policies.

Question/Comment: Ms. Dorothy Bennett – Are needs of minorities being met given the minority population in Knoxville? There should be the same percentage of minority service providers receiving and spending federal funds from Community Development.

Response: We serve people of low and moderate income and our funds directly impact, either through our office or a subrecipient, minority people who are also low and moderate income. We work closely with many minority-owned businesses either to contract with them for construction or to support their business expansion. Knoxville is lacking minority-run nonprofit organizations who both do work that Community Development will support and have the capacity to manage and spend federal funds. Community Development supports capacity building of minority-run nonprofits, but cannot dedicate federal funds to any organization without capacity to work with those funds and required regulations. A good resource in Knoxville for assistance with capacity building is the East Tennessee Community Design Center.

Question/Comment: Mr. Al Minor – The State is proposing to close Eastern State (or greatly diminishing services there) and people will continue to have needs. Does Community Development plan to provide elbow room to address these needs?

Response: Very few dollars exist in homeless service funds, but some stimulus funds exist to help address homelessness, including homelessness prevention. Again need is much greater than available funds to serve. The Ten Year Plan to End Chronic Homelessness office in partnership with many local agencies are working to address these issues.

One example of homelessness prevention occurred when Community Development worked with CAC to relocate residents from a condemned property on 17th Street.

Question/Comment: Mr. Jeff Archer – On page 12b of our handout, of the potential projects under Neighborhood Stabilization: the sidewalk component, how will this work?

Response: The City will continue to do sidewalk improvements. Community Development will target CDBG funds for sidewalks, but it will be funding from previous years projects.

Question/Comment: Mr. Will Donegan – How does Community Development consider Maslow’s Hierarchy of Needs in making its decisions and setting priorities? (not sure specifically what his question was or what Madeline’s response was)

Comment on the Five Year Consolidated Plan and One Year Action Plan

I would like to take this opportunity to express my overall support for the plans developed and presented by the City of Knoxville Department of Community Development. The planning process was open and accessible with many different opportunities for public input. It was especially good that the City of Knoxville and Knox County Community Development Departments were able to come together and conduct portions of the process jointly which reduced significantly the duplication of time and effort.

In these economic times, it is especially hard to capture and assess the dynamics related to various population groups. I understand the current enthusiasm for providing supported housing for the chronically homeless and that these initiatives will require and consume a significant expenditure of public dollars to be successful.

I would however like to underscore the important role of prevention which, in my opinion, is the best homeless program of all. Prevention is cheaper; it is compassionate; it has a higher likelihood of success than the alternatives.

At CAC, we are most struck by the circumstances of those individuals and families, formerly successfully, if marginally, housed. Now, due to reduction in work hours, loss of a job, getting a job paying less, going from two paychecks to one paycheck or no paycheck — these households find themselves at risk of losing their housing. Their circumstances lead us to specifically support those activities in the plan that focus on increasing the availability of affordable housing whether through the construction, rehabilitation or repair of existing housing stock.

I would also like to express concern for increased elderly homelessness. There is troubling evidence that homelessness is increasing among elderly adults. This is partly due to demographics and the impact of the aging Baby Boomers suggesting that the elderly homeless population will increase for the next decade or so. The situation is exacerbated by the economic situation which has negatively affected the retirement income of seniors at all but the lowest income levels. Going forward, we need to assess our ability to manage the projected growth of elderly adults who may find themselves at risk of housing instability and homelessness.

I appreciate the opportunity to make these comments and express my support for the plan.

Barbara Kelly, Executive Director
Knoxville-Knox County Community Action Committee (CAC)
April 15, 2010

CITY COUNCIL WORKSHOP APRIL 8, 2010 - SMALL ASSEMBLY ROOM

NAME	ORGANIZATION	ADDRESS	PHONE	EMAIL ADDRESS
Bob Becker	COK	125 E. Columbi	387-0752	bob@bobbecker.org
Stephanie Cook	COK	400 Main St.	215-2034	scook@cityofknoxville.org
Daniel Brown	City Co.	2318 Dillon St. 37915	637-7553	dt.brown@comcast.net
David Massey	COK	400 Main Street	215-2120	dmassey@cityofknoxville.org
Wm Rogers Doughty	COK	"	"	rdoughty@cityofknoxville.org
Becky Wade	COK.	"	"	bwade@cityofknoxville.org
Annily Woodle	COK	"	"	awoodle@cityofknoxville.org
Calvin Whitaker	COK	"	"	cwhitaker@cityofknoxville.org

CITY COUNCIL WORKSHOP APRIL 8, 2010 - SMALL ASSEMBLY ROOM

NAME	ORGANIZATION	ADDRESS	PHONE	EMAIL ADDRESS
David Watson	ETDC	1300 N Broadway	525-9945	david@etdc.org
Ron Peabody		7721 Luskwood Dr. Knoxville	560-9600	peabody@kudlog.net
Tim Dimick	CDK - Community Dev. City County		215-2120 525-2120	tdimick@cityofknoxville.org
Marilyn Roddy	City Knoxville	920 Iskagna Dr. 37919	637-0333	mroddy@cityofknoxville.org
Nick Paulis	"	5216 CRESTWOOD DR 37914	525-2880	NDELLA WLP2@bellsouth.net
L. DUANE GRIEVE	City Council	3640 ISKAGNA DR.	637-0382	ldgfaaa@AOL.COM.
Joe Sullivan	MetroPulse	602 Gay St	971-4983	sullivan@metropulse.com
Nick Paulis	Council	3875 Admiralty Ln	579-2655	NPAULIS@COMCAST.NET

CITY COUNCIL WORKSHOP APRIL 8, 2010 - SMALL ASSEMBLY ROOM

NAME	ORGANIZATION	ADDRESS	PHONE	EMAIL ADDRESS
Mark Russey	Colc	"	"	mrissy@cityofknoxville.org
Brenda Palmer	City Council			

NAME	ADDRESS	ORGANIZATION/AGENCY	EMAIL ADDRESS	PHONE NUMBER
Barbara Kelly	P.O. Box 51650	Knoxville - Knox County Community Assistance Committee	Barbara.kelly@knoxacc.org	546-3580
Grant J. Miles	502 S. Gay St. Suite 404 Knoxville TN 37902	Legal Aid	cmiles@lact.org	639-0484 ext 512
Will Donegan	5022 Chapman Hwy #205 KTN 37820	South Woodlawn Neighborhood Assoc	doneganw@att.net	609-0927
Mimi Vivio	247 Western Ave	CAC	mimivivio@knoxacc.org	363-7050
Mary Beth Ramsey	511 N Broadway RT 399170	VMC	mmarney@umcinc.org	524-3926
Ken Block	Knox Hwy 109 Wynn St.	Knox Housing Partnership		
Dorothy Bennett	1100 Grand St			207-1942

NAME	ADDRESS	ORGANIZATION/AGENCY	EMAIL ADDRESS	PHONE NUMBER
Ben Cannon	B Cannon 2 @ gmail.com	knx Journal		283-0019
Roger Dangler	Community Development	CITY OF TREX		
Misty Goodwin		PAE Office on Aging	mistygoodwin@knx.com	
Chris Battle	1626 Leano Dr	Therapeutic Baptist	pastor-battle@yaho.com	524-2034
Carl Williams	2247 Westford Ave	CAE		546-3500
Dan Andrews	PB 24822 37933	Kenner Journal	political@kennerjournal.com	
Mr. Murr	1006 Britton Way 37919	Self	ammurr1006@comcast.net	678-1199

NAME	ADDRESS	ORGANIZATION/AGENCY	EMAIL ADDRESS	PHONE NUMBER
Barbara Disney		CAC	barbara.disney@knxaca.org	546 3500
Ray Snyder		CAC	ray.snyder@cahousing.org	546 3500
David Watson	1300 N. Broadway	ETDC		
Jeff Ardu		MPC	jeff.ardu@knxmpc.org	215-3821
September 2011	2011 Sebring Ave			5237958
From ETS		CAC	jasen.estes@cahousing.org	244-3080
Mark Rigby	Comm. Dev.	City of Flint		

NAME	ADDRESS	ORGANIZATION/AGENCY	EMAIL ADDRESS	PHONE NUMBER
Stephanie Cook	400 Main St.	COK	scokk@cityofknoxville.org	865-215-2034
Aaron Kyle	1514 E. 5th Avenue	Knoxville Area Urban League	akyle@theKUAL.org	865-524-5511
Tim Dimick	COK 400 Main St.	COK	tdimick@cityofknoxville.org	215-2120

APPENDIX C

Average Sale Price of Single Family Homes, Condos and Duplexes

2000-2008

11/30/2009

Year	City of Knoxville	Knox County ¹
2000	\$88,336	\$118,140
2001	\$90,452	\$121,052
2002	\$88,629	\$125,136
2003	\$124,551	\$145,599
2004	\$106,159	\$155,907
2005	\$126,083	\$167,878
2006	\$129,219	\$175,361
2007	\$134,270	\$231,359
2008	\$133,525	\$182,721

