

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: FL-605 - West Palm Beach/Palm Beach County CoC

1A-2. Collaborative Applicant Name: Palm Beach County Board of County Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Palm Beach County Board of County Commissioners

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Palm Beach County Continuum of Care, operating through the Homeless and Housing Alliance (HHA), maintains an open, year-round, transparent process for recruiting, onboarding, and retaining individual and organizational members. This approach broadens community participation, incorporates diverse perspectives, particularly those of individuals with lived experience in homelessness, and aligns local governance with federal HUD priorities. The CoC invites new members across Palm Beach County on a continuous basis. A dedicated portal on the Palm Beach County Community Services Department website outlines membership benefits, voting privileges, and governance structures. Organizations, service providers, advocates, and community members can submit an application at any time. All general membership, committee, and board meetings are posted publicly on the website calendar with virtual links, agendas, and meeting materials, with attendance open to the public without fees. Recruitment is publicized through County press releases, email blasts across agency listservs, and social media. Outreach actively targets underrepresented groups, key stakeholders, and specialized providers. Youth with experience of homelessness engage in Youth Action Board activities facilitated through partner youth providers. The HHA also recruits individuals with lived expertise for general membership, committees, and board seats, providing stipends and transportation support where permissible. In alignment with federal guidelines, the HHA intentionally engages healthcare and behavioral health partners, including Community Mental Health Centers, Certified Community Behavioral Health Clinics, FQHCs, and hospitals. Outreach extends to substance use providers, victim service agencies, domestic violence shelters, human trafficking organizations, chambers of commerce, and landlords. Any resident or local entity in Palm Beach County can join the CoC. A dedicated committee focuses specifically on engaging new members. The CoC conducts quarterly orientations to familiarize new members with CoC operations, HUD priorities, funding structures, and the local homeless system of care. Members in good standing receive an onboarding packet detailing the Governance Charter and committee descriptions. All committee minutes, policies, and funding recommendations are published online, ensuring full visibility into continuum priorities.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) maintains an open, year-round, transparent process to solicit and evaluate community feedback on overall system performance, strategic planning, and priority setting. This multi-channel approach ensures a broad array of stakeholders, including individuals with lived experience, service providers, advocates, and local residents, directly inform continuum policies, HUD funding priorities, and proactive homeless prevention goals. To maximize visibility and public access, the CoC utilizes the Palm Beach County Community Services Department website as its primary communications portal. All general membership, committee, and Governance Board meetings are posted publicly with virtual links, physical locations, agendas, and meeting materials, incorporating dedicated public comment periods for non-funded stakeholders and community members to address leadership directly. System feedback is continuously gathered and analyzed through specialized subcommittees, including HMIS, Unsheltered Outreach, and the Youth Homelessness Demonstration Program (YHDP). Critically, this feedback loop directly incorporates community input regarding homeless prevention, eviction diversion, and early intervention needs. The CoC engages prevention providers, legal aid partners, and emergency assistance agencies to evaluate community inflow, identify housing instability trends, and refine system-wide prevention protocols. Additionally, the HHA hosts structured community forums utilizing panels and interactive breakout groups to evaluate regional priorities, identify system gaps, and align local efforts with the 10-Year Plan to End Homelessness. These forums engage key partners across healthcare, behavioral health, victim services, legal aid, and advocacy sectors to directly shape local scoring criteria, prevention resource allocation, and annual funding strategies. Feedback collected across all platforms is synthesized by lead agency staff and submitted to the HHA Governance Board for review during annual policy revisions, charter updates, and project ranking. Proposed strategies, governance policies, prevention frameworks, and final funding recommendations are published for public review prior to formal board adoption, ensuring total transparency and accountability across the entire geographic area.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CA maintains an open, equitable, and transparent process to solicit, accept, and evaluate project proposals from organizations that have not previously received CoC funding, including faith-based entities. To expand system capacity and address emerging community needs, the CA conducts proactive, targeted outreach to non-funded agencies, encouraging applications that align with HHA local priorities. To support smaller or emerging organizations, the CA actively promotes mentorship partnerships with seasoned providers who can serve as fiscal agents, enhancing administrative capacity and guiding new applicants through federal compliance requirements. Funding opportunities and instructions are broadly disseminated across multiple channels, including the Palm Beach County Community Services Department listserv, official county social media platforms, the departmental website, and the county Vendor Self-Service system, which automatically publishes notices in local media outlets such as the Palm Beach Post. To build applicant readiness, prospective candidates are invited to dedicated technical assistance workshops and town-hall-style Q&A sessions integrated into monthly HHA meetings and orientation workshops. Detailed application guidance, scoring rubrics, and resource links are posted publicly on the HHA website. To maintain complete fairness, a dedicated email address is established for applicant inquiries, and all submitted questions and official responses are published publicly on the website for equal access. Upon submission, CA staff review all proposals against threshold criteria. Eligible applications advance to the non-conflict Grant Review Committee, which reviews, scores, and ranks proposals during open public meetings using objective criteria grounded in HHA priorities. The resulting funding recommendations are submitted to the HHA Governance Board for review and approval. Final scoring results and project rankings are published on county and HHA websites and distributed directly to the general membership.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

To address system gaps under 42 U.S.C. 11386b(d), the CoC implements a targeted strategy centered on high-acuity supportive housing, recovery environments, and a syndemic framework. HMIS data and Point-in-Time counts identified a critical gap: an acute shortage of integrated recovery beds paired with healthcare and behavioral health supports for individuals with co-occurring mental illness, substance use, and physical health crises. Employing a syndemic approach, the strategy addresses how homelessness, addiction, infectious disease, and justice involvement interact to compound health and housing disparities. The plan targets all key subpopulations: Permanent Supportive Housing with low-barrier intake for chronically homeless individuals; Youth Action Board-guided Rapid Re-Housing for youth; HUD-VASH and SSVF alignment for veterans; and confidential housing for survivors of domestic violence. Additionally, street outreach partners with law enforcement Crisis Intervention Teams to divert individuals from justice involvement toward housing navigation. Implementation is overseen by the HHA Governance Board, executed by the CA and monitored monthly by the HMIS Subcommittee. Over an 18-month execution timeline (Q1 FY26 through Q2 FY27), key milestones include: expanding sober living recovery beds by Q2 FY26; deploying integrated mobile health units by Q3 FY26; and finalizing specialized subpopulation intake pathways by Q4 FY26. Planned activities leverage specific funding sources, including federal HUD CoC Program grants, ESG, Opioid Settlement funds, local Palm Beach County Community Services Department appropriations, and SAMHSA behavioral health grants. Progress is governed by quantifiable performance measures tracked in HMIS: increasing permanent housing retention to at least 92%, reducing the average length of homelessness to under 60 days, decreasing two-year returns to homelessness to below 8%, and achieving a 15% increase in participant cash income.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	5%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

n/a

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

To deliver comprehensive outpatient treatment for mental health and substance use disorders, the HHA integrates clinical behavioral healthcare with regional community access infrastructure and quality-assured recovery housing models. The CoC collaborates with Community Mental Health Centers, CCBHCs, FQHCs, licensed addiction treatment providers, and regional Access HUBs (including the Lake Worth and Delray HUBs) to ensure unhoused individuals receive immediate, low-barrier entry to evidence-based outpatient services, street outreach, peer support, and healthcare navigators. Outpatient care encompasses a full spectrum of intensity, ranging from routine outpatient therapy and Intensive Outpatient Programs (IOP) to partial hospitalization and step-down recovery environments. Licensed clinicians deliver trauma-informed care, individual and group therapy, and targeted psychosocial interventions, such as Cognitive Behavioral Therapy and Seeking Safety. Medical and psychiatric teams oversee psychiatric medication management and Medication-Assisted Treatment (MAT) for opioid and alcohol use disorders. Universal Columbia-Suicide Severity Rating Scale (C-SSRS) screening is embedded across outreach teams, housing programs, and Access HUBs, linking high-risk individuals directly to Mobile Crisis Units and the 988 Suicide & Crisis Lifeline. To uphold high-quality, safe, and accountable recovery environments, the CoC aligns housing pathways with Florida Association of Recovery Residences (FARR) certification standards. FARR-certified recovery residences and sober living facilities provide structured, peer-supported environments equipped with house manager oversight, drug testing protocols, and supportive service agreements. These residences partner directly with outpatient clinical providers to deliver peer recovery coaching, Wellness Recovery Action Planning (WRAP), life skills training, and workforce development, fully supported through leveraged Opioid Settlement funds, SAMHSA grants, local county appropriations, and Medicaid billing.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

To integrate peer recovery specialists and peer navigation into its homeless response framework, the Palm Beach County Continuum of Care (CoC), operating through the Homeless and Housing Alliance (HHA), leverages direct project models and strategic partnerships with peer-led organizations like Rebel Recovery Palm Beach and The Lord's Place. The CoC embeds Certified Recovery Peer Specialists (CRPS) individuals with direct personal lived experience in homelessness, substance use recovery, mental health challenges, or criminal justice involvement—across street outreach, shelter engagement, and housing stabilization. As Palm Beach County's accredited Recovery Community Organization (RCO), Rebel Recovery provides low-barrier, non-clinical peer support and recovery navigation. Their CRPS staff engage unhoused individuals through mobile outreach, harm reduction services, and at their walk-in Recovery Community Center. Rebel Recovery specialists deliver individualized recovery planning, peer coaching, connections to Medication-Assisted Treatment (MAT), healthcare navigation, and assistance in transitioning individuals into Florida Association of Recovery Residences (FARR)-certified sober housing. Their peer navigators support participants across multiple pathways of recovery, establishing non-judgmental trust that fosters participant retention in the CoC's Coordinated Entry System. Complementing this, The Lord's Place utilizes an Outreach Peer Support model embedded directly within its street outreach, engagement, and housing navigation teams. Certified peer advocates and specialists conduct specialized street-level engagement to connect unsheltered individuals experiencing severe mental illness and substance use disorders to crisis stabilization, healthcare, and housing pathways. Working alongside clinical case managers, peer specialists at The Lord's Place build authentic rapport, assist with document readiness, accompany clients to medical and court appointments, and provide ongoing peer mentoring to ensure long-term housing retention and community reintegration. Together, these peer support models provide essential, low-threshold bridges that engage high-acuity, vulnerable populations, guide them through housing and healthcare systems, and sustain long-term recovery and housing stability.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

To identify individuals experiencing Serious Mental Illness (SMI) and connect them with intensive care coordination and treatment, the HHA implements a proactive, street-level identification strategy paired with multidisciplinary street medicine teams, Assertive Community Treatment (ACT) models, and integrated clinical care. Identification begins during initial street outreach, shelter intake, and Coordinated Entry assessments using standardized mental health screening tools administered by trained outreach workers and peer navigators. To reach unsheltered individuals experiencing severe psychiatric crises who rarely access traditional clinic settings, the CoC partners directly with the Health Care District of Palm Beach County and Integrated Healthcare. Through this collaborative street medicine model, licensed clinicians, including psychiatric advanced practice registered nurses, physicians, and clinical social workers are deployed directly alongside CoC Homeless Outreach Teams (HOT). These mobile clinical units provide real-time, street-based psychiatric evaluations, primary care, crisis stabilization, wound care, and direct medication management on-site in encampments, under bridges, and at day resource centers. For individuals identified with high-acuity SMI, complex trauma, or frequent utilization of emergency departments and crisis stabilization facilities, the CoC facilitates immediate warm-handoff referrals to high-intensity community care models. This includes connection to local Assertive Community Treatment (ACT) teams and Forensic Assertive Community Treatment (FACT) teams, which deliver 24/7 mobile, multidisciplinary clinical support, psychiatric care, and intensive case management in community settings. Additionally, the CoC coordinates with local Community Mental Health Centers and Certified Community Behavioral Health Clinics (CCBHCs) to provide wraparound care management, outpatient therapy, psychiatric medication management, and peer recovery navigation. By combining street medicine clinicians from the Health Care District and Integrated Healthcare with ACT teams and low-barrier supportive housing pathways (such as Permanent Supportive Housing and recovery-oriented transitional beds), the CoC ensures unhoused individuals with SMI transition safely from unsheltered homelessness into clinical stability, long-term housing retention, and sustained recovery.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The Palm Beach County CoC partners with the 15th Judicial Circuit Specialty Courts (Drug Court and Mental Health Court) and Southeast Florida Behavioral Health Network (SEFBHN) to serve individuals with behavioral health disorders. Participants receive court-monitored treatment, Assisted Outpatient Treatment (AOT), and FACT care coordination. The CoC also collaborates with local Baker Act and Marchman Act receiving facilities to ensure warm-handoff discharge planning into housing.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC coordinates directly with the 15th Judicial Circuit Specialty Courts, Southeast Florida Behavioral Health Network (SEFBHN), and local civil commitment entities to leverage legal frameworks while advancing long-term housing stability and independence. To bridge court mandates with voluntary supportive housing, the CoC embeds Coordinated Entry System (CES) navigators and peer recovery specialists within specialty court dockets, Assisted Outpatient Treatment (AOT) clinical teams, and crisis receiving facilities. When individuals facing severe behavioral health crises enter court orders, such as Drug Court or Mental Health Court diversion agreements, AOT mandates, or Baker Act/Marchman Act civil commitment discharge plans, the CoC leverages these judicial frameworks to structure immediate, stable housing pathways. Court-ordered treatment plans provide accountability and structured outpatient care, while CoC providers deliver Permanent Supportive Housing (PSH) and FARR-certified recovery housing under Housing First principles. Rather than making housing contingent on compliance, court orders ensure consistent client engagement with multidisciplinary care teams, enabling case managers to address behavioral health needs without risking housing status. Multidisciplinary care teams, including AOT clinicians, Forensic Assertive Community Treatment (FACT) specialists, and CoC case managers, conduct joint care planning to support participant self-sufficiency. Court updates and clinical reviews monitor stability, medication adherence, and primary care linkage. Simultaneously, CoC project staff engage participants in life skills development, vocational rehabilitation, and benefits enrollment (SOAR) to build financial independence. As individuals stabilize under court-monitored treatment and fulfill legal requirements, the CoC facilitates progressive step-down strategies. Participants transition from high-intensity court-monitored supportive housing into independent affordable housing or permanent rental subsidies, sustaining long-term community reintegration, recovery, and housing retention.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The Palm Beach County CoC partners with 211 Palm Beach & Treasure Coast (the local 988 crisis contact center), Mobile Crisis Teams, and local Crisis Stabilization Units (CSUs). 211 operates 24/7 suicide prevention, crisis intervention, and Coordinated Entry triage. Mobile Crisis Teams deploy alongside Homeless Outreach Teams (HOT) to perform real-time psychiatric stabilization in encampments, ensuring direct warm-handoff referrals from CSUs into low-barrier supportive housing.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	115

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CA maintains formal partnerships with Southeast Florida Behavioral Health Network (regional CMHC managing entity) and SAMHSA PATH providers including The Lord's Place and Gulfstream Goodwill. PATH providers deliver street outreach, clinical engagement, and case management to individuals with serious mental illness and co-occurring disorders. The CoC also partners with C.L. Brumback Primary Care Clinics (FQHC) for integrated outpatient mental health and substance use care.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The Palm Beach County CoC (FL-605) currently does not have any new or existing CoC Program-funded projects that operate as formal sober housing under 24 CFR 578.93(b)(5). CoC-funded projects in our community focus on immediate housing stability while offering comprehensive, voluntary access to substance use disorder treatment, recovery support, and peer specialists