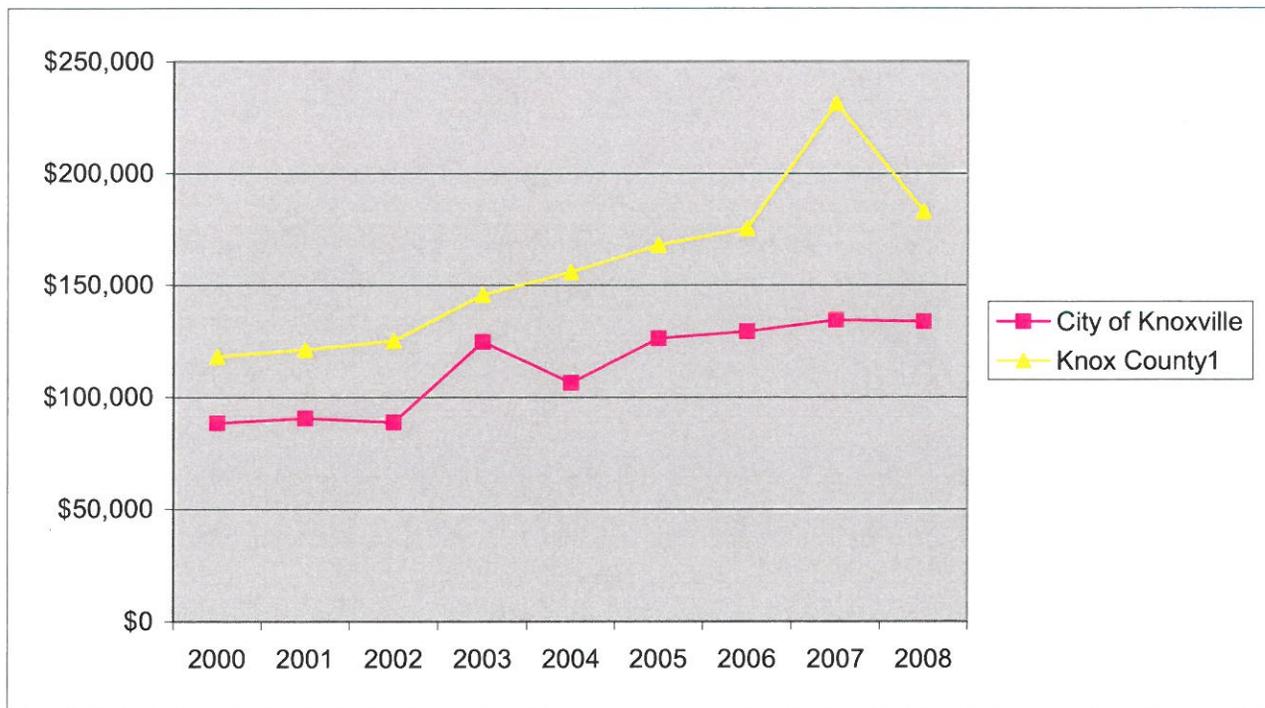
Notes:

¹Knox County totals are inclusive of the City of Knoxville and the Town of Farragut

Source:

Compiled by the Knoxville-Knox County Metropolitan Planning Commission, 2009

Knox County Property Assessor CAMA Database, 2009



**Annual Transaction Volume of Single Family Homes, Condos and Duplexes
2000-2008**
11/30/2009

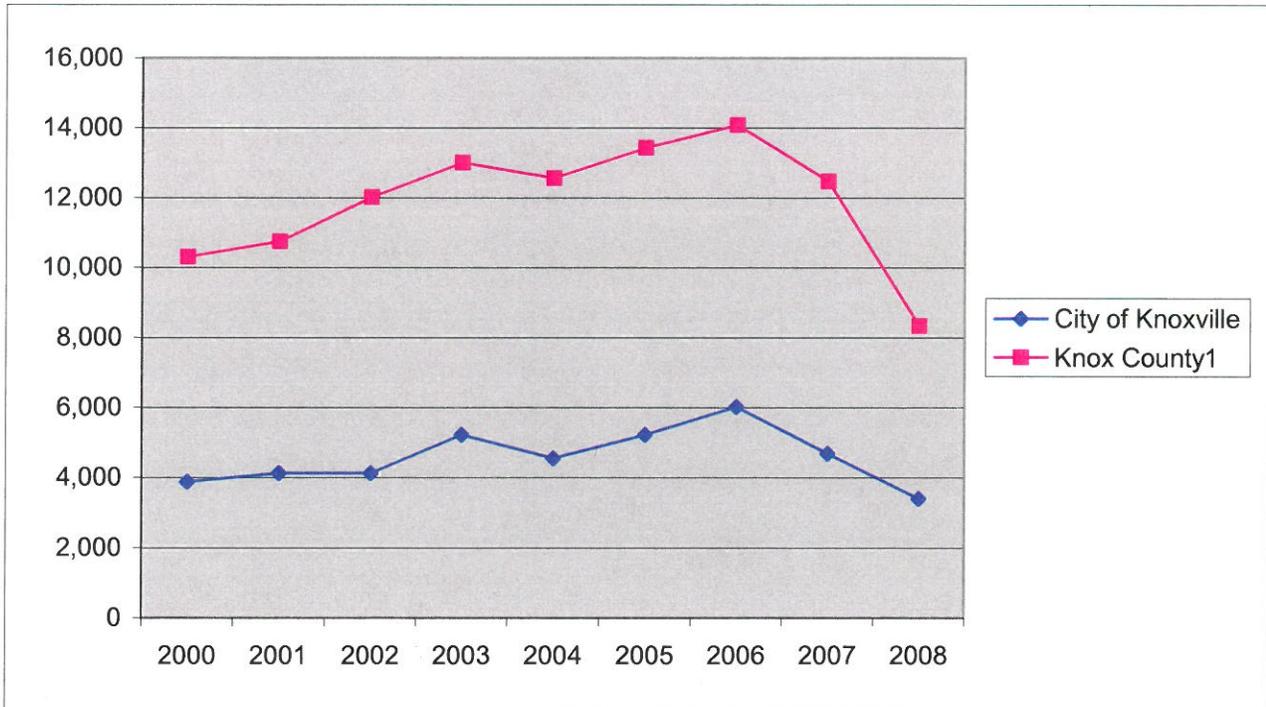
Year	City of Knoxville	Knox County ¹
2000	3,883	10,305
2001	4,129	10,736
2002	4,127	12,006
2003	5,226	12,994
2004	4,553	12,550
2005	5,224	13,421
2006	6,023	14,078
2007	4,696	12,465
2008	3,399	8,320

Notes:

¹Knox County totals are inclusive of the City of Knoxville and the Town of Farragut

Source:

Compiled by the Knoxville-Knox County Metropolitan Planning Commission, 2009
Knox County Property Assessor CAMA Database, 2009



**Sales Volume and Prices of Single Family Homes, Condos and Duplexes
By Number of Bedrooms
City of Knoxville, TN
11/30/2009**

Year	Bedroom	Volume	Average Sale Price¹	Median Sale Price
2004-2008	2 or Less	9,269	\$99,137	\$80,650
	3	11,666	\$141,734	\$120,900
	4	2,471	\$418,669	\$173,000
	5 or More	489	\$316,866	\$158,000
	All Units	23,895	\$155,255	\$107,400

Notes:

¹Average sale price is computed using the last sale price for a parcel during the period specified. Although a parcel may have had multiple transactions during the time period, the manner by which the sales amount is reported by the Property Assessor makes it feasible to report only the purchase price for the current owner or last transaction only. In some cases, purchase price was not specified or was equal to \$0. These values were excluded in the calculation of the average sale price but were included in the tabulation of transactions.

Source:

Compiled by the Knoxville-Knox County Metropolitan Planning Commission, 2009
Knox County Property Assessor CAMA Database, 2009

HOUSEHOLDS BY INCOME AND HOUSING PROBLEM, 2000

Variable	RENTER OCCUPIED UNITS				City	OWNER OCCUPIED UNITS				City	TOTAL UNITS				
	Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4	City
Household Income <= 50% MFI	2,473	1,643	1,113	1,250	19,130	1,074	595	734	330	7,125	3,547	2,238	1,847	1,580	26,255
Household Income <= 30% MFI	1,681	1,197	625	883	12,079	581	327	405	138	3,311	2,262	1,524	1,030	1,021	15,390
Any housing problem	773	649	421	639	7,758	430	229	329	90	2,513	1,203	878	750	729	10,271
Share of total (%)	46.0	54.2	67.4	72.4	64.2	74.0	70.0	81.2	65.2	75.9	53.2	57.6	72.8	71.4	66.7
Cost burden > 30%	710	570	390	590	7,195	430	225	305	90	2,467	1,140	52.2	67.5	680	9,662
Share of total (%)	42.2	47.6	62.4	66.8	59.6	74.0	68.8	75.3	65.2	74.5	50.4	52.2	67.5	66.6	62.8
Cost burden > 50%	585	405	295	465	5,913	335	145	180	35	1,766	920	550	475	500	7,699
Share of total (%)	34.8	33.8	47.2	52.7	49.0	57.7	44.3	44.4	25.4	53.9	40.7	36.1	46.1	49.0	50.0
Household Income > 30% to <= 50% MFI	792	446	488	367	7,051	493	268	329	192	3,814	1,285	714	817	559	10,865
Any housing problem	352	282	283	213	4,667	298	113	149	77	1,971	650	395	432	290	6,638
Share of total (%)	44.4	63.2	58.0	58.0	66.2	60.4	42.2	45.3	40.1	51.7	50.6	55.3	52.9	51.9	61.1
Cost burden > 30%	305	234	275	175	4,282	284	93	149	73	1,887	589	327	424	248	6,169
Share of total (%)	38.5	52.5	56.4	47.7	60.7	57.6	34.7	45.3	38.0	49.5	45.8	45.8	51.9	44.4	56.8
Cost burden > 50%	85	74	60	30	1,319	109	58	54	24	951	194	132	114	54	2,270
Share of total (%)	10.7	16.6	12.3	8.2	18.7	22.1	21.6	16.4	12.5	24.9	15.1	18.5	14.0	9.7	20.9
Household Income > 50% to <= 80% MFI	549	416	419	367	7,117	636	308	488	287	6,860	1,185	724	907	654	13,977
Any housing problem	79	127	114	83	2,014	211	98	138	97	2,395	290	225	252	180	4,409
Share of total (%)	14.4	30.5	27.2	22.6	28.3	33.2	31.8	28.3	33.8	34.9	24.5	31.1	27.8	27.5	31.5
Cost burden > 30%	53	105	75	53	1,722	203	88	118	63	2,279	256	193	193	116	4,001
Share of total (%)	9.7	25.2	17.9	14.4	24.2	31.9	28.6	24.2	22.0	33.2	21.6	26.7	21.3	17.7	28.6
Cost burden > 50%	4	0	0	0	72	38	14	8	8	514	42	14	8	8	586
Share of total (%)	0.7	0.0	0.0	0.0	1.0	6.0	4.5	1.6	2.8	7.5	3.5	1.9	0.9	1.2	4.2
Household Income > 80% MFI	617	494	529	343	11,040	1,728	423	1,041	475	25,021	2,345	917	1,570	818	36,061
Any housing problem	18	29	44	8	526	174	14	101	10	2,091	192	43	145	18	2,617
Share of total (%)	2.9	5.9	8.3	2.3	4.8	10.1	3.3	9.7	2.1	8.4	8.2	4.7	9.2	2.2	7.3
Cost burden > 30%	0	0	10	0	175	139	14	72	0	1,897	139	14	82	0	2,072
Share of total (%)	0.0	0.0	1.9	0.0	1.6	8.0	3.3	6.9	0.0	7.6	5.9	1.5	5.2	0.0	5.7
Cost burden > 50%	0	0	0	0	0	18	0	14	0	247	18	0	14	0	247
Share of total (%)	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.3	0.0	1.0	0.8	0.0	0.9	0.0	0.7
Total Households	3,639	2,553	2,061	1,960	37,287	3,438	1,326	2,263	1,092	39,006	7,077	3,879	4,324	3,052	76,293
Any housing problem	1,222	1,087	862	943	14,965	1,113	454	717	274	8,970	2,335	1,541	1,217	818	23,935
Share of total (%)	33.6	42.6	41.8	48.1	40.1	32.4	34.2	31.7	25.1	23.0	33.0	39.7	36.5	39.9	31.4
Cost burden > 30%	1,068	909	750	818	13,574	1,056	420	644	226	8,530	2,124	1,329	1,394	1,044	21,904
Share of total (%)	29.3	35.6	36.4	41.7	35.9	30.7	31.7	28.5	20.7	21.9	30.0	34.3	32.2	34.2	28.7
Cost burden > 50%	674	479	355	495	7,304	500	217	256	67	3,498	1,174	696	611	562	10,802
Share of total (%)	18.5	18.8	17.2	25.3	19.6	14.5	16.4	11.3	6.1	9.0	16.6	17.9	14.1	18.4	14.2

Source data HUD CHAS 2000
Compiled by the KnoxvilleKnox County Metropolitan Planning Commission, March 3, 2010.

**DISPROPORTIONATE HOUSING NEEDS
CITY OF KNOXVILLE**

Median Family Income	Total Households	Households With Any Housing Problem	% With Any Housing Problem	Disproportionate Need Threshold
TOTAL HOUSEHOLDS				
<= 30% MFI	15,335	10,229	66.7	76.7
30% to <= 50% MFI	10,786	6,581	61.0	71.0
50% to <= 80% MFI	13,925	4,429	31.8	41.8
> 80% MFI	35,902	2,628	7.3	17.3
WHITE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	10,649	7,416	69.6	No
30% to <= 50% MFI	8,334	5,155	61.9	No
50% to <= 80% MFI	11,733	3,729	31.8	No
> 80% MFI	31,243	2,117	6.8	No
BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	3,893	2,249	57.8	No
30% to <= 50% MFI	2,036	1,144	56.2	No
50% to <= 80% MFI	1,758	569	32.4	No
> 80% MFI	3,697	350	9.5	No
AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	40	22	55.0	No
30% to <= 50% MFI	26	22	84.6	Yes
50% to <= 80% MFI	42	4	9.5	No
> 80% MFI	118	14	11.9	No
ASIAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	293	220	75.1	No
30% to <= 50% MFI	71	52	73.2	Yes
50% to <= 80% MFI	160	44	27.5	No
> 80% MFI	316	70	22.2	Yes
OTHER RACES NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	278	204	73.4	No
30% to <= 50% MFI	168	111	66.1	No
50% to <= 80% MFI	112	30	26.8	No
> 80% MFI	285	23	8.1	No
HISPANIC OR LATINO HOUSEHOLDS				
<= 30% MFI	182	118	64.8	No
30% to <= 50% MFI	151	97	64.2	No
50% to <= 80% MFI	120	53	44.2	Yes
> 80% MFI	243	54	22.2	Yes

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races.

Source data: HUD, CHAS 2000.

Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 5, 2010.

**DISPROPORTIONATE HOUSING NEEDS
TARGET AREA 1**

Median Family Income	Total Households	Households With Any Housing Problem	% With Any Housing Problem	Disproportionate Need Threshold
TOTAL HOUSEHOLDS				
<= 30% MFI	2,251	1,208	53.7	63.7
30% to <= 50% MFI	1,277	644	50.4	60.4
50% to <= 80% MFI	1,186	296	25.0	35.0
> 80% MFI	2,375	217	9.1	19.1
WHITE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	463	233	50.3	No
30% to <= 50% MFI	334	140	41.9	No
50% to <= 80% MFI	318	50	15.7	No
> 80% MFI	617	35	5.7	No
BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	1,758	965	54.9	No
30% to <= 50% MFI	923	484	52.4	No
50% to <= 80% MFI	834	234	28.1	No
> 80% MFI	1,740	172	9.9	No
AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	0	0	n/a	n/a
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	14	4	28.6	No
> 80% MFI	10	10	100.0	Yes
ASIAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	4	0	0.0	No
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	12	4	33.3	No
> 80% MFI	0	0	n/a	n/a
OTHER RACES NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	18	10	55.6	No
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	4	0	0.0	No
> 80% MFI	4	0	0.0	No
HISPANIC OR LATINO HOUSEHOLDS				
<= 30% MFI	8	0	0.0	No
30% to <= 50% MFI	20	20	100.0	Yes
50% to <= 80% MFI	4	4	100.0	Yes
> 80% MFI	4	0	0.0	No

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races.

Source data: HUD, CHAS 2000.

Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 5, 2010.

**DISPROPORTIONATE HOUSING NEEDS
TARGET AREA 2**

Median Family Income	Total Households	Households With Any Housing Problem	% With Any Housing Problem	Disproportionate Need Threshold
TOTAL HOUSEHOLDS				
<= 30% MFI	1,507	873	57.9	67.9
30% to <= 50% MFI	722	404	56.0	66.0
50% to <= 80% MFI	718	225	31.3	41.3
> 80% MFI	891	42	4.7	14.7
WHITE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	751	453	60.3	No
30% to <= 50% MFI	444	250	56.3	No
50% to <= 80% MFI	464	163	35.1	No
> 80% MFI	657	24	3.7	No
BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	671	389	58.0	No
30% to <= 50% MFI	262	138	52.7	No
50% to <= 80% MFI	232	58	25.0	No
> 80% MFI	226	14	6.2	No
AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	0	0	n/a	n/a
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	0	0	n/a	n/a
> 80% MFI	0	0	n/a	n/a
ASIAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	0	0	n/a	n/a
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	0	0	n/a	n/a
> 80% MFI	4	0	0.0	No
OTHER RACES NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	53	23	43.4	No
30% to <= 50% MFI	4	4	100.0	Yes
50% to <= 80% MFI	22	4	18.2	No
> 80% MFI	0	0	n/a	n/a
HISPANIC OR LATINO HOUSEHOLDS				
<= 30% MFI	32	8	25.0	No
30% to <= 50% MFI	12	12	100.0	Yes
50% to <= 80% MFI	0	0	n/a	n/a
> 80% MFI	4	4	100.0	Yes

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races.
Source data: HUD, CHAS 2000.
Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 5, 2010.

**DISPROPORTIONATE HOUSING NEEDS
TARGET AREA 3**

Median Family Income	Total Households	Households With Any Housing Problem	% With Any Housing Problem	Disproportionate Need Threshold
TOTAL HOUSEHOLDS				
<= 30% MFI	1,039	746	71.8	81.8
30% to <= 50% MFI	816	426	52.2	62.2
50% to <= 80% MFI	897	248	27.6	37.6
> 80% MFI	1,542	140	9.1	19.1
WHITE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	914	650	71.1	No
30% to <= 50% MFI	635	315	49.6	No
50% to <= 80% MFI	810	205	25.3	No
> 80% MFI	1,392	92	6.6	No
BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	103	74	71.8	No
30% to <= 50% MFI	138	83	60.1	No
50% to <= 80% MFI	73	29	39.7	Yes
> 80% MFI	96	24	25.0	Yes
AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	10	10	100.0	Yes
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	0	0	n/a	n/a
> 80% MFI	4	0	0.0	No
ASIAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	4	4	100.0	Yes
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	4	4	100.0	Yes
> 80% MFI	0	0	n/a	n/a
OTHER RACES NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	8	8	100.0	Yes
30% to <= 50% MFI	19	4	21.1	No
50% to <= 80% MFI	10	10	100.0	Yes
> 80% MFI	22	0	0.0	No
HISPANIC OR LATINO HOUSEHOLDS				
<= 30% MFI	0	0	n/a	n/a
30% to <= 50% MFI	24	24	100.0	Yes
50% to <= 80% MFI	0	0	n/a	n/a
> 80% MFI	28	24	85.7	Yes

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races.

Source data: HUD, CHAS 2000.

Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 5, 2010.