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Health Clinics (CCBHCs), Community Mental Health Centers (CMHCs), and Federally Qualified Health Centers (FQHCs) to facilitate warm handoffs into stable housing and prevent entry into homelessness. The CoC embeds Coordinated Entry System (CES) housing navigators directly at emergency shelter sites and within key clinical facilities, including the Healthcare District, Southeast Florida Behavioral Health Network (SEFBHN) provider sites, Mobile Crisis Response Teams, and C.L. Brumback Primary Care Clinics (FQHC). When individuals with severe behavioral health or substance use disorders engage in outpatient treatment or face discharge from acute settings, clinical staff initiate immediate warm handoffs to embedded CES shelter navigators rather than discharging clients to unsheltered locations. Homeless Outreach Teams (HOT) serve as the primary engagement bridge for unsheltered individuals experiencing serious mental illness and co-occurring disorders. HOT teams conduct targeted field outreach alongside CMHC clinicians, identifying unsheltered individuals in crisis and establishing immediate linkages to low-barrier supportive housing and emergency shelter navigation. To prevent homelessness among individuals exiting behavioral health care, the CoC utilizes a centralized multi-agency care coordination protocol. CMHC case managers, emergency shelter navigators, and CoC housing specialists conduct joint discharge planning up to 90 days prior to treatment completion. During this phase, participants are assessed using standardized CES tools, matched to appropriate permanent supportive housing or rapid re-housing subsidies, and connected to mainstream benefit programs, including SOAR (SSDI/SSI Outreach, Access, and Recovery). For individuals at imminent risk of losing housing due to behavioral health crises, the CoC coordinates with 211 Palm Beach & Treasure Coast and local CMHCs to deploy targeted homelessness prevention funds, emergency rental assistance, and intensive home-based case management. By integrating behavioral health treatment with proactive housing navigation, joint care management, and direct warm-handoff discharge pathways, the CoC ensures individuals remain stably housed while achieving long-term recovery.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$11,921,263

2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$4,552,295
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	38%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$4,500,479
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	76%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The HHA, through its designated Collaborative Applicant maintains direct, continuous consultation with local and state Emergency Solutions Grant (ESG) recipients. Palm Beach County is an urban county entitlement ESG recipient, and Palm beach County Community Services Department (CSD) directly administers the entitlement ESG allocation alongside State of Florida ESG funds pass-through. Consultation occurs across four main areas: allocation planning, performance standards, HMIS integration, and reporting. As the ESG entitlement recipient and CoC lead, CSD aligns local ESG funding priorities with the HHA strategic plan. HHA leadership and committee stakeholders participate directly in establishing ESG allocation categories, prioritizing funds for Rapid Re-Housing (RRH), Emergency Shelter operations, street outreach, and Homelessness Prevention. To ensure consistency across funding streams, the CoC and ESG recipient co-develop written standards for ESG and CoC-funded programs. ESG subrecipients are required to maintain active HHA membership, utilize the Coordinated Entry System (CES) for participant intake, and adhere to uniform Standards of Care. The CoC and ESG recipient continuously evaluate performance measures, including shelter exit rates, length of stay, and housing retention, using centralized HMIS data managed by CSD. Furthermore, CSD coordinates consolidated planning efforts by incorporating CoC Gaps Analysis findings and Point-in-Time (PIT) count data directly into Palm Beach County's HUD Consolidated Plan and Annual Action Plans. Through regular HHA board reviews, joint monitoring, and synchronized NOFO/RFP releases, the CoC ensures ESG funding complements CoC resources, eliminates service duplication, and optimizes housing outcomes across the geographic area.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The HHA coordinates systematically with all emergency shelter, transitional housing, and domestic violence providers across the geographic area to ensure rapid, equitable connection to CoC housing resources and permanent supportive services. Central to this coordination is the CoC's standardized Coordinated Entry System (CES), which operates seamlessly across all emergency shelter facilities. Dedicated CES Housing Navigators and shelter case managers are co-located within five shelter sites. Upon intake, shelter staff immediately administer the standardized CES assessment in the centralized Homeless Management Information System (HMIS) to evaluate vulnerability, housing barriers, and service needs. This real-time data integration ensures every sheltered individual and family is automatically added to the CoC By-Name List and prioritized for appropriate CoC-funded housing interventions, such as Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH). To expedite housing placement and minimize length of stay in shelter, the CoC hosts weekly Multi-Agency Care Coordination and CES By-Name List review meetings. Representatives from emergency shelters, CoC housing providers, homeless outreach teams, and supportive service agencies meet to review prioritized households, resolve documentation barriers, coordinate housing match referrals, and arrange warm handoffs. Embedded shelter navigators assist participants with obtaining vital documentation, including government identification, disability verification, and income records, ensuring clients are document-ready when matched to a CoC housing opening. Additionally, the CoC partners with shelter providers to deliver proactive diversion and rapid exit services at shelter entry. Case managers leverage CoC and ESG-funded flexible financial assistance to prevent long-term shelter stays whenever safe, permanent housing alternatives exist. Through shared written standards, co-located navigation staff, bi-directional HMIS data sharing, and coordinated case conferencing, the CoC and emergency shelter providers maintain a streamlined, low-barrier pathway from crisis shelter to stable, permanent housing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The HHA systematically shares Point-in-Time (PIT) count, Housing Inventory Count (HIC), Homeless Management Information System (HMIS), and System Performance Measures (SPM) data with state and local government entities to inform regional housing strategies, align public investments, and strengthen the homelessness response system. As the CA and HMIS Lead Agency, the Palm Beach County Community Services Department (CSD) directly integrates CoC data into local and state governance frameworks. On a local level, CSD synthesizes PIT, HIC, and SPM data to produce annual homelessness reports presented directly to the Board of County Commissioners, local municipal leaders, and the Palm Beach County Criminal Justice Commission. This data directly informs Palm Beach County's HUD Consolidated Plan, Annual Action Plans, and local budget allocations for affordable housing, behavioral health, and crisis response systems. At the state level, the CoC routinely shares HMIS-derived performance data, HIC capacity reports, and PIT demographic findings with the Florida Department of Children and Families (DCF) State Office on Homelessness and the Southeast Florida Behavioral Health Network (SEFBHN). Through secure, aggregated data-sharing protocols compliant with HIPAA and 24 CFR Part 578, the CoC provides local data to support state homelessness policy evaluation, behavioral health funding allocations, and regional discharge planning across healthcare and criminal justice systems. Additionally, CSD utilizes interactive dashboards and quarterly data briefs to share system performance metrics, such as returns to homelessness, length of time homeless, and successful housing placements, with municipal housing authorities, law enforcement, and county healthcare districts. By actively embedding PIT, HIC, HMIS, and SPM data into cross-system planning meetings, joint NOFO alignments, and legislative advocacy efforts, the CoC ensures state and local leaders rely on actionable, real-time data to drive policy decisions and resource distribution across Palm Beach County.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

Our partnerships with behavioral health providers, criminal justice agencies, law enforcement, Veterans Affairs, and Ryan White service providers strengthen our ability to provide coordinated, client-centered care. Through established partnerships and appropriate client consents and authorizations, we obtain relevant information from participating agencies and service systems when permitted by applicable requirements. Access to this information helps our staff develop a comprehensive understanding of each client's circumstances, service needs, and existing supports, allowing us to coordinate with other providers, identify service gaps, reduce duplication, and make informed referral and case-management decisions. For example, information obtained through these partnerships helps us determine whether a client is receiving behavioral health services, has active or prior involvement with the criminal justice system, is connected to Veterans Affairs health care or housing vouchers, or is receiving medical case management through Ryan White services. With appropriate authorization, this multi-system data is incorporated directly into the client's care coordination and housing service plan within the Coordinated Entry System (CES). Additionally, the CA and HMIS Lead Agency utilize aggregate administrative data reports and cross-system indicators from local healthcare systems, public safety partners, and county corrections to track broad system-utilization trends. Combining individual client-level authorizations with broader cross-system data reporting enables participating organizations to work collaboratively, target street outreach and shelter navigation effectively, and optimize housing placement pathways while maintaining strict compliance with HIPAA, VAWA, and federal privacy regulations.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The HHA partners with CareerSource and coordinates with CoC housing navigators at key sites, including all of the emergency shelters, providing direct access to career counseling, job readiness training, and placement. Housing case managers align these workforce services with client housing plans to support increase in earned income and long-term stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The HHA maintains active partnerships between street outreach teams, first responders, and local law enforcement to promote positive interactions, build trust, and divert unsheltered individuals from criminal justice involvement into housing and supportive services. HOT teams operated through CSD and community providers, partner directly with municipal police departments, the Palm Beach County Sheriff's Office (PBSO), fire-rescue departments, and emergency medical services. Outreach workers routinely participate in co-response models, joint outreach sweeps, and crisis calls alongside law enforcement officers trained in Crisis Intervention Team (CIT) protocols. When first responders encounter individuals experiencing homelessness in public spaces, commercial corridors, or encampments, law enforcement connects with HOT teams to initiate immediate, trauma-informed engagement rather than executing citations or arrests. To maximize engagement and streamline access to CoC resources, outreach teams utilize these joint interactions to perform on-site intake, basic needs support, and Coordinated Entry System (CES) vulnerability assessments. First responders facilitate warm handoffs to HOT navigators, who connect individuals directly to emergency shelters, behavioral health crisis stabilization units, or medical respite facilities. Furthermore, outreach workers provide ongoing cross-training to law enforcement and first responders on Housing First principles, de-escalation strategies, and referral pathways into the CoC network. By prioritizing non-punitive, service-first co-response protocols, the CoC fosters respectful relationships with unsheltered residents, builds long-term client rapport, and establishes a seamless bridge from first-responder contact to stable, permanent supportive housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CA and its partners systematically integrate family and support-network reunification strategies into case management workflows to assist individuals and families in re-establishing safe, stable living arrangements outside the homelessness response system. Reunification efforts begin at initial intake across outreach teams, emergency shelters, and the Coordinated Entry System (CES). Case managers conduct thorough problem-solving conversations and housing assessments to identify safe, potential support networks, family members, or friends located locally or in other geographic areas. Before initiating any reunification process, case managers verify that the destination environment is safe, stable, and free from abuse risks, coordinating directly with receiving providers or family members to confirm established long-term support prior to departure. When out-of-area reunification is appropriate, CoC recipients utilize ESG, CoC supportive service funds, and local flexible assistance to cover travel costs, transportation logistics, baggage fees, and warm handoffs. Crucially, the CoC maintains a formal partnership with the Florida Department of Children and Families (DCF) and ChildNet, the local community-based care lead child welfare agency, to facilitate family reunification for households involved in the child welfare system. Through joint initiatives such as Prosperity Village, the CoC collaborates with ChildNet to provide permanent supportive housing and targeted rental assistance to families impacted by foster care who are ready for child welfare reunification, but where the lack of affordable housing serves as the primary barrier. Case managers deliver wrap-around support to ensure long-term housing stability and family preservation. For participants residing in CoC Program-funded housing or local shelters, case managers provide ongoing support to rebuild family connections, offer mediation, and link households to community-based counseling services. By combining safety verification, travel assistance, and cross-system child welfare partnerships like Prosperity Village, the CoC ensures reunification efforts lead to sustainable housing stability.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) maintains active partnerships with municipal and county governments, law enforcement agencies, and first responders to support local public safety efforts while connecting unsheltered individuals to housing and services. The CoC does not interfere with or impede local initiatives to advance public safety, aligning street outreach, emergency shelter, and crisis response workflows to assist first responders. Regarding encampments and public spaces, the CoC cooperates directly with municipal code enforcement, the Palm Beach County Sheriff's Office (PBSO), and local police. When local jurisdictions clear tents or remediate encampments, CoC Homeless Outreach Teams (HOT) deploy to perform on-site intake, basic needs support, and Coordinated Entry System (CES) assessments. Outreach navigators facilitate immediate warm handoffs to emergency shelters, ensuring individuals are offered shelter alternatives during public space management efforts. To address public drug use and behavioral health crises, the CoC collaborates with first responders, emergency medical services, and crisis stabilization units. Outreach staff work alongside Crisis Intervention Team (CIT) trained officers to offer substance use disorder treatment pathways, harm reduction, and medical respite referrals. When individuals meet criteria for involuntary commitment under Florida law (Baker Act or Marchman Act), the CoC supports emergency personnel during crisis stabilization and re-engages participants into housing pathways upon discharge. Additionally, the CoC adheres to information-sharing protocols under the Sex Offender Registry and Notification Act (SORNA). CoC providers coordinate with law enforcement to verify registry requirements while maintaining HMIS privacy safeguards, ensuring eligible participants receive housing support in compliance with public safety laws. Through these strategies, the CoC assists first responders and supports community safety.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) utilizes a multi-agency strategy to quickly clear tents and encampments while connecting unsheltered residents to housing and supportive services. In Palm Beach County, public space response is governed by state and local laws, including Florida House Bill 1365 (HB 1365), which prohibits unsheltered sleeping or camping on public property, and local municipal ordinances regulating public parks and rights-of-way. HB 1365 and local anti-camping ordinances enforce strict bans on public camping, creating a restrictive regulatory environment that risks displacing vulnerable individuals without housing options. To overcome the harmful effects of these laws, the CoC leverages Palm Beach County's non-punitive outreach policies and local Crisis Intervention Team (CIT) law enforcement agreements. Under these beneficial practices, the Palm Beach County Sheriff's Office (PBSO) and municipal police prioritize service-led diversions over citations when addressing encampments. The CoC plan pairs law enforcement notice with immediate CoC Homeless Outreach Team (HOT) deployment. When an encampment is slated for clearing, HOT navigators conduct on-site intake, basic needs support, and Coordinated Entry System (CES) vulnerability assessments. Navigators facilitate immediate warm handoffs to low-barrier emergency shelters, ensuring shelter options are provided before clearing occurs. This plan is supported by local quantitative and qualitative data. Quantitatively, the CoC's Point-in-Time (PIT) count identified 1,854 total homeless individuals, with 524 unsheltered. System Performance data shows HOT teams engaged over 80% of unsheltered individuals encountered in public encampments, placing 34% directly into emergency shelter or permanent housing destinations. Qualitatively, outreach and case management reports confirm that CIT co-response reduces client trauma during encampment resolution, fosters trust with law enforcement, and increases long-term enrollment in CoC permanent housing programs.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

In Palm Beach County, tents and public encampments remain predominantly small, transient, and decentralized rather than large, permanent settlements. While large-scale encampments are uncommon, unsheltered homelessness persists across urban centers, commercial corridors, transportation hubs, and wooded rights-of-way throughout West Palm Beach, Lake Worth Beach, and rural areas like the Glades. The current landscape is significantly shaped by the implementation of Florida House Bill 1365 (HB 1365), which enforces strict prohibitions on public camping and sleeping on public property. In response to heightened municipal code enforcement and law enforcement monitoring under HB 1365, unsheltered individuals frequently relocate to avoid detection or citations. This movement has caused encampments to become smaller, more dispersed, and continually shifting into hidden or less visible locations. To monitor and address these encampments rapidly, the Homeless and Housing Alliance (HHA) coordinates daily field activity through the Homeless Outreach Teams (HOT), operated by Palm Beach County Community Services Department (CSD) and community-based providers, alongside the Palm Beach County Sheriff's Office (PBSO) and local law enforcement. Data from recent Point-in-Time (PIT) counts and active HMIS outreach logs indicate that approximately 500 to 550 individuals are unsheltered on any given night across the county. Through joint co-response protocols, HOT teams maintain continuous real-time mapping of emerging encampments. When encampment clearing or public space remediation occurs, HOT teams conduct immediate on-site intake, deliver basic needs, execute Coordinated Entry System (CES) vulnerability assessments, and facilitate direct warm handoffs to low-barrier emergency shelter beds, preventing prolonged outdoor encampments while maintaining pathways to permanent housing.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) uses a public health and public safety framework to decrease public drug use and connect unsheltered individuals experiencing substance use disorders (SUD) to treatment and housing. Public drug use is addressed under Florida Statute 381.0038 and Palm Beach County Ordinance 2021-008 authorizing local harm reduction programs, alongside state drug enforcement laws and Marchman Act involuntary commitments (F.S. Chapter 397). Strict drug possession laws create a restrictive environment that risks criminalization and drives individuals using drugs in public away from services. To overcome these harmful effects, the CoC leverages local harm reduction authorization and Crisis Intervention Team (CIT) law enforcement diversion policies. Under County Ordinance 2021-008, the CoC coordinates with community harm reduction providers like Rebel Recovery's FLASH program and mobile outreach teams. These beneficial policies enable outreach navigators and peer specialists to engage individuals using drugs in public without fear of immediate legal prosecution, distributing Naloxone, providing wound care, and facilitating referrals to medication-assisted treatment (MAT) and detox. CoC Homeless Outreach Teams (HOT) work alongside CIT-trained officers from the Palm Beach County Sheriff's Office (PBSO) and municipal police to divert individuals from criminal justice processing into voluntary treatment. When public drug use poses an imminent danger, emergency personnel utilize Marchman Act protocols for stabilization, while CoC housing navigators coordinate with crisis stabilization units (CSUs) on post-discharge housing plans. This plan is supported by local quantitative and qualitative data. Quantitatively, local harm reduction partnerships distributed over 12,000 Naloxone units and facilitated more than 450 direct warm handoffs to SUD treatment annually, with system performance data showing 28% of outreach clients with chronic SUD transitioning into emergency shelter or permanent housing. Qualitatively, peer logs confirm field harm reduction builds trust, reduces public consumption, and bridges clients to long-term recovery.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) experiences significant public health and safety impacts from substance use, with illicit drug use and overdoses disproportionately affecting unsheltered individuals in public spaces. Synthetic opioids, primarily illicit fentanyl, combined with polysubstance use involving cocaine and methamphetamine, remain the primary drivers of non-fatal and fatal drug overdoses in parks, transportation hubs, encampments, and urban corridors across West Palm Beach, Lake Worth Beach, and Delray Beach. In Palm Beach County, emergency medical services (EMS) respond to thousands of overdose calls annually, with a substantial portion occurring in public or semi-public outdoor settings where unsheltered individuals reside. While local and statewide health data demonstrate a recent downward trend in overall fatal drug overdoses, attributable to expanded naloxone (Narcan) distribution, law enforcement diversion, and mobile harm reduction, non-fatal overdose events and public drug consumption remain elevated among chronically homeless individuals with severe substance use disorders (SUD). Public drug use creates heightened vulnerabilities for unsheltered persons, including increased exposure to fatal toxicity due to adulterated drug supplies (such as xylazine mixed with illicit opioids), severe skin and soft-tissue infections, physical victimization, and frequent interactions with criminal justice or crisis stabilization systems. To address these conditions in public spaces, the CoC leverages real-time surveillance data from the Florida Department of Health in Palm Beach County (FL-OD2A) and EMS overdose mapping to deploy Homeless Outreach Teams (HOT) directly to identified public overdose hot spots. Outreach teams work alongside Crisis Intervention Team (CIT) officers and peer recovery specialists to rapidly engage individuals using drugs in public spaces, offering immediate harm reduction tools, non-punitive stabilization pathways, and direct warm handoffs to voluntary treatment and permanent supportive housing.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) operates within Florida's legal framework governing individuals experiencing acute mental health or substance use crises who pose an imminent danger to themselves or others, primarily defined by the Baker Act (Florida Statute Chapter 394) for involuntary mental health examinations and the Marchman Act (Florida Statute Chapter 397) for involuntary substance use treatment. While strict statutory petition criteria and a lack of post-discharge support historically created restrictive environments that risked discharging stabilized individuals back into unsheltered homelessness or institutional cycling, the CoC overcomes these barriers by leveraging local Crisis Intervention Team (CIT) protocols established by the Palm Beach County Sheriff's Office (PBSO) and municipal police. Under these beneficial policies, Homeless Outreach Teams (HOT) work alongside CIT-trained officers to de-escalate field crises, prioritizing voluntary community-based treatment and diversion over arrest or involuntary commitment. When involuntary holds occur, CoC housing navigators coordinate directly with Crisis Stabilization Units (CSUs) and mobile crisis response teams like 211 Palm Beach/Treasure Coast to establish post-discharge housing plans that bridge clients into low-barrier Permanent Supportive Housing (PSH) and Rapid Re-Housing. This mitigation plan is supported by both quantitative and qualitative data: quantitatively, joint CIT/HOT responses divert over 320 individuals from involuntary commitment into voluntary treatment annually, with 84% of crisis-engaged clients enrolled in CoC PSH maintaining housing stability over 12 months without subsequent holds; qualitatively, peer navigator logs and client feedback confirm that early voluntary engagement and post-discharge housing navigation reduce fear of law enforcement, prevent repeated crisis hospitalizations, and establish long-term stability.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) maintains compliance with the Sex Offender Registration and Notification Act (SORNA) as codified under Florida Statute 943.0435, while ensuring homeless individuals subject to registration can access housing. Florida Statute 943.0435 requires registered individuals experiencing homelessness to report in person to the Palm Beach County Sheriff's Office (PBSO) quarterly and update address or temporary location information within 48 hours of any move, including exact cross-streets or encampment descriptions when unsheltered. While strict state registration timelines and local municipal residency restrictions (e.g., Palm Beach County Code Article VII prohibiting registered sex offenders from residing within 1,000 feet of schools, parks, or daycare centers) create restrictive environments that limit affordable housing placements and increase homelessness risks, the CoC overcomes these barriers by leveraging formal coordination policies with PBSO's Sex Offender Tracking Unit and Florida Department of Corrections Probation Services. Under these beneficial practices, CoC Homeless Outreach Teams (HOT) and housing navigators assist clients in accurately reporting temporary location changes to PBSO, ensuring full SORNA compliance without risking absconding warrants. Furthermore, the CoC utilizes specialized housing navigation to identify compliant, non-restricted private rentals and low-barrier transitional housing options. This plan is backed by quantitative and qualitative data: quantitatively, CoC HOT and re-entry navigators facilitated 100% compliant location reporting for over 85 registered unsheltered individuals annually, achieving a 91% successful transition into compliant, stable housing without SORNA registration violations; qualitatively, PBSO liaison feedback and outreach logs confirm that proactive location-sharing and navigator assistance eliminate legal fear, improve public safety tracking accuracy, and build trust between registered individuals, law enforcement, and CoC housing providers.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) executes a multi-layered geographic street outreach strategy to identify, engage, and connect all individuals and families experiencing unsheltered homelessness across its 2,386-square-mile area, including coastal urban centers, rural agricultural regions (the Glades), and encampments in public spaces. The CoC deploys dedicated Homeless Outreach Teams (HOT) operated by Palm Beach County Community Services Department alongside specialized partner outreach teams (e.g., The Lord's Place, City of West Palm Beach, Vita Nova for youth, and West Palm Beach VA Medical Center for veterans). Outreach specialists conduct daily mobile field engagements in non-traditional locations, such as parks, bus stations, wooded encampments, library lots, 24-hour retail spaces, and remote agricultural corridors. To reach individuals not otherwise engaged in services or mistrustful of system interventions, HOT employs a trauma-informed, harm-reduction approach centered on peer navigators with lived experience who build trust through basic needs distribution (food, hygiene kits, weather gear) before introducing assessment services. System entry is democratized through a 24/7 Coordinated Entry hotline via 211 Palm Beach/Treasure Coast and a dedicated outreach referral line ((833) HHA-WILL), enabling community members, law enforcement, hospital discharge planners, school liaisons, and business owners to request direct dispatch of outreach staff to unengaged individuals. Field workers utilize mobile tech equipped with ClientTrack HMIS to conduct real-time VI-SPDAT assessments, obtain housing consent, and upload vital ID documents directly from encampments. Additionally, HHA coordinates targeted outreach events, including the annual Point-in-Time count and pop-up resource fairs partnered with faith-based meal sites, food pantries, day centers, and mobile health clinics to engage isolated households. Specialized youth, domestic violence, and veteran outreach workers ensure culturally responsive, confidential engagement tailored to vulnerable sub-populations. By pairing low-barrier field assessment with immediate warm handoffs to shelter, diversion resources, and Permanent Supportive Housing or Rapid Re-Housing waitlists, the CoC guarantees comprehensive outreach coverage across all municipal and rural zones in Palm Beach County.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	Yes
7.	Public Pre-K	Yes

8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) maintains written policies and procedures to ensure all unhoused individuals and families with children are informed of their rights and eligibility for educational services under the McKinney-Vento Homeless Assistance Act. These policies are formally codified in the HHA Governance Charter, the CoC Coordinated Entry (CE) Policies and Procedures, and the CoC Written Standards for Providing Homeless Services. Per the HHA Governance Charter, a dedicated voting seat on the CoC Board is reserved for a representative of the School District of Palm Beach County (SDPBC), filled by the district's local McKinney-Vento Homeless Liaison. This structural partnership ensures continuous policy alignment between homeless housing providers, Local Education Agencies (LEAs), and early childhood education partners. Furthermore, a School Board member serves on the County Commissioner-appointed Homeless Advisory Board (HAB), solidifying inter-agency collaboration. Under the CoC CE Policies and Procedures, housing service providers and intake specialists are required to complete a comprehensive family assessment for every household presenting with children. During intake and assessment, case managers explicitly inform families of their educational rights under McKinney-Vento, including school stability, transportation support, and immediate enrollment. Case managers ensure that every family with school-aged children completes a direct referral to the SDPBC McKinney-Vento Program liaison. For families with children aged 0–5, CoC Written Standards mandate connection to the Early Learning Coalition (ELC) for early childhood education and childcare assistance. Additionally, through a formal data-sharing partnership between PBC Community Services Department, SDPBC, and HHA, cross-system data integration in HMIS enables street outreach teams and housing navigators to identify school-aged children in real time, guide parents through educational support programs, and connect post-secondary students facing housing instability with local college/university liaisons.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) maintains a multi-agency discharge planning and transition protocol to prevent youth aging out of foster care from entering homelessness. The CoC coordinates directly with the Florida Department of Children and Families (DCF) and ChildNet, the local Community-Based Care lead agency, to identify aging-out youth 180 days prior to their 18th birthday. Through formal Memorandum of Understanding (MOU) agreements and joint case staffing protocols, ChildNet case managers conduct early transition assessments to connect youth with Extended Foster Care (EFC), Independent Living (IL) stipends, or Road to Independence (RTI) educational funding. For youth transitioning out of custody or facing sudden housing instability, HHA integrates Vita Nova, the CoC's primary specialized youth provider, into the Coordinated Entry System (CES). Vita Nova provides dedicated Independent Living case management for young adults ages 18–25 aging out of foster care, assigning Life Coaches who guide youth through life skills, employment, education, and benefit navigation. When former foster youth experience homelessness or face immediate discharge without stable housing, Vita Nova delivers immediate housing solutions, including emergency housing in their transitional supportive housing and rapid re-housing programs tailored specifically for youth. Cross-system alignment is maintained through shared data workflows in HMIS and monthly multidisciplinary youth discharge committee meetings involving DCF, ChildNet, Vita Nova, and the CoC's Youth Action Board (YAB). This joint staffing ensures warm handoffs before discharge, preventing young adults from exiting public child welfare systems into unsheltered homelessness or emergency shelters.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Homeless and Housing Alliance (HHA) of Palm Beach County (FL-605) actively coordinates with Runaway and Homeless Youth (RHY)-funded providers to ensure seamless, youth-centered service delivery for unaccompanied youth and young families experiencing homelessness. Vita Nova, Inc. is a key dual-funded partner in the CoC, receiving both HUD Continuum of Care funding and HHS RHY grant funding, including RHY Street Outreach Program (SOP) funds to serve youth and young adults across Palm Beach County. Through this dual-funded partnership, Vita Nova's RHY Street Outreach Program functions as a direct extension of the CoC's Coordinated Entry System (CES). RHY outreach workers conduct mobile, trauma-informed street outreach in areas where unsheltered youth congregate, providing immediate crisis mitigation, basic needs assistance, safety planning, and direct connections to CoC resources. RHY street outreach teams utilize mobile HMIS workflows to perform real-time Coordinated Entry assessments in the field, ensuring unsheltered youth are immediately placed on the CoC's prioritized By-Name List (BNL). Vita Nova aligns its RHY-funded housing and support components, including drop-in services and transitional living resources, with the CoC's written standards for youth-specific housing. RHY case managers collaborate closely with the CoC's Youth Action Board (YAB) and the CoC Youth Committee to ensure service delivery is low-barrier, highly accessible, and grounded in Positive Youth Development principles. Furthermore, the CoC maintains cross-referral protocols with regional RHY Basic Center Programs (BCP), Transitional Living Programs (TLP), and Maternity Group Homes (MGH) to facilitate warm handoffs for pregnant or parenting youth and minors needing immediate emergency shelter or transitional housing. Through monthly inter-agency staffing meetings and shared HMIS data integration, HHA and Vita Nova coordinate to prevent exits into unsheltered homelessness, wrapping youth in comprehensive case management, life skills training, educational support, and housing navigation.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Lord's Place operates Project Family Care in the Palm Beach County CoC (FL-605), a dedicated Rapid Rehousing (RRH) project designed primarily and exclusively to serve families with children experiencing homelessness in strict compliance with 24 CFR 578.93(b). Access through Coordinated Entry connects families to immediate housing placement, tailored rental assistance, intensive case management, employment services, and specialized family support to foster long-term self-sufficiency.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Lord's Place integrates comprehensive workforce development and supportive services into Project Family Care to increase client incomes, enhance self-sufficiency, and ensure long-term rent sustainability for families exiting homelessness in the Palm Beach County CoC (FL-605). Operating primarily through its flagship employment and training program, Café Joshua, The Lord's Place provides a structured pathway to gainful employment tailored to heads of households in rapid rehousing and supportive housing. Project Family Care clients participate in individualized workforce development plans that combine job-readiness instruction with vocational skills training. Café Joshua offers soft skills workshops covering professional communication, conflict resolution, cognitive-behavioral techniques, resume development, and mock job interviews. To lower entry barriers for parents, employment specialists provide dedicated job coaching, digital literacy instruction, transportation assistance, and financial literacy coaching focused on budgeting and credit building to manage housing expenses. Additionally, The Lord's Place leverages on-site culinary arts job training within its state-of-the-art kitchen facility, offering hands-on vocational experience, food safety certifications, and transitional work experience. Through active partnerships with local employer networks, CareerSource Palm Beach County, and vocational training partners, employment specialists match clients with living-wage employment, registered apprenticeship pathways, and career advancement opportunities. For clients with physical, mental health, or developmental barriers, Project Family Care specialists utilize the SOAR (SSI/SSDI Outreach, Access, and Recovery) model to expedite access to non-employment disability income benefits, ensuring every family establishes stable financial means. By pairing rapid housing placement with robust workforce training, job placement services, and income maximization strategies, Project Family Care empowers families to increase earned income, maintain lease compliance, and permanently sustain housing independence.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Project Family Care, operated by The Lord's Place, directly leverages funding and resources from mainstream family service systems, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Florida Child Care Subsidies, to support families with children in the Palm Beach County CoC (FL-605). Through a formal partnership with the Florida Department of Children and Families (DCF) and Palm Beach County Community Services Department, Project Family Care case managers conduct streamlined benefit screenings during intake to connect eligible low-income families to TANF cash assistance, SNAP food benefits, and Medicaid healthcare coverage. To maximize financial stability and offset housing costs, Project Family Care case managers assist parents in navigating TANF Welfare-to-Work requirements through CareerSource Palm Beach County, aligning employment training with TANF work participation activities. Furthermore, the project leverages mainstream childcare funding by coordinating directly with the Early Learning Coalition (ELC) of Palm Beach County to secure School Readiness subsidized childcare vouchers. This access to subsidized childcare enables parents to engage in job training at Café Joshua, participate in vocational programs, or maintain full-time employment without incurring prohibitive childcare expenses. By integrating TANF income support, SNAP nutritional assistance, ELC childcare subsidies, and Medicaid health services into housing stability plans, Project Family Care leverages mainstream systems to lower household expenses, increase total family income, and ensure long-term housing retention for families exiting homelessness.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Project Family Care, operated by The Lord's Place, combines rapid rehousing assistance with comprehensive, trauma-informed supportive services to promote family stability, child development, and maternal health for families experiencing homelessness in the Palm Beach County CoC (FL-605). The project integrates rental assistance and housing location with direct access to childcare, parenting support, specialized healthcare, and educational advocacy. To address early childhood needs, Project Family Care collaborates with the Early Learning Coalition (ELC) of Palm Beach County, securing School Readiness childcare vouchers so parents can participate in employment programs or work without incurring childcare costs. Parenting support is embedded into housing case management using evidence-based curricula, such as Triple P (Positive Parenting Program), helping parents develop positive discipline techniques, manage stress, and build nurturing home environments. For maternal and pediatric healthcare, case managers partner with the Florida Department of Health in Palm Beach County, FoundCare, and local federally qualified health centers (FQHCs) to ensure expectant mothers receive prenatal and postpartum care, high-risk pregnancy management, and maternal health education. Children are connected to primary pediatric care, routine immunizations, developmental screenings through Florida Diagnostic & Learning Resources System (FDLRS), and pediatric mental health services. Additionally, Project Family Care prioritizes educational stability by coordinating directly with the School District of Palm Beach County (SDPBC) McKinney-Vento Homeless Liaison. Case managers facilitate immediate school enrollment, arrange transportation assistance to preserve origin-school attendance, and link children to afterschool tutoring, summer enrichment programs, and post-secondary planning. By co-locating housing subsidies with integrated childcare, parenting guidance, maternal/child healthcare, and academic support, Project Family Care ensures holistic family stabilization and interrupts generational poverty.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The Palm Beach County CoC (FL-605) partners with the West Palm Beach VA Medical Center and VSOs like Stand Down and Gulfstream Goodwill to quickly house unhoused veterans. VA staff hold seats on the Homeless Advisory Board, and SSVF case managers integrate into Coordinated Entry. Through weekly Veteran By-Name List staffing, HMIS data sharing, and joint outreach, veterans are rapidly matched to HUD-VASH vouchers, SSVF rapid rehousing, and Stand Down supportive housing to end homelessness.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The Palm Beach County CoC (FL-605) partners with state-certified Victim Service Provider YWCA Palm Beach County to serve survivors fleeing domestic violence, assault, and stalking. YWCA leadership sits on the Homeless Advisory Board to guide safety-focused policies. Using a secure, parallel non-HMIS database compliant with VAWA, Coordinated Entry connects survivors to YWCA's Harmony House shelter, rapid rehousing, trauma counseling, legal advocacy, and comprehensive safety planning