**DISPROPORTIONATE HOUSING NEEDS
TARGET AREA 4**

Median Family Income	Total Households	Households With Any Housing Problem	% With Any Housing Problem	Disproportionate Need Threshold
TOTAL HOUSEHOLDS				
<= 30% MFI	1,014	723	71.3	81.3
30% to <= 50% MFI	559	293	52.4	62.4
50% to <= 80% MFI	635	165	26.0	36.0
> 80% MFI	801	18	2.2	12.2
WHITE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	778	550	70.7	No
30% to <= 50% MFI	470	245	52.1	No
50% to <= 80% MFI	562	143	25.4	No
> 80% MFI	732	18	2.5	No
BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	179	130	72.6	No
30% to <= 50% MFI	60	23	38.3	No
50% to <= 80% MFI	43	14	32.6	No
> 80% MFI	47	0	0.0	No
AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	0	0	n/a	n/a
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	14	0	0.0	No
> 80% MFI	4	0	0.0	No
ASIAN NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	0	0	n/a	n/a
30% to <= 50% MFI	0	0	n/a	n/a
50% to <= 80% MFI	4	4	100.0	Yes
> 80% MFI	0	0	n/a	n/a
OTHER RACES NON-HISPANIC HOUSEHOLDS				
<= 30% MFI	33	29	87.9	Yes
30% to <= 50% MFI	15	15	100.0	Yes
50% to <= 80% MFI	12	4	33.3	No
> 80% MFI	4	0	0.0	No
HISPANIC OR LATINO HOUSEHOLDS				
<= 30% MFI	24	14	58.3	No
30% to <= 50% MFI	14	10	71.4	Yes
50% to <= 80% MFI	0	0	n/a	n/a
> 80% MFI	14	0	0.0	No

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races.
Source data: HUD, CHAS 2000.
Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 5, 2010.

AFFORDABILITY MISMATCH OUTPUT FOR OWNER OCCUPIED HOUSEHOLDS

Housing Units by Affordability	Target Area 1			Target Area 2			Target Area 3			Target Area 4			City							
	Owned Units by No. of Bedrooms																			
Value <= 50%	0-1	2	3+	0-1	2	3+	0-1	2	3+	0-1	2	3+	0-1	2	3+					
No. of occupied units	53	876	1,532	2,461	36	532	576	1,144	73	847	686	1,606	32	393	403	828	373	5,574	8,225	14,172
% built before 1970	92.5	96.1	79.2	85.5	66.7	90.4	85.6	87.2	100.0	94.2	93.9	94.3	87.5	94.1	87.6	90.7	78.8	89.0	77.1	81.8
No. of vacant-for-sale units	20	82	80	182	0	38	14	52	0	45	8	53	10	30	20	60	66	379	224	669
Value > 50 to <= 80%																				
No. of occupied units	16	257	430	703	4	56	101	161	39	289	226	554	16	92	55	163	222	4,672	9,926	14,820
% built before 1970	100.0	95.3	63.0	75.7	100.0	92.9	72.3	80.1	74.4	96.5	91.2	92.8	75.0	87.0	72.7	81.0	67.1	68.0	65.3	66.2
No. of vacant-for-sale units	8	18	4	30	0	0	0	0	4	18	4	26	0	0	0	0	20	216	145	381
Value > 80 to <= 100%																				
No. of occupied units	4	15	109	128	0	0	4	4	4	10	16	30	0	0	0	0	78	614	3,965	4,657
% built before 1970	100.0	100.0	59.6	65.6	n/a	n/a	0.0	0.0	100.0	100.0	50.0	73.3	n/a	n/a	n/a	n/a	69.2	41.5	61.2	58.7
No. of vacant-for-sale units	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4	20	12	89	121
Value > 100%																				
No. of occupied units	10	8	52	70	0	0	4	4	0	14	4	18	4	4	12	20	109	571	3,993	4,673
% built before 1970	100.0	100.0	73.1	80.0	n/a	n/a	0.0	0.0	n/a	100.0	100.0	100.0	100.0	100.0	66.7	80.0	68.8	60.2	58.3	58.8
No. of vacant-for-sale units	8	8	0	16	0	0	0	0	0	0	0	0	0	4	0	4	18	24	99	141

Source data: HUD, CHAS 2000
 Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 10, 2010.

AFFORDABILITY MISMATCH OUTPUT FOR RENTER HOUSEHOLDS

Housing Units by Affordability	Target Area 1			Target Area 2			Target Area 3			Target Area 4			City								
	0-1	2	3+	0-1	2	3+	0-1	2	3+	0-1	2	3+	0-1	2	3+						
No. of occupied units	880	397	290	1,567	274	349	471	1,094	308	136	138	582	65	192	217	474	3,799	2,473	1,986	8,258	
% built before 1970	57.0	86.4	85.2	69.7	91.2	91.4	85.6	88.8	35.4	83.1	60.1	52.4	49.2	58.3	31.8	44.9	54.2	63.2	70.0	60.7	
No. of vacant units	174	78	32	284	35	104	70	209	28	8	12	48	10	24	104	138	392	452	285	1,129	
Rent > 30 to <= 50%																					
No. of occupied units	399	542	354	1,295	147	272	121	540	236	387	209	832	445	458	173	1,076	5,212	5,500	2,013	12,725	
% built before 1970	70.2	74.7	78.5	74.4	56.5	60.3	84.3	64.6	83.9	65.4	76.1	73.3	50.6	47.8	2.3	41.6	57.6	55.0	60.7	57.0	
No. of vacant units	27	89	16	132	28	50	10	88	44	55	35	134	100	60	39	199	1,045	984	263	2,292	
Rent > 50 to <= 80%																					
No. of occupied units	154	391	190	735	293	451	149	893	164	288	122	574	63	207	65	335	5,306	6,900	2,316	14,522	
% built before 1970	47.4	67.3	75.3	65.2	26.6	35.7	79.9	40.1	61.0	85.1	80.3	77.2	6.3	37.7	38.5	31.9	30.5	35.6	50.8	36.2	
No. of vacant units	14	12	0	26	4	4	15	23	0	4	0	4	0	0	0	0	306	423	110	839	
Rent > 80%																					
No. of occupied units	28	0	14	42	4	10	4	18	20	29	18	67	4	8	25	37	522	511	404	1,437	
% built before 1970	100.0	n/a	28.6	76.2	0.0	0.0	100.0	22.2	50.0	86.2	100.0	79.1	0.0	50.0	0.0	10.8	28.5	26.4	40.3	31.1	
No. of vacant units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	25	23	25	39	87	

Source data: HUD, CHAS 2000.
Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 10, 2010.

HOUSING PROBLEMS OUTPUT FOR WHITE NON-HISPANIC HOUSEHOLDS

Variable	RENTER OCCUPIED UNITS				City	OWNER OCCUPIED UNITS				City	TOTAL UNITS				City
	Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4	
Household Income <= 50% MFI	529	808	855	949	13,254	268	387	694	299	5,729	797	1,195	1,549	1,248	18,983
Household Income <= 30% MFI	339	569	525	649	8,115	124	182	389	129	2,534	463	751	914	778	10,649
% with any housing problems	45.4	56.9	65.7	71.6	67.8	63.7	70.9	78.4	65.9	75.5	50.3	60.3	71.1	70.7	69.6
Household Income > 30% to <= 50% MFI	190	239	330	300	5,139	144	205	305	170	3,195	334	444	635	470	8,334
% with any housing problems	44.7	71.1	57.6	58.3	70.2	38.2	39.0	41.0	41.2	48.5	41.9	56.3	49.6	52.1	61.9
Household Income > 50% to <= 80% MFI	119	252	355	298	5,688	199	212	455	264	6,045	318	464	810	562	11,733
% with any housing problems	8.4	39.3	22.5	21.5	29.9	20.1	30.2	27.5	29.9	33.5	15.7	35.1	25.3	25.4	31.8
Household Income > 80% MFI	159	350	450	262	9,051	458	307	942	470	22,192	617	657	1,392	732	31,243
% with any housing problems	0.0	2.9	4.4	3.1	4.1	7.6	4.6	7.6	2.1	7.9	5.7	3.7	6.6	2.5	6.8
Total Households	807	1,410	1,660	1,509	27,993	925	906	2,091	1,033	33,966	1,732	2,316	3,751	2,542	61,959
% with any housing problems	30.9	42.8	38.3	47.2	40.0	22.6	31.7	30.0	23.6	21.3	26.4	38.4	33.6	37.6	29.7

Source data: HUD, CHAS 2000
 Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 9, 2010

HOUSING PROBLEMS OUTPUT FOR BLACK/AFRICAN AMERICAN NON-HISPANIC HOUSEHOLDS

Variable	RENTER OCCUPIED UNITS				OWNER OCCUPIED UNITS				TOTAL UNITS					
	Target Area 1	Target Area 2	Target Area 3	Target Area 4	Target Area 1	Target Area 2	Target Area 3	Target Area 4	City	Target Area 1	Target Area 2	Target Area 3	Target Area 4	City
Household Income <= 50% MFI	1,890	749	214	213	791	184	27	26	1,217	2,681	933	241	239	5,929
Household Income <= 30% MFI	1,305	544	84	175	453	127	19	4	714	1,758	671	103	179	3,893
% with any housing problems	46.7	55.1	65.5	74.3	53.9	78.4	100.0	0.0	75.1	54.9	58.0	71.8	72.6	57.8
Household Income > 30% to <= 50% MFI	585	205	130	38	1,533	338	8	22	503	923	262	138	60	2,036
% with any housing problems	41.9	56.1	57.7	39.5	52.1	70.7	100.0	36.4	68.8	52.4	52.7	60.1	38.3	56.2
Household Income > 50% to <= 80% MFI	409	144	53	43	1,065	425	20	0	693	834	232	73	43	1,758
% with any housing problems	15.6	13.2	54.7	32.6	23.0	40.0	44.3	0.0	46.8	28.1	25.0	39.7	32.6	32.4
Household Income > 80% MFI	442	124	34	43	1,327	1,298	62	4	2,370	1,740	226	96	47	3,697
% with any housing problems	1.8	11.3	0.0	0.0	3.8	12.6	38.7	0.0	12.7	9.9	6.2	25.0	0.0	9.5
Total Households	2,741	1,017	301	299	7,104	2,514	109	30	4,280	5,255	1,391	410	329	11,384
% with any housing problems	33.8	44.1	52.8	53.2	39.5	36.9	46.8	26.7	35.2	35.3	43.1	51.2	50.8	37.9

Source data HUD, CHAS 2000
 Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 9, 2010

HOUSING PROBLEMS OUTPUT FOR HISPANIC OR LATINO HOUSEHOLDS

Variable	RENTER OCCUPIED UNITS				OWNER OCCUPIED UNITS				TOTAL UNITS						
	Target Area 1	Target Area 2	Target Area 3	Target Area 4	Target Area 1	Target Area 2	Target Area 3	Target Area 4	City	Target Area 1	Target Area 2	Target Area 3	Target Area 4	City	
Household Income <= 50% MFI	28	36	24	38	313	0	0	0	0	20	28	44	24	38	333
Household Income <= 30% MFI	8	32	0	24	182	0	0	0	0	0	8	32	0	24	182
% with any housing problems	0.0	25.0	n/a	58.3	64.8	n/a	n/a	n/a	n/a	n/a	0.0	25.0	n/a	58.3	64.8
Household Income > 30% to <= 50% MFI	20	4	24	14	131	0	0	0	0	20	20	12	24	14	151
% with any housing problems	100.0	100.0	100.0	71.4	64.9	n/a	100.0	n/a	n/a	60.0	100.0	100.0	100.0	71.4	64.2
Household Income > 50% to <= 80% MFI	4	0	0	0	88	0	0	0	0	32	4	0	0	0	120
% with any housing problems	100.0	n/a	n/a	n/a	42.0	n/a	n/a	n/a	n/a	50.0	100.0	n/a	n/a	n/a	44.2
Household Income > 80% MFI	0	4	24	14	152	4	0	4	0	91	4	4	28	14	243
% with any housing problems	n/a	100.0	100.0	0.0	23.7	0.0	n/a	0.0	n/a	19.8	0.0	100.0	85.7	0.0	22.2
Total Households	32	40	48	52	553	4	8	4	0	143	36	48	52	52	696
% with any housing problems	75.0	40.0	100.0	46.2	49.9	0.0	100.0	0.0	n/a	32.2	66.7	50.0	92.3	46.2	46.3

Source data: HUD, CHAS 2000
 Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 9, 2010

HOUSING PROBLEMS OUTPUT FOR ASIAN NON-HISPANIC HOUSEHOLDS

Variable	RENTER OCCUPIED UNITS				City	OWNER OCCUPIED UNITS				City	TOTAL UNITS				City
	Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4	
Household Income <= 50% MFI	4	0	4	0	360	0	0	0	0	4	4	4	0	364	
Household Income <= 30% MFI	4	0	4	0	289	0	0	0	0	4	4	4	0	293	
% with any housing problems	0.0	n/a	100.0	n/a	74.7	n/a	n/a	n/a	n/a	100.0	0.0	n/a	100.0	75.1	
Household Income > 30% to <= 50% MFI	0	0	0	0	71	0	0	0	0	0	0	0	0	71	
% with any housing problems	n/a	n/a	n/a	n/a	73.2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	73.2	
Household Income > 50% to <= 80% MFI	8	0	4	0	148	0	0	4	12	12	0	4	4	160	
% with any housing problems	50.0	n/a	100.0	n/a	24.3	0.0	n/a	100.0	66.7	33.3	n/a	100.0	100.0	27.5	
Household Income > 80% MFI	0	4	0	0	219	0	0	0	97	0	4	0	0	316	
% with any housing problems	n/a	0.0	n/a	n/a	20.1	n/a	n/a	n/a	26.8	n/a	0.0	n/a	n/a	22.2	
Total Households	12	4	8	0	727	4	0	4	113	16	4	8	4	840	
% with any housing problems	33.3	0.0	100.0	n/a	47.9	0.0	n/a	100.0	33.6	25.0	0.0	100.0	100.0	46.0	

Source data: HUD, CHAS 2000

Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 9, 2010

HOUSING PROBLEMS OUTPUT FOR AMERICAN INDIAN/ALASKA NATIVE NON-HISPANIC HOUSEHOLDS

Variable	RENTER OCCUPIED UNITS				City	OWNER OCCUPIED UNITS				City	TOTAL UNITS				City
	Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4	
Household Income <= 50% MFI	0	0	10	0	58	0	0	0	0	8	0	0	0	0	66
Household Income <= 30% MFI	0	0	10	0	40	0	0	0	0	0	0	0	0	0	40
% with any housing problems	n/a	n/a	100.0	n/a	55.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	55.0
Household Income > 50% to <= 50% MFI	0	0	0	0	18	0	0	0	0	8	0	0	0	0	26
% with any housing problems	n/a	n/a	n/a	n/a	77.8	n/a	n/a	n/a	n/a	100.0	n/a	n/a	n/a	n/a	84.6
Household Income > 50% to <= 80% MFI	14	0	0	14	42	0	0	0	0	0	14	0	0	42	
% with any housing problems	28.6	n/a	n/a	0.0	9.5	n/a	n/a	n/a	n/a	n/a	28.6	n/a	n/a	n/a	9.5
Household Income > 80% MFI	10	0	0	4	55	0	0	4	0	63	10	0	4	118	
% with any housing problems	100.0	n/a	n/a	0.0	18.2	n/a	n/a	0.0	n/a	6.3	100.0	n/a	0.0	n/a	11.9
Total Households	24	0	10	18	155	0	0	4	0	71	24	0	14	226	
% with any housing problems	58.3	n/a	100.0	0.0	32.3	n/a	n/a	0.0	n/a	16.9	58.3	n/a	71.4	0.0	27.4

Source data: HUD CHAS 2000

Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 9, 2010

HOUSING PROBLEMS OUTPUT FOR OTHER RACES NON-HISPANIC HOUSEHOLDS

Variable	RENTER OCCUPIED UNITS				City	OWNER OCCUPIED UNITS				City	TOTAL UNITS				City
	Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4		Target Area 1	Target Area 2	Target Area 3	Target Area 4	
Household Income <= 50% MFI	18	53	23	48	377	0	4	4	0	69	18	57	27	48	446
Household Income <= 30% MFI	18	49	8	33	245	0	4	0	0	33	18	53	8	33	278
% with any housing problems	55.6	38.8	100.0	87.9	71.4	n/a	100.0	n/a	n/a	87.9	55.6	43.4	4	15	73.4
Household Income > 30% to <= 50% MFI	0	4	15	15	132	0	0	4	0	36	0	4	19	15	168
% with any housing problems	n/a	100.0	0.0	100.0	65.9	n/a	n/a	100.0	n/a	66.7	n/a	100.0	21.1	100.0	66.1
Household Income > 50% to <= 80% MFI	0	14	0	4	58	4	8	10	8	54	4	22	10	12	112
% with any housing problems	n/a	28.6	n/a	0.0	13.8	0.0	0.0	100.0	50.0	40.7	0.0	18.2	100.0	33.3	26.8
Household Income > 80% MFI	4	0	18	4	138	0	0	4	0	147	4	0	22	4	285
% with any housing problems	0.0	n/a	0.0	0.0	10.9	n/a	n/a	0.0	n/a	5.4	0.0	n/a	0.0	0.0	8.1
Total Households	22	67	41	56	573	4	12	18	8	270	26	79	59	64	843
% with any housing problems	45.5	40.3	19.5	78.6	49.7	0.0	33.3	77.8	50.0	30.7	38.5	39.2	37.3	75.0	43.7

Note: "Other Races" includes Pacific Islander, Some Other Race, and Two or More Races.
 Source data: HUD, CHAS 2000
 Compiled by the Knoxville/Knox County Metropolitan Planning Commission, March 9, 2010.

APPENDIX D

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): TN-502 - Knoxville/Knox County CoC

CoC Lead Organization Name: Knoxville-Knox County Homeless Coalition

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

Instructions:

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

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

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

Name of primary decision-making group: Knoxville-Knox County Homeless Coalition

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 58%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

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

Specify "other" process(es):

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

The Knoxville-Knox County Homeless Coalition is an all-volunteer organization with no paid staff. Membership consists of representatives of social services and government agencies, housing providers, community advocates, faith-based organizations, homeless and formerly homeless individuals and others. Members pay annual dues to support the organization, with the exception of those who are financially unable to do so. Membership is open to all who wish to join and participate. Members are also actively recruited by the coalition to assure proper representation by all stakeholders in the effort to end homelessness in our community.