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The Palm Beach County CoC (FL-605) partners with the PBC Re-Entry Program to prevent homelessness among individuals exiting prisons, jails, and court-ordered programs. Re-entry specialists conduct pre-release housing assessments within correctional facilities and integrate returning citizens into Coordinated Entry. Shared workflows connect participants to emergency shelter, rapid rehousing, legal aid, and workforce services, ensuring seamless transitions directly into stable housing.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The Palm Beach County CoC (FL-605) partners with The Salvation Army to operate a specialized Medical Respite Program for homeless individuals with high medical needs exiting hospitals. The project provides recuperative care, 24/7 shelter, nursing oversight, medication management, and medical follow-up paired with housing case management. Integrated with Coordinated Entry, specialists connect medically fragile clients to housing to prevent discharges to homelessness.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The Palm Beach County CoC (FL-605) leverages the Program of All-Inclusive Care for the Elderly (PACE), operated by MorseLife Health System, to serve unhoused adults aged 55+. Integrated into Coordinated Entry, PACE delivers primary and specialty medical care, adult day care, medications, and home care to stabilize frail seniors in permanent supportive housing or assisted living, preventing unnecessary nursing home placements and chronic homelessness.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The New Avenues Program is a Permanent Supportive Housing (PSH) project administered by Gulfstream Goodwill Industries, which strictly prioritizes chronically homeless individuals with disabling conditions. Integrated into Coordinated Entry, New Avenues pairs permanent housing subsidies with intensive case management, mental health treatment, life skills training, and healthcare linkages to ensure long-term housing stability for high-acuity adults.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The New Avenues Program, a Permanent Supportive Housing (PSH) project operated by Gulfstream Goodwill Industries in partnership with the Homeless and Housing Alliance of Palm Beach County (FL-605), delivers low-barrier permanent housing paired with targeted on-site behavioral healthcare to stabilize chronically homeless individuals with disabling conditions. New Avenues recognizes that high-acuity adults with severe substance use disorders, major mental illnesses, and co-occurring medical conditions require immediate housing stability alongside flexible, easily accessible healthcare services to achieve recovery and long-term housing retention. To address complex behavioral health needs directly within the residential setting, New Avenues integrates specialized healthcare professionals who provide on-site clinical services twice weekly. This multi-disciplinary team delivers targeted, client-centered care across three core areas: substance use disorder (SUD) treatment, psychiatric medication management, and individual and group therapy. On-site clinical staff conduct evidence-based SUD counseling, relapse prevention, harm reduction education, and recovery coaching, empowering residents to manage addiction in a supportive, trauma-informed environment. Complementing addiction services, psychiatric providers conduct regularly scheduled on-site appointments to evaluate mental health conditions, prescribe appropriate medications, monitor side effects, and optimize compliance. Conducting medication management directly at the housing site removes transport barriers that frequently lead to non-adherence among formerly unhoused individuals. Additionally, licensed therapists deliver on-site individual and group psychotherapy, utilizing modalities such as Cognitive Behavioral Therapy and trauma-informed care to help residents process underlying trauma and build healthy coping strategies. By embedding integrated healthcare services on-site twice per week, New Avenues fosters proactive health engagement and builds trust between residents and healthcare providers. Housing case managers coordinate closely with the clinical team to monitor well-being and facilitate warm handoffs. This seamless integration of PSH and twice-weekly on-site behavioral healthcare drastically reduces emergency room utilization, prevents psychiatric crises, and ensures that chronically homeless individuals maintain long-term housing stability.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The New Avenues Program, a Permanent Supportive Housing (PSH) project operated by Gulfstream Goodwill Industries in partnership with the Homeless and Housing Alliance of Palm Beach County (FL-605), maintains a formal, structured policy and clinical workflow for assessing and addressing program participants' evolving needs for higher levels of care, such as assisted living facilities, skilled nursing care, or residential treatment programs. While New Avenues adheres to a philosophy that prioritizes long-term housing retention, the project recognizes that progressive chronic physical conditions, severe cognitive decline, worsening psychiatric illness, or advanced substance use disorders may exceed the scope of independent PSH supportive services. Under New Avenues policy, all program participants undergo regular, dynamic health and functional assessments conducted by housing case managers in close coordination with the multi-disciplinary clinical team providing on-site healthcare services twice weekly. Case managers utilize standardized assessment tools and observational evaluations to monitor Activities of Daily Living (ADLs), such as mobility, personal hygiene, and meal preparation, alongside Instrumental Activities of Daily Living (IADLs), including medication management and personal safety awareness. When a resident displays significant functional, cognitive, or psychiatric decline, case managers immediately trigger a formal Higher Level of Care Assessment review. When an assessment demonstrates that a participant requires specialized medical oversight, 24/7 custodial care, or intensive residential treatment, New Avenues staff initiate cross-system care coordination rather than terminating housing assistance. The program coordinates directly with community healthcare partners, local home health agencies, psychiatric facilities, and residential treatment centers, to conduct full clinical evaluations. If higher care is deemed medically necessary, case managers navigate Medicaid long-term care waivers, assist with placement into assisted living or residential facilities, and facilitate warm, supported transitions. Throughout the process, New Avenues maintains the participant's housing unit and subsidy, ensuring individuals receive necessary higher-level care without returning to homelessness.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The New Avenues Program, a Permanent Supportive Housing (PSH) project operated by Gulfstream Goodwill Industries in partnership with the Homeless and Housing Alliance of Palm Beach County (FL-605), maintains a formal, written policy and clinical workflow for assessing program participant readiness to move on to unsubsidized permanent housing or other affordable housing options. Guided by HUD Moving On Initiative principles, New Avenues evaluates participant readiness while strictly upholding voluntary participation and Housing First standards, ensuring that high-acuity adults are never pressured to exit PSH before achieving self-sufficiency and long-term stability. Under New Avenues policy, housing case managers conduct bi-annual Moving On readiness assessments in close collaboration with participants and the multi-disciplinary healthcare team. Case managers utilize a standardized Moving On assessment tool that evaluates core stability indicators across key operational areas: lease compliance and property maintenance for a minimum of 12 consecutive months; income growth and financial stability through employment or mainstream benefits; independent money management and budgeting skills; sustained self-management of behavioral health and medical conditions; and established connections to informal community support networks. When an assessment demonstrates that a participant has achieved high stability and the resident expresses a desire for independent living, case managers initiate a structured Moving On transition plan tailored to individual goal choice. New Avenues coordinates closely with the local Public Housing Authority (PHA) to facilitate smooth transitions to tenant-based Housing Choice Vouchers (HCV), Mainstream Vouchers, or affordable housing inventory. For participants who have achieved sufficient earned income, case managers assist in transitioning existing units to unsubsidized market-rate leases or securing new community housing without ongoing rental assistance. To ensure long-term success, New Avenues delivers comprehensive pre-move education covering lease obligations, tenant rights, utility management, and financial coaching. Following exit, case managers provide mandatory post-transition follow-up support for 6 to 12 months, conducting periodic check-ins to monitor housing retention, assist with emergency needs, and ensure uninterrupted access to community healthcare, preventing returns to homelessness.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/06/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The Palm Beach County CoC (FL-605), through the Homeless and Housing Alliance (HHA), executes a formal reallocation process approved by the HHA Governance Board to review project performance and reallocate funds from lower-performing or less-needed projects to create new high-performing permanent housing projects. The HHA actively reviews performance through the Non-Conflict Grant Review Committee (NCGRC), which evaluates renewal projects using a standardized Scoring and Ranking Tool. Candidate projects are evaluated for reallocation based on strict criteria: low evaluation scores on performance measures, threshold failures, outstanding HUD obligations, overdue audit responses, inadequate financial management, untimely expenditures, policy noncompliance (including Coordinated Entry), capacity deficits, serving ineligible persons, spending on ineligible costs, or failing to meet deadlines. NCGRC members assess whether low performance stems from administrative or programmatic issues before recommending reallocation. The HHA Governance Board reviews and approves reallocation recommendations via motion, providing written notification and appeal rights to affected agencies. During this year's local competition, through the process described above, the CoC identified a low-performing project that met threshold requirements but received a low performance score on the Scoring and Ranking Tool. Consequently, the CoC reallocated funds from this low-performing project to create a new high-performing project. Additionally, two renewal projects voluntarily surrendered their awards and chose not to apply for renewal funding, allowing the HHA to recapture and successfully reallocate those funds into new high-performing projects.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Eccovia
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not applicable. We did not conduct an unsheltered PIT count in 2026

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The Palm Beach County CoC (FL-605) executes a multi-pronged, human-centered strategy to reduce unsheltered homelessness and decommission encampments through coordinated outreach, rapid resolution, and permanent housing placement. Guided by the Homeless and Housing Alliance (HHA) and implemented by the Palm Beach County Division of Human and Veteran Services along with contracted community partners, the CoC's approach prioritizes direct engagement, safety, and Housing First principles without relying on law enforcement criminalization. Through centralized Coordinated Entry, specialized multi-disciplinary outreach teams including peer specialists, mental health professionals, and housing navigators systematically map and engage encampment sites across Palm Beach County. Outreach teams conduct intensive individualized engagement, delivering immediate survival resources while conducting Coordinated Entry assessments directly in the field. Using dynamic encampment tracking tools in HMIS, the CoC identifies individuals with high medical and behavioral health acuity to prioritize them for non-congregate emergency shelter, Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH) vacancies. To accelerate exit pathways from encampments, the CoC leverages low-barrier non-congregate shelter resources, such as the Philip D. Lewis Center and regional navigation centers, where unsheltered residents receive immediate stabilization, comprehensive medical screening, and case management. Simultaneously, outreach workers partner with landlord outreach specialists to rapidly align encampment residents with available permanent housing units, emergency housing vouchers, and move-in financial assistance. Additionally, FL-605 integrates specialized partnerships to address complex encampment needs. The CoC collaborates with local health systems to provide mobile health clinics and behavioral healthcare directly at encampment sites, stabilizing medical conditions that impede housing readiness. For veterans residing in encampments, dedicated SSVF and VA outreach staff facilitate direct linkage to Grant and Per Diem beds and HUD-VASH housing vouchers. Through these proactive, dignity-first efforts, Palm Beach County CoC successfully transitions individuals from unsheltered encampments directly into permanent, supportive housing, reducing the overall unsheltered footprint across the region.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	34
2. Enter the reduction in the number of encampments during your evaluation period.	5

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	73
2. Enter the reduction in the number of people in encampments during your evaluation period.	21

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The Palm Beach County CoC (FL-605) executes a multi-pronged, human-centered strategy to reduce unsheltered homelessness and deconvolution encampments through coordinated outreach, rapid resolution, and permanent housing placement. Guided by the Homeless and Housing Alliance (HHA) and implemented by the Palm Beach County Division of Human and Veteran Services along with contracted community partners, the CoC's approach prioritizes direct engagement, safety, and Housing First principles without relying on law enforcement criminalization. Through centralized Coordinated Entry, specialized multi-disciplinary outreach teams including peer specialists, mental health professionals, and housing navigators systematically map and engage encampment sites across Palm Beach County. Outreach teams conduct intensive individualized engagement, delivering immediate survival resources while conducting Coordinated Entry assessments directly in the field. Using dynamic encampment tracking tools in HMIS, the CoC identifies individuals with high medical and behavioral health acuity to prioritize them for non-congregate emergency shelter, Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH) vacancies. To accelerate exit pathways from encampments, the CoC leverages low-barrier non-congregate shelter resources, such as the Philip D. Lewis Center and regional navigation centers, where unsheltered residents receive immediate stabilization, comprehensive medical screening, and case management. Simultaneously, outreach workers partner with landlord outreach specialists to rapidly align encampment residents with available permanent housing units, emergency housing vouchers, and move-in financial assistance. Additionally, FL-605 integrates specialized partnerships to address complex encampment needs. The CoC collaborates with local health systems to provide mobile health clinics and behavioral healthcare directly at encampment sites, stabilizing medical conditions that impede housing readiness. For veterans residing in encampments, dedicated SSVF and VA outreach staff facilitate direct linkage to Grant and Per Diem beds and HUD-VASH housing vouchers. Through these proactive, dignity-first efforts, Palm Beach County CoC successfully transitions individuals from unsheltered encampments directly into permanent, supportive housing, reducing the overall unsheltered footprint across the region.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Palm Beach County CoC (FL-605) employs a proactive strategy overseen by the Homeless and Housing Alliance (HHA). Following trends highlighted in 2024 Point-in-Time (PIT) Count data, FL-605 identified an increase in first-time homelessness. In response, our CoC will strengthen homelessness prevention within Palm Beach County by expanding access to rental assistance, utility assistance, and eviction prevention to reduce initial entries into the system. Concurrently, we are increasing access to affordable and supportive housing, including Rapid Re-Housing (RRH), Transitional Housing (TH), and Permanent Supportive Housing (PSH) to resolve housing crises quickly. Central to this strategy is improving coordinated entry outreach to ensure community members can easily identify and access prevention services before entering homelessness. Through the Coordinated Entry System (CES) and intake helplines, FL-605 deploys light-touch diversion and flexible financial aid for low-acuity and no-acuity households. FL-605 partners with community agencies and legal partners, including the Legal Aid Society of Palm Beach County and Florida Rural Legal Services, to deliver comprehensive eviction prevention support, mediate lease disputes, and protect tenant rights to prevent housing displacement. To resolve financial shocks, the CoC pairs emergency financial assistance with targeted housing stability planning, financial literacy, budget counseling, and direct linkages to employment support. For complex needs, crisis intervention specialists connect individuals to mental health treatment, substance use recovery, and domestic violence advocacy. Furthermore, FL-605 aligns CoC resources with local ESG and state housing funds to expand shallow subsidies and flexible emergency cash assistance. By pairing targeted financial aid with early legal representation, expanded housing inventory, and rapid service linkage, the CoC effectively stabilizes at-risk households, curbing system entry and reducing first-time homelessness across Palm Beach County.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The Palm Beach County CoC (FL-605) executes a rigorous, systemic strategy overseen by the Homeless and Housing Alliance (HHA) Governance Board and the Director of the Palm Beach County Division of Human Services and Community Action to systematically reduce the length of time individuals and families experience homelessness. To accelerate permanent housing placement from Emergency Shelter, Transitional Housing, and Rapid Re-Housing (RRH), FL-605 mandates standardized, housing-focused case management delivered by trained staff across all housing projects. Universal entry assessments, whether conducted through specialized Domestic Violence shelters or the central Coordinated Entry System (CES), evaluate specific housing barriers and homelessness history to ensure equitable prioritization. Case management centers immediately on formulating and executing tailored housing barrier mitigation plans. The CoC leverages HMIS data tracking to monitor the precise duration of homelessness from initial onset through project entry. These data points directly inform multi-disciplinary case conferencing, where households on the By-Name List (BNL) are prioritized based on a dynamic assessment of high vulnerability and self-resolution potential. Households with severe service needs and significant housing barriers are rapidly matched to RRH or Permanent Supportive Housing (PSH). To ensure long-term housing stability and maximize retention rates, FL-605 provides continuous post-placement supportive services, including short- and medium-term rental assistance, targeted workforce development, and direct healthcare connections. Furthermore, dedicated housing specialists mediate landlord disputes, resolve housing crises proactively, and safeguard tenancy, thereby minimizing evictions and securing permanent, stable housing destinations across Palm Beach County.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	47.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate the percentage of participants exiting to unsubsidized housing across Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH), Palm Beach County CoC (FL-605) extracted longitudinal participant outcome data directly from the Homeless Management Information System (HMIS) for the designated reporting period. First, the total cohort of program participants who exited from TH, RRH, and PSH projects during the operating year was aggregated to determine the denominator. Next, HUD-defined exit destination categories recorded in HMIS (HUD Data Element 3.12) were filtered to isolate positive, unsubsidized permanent housing destinations. These specific destinations include: Rental by client with no ongoing housing subsidy, Rental by client with ongoing unsubsidized rental assistance, Owned by client with no ongoing housing subsidy, and Staying or living with family or friends on a permanent basis (unsubsidized). The calculation was performed as follows: The total number of participants exiting TH, RRH, and PSH projects into qualifying unsubsidized permanent housing destinations was divided by the total number of all program participants exiting those project types during the same period, then multiplied by 100. Out of the total cohort exiting these programs, 54.91% successfully transitioned into unsubsidized permanent housing destinations. Data integrity and accuracy were ensured through routine HMIS data quality audits, eliminating duplicate participant records and verifying destination completeness prior to running the performance metric calculation.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026
--	---	------------

2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
---	-----

2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
--------	---	--

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	476	102	578	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	134	21	155	100.00%
4. Rapid Re-Housing (RRH) beds	550	79	529	96.00%
5. Permanent Supportive Housing (PSH) beds	981	0	981	100.00%
6. Other Permanent Housing (OPH) beds	119	0	119	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable. 100% of beds are covered.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
------	---

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH RRH PS...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/26/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Attachment 3 Lang...	09/26/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	Certification for...	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: List of TH RRH PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Attachment 3 Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: Certification for Opportunity Zone

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/26/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required



FY26 CoC Consolidated Application

Attachment: 1

**List of TH RRH PSH Projects and Treatment Providers with On-Site
Substance Use Treatment**

Question 1C-1

Agency	Program	On-Site Substance Treatment
Gulfstream Goodwill	New Avenues	Intensive Outpatient Treatment Individual/Group and MAT Treatment
Integrated Healthcare Systems	Dignity Village Permanent Supportive Housing Program	Intensive Outpatient Treatment Individual/Group and MAT Treatment
Integrated Healthcare Systems	Dignity Village PSH WPB	Intensive Outpatient Treatment Individual/Group and MAT Treatment
Integrated Healthcare Systems	Dignity Village Boynton	Intensive Outpatient Treatment Individual/Group and MAT Treatment



FY26 CoC Consolidated Application

Attachment: 2

**List of CoC Program Projects and the Number of Units that require
Substance Abuse Treatment**

Question 1C-1f

Integrated Healthcare Systems	Dignity Village Permanent Supportive Housing Program	10	10
Integrated Healthcare Systems	Dignity Village PSH WPB	12	12
Families First	Bridges To Success Renewal Project Application 2024	20	20
The Lord's Place	Project Family Care	24	24
Integrated Healthcare Systems	Dignity Village Boynton	10	10
The Lord's Place	Joshua House	20	20
PBC	Beyond Shelter: Building Independent Lives	19	19

FY26 CoC Consolidated Application

Attachment: 3

Language from Project Supportive Service Agreements

Question 1C-3

All TH/PSH/RRH Agencies

Adopt-A-Family

Families First

Gulfstream Goodwill

Integrated Healthcare Systems

PBC – Prosperity Village

PBC – Beyond Shelter

The Lord's Place

Vita Nova



ADOPT-A-FAMILY

OF THE PALM BEACHES

Supportive Services Participation Agreement for Adopt-A-Family of the Palm Beaches, Inc.

Program participants in Adopt-A-Family's supportive housing programs, including permanent supportive housing, transitional housing, and rapid re-housing, must participate in non-disability-related supportive services as a condition of continued program participation and housing assistance. Housing-focused case management is required for all program participants. Other supportive services may be required based on each participant's needs and goals, as identified by program staff with input from the participant.

Program participants must engage in at least 20 hours per week of supportive services, volunteering, educational activities, or employment during their time in the program. Participants identified as being over age 62, participants who are individuals with handicaps, and participants with a developmental disability will be required to participate; however, the designated number of hours will be decided on a case-by-case basis and tailored to the individual needs of that participant. Engagement and service participation will be reviewed monthly and updated every 90 days for the duration of program participation.

I, (participant's name), agree to participate in the supportive services listed below as a condition of receiving housing assistance from (program name). I understand that continued failure to participate in these services as agreed may result in termination of my housing assistance. If I become unable to participate as agreed, I will consult my case manager.

Supportive Service/Employment/Activity	How Often	Participant's Initials

Participant's Signature	Date

Case Manager's Signature	Date



Supportive Services Agreement

I, (participant's name) agree to participate in the following supportive services as a condition of receiving housing assistance from Bridges to Success. I understand that continued failure to participate in these supportive services on the schedule agreed upon could result in the termination of my housing assistance. I agree to consult my family service coordinator if I become unable to participate as agreed upon.

Board of Directors

President

Alex Dobin

First Vice President

Michael Floyd, CPA

Second Vice President

Barbara McQuinn

Secretary

Barbara James

Treasurer

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Past President

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Captain Emory Payne

Virginia Savietto

Sherry Canterbury Schmidt

Michael Soch

Jim Springer

Legal Counsel

Philip M. Sprinkle, II

Chief Executive Officer

Julie A. Swindler, LCSW

Examples include case management, housing stability planning, budgeting and money management, benefits and entitlement assistance, employment or job training, education, life skills, transportation coordination, and connection to community resources.

Service Category	Included Services	Client Selection	Frequency	Goal / Focus Area
Case Management	Individual intake, goal planning, community referrals, and ongoing housing stability tracking.	☐ Yes ☐ No	☐ Weekly ☐ Bi-weekly ☐ Monthly	Individual stability, housing retention, and resource access.
Employment Training	Resume assistance, vocational skill development, job placement support, and workplace readiness.	☐ Yes ☐ No	☐ Weekly ☐ Bi-weekly ☐ As Scheduled	Financial stability, skill building, and career growth.
Life Skills Development	Financial literacy, household budgeting, tenancy rights/responsibilities, and home maintenance.	☐ Yes ☐ No	☐ Monthly ☐ As Needed	Independent living skills and successful tenancy retention.
_____	_____	☐ Yes ☐ No	☐ Weekly ☐ Bi-weekly ☐ Monthly	_____
_____	_____	☐ Yes ☐ No	☐ Weekly ☐ Bi-weekly ☐ Monthly	_____
_____	_____	☐ Yes ☐ No	☐ Weekly ☐ Bi-weekly ☐ Monthly	_____

Participant's Signature

Date

Case Manager's Signature

Date

3333 Forest Hill Boulevard, Second Floor· West Palm Beach, FL 33406 • 561.721.2887 • FamiliesFirstPBC.org

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GGI Participant Agreement for Supportive Housing

This Participant Agreement outlines expectations, responsibilities and service participation requirements for all individuals in GGI Supportive Housing, funded through the U.S. Department of Housing and Urban Development Continuum of Care (CoC) program.

Participant Name:

Unit Address:

Effective Date:

1. Purpose

The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance.

2. Required Service Participation

All participants agree to actively engage in supportive services as outlined below, committing to a minimum of 20 hours per week of employment and/or employment related activities. Required services include:

- Employment or employment training (minimum 20 hours per week) unless waived by the Case Manager and/or Program Director due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment
- Vocational rehabilitation services, if applicable
- Life skills education (e.g., budgeting, household management, communication)
- Substance abuse treatment, if the participant actively uses substances
- Behavioral health or mental health services, as indicated by assessment and medication oversight
- Case management Peer Specialists meetings as scheduled
- Other appropriate social services identified by program staff and the participant
- Educational training cannot be no more than 6-9 months in duration.

3. Rental Contribution

Participants agree to pay 30% of their adjusted gross income toward rent, utilities, and other housing costs as determined according to HUD regulations. In addition, 10% of adjusted gross income into saving toward self-sufficiency. Participants agree to submit income documentation such as a TPQY/SEQY, SSA award letters, as requested for rent calculation and recertification purposes. If the participant is gainfully employed, the participant must submit at least 4 recent check stubs, to assist with determining the participant's rental responsibility.

1715 Tiffany Drive East, West Palm Beach, FL 33407

P: 561.848.7200 • F: 561.408.0737

GulfstreamGoodwill.org



4. Participant Responsibilities

Participant agrees to:

- Notify their case manager within 10 days of any changes in:
 - ☐ Income or employment status
 - ☐ Household Composition
 - ☐ Participation in supportive services
 - ☐ Physical or behavioral health needs
 - ☐ Agrees to Random Drug Tests
 - ☐ Agrees to provide proof of employment or employment training
- Report any landlord/tenant issues, legal concerns, arrests, or citation-related incidents promptly to their case managers
- Maintain their housing unit in a safe, clean, and sanitary condition
- Cooperate with property management and program staff to support a positive living environment
- Participate in required meetings, trainings, and reviews related to their action plans and housing stability.
- Abide by program guidelines, lease terms and applicable laws.
- Understanding that any suspicion of hiding or concealing of illegal drugs will result in a report being made to law enforcement and may result in a search of the property. If illegal drugs are found, it will result in immediate dismissal from program.

5. Confidentiality and Consent

All personal information collected by the program will be kept confidential and used solely for program administration and service delivery in accordance with HUD requirements, federal regulations (including HIPPA), and agency policy.

6. Acknowledgement and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the (GGI Supportive Housing). Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

1715 Tiffany Drive East, West Palm Beach, FL 33407

P: 561.848.7200 • F: 561.408.0737

GulfstreamGoodwill.org



INTEGRATED HEALTHCARE SYSTEMS, INC.

Behavioral Health • Permanent Supportive Housing • Street Medicine • Reentry Services
800 N. Sapodilla Avenue • West Palm Beach, FL 33401 • (561) 510-0471 • integratedhcs.org

Supportive Services Participation Agreement

Permanent Supportive Housing and Transitional Housing Programs

Program: ☐ Dignity Village PSH (SRA) ☐ Dignity Village Leasing Program ☐ Banks Sr. Campus Senior PSH ☐ Other: _____

Participant Name		Client ID	
Unit / Address		Move-In Date	
Case Manager		Date of Plan	

SECTION 1. PURPOSE OF THIS AGREEMENT

Integrated Healthcare Systems, Inc. (IHCS) believes that stable housing works best when it comes with support. This agreement describes the supportive services I have chosen to take part in while I am housed through an IHCS housing program. My Case Manager and I build this plan together, and it is meant to help me keep my housing and reach the goals that matter to me.

SECTION 2. MY AGREEMENT

1. I, the participant named above, agree to take part in the supportive services listed in Section 3 as a condition of receiving housing assistance from IHCS.
2. I understand that if I repeatedly fail to take part in these services on the schedule we agreed to, and I do not work with my Case Manager to change the plan, IHCS may end my housing assistance.
3. I agree to talk with my Case Manager if something makes it hard for me to take part as agreed, so we can adjust the plan together.
4. I understand that this plan can be changed at any time at my request or by agreement with my Case Manager, and that it will be reviewed with me at least once a year.

SECTION 3. MY SUPPORTIVE SERVICES PLAN

Examples include case management, housing stability planning, budgeting and money management, benefits and entitlement assistance, employment or job training, education, life skills, transportation coordination, and connection to community resources.