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

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

Specify "other" process(es):

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

Monitoring federal grants is a serious business. This organization is an all-volunteer coalition could only serve as grantee and provide oversight of subrecipients if enough funds were provided to hire full-time professional staff. Ensuring effective use of funds and protecting the taxpayers cannot be properly done on the cheap. If Congress and HUD decide to 'outsource' these functions, then they absolutely must provide sufficient resources to hire the staff to do it well. If the responsibility is extended without sufficient resources, it would be a disservice to those we seek to help and to the taxpayers who foot the bill.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Services and Standards	Works to establish community-wide basic standards for things such as case management, shelter operations, etc.	Monthly or more
Training and Education	Provides training and education opportunities for member organizations.	Monthly or more
Marketing and Advocacy	Provides outreach and information to neighborhood groups, elected officials, manstream resource providers and others to generate support for current initiatives to end homelessness.	Monthly or more
Nominations	Nominates candidates to serve as officers for the coalition.	Annually
CoC Grants	Coordinates the CoC application process	Unknown

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

The CoC grants committee meets as needed to respond to this application process. "Unknown" was selected because "other" was not provided as a menu option. Formal meetings are more frequent as the HUD CoC application process opens, but communications regarding this process continue throughout the year both electronically and through announcements and discussion at each month's full Coalition meeting.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Lakeshore Mental Health Institute	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Tenn. Dept. of Mental Health and Developmental ...	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Knoxville Community Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Knox County Department of Community Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Knox County Public Library	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Knox County Health Department	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Knoxville-Knox County Community Action Committee	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Knox County Public Defender's Office	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Knoxville City Council	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mayors' Office of the Ten Year Plan to End Chro...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
University of Tennessee College of Social Work	Public Sector	School ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
University of Tennessee Child Support, Employme...	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Knox County Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Pellissippi State Technical Community College	Public Sector	Local w...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
CAC Office on Aging	Public Sector	Local w...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Knoxville Area Urban League	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
US Veterans Administration	Public Sector	Other	Primary Decision Making Group	Veterans

US Department of HUD	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Child and Family Tennessee	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Knoxville Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Parkridge Harbor/Positively Living	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Ab...
STEPS Housie	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Volunteers of America	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans
Compassion Coalition	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Catholic Charities, Inc.	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Knox Area Rescue Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Volunteer Ministry Center	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Family Promise	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lost Sheep Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St John's Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Baptist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
YWCA	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
United Way of Greater Knoxville	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
National Alliance for the Mentally Ill	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Mental Health Association of East Tennessee	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Denark Construction, Inc.	Private Sector	Businesses	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Helen Ross McNabb Center	Private Sector	Hospita..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...

Knoxville Area Transit	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Cherokee Health Systems	Private Sector	Hospita..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ridgeview Mental Health	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Peninsula Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Knoxville Leadership Foundation	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Aid of East Tennessee	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Southeastern Housing Foundation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Knoxville Academy of Medicine	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Knox County Sheriff's Office	Public Sector	Law enf...	Primary Decision Making Group	Seriously Me...
The Next Door	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Water Angels Ministries	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Highways and Byways Ministry	Private Sector	Faith-b...	Primary Decision Making Group	NONE

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

Instructions:

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

Open Solicitation Methods:
(select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply) b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply) c. All CoC Members Present Can Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

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

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

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

Emergency Shelter: Yes

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

Increase of 14 ES beds; privately funded agency was missed in 2008 bed count.

Safe Haven: No

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

Transitional Housing: Yes

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

Net increase of 15 TH beds. Two agencies increased by a total of 29, while one reduced by 14.

Permanent Housing: Yes

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

Net gain of 111 units of permanent supportive housing. Once agency is successfully providing case management in existing, scattered-site units to add 49 units of permanent supportive housing. Two agencies added a total of 12 units of PH to existing sites, one has begun development of a new 48-units PSH development for the chronically homeless, and one agency has shuffled beds around while three units were offline for renovation.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	TN-502 eHIC chart	11/20/2009

Attachment Details

Document Description: TN-502 eHIC chart

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: 01/29/2009
(mm/dd/yyyy)

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

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

Must specify other:

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

Specify "other" data types:

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: TN-502 - Knoxville/Knox County 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? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

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

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

Indicate the date on which HMIS data entry started (or will start): 10/28/2004
(format mm/dd/yyyy)

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

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, HMIS is unable to generate data for PIT counts for sheltered persons, Inadequate resources
(select all the apply):

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

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

In final year of grant to increase staffing, allowing for greater time spent working with individual agencies. The increased time and improved communication has allowed for increased participation, increased bed coverage, and improved data quality. Additionally, as agencies progress, data quality and participation requirements will be formalized at the CoC level.

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

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

Organization Name University of Tennessee - Knoxville HMIS
Street Address 1 1534 White Avenue
Street Address 2
City Knoxville
State Tennessee
Zip Code 37996
Format: xxxxx or xxxxx-xxxx
Organization Type Other (specify)
If "Other" please specify Educational Institution
Is this organization the HMIS Lead Agency in more than one CoC? No

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

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

Prefix: Dr.
First Name David
Middle Name/Initial A.
Last Name Patterson
Suffix Ph.D.
Telephone Number: 865-974-7511
(Format: 123-456-7890)
Extension
Fax Number: 865-974-4803
(Format: 123-456-7890)
E-mail Address: dpatter2@utk.edu
Confirm E-mail Address: dpatter2@utk.edu

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

Instructions:

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

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

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

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	12%
* Date of Birth	1%	0%
* Ethnicity	2%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	3%	0%
* Disabling Condition	7%	2%
* Residence Prior to Program Entry	3%	1%
* Zip Code of Last Permanent Address	14%	12%
* Name	0%	0%

Instructions:

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

Did the CoC or subset of CoC participate in AHAR 4? No

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

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

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

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

Monthly data quality reports are provided to each agency. Additionally, bi-weekly meetings between HMIS and each agency are held in order to focus on improving utilization of HMIS and data quality.

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

HMIS staff periodically meets with agencies to look at APR data and potential data entry errors in order to facilitate the use of HMIS to create APRs.

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

Instructions:

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

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

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

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

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

Instructions:

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

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

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

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

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: 03/31/2009

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Semi-annually
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

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

Instructions:

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

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

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/29/2009

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	12	30	3	45
Number of Persons (adults and children)	43	82	9	134
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	418	299	108	825
Number of Persons (adults and unaccompanied youth)	418	299	108	825
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	430	329	111	870
Total Persons	461	381	117	959

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

Instructions:

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	190	60	250
* Severely Mentally Ill	267		267
* Chronic Substance Abuse	228		228
* Veterans	56		56
* Persons with HIV/AIDS	52		52
* Victims of Domestic Violence	48		48
* Unaccompanied Youth (under 18)	3		3

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

Instructions:

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

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/28/2010

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

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

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

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

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

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

If Other, specify:

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

Sheltered data was collected using a survey instrument which was sent to area shelter and housing providers. While all shelters provided population data, some were unable to report subpopulation data because of a lack of reliable data. Continued improvements in HMIS usage will largely resolve this issue for the 2010 count.

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

As is likely true nationwide, economic conditions were beginning to have an effect on homeless numbers, reflected by a slight increase in our PIT count. Cold temperatures may also have influenced the numbers reported in emergency shelters, with more coming inside using overflow beds, and fewer remaining outside during the night of the PIT count.

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

Instructions:

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

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

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

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

A PIT count survey was filled out by area shelter and housing providers. Providers used HMIS and other internal resources to determine subpopulation information for persons included in their count.

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

Increased usage of the HMIS has allowed most providers to provide reliable, consistent subpopulation data. At the time of the 2009 PIT count, one major provider had not yet begun to use HMIS for recording shelter stays, therefore no reliable subpopulation data was available from that source. That agency has since begun using HMIS to record that information, thus 2010 subpopulation data will reflect significantly better data coverage.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

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

Instructions:

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

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

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

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

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

If Other, specify:

As in past years, the PIT count was conducted in conjunction with research conducted by Dr. Roger Nooe of the University of Tennessee College of Social Work. Nooe's research has been ongoing for more than two decades, and includes detailed interviews with sheltered and unsheltered homeless individuals in Knox County.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

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

If Other, specify:

The CoC PIT count was conducted in conjunction with research conducted by Dr. Roger Nooe of the UT College of Social Work. Nooe's study dates back twenty-two years and includes detailed interviews with sheltered and unsheltered homeless. Nooe follows established academic research standards in sampling and research practice.

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

Study interviews were conducted in one night using multiple teams to conduct counts and interviews simultaneously, reducing the likelihood that individuals could appear in multiple places during the count.

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

This CoC reports a relatively low frequency of unsheltered homeless households with dependent children. Street outreach to homeless households with dependent children will continue to be conducted as part of street outreach to all unsheltered homeless.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

A multi-agency, multi-disciplinary task force meets on a bi-weekly basis to identify the most vulnerable of the street homeless, establish a lead case manager, and coordinate engagement. This task force has had significant success in housing long-term chronically homeless individuals through this process.

In coordination with the Ten Year Plan office, the Volunteer Ministry Center provides outreach and case management targeted for unsheltered chronically homeless individuals, with a goal of engagement and placement into permanent supportive housing under the "housing first" model.

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

Cold temperatures may have influenced the unsheltered count, driving many into overflow capacity in emergency shelters.

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

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

Instructions:

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

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

Volunteer Ministry Center and Southeastern Housing Foundation (SHF) will complete rehab/construction of 57 units of new Permanent Supportive Housing (PSH) for the chronically homeless at Minvilla Manor. SHF will continue the pre-development process for rehabilitation of 48 units of PSH at the old Flenniken school building. Site selection and predevelopment work will also be underway within the next twelve months for an estimated additional 72 units of PSH. The CoC is cooperating with Ten Year Plan office and Southeastern Housing Foundation to carry out these development efforts. As these site-specific developments continue, agencies such as VMC will be placing CH individuals in whatever affordable housing units can be found, where they will continue to receive case management services, effectively creating scattered-site PSH throughout the community.

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

The Ten Year Plan office and its development partner, Southeastern Housing Foundation, are carrying out the housing development strategies outlined in the Knoxville-Knox County Ten Year Plan to End Chronic Homelessness. Grants, tax credits and other funding sources are being identified to support the creation of continued development of permanent supportive housing for the chronically homeless. As indicated by the response to the previous question, a variety of sites are currently at various stages in the pipeline for the creation of this housing. As new units come online, work will continue in order to bring online the the Ten Year Plan's target of at least 500 units of permanent supportive housing.

How many permanent housing beds do you currently have in place for chronically homeless persons? 67

How many permanent housing beds do you plan to create in the next 12-months? 57

How many permanent housing beds do you plan to create in the next 5-years? 250

How many permanent housing beds do you plan to create in the next 10-years? 500

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

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

Instructions:

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

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

The CoC is already exceeding the goal of 77% by coordinating with the Ten Year Plan office to increase the availability of case management and supportive services which are critical to the provision of permanent supportive housing, whether that housing is in new developments like Minvilla Manor, or in existing housing throughout the community. Additionally, we will continue to encourage and coordinate with programs like Circles of Support, an innovative local faith-based initiative that recruits small teams of mentors from area congregations and matches them with formerly homeless individuals who have moved into permanent supportive housing. This program acknowledges that housing alone is not the final terminus of the Continuum of Care; success is achieved and permanent housing sustained when the formerly homeless are able to reconnect with the community.

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

This CoC is committed to supporting the objectives of our community's Ten Year Plan, the cornerstone of which is permanent housing. Case management and supportive services are critical to the provision of permanent supportive housing. Our Ten Year Plan is focused on developing sustainable means to fund those support services. This includes building fundraising capacity for service provider agencies, so that they can raise money from within the community. We also will seek to influence state and federal policies in order to encourage better coordination of grants for provision of services with programs like those of the CoC that are focused on housing development and operations. We will also seek to demonstrate the cost effectiveness of permanent supportive housing as a means to cause shifts in local budgets to fund supportive services for PSH.

What percentage of homeless persons in permanent housing have remained for at least six months? 83

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 83

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

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

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

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

Instructions:

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

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

In coordination with the Ten Year Plan office the CoC is working to make available additional units of permanent supportive housing in this community. This requires not only the development of additional housing units, but also the provision of professional case management and other supportive services. In addition, the CoC will encourage TH providers to review their individual programs to assure that they are focused on permanent housing placement as a key outcome.

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

A current initiative to develop a Ten Year Plan version 2.0 is strongly focused on development of rapid placement into permanent housing, coupled with services appropriate to the needs of each individual. Implementation of these strategies will increase the shift of individuals from transitional housing to permanent housing.

What percentage of homeless persons in transitional housing have moved to permanent housing? 41

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

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

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

Instructions:

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

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

This CoC continues to exceed this goal. Work will continue to connect people with income sources, whether that means use of the SOAR program to enroll eligible individuals for disability benefits or training and employment services to help people find appropriate full or part-time employment. It is important to note that current high unemployment rates create a very difficult and competitive market for homeless individuals, many of whom have limited skills and spotty work histories. As such, the 12-month goal has been adjusted to account for that challenge. We hope nonetheless to continue to exceed the 20% goal.

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

The CoC will continue efforts such as the Salvation Army's Operation Bootstrap, and Knox Area Rescue Ministry's culinary training programs to provide training, education, and employment assistance, with the objective of helping homeless individuals achieve at the highest level possible. Employment will continue to be a key component of reintegration into the community as more homeless individuals and families become housed.

What percentage of persons are employed at program exit? 43

In 12-months, what percentage of persons will be employed at program exit? 35

In 5-years, what percentage of persons will be employed at program exit? 45

In 10-years, what percentage of persons will be employed at program exit? 50

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

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

Instructions:

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

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

This CoC is coordinating with agencies implementing HPRP and other stimulus programs which can benefit homeless families and those at-risk of homelessness. While current economic conditions are placing a particular strain on families, the CoC will work to coordinate existing programs with HPRP and other resources to minimize the impact on families to the greatest extent possible. The CoC will assess the impact of these efforts on an ongoing basis and will adjust activities as possible to keep pace with the changing economic conditions throughout the year.

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

A current initiative to develop a Ten Year Plan version 2.0 is strongly focused on homelessness prevention as well as rapid placement into permanent housing, coupled with services appropriate to the needs of each individual or family. Implementation of these strategies will build on the initial successes of our Ten Year Plan and expand its focus beyond chronic homelessness to include at-risk and homeless families.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 45
- In 12-months, what will be the total number of homeless households with children?** 40
- In 5-years, what will be the total number of homeless households with children?** 30
- In 10-years, what will be the total number of homeless households with children?** 20

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

The Tennessee Department of Childrens Services includes protocols for discharge planning for children aging out of foster care. Practical experience indicates that these efforts at placement are often unsuccessful, either at discharge or at some point soon after. Efforts are being made to address this issue through encouraging the state interagency council on homelessness to address the issue as part of the development of a state ten-year homeless plan. Although the system currently falls short of the goal of zero discharges of youth into homelessness or McKinney-Vento funded housing, there are no McKinney-Vento funded projects that intentionally or specifically target discharged individuals as clients. The Ten Year Plan Office and the local Homeless Coalition are actively seeking to develop an improved discharge process over the coming year.

Health Care:

Currently there is no formal protocol for discharge planning for homeless individuals in the local health care system. Informally, some hospitals will attempt to locate housing, will attempt to contact homeless service providers to make arrangements, or will release individuals with no housing plan at all. Improvements in discharge planning is a key point of the local Ten Year Plan, and discussions with local hospitals are planned or are underway to address discharge planning as well as the cost savings to hospitals that can be achieved if they support housing and services organized under the structure and guidance of the Ten Year Plan. There are no McKinney-Vento funded projects that intentionally or specifically seek to serve as an acceptable housing option for patients discharged from the health care system.

Mental Health:

The Tennessee Department of Mental Health and Developmental Disabilities includes a protocol for discharge planning from its regional mental health institutes. Efforts are made at the institutions to locate appropriate housing for patients prior to discharge. Demand for treatment exceeds resources and local research as well as practical experience indicate that these efforts at housing placement are often unsuccessful. Work is underway locally to improve communication and understanding between discharging agencies and local homeless service agencies to improve the discharge planning process. Although the system currently falls short of the goal of zero discharges of patients into homelessness or McKinney-Vento funded housing, there are no McKinney-Vento funded projects that intentionally or specifically target discharged individuals as clients.

Corrections:

The Tennessee Department of Corrections include pre-release programs that include a housing plan. The Federal Bureau of Prisons also includes pre-release programs that include housing education and assistance. Practical experience indicates limited success with these programs. Short-term incarceration in local jails often leave insufficient time for the development of a housing placement program. Release of sex-offenders pose an especially significant challenge, with street homelessness frequently being the result. Work is underway locally to develop during the coming year pre-and post adjudication jail diversion programs to better address the issues of mental illness and addiction as affected individuals interface with the criminal justice system. Jail diversion would include housing and treatment to break the cycle of homelessness and incarceration. Although the system currently falls short of the goal of zero releases into homelessness or McKinney-Vento funded housing, there are no McKinney-Vento funded projects that intentionally or specifically target discharged individuals as clients.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: The City of Knoxville and Knox County refer to and incorporate the Knoxville-Knox County CoC into their consolidated plans. As such, the CoC's goals and strategies become the Consolidated Plans' strategies.

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

HPRP funds are coming to our community through two conduits: the City of Knoxville and the Tennessee Housing Development Agency (THDA). The City of Knoxville's Community Development Department currently coordinates closely with the Implementation Office of the Knoxville-Knox County Ten Year Plan to End Chronic Homelessness (TYP) and the Continuum of Care (CoC). As such, the established strategies regarding homelessness prevention and rapid re-housing are already aligned among these organizations. In keeping with this, the City coordinated directly with the CoC in establishing priorities and selecting programs to use HPRP funds. The selected activities for HPRP funding are designed to maximize use of other mainstream resources in order to help the homeless quickly access housing or to prevent homelessness in the first place, which is consistent with TYP and CoC goals. This direct cooperation will continue in order to assure that the HPRP funds are used as intended, and to carry out the aligned goals of the Ten Year Plan, Continuum of Care and the City. THDA worked directly with our CoC to select the Knoxville-Knox County Community Action Committee to provide HPRP-funded services in Knoxville. CAC is also providing much of the City's HPRP-funded programming, with the remainder of these services being provided by Legal Aid of East Tennessee.

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

The City of Knoxville Community Development Department is administering local NSP funds, and has coordinated directly with the CoC and with the Ten Year Plan office to identify programming priorities for this funding. KCDC, the local public housing authority, is coordinating with the CoC and the Veterans Administration to make available our community's first set of HUD-VASH vouchers in the fall of 2009. The Knoxville-Knox County Community Action Committee is administering other ARRA funded programming, and is coordinating that directly with City and THDA-funded HPRP services.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	73	Beds	33	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	81	%	83	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	62	%	41	%
Increase percentage of homeless persons employed at exit to at least 19%	33	%	43	%
Decrease the number of homeless households with children.	40	Households	45	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

This CoC exceeded the goals for the second and fourth objectives. The challenges for achieving the goals for the other three are related, and center on the need for sufficient quantities of affordable, appropriate permanent housing. Our Ten Year Plan is focused on development of PSH units for the chronically homeless. New beds occupied during the past year have all been placements in existing public housing, section 8, and other private housing locations, with supportive services provided at those locations. Rehab of the 57 units for Minvilla Manor have been challenged by economic conditions and the complications of pulling together multiple funding sources for affordable housing in an historic structure. Those challenges have been met, and construction is now underway. Development of additional units face the same economic challenges, with additional delays caused by NIMBY conflicts as sites are identified and placed under contract for purchase and development. The same issues related to availability of affordable housing and scarcity of section 8 vouchers make it more difficult to achieve the goals for moving people from transitional housing into permanent housing, and decreasing the number of homeless families. As economic conditions begin to improve, and as we work through the difficult process of developing permanent supportive housing, this CoC will meet and exceed these goals as well.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	162	35
2008	277	34
2009	250	113

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations					
Total	\$0	\$0	\$0	\$0	\$0

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

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	24
b. Number of participants who did not leave the project(s)	42
c. Number of participants who exited after staying 6 months or longer	21
d. Number of participants who did not exit after staying 6 months or longer	34
e. Number of participants who did not exit and were enrolled for less than 6 months	8
TOTAL PH (%)	83

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	107
b. Number of participants who moved to PH	44
TOTAL TH (%)	175

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

Instructions:

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

Total Number of Exiting Adults: 527

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	51	10	%
SSDI	11	2	%
Social Security	9	2	%
General Public Assistance	7	1	%
TANF	49	9	%
SCHIP	0	0	%
Veterans Benefits	3	1	%
Employment Income	226	43	%
Unemployment Benefits	8	2	%
Veterans Health Care	3	1	%
Medicaid	49	9	%
Food Stamps	133	25	%
Other (Please specify below)	77	15	%
child support, TennCare, gifts from family/friends, workers comp., rental assistance, WIC			
No Financial Resources	156	30	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

The CoC reviews APRs during the CoC application and review process and provides feedback to applicants emphasizing client access to mainstream programs. The CoC and Ten Year Plan Office emphasize the need for chronically homeless clients to access mainstream programs as well as employment and benefits income as crucial to making more permanent supportive housing available.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

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

10/28/08; 12/09/08; 1/27/09; 2/24/09; 3/24/09; 5/5/09; 5/26/09; 6/23/09; 7/28/09; 8/25/09; 9/22/09; 10/27/09.