Supportive Service	How Often	Start Date	Participant Initials
Case management meeting with my Case Manager	(example) 1x per month		

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Behavioral Health • Permanent Supportive Housing • Street Medicine • Reentry Services
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SECTION 4. IF SOMETHING GETS IN THE WAY

Life happens. If I am sick, hospitalized, working, caring for family, or facing any other barrier, I will let my Case Manager know as soon as I am able. IHCS will work with me to reschedule, reduce, or change the services in my plan rather than end my assistance.

SECTION 5. WHAT HAPPENS IF I STOP PARTICIPATING

Ending housing assistance is always a last resort. Before any action is taken, IHCS will make repeated efforts to reach me, offer to meet me where I am, and offer to revise this plan. If IHCS proposes to end my assistance, I have the right to written notice, a review of the decision, and a formal appeal under the IHCS Termination and Grievance Policy, consistent with 24 CFR 578.91.

SECTION 6. MY RIGHTS

- I may ask for a reasonable accommodation or modification at any time if a disability makes it hard for me to take part in these services.
- I will not be discriminated against based on race, color, national origin, religion, sex, familial status, disability, age, sexual orientation, gender identity, or marital status.
- I have rights under the Violence Against Women Act (VAWA) as a survivor of domestic violence, dating violence, sexual assault, or stalking, and those protections are explained in the separate VAWA notice I received.
- I have the right to a copy of this signed agreement and my service plan.

By signing below, I confirm that this agreement was explained to me, that I had a chance to ask questions, and that I received a copy.

Participant's Signature

Date

Case Manager's Signature

Date

Annual / Interim Review: Date reviewed _____ Participant initials _____ Case Manager initials _____ ☐ No change
☐ Plan revised (attach updated Section 3)

Beyond Shelter Transitional Housing Program Supportive Services & Safety Engagement Agreement

Program Name: Participant Name:

Unit/Location: Confidential Location

I. Purpose and Philosophy

The purpose of this Agreement is to outline the collaborative partnership between YWCA (the "Provider") and the Participant during their stay in the Transitional Housing (TH) program. Our program operates from a **Trauma-Informed, Survivor-Centered, and Voluntary Service** approach.

Our primary goals are to support your physical and emotional safety, assist you in navigating your recovery, and partner with you to secure permanent, stable housing.

II. Voluntary Services and HUD Compliance

In alignment with HUD Continuum of Care regulations and the **Violence Against Women Act (VAWA)**, your housing security is **not** contingent upon your participation in clinical, therapeutic, or support group services.

- **Right to Choose:** You have the right to accept, decline, or individualize any supportive service offered by our program. Choosing not to participate in specific services will *not* result in your termination from the housing program.
- **Housing Stability focus:** The only required staff contact is regular engagement (typically monthly) with your Housing Case Manager to review housing stability goals, complete HUD-required re-certifications, and plan your transition into safe, permanent housing.

III. Collaborative Safety and Housing Plan

While services are voluntary, we strongly encourage collaborative goal-setting to maximize your success during your stay (up to a maximum of 24 months per HUD CoC guidelines). Together with your Case Manager, you can build a customized plan covering:

1. **Confidential Safety Planning:** Ongoing risk assessments, crisis safety planning, and workplace/school safety measures tailored to you and your children.
2. **Housing Navigation:** Searching for permanent housing, practicing landlord communications, and executing a safe exit strategy.
3. **Resource & Economic Empowerment:** Accessing eligible public benefits (SNAP, TANF, SSI/SSDI), educational programming, legal/advocacy pipelines, or voluntary employment assistance.

IV. Participant Rights and Privacy Protections

As a participant in a domestic violence program, you are entitled to enhanced confidentiality protections:

- **HMIS Data Protection:** To protect your safety, your personally identifiable information (PII) will **never** be entered into a public Homeless Management

Information System (HMIS). All data is secured in a legally compliant, de-identified parallel database.

- **VAWA Housing Protections:** You cannot be evicted, penalized, or denied assistance because you are a survivor of domestic violence, dating violence, sexual assault, human trafficking, or stalking.
- **Emergency Transfer Rights:** If you feel unsafe in your current transitional housing unit due to a continuing threat of violence or a sexual assault experienced on the property, you have the right to request an **Emergency Transfer** to another unit or project under the program's VAWA Emergency Transfer Plan.

V. Program Community Standards & Safety Rules

To ensure the physical safety of all survivors, staff, and children in this program, participants agree to uphold the following strict safety protocols:

- **Confidentiality of Location:** I agree **never** to disclose the physical address of the facility or units to unauthorized persons, including online postings, social media tags, or sharing with friends/family without staff approval.
- **No Unauthorized Visitors:** To prevent compromising the safety of the community, no unapproved visitors are allowed on the premises or inside the units.
- **Weapons and Contraband:** Weapons of any kind are strictly prohibited within the housing units and program property.
- **Respectful Environment:** Abusive, threatening, or violent behavior toward other residents, their children, or staff members is a violation of the lease/occupancy agreement and may be grounds for immediate discharge or legal intervention.

VI. Termination and Appeals

- **Cause for Termination:** Program assistance may only be terminated for serious, repeated violations of the lease or occupancy agreement that threaten the safety of the community or facility.
- **Due Process:** Prior to any termination of housing assistance, you will receive a written notice outlining the specific reasons for termination. You have the right to a formal grievance process and can appeal the decision to an independent supervisor or the agency's Board of Directors.

VII. Acknowledgement and Signatures

By signing below, I acknowledge that I have reviewed this Supportive Services Agreement, understand my rights under HUD and VAWA, and agree to follow the safety protocols required to maintain a secure environment for myself and others.

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

HUD CoC Transitional Housing Program Supportive Services & Housing Stability Agreement

Program Name: Prosperity Village

Participant Name:

Unit/Location:

I. Purpose and Scope

The purpose of this Agreement is to establish a collaborative partnership between **Prosperity Village** (the "Program") and the Participant. Prosperity Village is a HUD CoC-funded transitional housing program designed to provide temporary housing stability and robust supportive services for up to a **maximum of 24 months**.

The explicit, overriding goal of Prosperity Village is to assist you in gaining the skills, income, and resources necessary to successfully transition into and maintain **permanent, independent housing**.

II. Program Entry Requirements and HMIS Compliance

- **Coordinated Entry:** Admission to Prosperity Village is managed strictly through the local Continuum of Care's [Coordinated Entry System](#) (CES).
- **HMIS Participation:** As a condition of this HUD-funded program, your demographic and program enrollment data will be securely entered into the local **Homeless Management Information System (HMIS)** to ensure accurate service tracking and regulatory compliance.

III. Required Program Participation and Services

In accordance with HUD CoC regulations (24 CFR 578.53 & 24 CFR 578.75), Prosperity Village mandates engagement in non-disability-related supportive services designed to foster long-term self-sufficiency. By enrolling, you agree to actively participate in the following:

1. **Housing-Focused Case Management:** Meet with your assigned Case Manager at least monthly to conduct assessments, review progress, and update your individualized [Housing Stability Plan](#).
2. **Permanent Housing Search:** Actively engage in housing searches, complete applications, and cooperate with housing navigation goals starting from your first month in the program.
3. **Income and Economic Empowerment:** Participate in voluntary or mandated goal paths, which may include employment training, job search activities, or application for public benefits (SSI/SSDI, SNAP, TANF) to establish stable income.
4. **Life Skills and Financial Literacy:** Attend scheduled program workshops regarding budgeting, tenant rights/responsibilities, and independent living skills.

Note: Per HUD guidelines, you cannot be forced to participate in disability-related or medical/clinical treatment services as a condition of housing unless the program is explicitly designated as a clinical treatment facility.

IV. Participant Expectations and Community Standards

To maintain a safe, constructive environment for all residents of Prosperity Village, you agree to abide by the following community standards:

- **Occupancy & Lease Terms:** Abide by all rules outlined in your accompanying [Transitional Housing Lease/Occupancy Agreement](#).
- **Program Fees/Rent (If Applicable):** If your income allows, you agree to contribute a HUD-calculated percentage (typically **30% of your adjusted monthly income**) toward your occupancy charge or utility allowance, as outlined in your lease.
- **Safety Protocols:** No illegal substances, weapons, or unauthorized guests are permitted inside the residential units or on Prosperity Village property at any time.
- **Respectful Community Living:** Treat all fellow residents, neighbors, and Prosperity Village staff with respect. Disruptive, abusive, or violent behavior will not be tolerated.

V. Post-Exit Follow-Up Services

Upon your successful transition into permanent housing, Prosperity Village is authorized by HUD to provide **up to 6 months of follow-up supportive services**. These services are designed to ensure your long-term housing retention, prevent a return to homelessness, and offer ongoing case management check-ins as you adjust to independent living.

VI. Termination and Appeal Process

- **Grounds for Termination:** Failure to fulfill the service engagement requirements of this agreement, or severe/repeated violations of the lease agreement, may result in termination of housing assistance.
- **Due Process:** Prosperity Village provides a formal, structured grievance process. If termination is considered, you will receive a written notice stating the specific reasons. You have the right to request a review of the decision by an independent program supervisor or designated grievance committee within [Insert Number, e.g., 14] days of receiving notice.

VII. Acknowledgement and Signatures

By signing below, I certify that I have read, understood, and agreed to the terms of this Supportive Services & Housing Stability Agreement. I understand that active partnership with my case manager and alignment with my housing plan are vital to my enrollment at Prosperity Village.

Participant Signature: _____ **Date:** _____

Prosperity Village Staff Signature: _____ **Date:** _____



The Lord's Place Participant Agreement for Supportive Housing

This Participant Agreement outlines expectations, responsibilities and service participation requirements for all individuals in The Lord's Place Supportive Housing, funded through the U.S. Department of Housing and Urban Development Continuum of Care (CoC) program.

Participant Name:

Unit Address:

Effective Date:

1. Purpose

The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance.

2. Required Service Participation

All participants agree to actively engage in supportive services as outlined below, committing to a minimum of 20 hours per week of employment and/or employment related activities.

Required services include:

- Employment or employment training (minimum 20 hours per week) unless waived by the Case Manager and/or Program Director due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment
- Vocational rehabilitation services, if applicable
- Life skills education (e.g., budgeting, household management, communication)
- Substance abuse treatment, if the participant actively uses substances
- Behavioral health or mental health services, as indicated by assessment and medication oversight
- Case management Peer Specialists meetings as scheduled
- Other appropriate social services identified by program staff and the participant
- Educational training cannot be no more than 6-9 months in duration.

3. Rental Contribution

Participants agree to pay 30% of their adjusted gross income toward rent, utilities, and other housing costs as determined according to HUD regulations. In addition, 10% of adjusted gross income into saving toward self-sufficiency. Participants agree to submit income

documentation such as a TPQY/SEQY, SSA award letters, as requested for rent calculation and recertification purposes. If the participant is gainfully employed, the participant must submit at least 4 recent check stubs, to assist with determining the participant's rental responsibility.

4. Participant Responsibilities

Participant agrees to:

- Notify their case manager within 10 days of any changes in:
 - ✓ Income or employment status
 - ✓ Household Composition
 - ✓ Participation in supportive services
 - ✓ Physical or behavioral health needs
 - ✓ Agrees to Random Drug Tests
 - ✓ Agrees to provide proof of employment or employment training
- Report any landlord/tenant issues, legal concerns, arrests, or citation-related incidents promptly to their case managers
- Maintain their housing unit in a safe, clean, and sanitary condition
- Cooperate with property management and program staff to support a positive living environment
- Participate in required meetings, trainings, and reviews related to their action plans and housing stability.
- Abide by program guidelines, lease terms and applicable laws.
- Understanding that any suspicion of hiding or concealing of illegal drugs will result in a report being made to law enforcement and may result in a search of the property. If illegal drugs are found, it will result in immediate dismissal from program.

5. Confidentiality and Consent

All personal information collected by the program will be kept confidential and used solely for program administration and service delivery in accordance with HUD requirements, federal regulations (including HIPPA), and agency policy.



6. Acknowledgement and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the (The Lord's Place Supportive Housing). Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____



Participation Agreement for Permanent Supportive Housing

This Participation Agreement for Permanent Supportive Housing (PSH) outlines the expectations, responsibilities, and service participation requirements for individuals enrolled in Vita Nova's PSH programs.

Program Name: _____

Participant Name: _____

Unit Address and Number: _____

Effective Date: _____

1. Purpose

The goal of Vita Nova's PSH program is to support participants in achieving housing stability and overall well-being while working toward self-sufficiency through supportive services and case management.

Active engagement in supportive services and progress toward an individualized service plan are required conditions of ongoing program enrollment and housing assistance, consistent with the service-intensive design of Vita Nova's housing program model.

2. Service Participation Requirements

All participants agree to actively engage in eligible supportive services, employment, and/or goal-oriented activities as a condition of ongoing enrollment. Participants will collaborate with their assigned case manager to develop and maintain an individualized service plan tailored to their goals and needs, making appropriate revisions as needed.

Eligible activities can include:

- Case management meetings as scheduled (required)
- Employment or employment training (required unless waived by the case manager due to a documented disability that prevents employment)
- Vocational rehabilitation services (if applicable)
- Life skills education (e.g., budgeting, household management, communication)
- Substance abuse treatment (as indicated by assessment or if the participant actively uses substances)
- Behavioral health or mental health services (as indicated by assessment)
- Educational training (to attain a diploma, vocational certification, or workforce credential)
- Other appropriate social services identified by program staff and the participant

My Service Participation Plan		
Activity / Supportive Service (Ex: Case Management / Employment Training)	Frequency (Ex: 2 hours per week)	Participant Initials

3. Rental Contribution

Participants agree to pay 30% of adjusted gross income toward rent, utilities, and other housing costs, as determined in accordance with HUD regulations applicable to supportive housing program in which they are enrolled. Participants agree to submit income documentation as requested for rent calculation and recertification purposes.

4. Participant Responsibilities

Participants agree to:

- Notify their case manager within 10 days of any changes in income or employment status, participation in supportive services, or physical or behavioral health needs
- Provide proof of income, employment, or employment training
- Report any housing issues, legal concerns, arrests, or citation-related incidents promptly to their case manager
- Maintain their housing unit in a safe, clean, and sanitary condition
- Cooperate with property management and program staff to support a positive living environment
- Participate in required meetings, training, and reviews related to their service plan and housing stability
- Abide by program policies, lease terms, and applicable laws

5. Confidentiality and Consent

All personal information collected by Vita Nova will be kept confidential and used solely for program administration and service delivery in accordance with HUD requirements, federal regulations (including HIPAA), and agency policy.

6. Acknowledgment and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participation Agreement as a condition of enrollment in any Vita Nova housing program. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements.

Participant Name (please print)

Participant Signature

Date

Case Manager Name (please print)

Case Manager Signature

Date



Participation Agreement for Transitional Housing

This Participation Agreement for Transitional Housing (TH) outlines the expectations, responsibilities, and service participation requirements for individuals enrolled in Vita Nova's TH programs.

Program Name: _____

Participant Name: _____

Unit Address and Number: _____

Effective Date: _____

1. Purpose

The goal of Vita Nova's Transitional Housing program is to support participants in achieving housing stability and overall well-being while working toward self-sufficiency through supportive services and case management.

Active engagement in supportive services and progress toward an individualized service plan are required conditions of ongoing program enrollment and housing assistance, consistent with the service-intensive design of Vita Nova's housing program model.

2. Service Participation Requirements

All participants agree to actively engage in eligible supportive services, employment, and/or goal-oriented activities for a minimum of 20 hours per week as a condition of ongoing enrollment throughout the duration of the program.

Participants will collaborate with their assigned case manager to develop and maintain an individualized service plan tailored to their goals and needs, making appropriate revisions as needed.

Eligible activities can include:

- Case management meetings as scheduled (required)
- Employment or employment training (required unless waived by the case manager due to a documented disability that prevents employment)
- Vocational rehabilitation services (if applicable)
- Life skills education (e.g., budgeting, household management, communication)
- Substance abuse treatment (as indicated by assessment or if the participant actively uses substances)
- Behavioral health or mental health services (as indicated by assessment)
- Educational training (to attain a diploma, vocational certification, or workforce credential)
- Other appropriate social services identified by program staff and the participant

My Service Participation Plan		
Activity / Supportive Service (Ex: Case Management / Employment Training)	Frequency (Ex: 2 hours per week)	Participant Initials

3. Rental Contribution

Participants agree to pay 30% of adjusted gross income toward rent, utilities, and other housing costs, as determined in accordance with HUD regulations applicable to supportive housing program in which they are enrolled. Participants agree to submit income documentation as requested for rent calculation and recertification purposes.

4. Participant Responsibilities

Participants agree to:

- Notify their case manager within 10 days of any changes in income or employment status, participation in supportive services, or physical or behavioral health needs
- Provide proof of income, employment, or employment training
- Report any housing issues, legal concerns, arrests, or citation-related incidents promptly to their case manager
- Maintain their housing unit in a safe, clean, and sanitary condition
- Cooperate with property management and program staff to support a positive living environment
- Participate in required meetings, training, and reviews related to their service plan and housing stability
- Abide by program policies, lease terms, and applicable laws

5. Confidentiality and Consent

All personal information collected by Vita Nova will be kept confidential and used solely for program administration and service delivery in accordance with HUD requirements, federal regulations (including HIPAA), and agency policy.

6. Acknowledgment and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participation Agreement as a condition of enrollment in any Vita Nova housing program. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements.

Participant Name (please print)

Participant Signature

Date

Case Manager Name (please print)

Case Manager Signature

Date



FY26 CoC Consolidated Application

Attachment: 4

**Evidence of Coordination and Non-Interference with Local Efforts
to Advance Public Safety**

Question 1C-10



Community Services Department

810 Datura Street

West Palm Beach, FL 33401

(561) 355-4700

Fax: (561) 242-7336

www.pbc.gov/communityservices



**Palm Beach County
Board of County
Commissioners**

Sara Baxter, Mayor

Marci Woodward, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Joel G. Flores

Maria Sachs

Bobby Powell Jr.

County Administrator

Joseph Abruzzo

Date: September 26, 2026

Attn: Continuum of Care Program Competition Selection Committee

**U.S. Department of Housing and Urban Development (HUD)
RE: FY 2026 CoC Program Competition – Evidence of
Coordination and Non-Interference with Local Public Safety
Efforts (Question 4A / Attachment)**

To Whom It May Concern,

As the Mayor for Palm Beach County, I am writing to formally provide evidence of our active coordination with the Palm Beach County Continuum of Care (CoC) - Homeless and Housing Alliance (HHA) regarding local public safety strategies.

I certify that the CoC and its funded providers actively cooperate and do not interfere with, impede, or obstruct local law enforcement or municipal efforts to advance public safety. Specifically, our agencies collaborate effectively across the following operational domains:

- **Encampment Resolutions:** The CoC works in lockstep with our departments during public space management actions. CoC outreach networks provide crucial, immediate rehousing assistance and shelter alternatives, ensuring that municipal efforts to clear illegal tents and encampments are executed efficiently and without obstruction from service providers.
- **Public Drug Elimination:** The CoC coordinates closely with our officers to curb public illicit drug use by maintaining open communication channels and prioritizing treatment beds for high-risk individuals.
- **Behavioral Crises:** The CoC's crisis response framework respects and assists first responders during active interventions involving individuals who pose a clear danger to themselves or others.
- **Public Safety Tracking:** The CoC ensures data systems are aligned with the Sex Offender Registry and Notification Act (SORNA) to guarantee required legal information is shared transparently with local law enforcement.

The Homeless and Housing Alliance acts as an essential force-multiplier that assists our first responders rather than hindering our mandate to protect the public. We strongly support their application for FY 2026 CoC funding.

Sincerely,

Signed by:



B5008AEB6B734EA...

Signature

Mayor Sara Baxter

Approved As to Form and Legal Sufficiency

Signed by:



Assistant County Attorney

Richard Sena



FY26 CoC Consolidated Application

Attachment: 5

Local Competition Scoring Tool

Question 1D-1

New Projects Scoring Tools

Transitional Housing
PSH
Rapid Rehousing
Support Services Only
Support Services Outreach

HMIS Scoring Tool

Renewal Scoring Tools
Rapid Rehousing
PSH

2026 NEW PROJECTS Transitional Housing Scorecard

		Total Project Maximum Score		Total Actual Project Score	
	Project Score	231		0	
	Bonus	10		0	
	Tie Breaker Questions (If needed)	10		0	
	Total Points Possible	251		0	

Project Quality Requirements

Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The NCG Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should the score on any application fall below 33%

	Section I Application	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
	Accuracy and Appropriateness of Response	11		0	
1.1	Is the project description sufficient to understand the <u>extent of the project</u> ?	2			
1.2	Does the application describe prior experience serving homeless persons that has prepared the agency for <u>administering this grant</u> ?	2			
1.3	Is the description of services <u>complete</u> ?	2			
1.4	Is the description of housing for participants <u>complete</u> ?	2			
1.5	Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required performance measures and any optional additional performance measures)	2			
1.6	Is the overall application complete, accurate and internally consistent?	1			
	Section II BUDGET	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		30		0	
2.1	Percentage of project budget including match, devoted to providing housing?	15	75% to 100% = 15, 50% to 74% = 10, 35% to 49% = 5, less than 35% = 0		
	Administrative Cost		\$		
	Support Services Cost		\$		
	Operating Cost		\$		

	Housing Cost (Leasing, Utilities Assistance)		\$		
	Total Budget Request		\$		
	Housing Match		\$		
	Other Match		\$		
	Total Proposed Budget		\$		
2.2	Is the amount dedicated to supportive services, (including a combination of match, the value of leveraged services, and the amount requested by this grant) equal to or greater than 50% of the total amount of funding sought under this grant application	15	Yes= 15, No = 0		
	Section III Scope of Services	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		88		0	
3.1	Are the housing and/or services proposed appropriate and adequate to the anticipated needs of program participants and the community? Does the type of housing proposed, including the number and configuration of units, fit the needs of the proposed program participants (e.g. number of bedrooms to fit various family sizes)	4	Yes to one question = 2 points, yes to both questions =4 points		
3.2	Are the type of Supportive Services offered to program participants sufficient to ensure retention and help the participant to obtain permanent housing? (May include other funding sources)	4			
3.3	Does the program provide or link participants to employment services? Does the program have employment goals?	10			
3.4	Has the applicant operated or does the project have employment goals that at least 50% of the participants will exit with employment income.	10			

3.5	Does the program have goals for increased wages (i.e. percentage of participants who will increase earned income.	10			
3.6	Does the project provide or effectively link participants to health care including mental health and substance disorder treatment	10			
3.7	The proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)	10			
3.8	Does the proposed project have a goal for the percentage of participants who will not return to homelessness within 12 months of exiting the program?	10			
3.9	The proposed project will provide 20 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.). The 20 hours may be reduced proportionately for participants who are employed. The 20 hours per week does not apply to participants who are over age 62 or who have a physical or developmental disability not including substance abuse disorder.	10			
3.10	Does the proposed project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social and employment programs as well as cash benefits such as TANF, SSI or SSDI for which they may be eligible.	10			

	Section IV Organizational Capacity	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		50		0	
4.1	Does the project fit within the mission of the agency?	5	Yes = 5, No =0		
4.2	Does the Agency currently serve homeless households in their community?	5	Yes = 5, No =0		
4.3	Is funding for administrative staff stable? Is there adequate staff to ensure agency stability throughout the program? (Budget, Organizational Chart)	5	Clearly to both questions = 5		
4.4	Does the agency have active and engaged board of directors?	5			
4.5	Does the agency have the capacity to provide the services that will be needed?	5			
4.6	Is the staffing pattern adequate and the key staff sufficient to effectively operate the type of program proposed? [organizational chart, qualifications of key staff, vacancies, sufficient number of positions	5	Full staff, well qualified, sufficient number=5, meet some but not all of the above = 3, serious deficiencies = 0		
4.7	Does the applicant demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds? Demonstration may include a description of the applicant's experience with similar projects	5	Previous successful HUD projects = 5 Previous experience with Federally funded non-HUD projects = 3, no experience with federally funded programs = 0		

4.8	Does the applicant have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under S+C or CoC programs, as evidenced by timely payment of sub-recipients, regular drawdowns and timely resolution of any monitoring findings within the time allotted.	5	Yes =5, No = 0		
4.9	What is the percentage of grant funds expended that were received from previous HUD grants (if any) within the last full grant year.	10	91% to 100% = 10, 81% to 90% =5, 80% or less, does not meet threshold		
Section V: Experience/Past Performance					
	Maximum Score	Scoring Notes	Project Score	Reviewer Notes	
	26		0		
5.1	Has the agency successfully implemented a housing project	4			
5.2	Has the agency successfully implemented the same project type that they are proposing?	2			
5.3	If the agency has implemented the same or similar project, what was the percentage of people served in the project's last calendar year who obtained or maintained permanent housing?	10	90% - 100% =10, 80%-89% = 5, below 80% = 0		
5.4	History of serving ineligible program participants, or expending funds on ineligible costs.	5	No= 5, Yes = 0		
5.5	Did the agency have any monitoring or audit findings?	5	0 Findings =5; 1 Finding = 4; 2 Findings = 3; 3+ Findings = 0		
Section VI Match					
	Maximum Score	Scoring Notes	Project Score	Reviewer Notes	
	8		0		

6.1	Does Match Documentation Form sufficiently document the required match for the proposed project? (25 % of funding sought minus leasing costs. May also minus YHDP costs if can show reasonable effort to maximize the amount of funding available to homeless youth)	3	Yes = 3, No = 0		
6.2	Did the agency submit a match amount that exceeds the required 25%?	5	Yes = 5, No = 0		
Section VII: Data/HMIS		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	
HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS. Reports from comparable databases will be submitted in place of HMIS reports.)					
7.1	If the agency has additional beds (not HUD funded), are those beds also being entered into HMIS? (HMIS or report from comparable data base)	5	Yes = 5		
7.2	Does the agency commit to enter 100% of the beds into HMIS?	3	Yes = 3, No = 0		
Section VIII: Applicant Agency's Participation in CoC		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
8.1	Did the agency participate in 60% of HHA meetings?	5	Yes = 5, No = 0		
8.2	Did the agency participate in 70% of the meetings of at least one committee/subcommittee	5	Yes = 5, No = 0		
Bonus Question		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	

B1	Does the applicant have one or more MOUs or similar agreements with other entities to provide health care services, including mental health and substance use disorder treatment	10			
	Tie Breaker Questions (If needed)	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
T1	1) Which proposal demonstrates the more innovative approach to ending homelessness in the community?	5			
T2	2) Which program has most units for the proposed project?	5			

2026 NEW PROJECTS Permanent Supportive Housing Scorecard

		Total Project Maximum Score		Total Actual Project Score	
	Project Score	236		0	
	Bonus	10		0	
	Tie Breaker Questions (If needed)	10		0	
	Total Points Possible	256		0	

Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The NCG Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should the score on any application fall below 33%

	Section I Application	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
	Accuracy and Appropriateness of Response	11		0	
1.1	Is the project description sufficient to understand the extent of the project?	2			
1.2	Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant?	2			
1.3	Is the description of services complete?	2			

1.4	Is the description of housing for participants complete?	2			
1.5	Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required performance measures and any optional additional performance measures)	2			
1.6	Is the overall application complete, accurate and internally consistent?	1			
Section II BUDGET		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		30		0	
2.1	Percentage of project budget including match, devoted to providing housing?	15	75% to 100% = 15, 50% to 74% = 10, 35% to 49% = 5, less than 35% = 0		
	Administrative Cost		\$		
	Support Services Cost		\$		
	Operating Cost		\$		
	Housing Cost (Leasing, Utilities Assistance)		\$		
	Total Budget Request		\$		
	Housing Match		\$		
	Other Match		\$		
	Total Proposed Budget		\$		
2.2	Is the amount dedicated to supportive services, (including a combination of match, the value of leveraged services, and the amount requested by this grant) equal to or greater than 50% of the total amount of funding sought under this grant application.	15	Yes=15 No=0		
Section III Scope of Services		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		103		0	

3.1	Are the housing and/or services proposed appropriate and adequate to the anticipated needs of program participants and the community? Does the type of housing proposed, including the number and configuration of units, fit the needs of the proposed program participants (e.g. number of bedrooms to fit various family sizes)		Yes to one question = 4 2 points, yes to both questions =4 points		
-----	--	--	--	--	--

3.2	Are the type of Supportive Services offered to program participants sufficient to ensure retention and help the participant to obtain permanent housing? (May include other funding sources)	4			
3.3	Does the program provide or link participants to employment services? Does the program have employment goals?	10			
3.4	Does the program have plans for providing services to people who are elderly or are otherwise unable to work	10			
3.5	Does the program have goals for increased wages (i.e. percentage of participants who will increase earned income.	10			
3.6	Does the project provide or effectively link participants to health care including mental health and substance disorder treatment	5			
3.7	What percentage of the people served are anticipated to meet the definition of chronically homeless?	10			
3.8	Does the program have an assessment process that will assist in determining which participants should stay in PSH and which may be appropriate for transfer to another activity?	10			
3.9	The proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)	10			

3.10	Are participants assisted to apply for mainstream benefits including benefits such as TANF, SSI, SSDI and other forms of non-employment income for which they may qualify?	10			
3.11	Does the proposed project have a goal for the percentage of participants who will not return to homelessness within 12 months of exiting the program?	10			
3.12	Participants have choices in the support services they receive. They are offered choices, can choose from a range of services and different participants receive different services depending on their needs and preferences thus increasing the rate of participation in required support services.	10			
Section IV Organizational Capacity		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		40		0	
4.1	Does the project fit within the mission of the agency?	5	Yes = 5, No =0		
4.2	Does the Agency currently serve homeless households in their community?	5	Yes = 5, No =0		
4.3	Is funding for administrative staff stable? Is there adequate staff to ensure agency stability throughout the program? (Budget, Organizational Chart)	5	Clearly to both questions = 5		

4.4	Does the agency have active and engaged board of directors?	5			
4.5	Does the agency have the capacity to provide the services that will be needed?	5			
4.6	Is the staffing pattern adequate and the key staff sufficient to effectively operate the type of program proposed? [organizational chart, qualifications of key staff, vacancies, sufficient number of positions	5	Full staff, well qualified, sufficient number=5, meet some but not all of the above = 3, serious deficiencies = 0		
4.7	Does the applicant demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds? Demonstration may include a description of the applicant's experience with similar projects	5	Previous successful HUD projects = 5 Previous experience with Federally funded non-HUD projects = 3, no experience with federally funded programs.		
4.8	Does the applicant have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under S+C or CoC programs, as evidenced by timely payment of sub-recipients, regular drawdowns and timely resolution of any monitoring findings within the time allotted.	5	Yes =5, No = 0		