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. Monthly or more

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

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

Has the CoC participated in SOAR training? Yes

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

February 28-29, 2008.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers conduct needs assessments with clients and identify eligibility for benefits. Assistance is then provided in applying for appropriate benefits. Case managers from 10 agencies received SOAR training, and are now implementing that program in our community.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Commodities, Community Food and Nutrition, CSBG programs, LIHEAP, General Assistance, Family Assisatnce	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case management follow-up and client record keeping, often through HMIS.	

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 Part A
 Lead Agency:**

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Operation Bootstr...	2009-10-21 14:29:...	1 Year	The Salvation Army	207,648	Renewal Project	SHP	TH	F
Knoxville HMIS	2009-11-10 13:33:...	1 Year	The University of...	132,282	Renewal Project	SHP	HMIS	F
Project SUCCEED	2009-10-15 15:54:...	1 Year	Knoxville-Knox Co...	139,050	Renewal Project	SHP	SSO	F
Helen Ross McNabb...	2009-11-06 13:42:...	1 Year	Helen Ross McNabb...	61,209	Renewal Project	SHP	SH	F
Pleasantree Apart...	2009-10-16 16:55:...	1 Year	Child & Family Te...	268,697	Renewal Project	SHP	PH	F
Parkridge Harbor ...	2009-10-21 08:48:...	1 Year	Positively Living	70,204	Renewal Project	SHP	SH	F
Flenniken Housing	2009-11-23 15:52:...	2 Years	Knoxville Leaders...	115,490	New Project	SHP	PH	P1
Families In Need	2009-10-15 15:50:...	1 Year	Knoxville-Knox Co...	90,096	Renewal Project	SHP	SSO	F
REACH	2009-10-15 15:56:...	1 Year	Knoxville-Knox Co...	104,580	Renewal Project	SHP	SSO	F
Elizabeth's Home ...	2009-11-19 09:32:...	1 Year	Catholic Charitie...	116,698	Renewal Project	SHP	TH	F

Budget Summary

FPRN	\$1,190,464
Permanent Housing Bonus	\$115,490
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	TN-502 Certificat...	11/18/2009

Attachment Details

Document Description: TN-502 Certification of Consistency with
Conplans

APPENDIX E

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number Knoxville's Community Development Corporation/TN003		Locality (City/County & State) Knoxville/Knox County/Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	3,062,030	1,500,000	1,574,000	1,430,000
C.	Management Improvements		0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		460,295	1,101,499	373,154	480,503
F.	Other		14,999	100,000	51,000	237,000
G.	Operations		0	0	0	0
H.	Demolition		450,000	1,296,000	1,494,000	0
I.	Development		0	0	508,470	1,850,371
J.	Capital Fund Financing – Debt Service		1,711,683	1,701,508	1,698,383	1,701,133
K.	Total CFP Funds		5,699,007	5,699,007	5,699,007	5,699,007
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		5,699,007	5,699,007	5,699,007	5,699,007

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary (Continuation)

PHA Name/Number Knoxville's Community Development Corporation/TN003		Locality (City/county & State) Knoxville/Knox County/Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
		Annual Statement				
	TN3-1 Western Heights		487,737	3,022,487	1,544,817	1,577,101
	TN3-5 Lonsdale Homes		1,027,010	1,020,905	1,123,030	1,020,680
	TN3-6 Austin Homes		0	0	0	0
	TN3-7 Love Towers		0	0	0	0
	TN3-8 Taylor Homes		0	35,000	781,794	1,115,754
	TN3-9 Lee Williams		55,600	813,860	1,311,913	951,669
	TN3-10 Cagle Terrace		0	0	0	0
	TN3-11 Northgate Terrace		0	0	0	0
	TN3-12 Christenberry Heights		684,673	680,603	679,353	680,453
	TN3-13 Montgomery Village		3,423,987	0	0	0
	TN3-18 Isabella Towers		0	0	0	0
	TN3-22 Passport Homes		0	0	0	0
	TN3-23 Passport Residences		0	0	0	0
	Agency-Wide		20,000	126,152	258,100	353,350
			5,699,007	5,699,007	5,699,007	5,699,007

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	TN 3-1/Western Heights Renovate apartments (includes overhead & contingency)	147	1,470,000	TN 3-1/Western Heights Renovate apartments (includes overhead & contingency)	143	1,430,000
	TN 3-1/Western Heights Relocation	100	30,000	TN 3-1/Western Heights Landscaping	N/A	100,000
Annual	TN 3-1/Western Heights Project Management Fee	N/A	43,350	TN 3-1/Western Heights Project Management Fee	N/A	44,217
	TN 3-1/Western Heights Construction Management Fee	N/A	1,467	TN 3-1/Western Heights Construction Management Fee	N/A	2,884
	TN 3-5/Lonsdale Homes Collateralization of Debt	N/A	1,019,030	TN 3-5/Lonsdale Homes Collateralization of Debt	N/A	1,020,680
Statement	TN 3-5/Lonsdale Homes Replace Mechanicsville windows	26 units	104,000	TN 3-8/Taylor Homes Landscaping	N/A	64,000
	TN 3-8/Taylor Homes Demolition	41 Bldgs	738,000	TN 3-8/Taylor Homes Development of Replacement Housing Units On Footprint	5 Units	1,000,371
	TN 3-8/Taylor Homes Relocation	50	21,000	TN 3-8/Taylor Homes Project Management Fee	N/A	30,760
	TN 3-8/Taylor Homes Project Management Fee	N/A	21,935	TN 3-8/Taylor Homes Construction Management Fee	N/A	20,623
	TN 3-8/Taylor Homes Construction Management Fee	N/A	859	TN 3-9/Lee Williams Development of Replacement Housing Units On Footprint	6 Units	850,000
	TN 3-9/Lee Williams Demolition	42 Bldgs	756,000	TN 3-9/Lee Williams Landscaping	N/A	73,000
	TN 3-9/Lee Williams Develop Replacement Housing Off Footprint	4 Units	508,470	TN 3-9/Lee Williams Project Management Fee	N/A	26,675
	TN 3-9/Lee Williams Project Management Fee	N/A	36,543	TN 3-9/Lee Williams Construction Management Fee	N/A	1,994
	TN 3-9/Lee Williams Construction Management Fee	N/A	10,900	TN 3-12/Christenberry Heights Collateralization of Debt	N/A	680,453
	TN 3-12/Christenberry Heights Collateralization of Debt	N/A	679,353	Agency-Wide Management Fee	N/A	353,350
	Agency-Wide Management Fee	N/A	258,100			
	Subtotal of Estimated Cost		\$5,699,007	Subtotal of Estimated Cost		\$5,699,007

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part I: Summary	
PHA Name: Knoxville's Community Development Corporation	Grant Type and Number Capital Fund Program Grant No: TN37P00350110 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) ³	0			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)	127,528			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	1,189,858			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	2,677,138			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Knoxville's Community Development Corp		Grant Type and Number Capital Fund Program Grant No: TN37P00350110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	1,704,483			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	5,699,007			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security - Soft Costs	0			
24	Amount of line 20 Related to Security - Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			
Signature of Executive Director		Date 3/25/2010		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Knoxville's Community Development Corporation			Grant Type and Number Capital Fund Program Grant No: TN37P00350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN 3-1 Western Heights	A&E Fees for demo & site planning	1430	N/A	471,760				
TN 3-1	Project Management Fee	1430	N/A	13,634				
TN 3-5 Lonsdale Homes	Debt Service	1501	N/A	1,022,690				
TN 3-9 Lee Williams	Project Management Fee (replacement housing)	1430	N/A	100,000				
TN 3-12 Christenberry Heights	Debt Service	1501	N/A	681,793				
TN 3-13 Montgomery Village	Renovate apartments (includes overhead & contingency)	1460	194	2,269,138				
TN 3-13	Construction management fee	1430	N/A	150,103				
TN 3-13	A&E Fees (unit renovation)	1430	N/A	315,403				
TN 3-13	Project Management Fee	1430	N/A	106,718				
TN 3-31 Virginia Walker Apts	Renovate apartments (includes overhead & contingency)	1460	50	408,000				
TN 3-31	Energy Audit Fees	1430	N/A	20,000				
TN 3-31	Construction Management Fee	1430	N/A	12,240				

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Knoxville's Community Development Corporation			Grant Type and Number Capital Fund Program Grant No: TN37P00350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Agency-Wide	KCDC Management Fee	1410	N/A	127,528				
GRAND TOTAL				5,699,007				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

APPENDIX F