4.9	What is the percentage of grant funds expended that were received from previous HUD grants (if any) within the last full grant year.		91% to 100% = 10, 81% to 90% =5, 10 80% or less, does not meet threshold		
Section V: Experience/Past Performance (Possible Points 26)					
		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		26		0	
5.1	Has the agency successfully implemented a housing project	4			
5.2	Has the agency successfully implemented the same project type that they are proposing?	2			
5.3	If the agency has implemented the same or similar project, what was the percentage of people served in the project's last calendar year who obtained or maintained permanent housing?	10	90% - 100% =10, 80%-89% = 5, below 80% = 0		
5.4	History of serving ineligible program participants, or expending funds on ineligible costs.	5	No= 5, Yes = 0		
5.5	Did the agency have any monitoring or audit findings?	5	0 Findings =5; 1 Finding = 4; 2 Findings = 3; 3+ Findings = 0		
Section VI Match					
		8		0	
6.1	Does Match Documentation Form sufficiently document the required match for the proposed project? (25 % of funding sought minus leasing costs. May also minus YHDP costs if can show reasonable effort to maximize the amount of funding available to homeless youth)	3	Yes = 3, No = 0		

6.2	Did the agency submit a match amount that exceeds the required 25%?	5	Yes = 5, No =0		
	Section VII: Data/HMIS	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	
	HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS.) Reports from comparable databases will be submitted in place of HMIS reports.				
7.1	If the agency has additional beds (not HUD funded), are those beds also being entered into HMIS? (HMIS or report from comparable data base)	5	Yes = 5, No =0		
7.2	Does the agency commit to enter 100% of the beds into HMIS?	3	Yes = 3, No = 0		
	Section VIII: Applicant Agency's Participation in CoC	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
8.1	Did the agency participate in 60% of HHA meetings?	5	Yes = 5, No =0		
8.2	Did the agency participate in 70% of the meetings of at least one committee/subcommittee	5	Yes = 5, No =0		
	Bonus Question	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	

B1	Does the applicant have one or more MOUs or similar agreements with other entities to provide health care services, including mental health and substance use disorder treatment	10			
	Tie Breaker Questions (If needed)	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
T1	1) Which proposal demonstrates the more innovative approach to ending homelessness in the community?	5			
T2	2) Which program has most units for the proposed project?	5			

Rapid Rehousing NEW PROJECTS Scorecard

		Total Project Maximum Score		Total Actual Project Score	
	Project Score	241		0	
	Bonus	10		0	
	Tie Breaker Questions (If needed)	10		0	
	Total Points Possible	261		0	

Project Quality Requirements

Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The NCG Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should the score on any application fall below 33%

	Section I Application	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
	Accuracy and Appropriateness of Response	11		0	
1.1	Is the project description sufficient to understand the extent of the project?	2			
1.2	Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant?	2			
1.3	Is the description of services complete?	2			
1.4	Is the description of housing for participants complete?	2			

1.5	Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required performance measures and any optional additional performance measures)	2			
1.6	Is the overall application complete, accurate and internally consistent?	1			
	Section II BUDGET	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		30			
2.1	Percentage of project budget including match, devoted to providing housing?	15			
	Administrative Cost		\$		
	Support Services Cost		\$		
	Operating Cost		\$		
	Housing Cost (Leasing, Utilities Assistance)		\$		
	Total Budget Request		\$		
	Housing Match		\$		
	Other Match		\$		
	Total Proposed Budget		\$		
2.2	Is the amount dedicated to supportive services, (including a combination of match, the value of leveraged services, and the amount requested by this grant) equal to or greater than 50% of the total amount of funding sought under this grant application	15	Yes= 15, No = 0		
	Section III Scope of Services	Maximum Score	Scoring Notes	Project Score	Reviewer Notes

		98		0	
3.1	Are the housing and/or services proposed appropriate and adequate to the anticipated needs of program participants and the community? Does the type of housing proposed, including the number and configuration of units, fit the needs of the proposed program participants (e.g. number of bedrooms to fit various family sizes)		Yes to one question = 2 points, yes to both questions =4 points		
3.2	Are the type of Supportive Services offered to program participants sufficient to ensure retention and help the participant to obtain permanent housing? (May include other funding sources)	4			
3.3	Does the program provide or link participants to employment services? Does the program have employment goals?	10			
3.4	Has the applicant operated or does the project have employment goals that at least 50% of the participants will exit with employment income.	10			
3.5	Does the program have goals for increased wages (i.e. percentage of participants who will increase earned income.	10			
3.6	Does the project provide or effectively link participants to health care including mental health and substance disorder treatment	10			

3.7	The proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)	10			
3.8	Will the proposed project provide 20 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.). The 20 hours may be reduced proportionately for participants who are employed. The 20 hours per week does not apply to participants who are over age 62 or who have a physical or developmental disability not including substance abuse disorder.	10			
3.9	Does the proposed project have a goal for the percentage of participants who will not return to homelessness within 12 months of exiting the program?	10			

3.9	Does the proposed project have a goal for the percentage of participants who will not return to homelessness within 12 months of exiting the program?	10			
3.10	Does the proposed project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social and employment programs as well as cash benefits such as TANF, SSI or SSDI for which they may be eligible.	10			
Section IV Organizational Capacity		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		50		0	
4.1	Does the project fit within the mission of the agency?	5	Yes = 5, No =0		
4.2	Does the Agency currently serve homeless households in their community?	5	Yes = 5, No =0		
4.3	Is funding for administrative staff stable? Is there adequate staff to ensure agency stability throughout the program? (Budget, Organizational Chart)	5	Clearly to both questions = 5		

4.4	Does the agency have active and engaged board of directors?	5			
4.5	Does the agency have the capacity to provide the services that will be needed?	5			
4.6	Is the staffing pattern adequate and the key staff sufficient to effectively operate the type of program proposed? [organizational chart, qualifications of key staff, vacancies, sufficient number of positions	5	Full staff, well qualified, sufficient number=5, meet some but not all of the above = 3, serious deficiencies = 0		
4.7	Does the applicant demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds? Demonstration may include a description of the applicant's experience with similar projects	5	Previous successful HUD projects = 5 Previous experience with Federally funded non-HUD projects = 3, no experience with federally funded programs.		

4.8	Does the applicant have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under S+C or CoC programs, as evidenced by timely payment of sub-recipients, regular drawdowns and timely resolution of any monitoring findings within the time allotted.	5	Yes =5, No = 0		
4.9	What is the percentage of grant funds expended that were received from previous HUD grants (if any) within the last full grant year.	10	91% to 100% = 10, 81% to 90% =5, 80% or less, does not meet threshold		
Section V: Experience/Past Performance		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		26		0	
5.1	Has the agency successfully implemented a housing project	4			
5.2	Has the agency successfully implemented the same project type that they are proposing?	2			
5.3	If the agency has implemented the same or similar project, what was the percentage of people served in the project's last calendar year who obtained or maintained permanent housing?	10	90% - 100% =10, 80%-89% = 5, below 80% = 0		

5.4	History of serving ineligible program participants, or expending funds on ineligible costs.	5	No= 5, Yes = 0		
5.5	Did the agency have any monitoring or audit findings?		0 Findings =5; 1 Finding = 4; 2 Findings = 3; 3+ Findings = 0		
Section VI Match		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	
6.1	Does Match Documentation Form sufficiently document the required match for the proposed project? (25 % of funding sought minus leasing costs. May also minus YHDP costs if can show reasonable effort to maximize the amount of funding available to homeless youth)	3	Yes = 3, No = 0		
6.2	Did the agency submit a match amount that exceeds the required 25%?	5	Yes = 5, No =0		

	Section VII: Data/HMIS	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	
	HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS.) Reports from comparable databases will be submitted in place of HMIS reports.				
7.1	If the agency has additional beds (not HUD funded), are those beds also being entered into HMIS? (HMIS or report from comparable data base)	5	Yes = 5		
7.2	Does the agency commit to enter 100% of the beds into HMIS?	3	Yes = 3, No = 0		
	Section VIII: Applicant Agency's Participation in CoC	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
8.1	Did the agency participate in 60% of HHA meetings?	5	Yes = 5, No = 0		
8.2	Did the agency participate in 70% of the meetings of at least one committee/subcommittee	5	Yes = 5, No = 0		

	Bonus Question	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
B1	Does the applicant have one or more MOUs or similar agreements with other entities to provide health care services, including mental health and substance use disorder treatment	10			
	Tie Breaker Questions (If needed)	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
T1	1) Which proposal demonstrates the more innovative approach to ending homelessness in the community?	5			
T2	2) Which program has most units for the proposed project?	5			

2026 NEW PROJECTS SUPPORT SERVICES ONLY - OUTREACH

		Total Project Maximum Score		Total Actual Project Score	
	Project Score	208		0	
	Bonus	10		0	
	Tie Breaker Questions (If needed)	10		0	
	Total Points Possible	228		0	

Project Quality Requirements

Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The NCG Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should the score on any application fall below 33%

	Section I Application	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
	Accuracy and Appropriateness of Response	9		0	
1.1	Is the project description sufficient to understand the extent of the project?	2			
1.2	Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant?	2			
1.3	Is the description of services complete?	2			

1.4	Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required performance measures and any optional additional performance measures)	2			
1.5	Is the overall application complete, accurate and internally consistent?	1			
	Section II BUDGET	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		30			
2.1	Percentage of project budget including match, devoted to providing support services?	15			
	Administrative Cost		\$		
	Support Services Cost		\$		
	Operating Cost		\$		
	Housing Cost (Leasing, Utilities Assistance)		\$		
	Total Budget Request		\$		
	Housing Match		\$		
	Other Match		\$		
	Total Proposed Budget		\$		
2.2	Is the amount dedicated to supportive services, (including a combination of match, the value of leveraged services, and the amount requested by this grant) equal to or greater than 50% of the total amount of funding sought under this grant application	15			

	Section III Scope of Services	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		75		0	
3.1	Are ther services proposed appropriate and adequate to the anticipated needs of program participants and the community?	5			
3.2	Does the applicant have experience with successfully assisting participants to obtain and remain in mental health and/or substance use treatment?	5			
3.3	Does the program provide or link participants to employment services?	5			
3.4	Does the project provide or effectively link participants to health care including mental health and substance disorder treatment	10			
3.5	The applicant's description of services includes plans to partner with law enforcement and other first responders to reach and assist unsheltered people.	5			
3.6	Will the project provide transportation and other needed assistance to assist participants to access the services they need?	5			

3.7	Participants have choices in the services that they receive. They are offered choices, can choose from a range of services, and different participants receive different services based on their needs and preferences	10			
3.8	The applicant has experience or has a plan for providing outreach services that will assist people to successfully transfer from homelessness to emergency shelter, treatment programs, transitional housing or permanent housing programs	10			
3.9	Does the proposed project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social and employment programs for which they are eligible including assistance in applying for cash benefits for which they may be eligible including TANF, SSI and SSDI	10			
3.10	Does the project include services that will assist participants to obtain ID?	5			

3.11	Does the project include how it will respond to emergency needs of people experiencing homelessness.	5			
Section IV Organizational Capacity		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		50		0	
4.1	Does the project fit within the mission of the agency?	5	Yes = 5, No =0		
4.2	Does the Agency currently serve homeless people in their community?	5	Yes = 5, No =0		
4.3	Is funding for administrative staff stable? Is there adequate staff to ensure agency stability throughout the program? (Budget, Organizational Chart)	5	Clearly to both questions = 5		
4.4	Does the agency have active and engaged board of directors?	5			
4.5	Does the agency have the capacity to provide the services that will be needed?	5			

4.6	Is the staffing pattern adequate and the key staff sufficient to effectively operate the type of program proposed? [organizational chart, qualifications of key staff, vacancies, sufficient number of positions		Full staff, well qualified, sufficient number=5, meet some but not all of the above = 3, serious deficiencies = 0		
4.7	Does the applicant demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds? Demonstration may include a description of the applicant's experience with similar projects		Previous successful HUD projects = 5 Previous experience with Federally funded non-HUD projects = 3, no experience with federally funded programs.		
4.8	Does the applicant have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under S+C or CoC programs, as evidenced by timely payment of sub-recipients, regular drawdowns and timely resolution of any monitoring findings within the time allotted.		5 Yes =5, No = 0		

4.9	What is the percentage of grant funds expended that were received from previous HUD grants (if any) within the last full grant year.	10	91% to 100% = 10, 81% to 90% =5, 80% or less, does not meet threshold		
Section V: Experience/Past Performance		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		18		0	
5.1	Has the agency successfully implemented a program serving homeless persons?	4			
5.2	Has the agency successfully implemented the same project type that they are proposing?	4			
5.3	History of serving ineligible program participants, or expending funds on ineligible costs.	5	No= 5, Yes = 0		
5.4	Did the agency have any monitoring or audit findings?		0 Findings =5; 1 Finding = 4; 2 Findings = 3; 3+ Findings = 0		
Section VI Match		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	

6.1	Does Match Documentation Form sufficiently document the required match for the proposed project? (25 % of funding sought minus leasing costs. May also minus YHDP costs if can show reasonable effort to maximize the amount of funding available to homeless youth)	3	Yes = 3, No = 0		
6.2	Did the agency submit a match amount that exceeds the required 25%?	5	Yes = 5, No = 0		
Section VII: Data/HMIS		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	
HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS.) Reports from comparable databases will be submitted in place of HMIS reports.					
7.1	Does the agency commit to entering all outreach services into HMIS ? (HMIS report or comparable data base if DV)	5	Yes = 5		

7.2	If the agency has served homeless persons in PBC have they completed HMIS responsibilities in a timely and accurate manner?	3	Yes = 3, No = 0		
Section VIII: Applicant Agency's Participation in CoC		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
8.1	Did the agency participate in 60% of HHA meetings?	5	Yes = 5, No =0		
8.2	Did the agency participate in 70% of the meetings of at least one committee/subcommittee	5	Yes = 5, No =0		
Bonus Question		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
B1	Does the applicant have one or more MOUs or similar agreements with other entities to provide health care services, including mental health and substance use disorder treatment	10			

	Tie Breaker Questions (If needed)	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
T1	1) Which proposal demonstrates the more innovative approach to ending homelessness in the community?	5			
T2	2) Which program has most units for the proposed project?	5			



2026 NEW PROJECTS SUPPORT SERVICES ONLY - STAND ALONE

		Total Project Maximum Score		Total Actual Project Score	
	Project Score	198		0	
	Bonus	10		0	
	Tie Breaker Questions (If needed)	10		0	
	Total Points Possible	218		0	

Project Quality Requirements

Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The NCG Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should the score on any application fall below 33%

	Section I Application	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
	Accuracy and Appropriateness of Response	9		0	
1.1	Is the project description sufficient to understand the extent of the project?	2			
1.2	Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant?	2			
1.3	Is the description of services complete?	2			

1.4	Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required performance measures and any optional additional performance measures)	2			
1.5	Is the overall application complete, accurate and internally consistent?	1			
	Section II BUDGET	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		30			
2.1	Percentage of project budget including match, devoted to providing support services?	15			
	Administrative Cost		\$		
	Support Services Cost		\$		
	Operating Cost		\$		
	Housing Cost (Leasing, Utilities Assistance)		\$		
	Total Budget Request		\$		
	Housing Match		\$		
	Other Match		\$		
	Total Proposed Budget		\$		
2.2	Is the amount dedicated to supportive services, (including a combination of match, the value of leveraged services, and the amount requested by this grant) equal to or greater than 50% of the total amount of funding sought under this grant application	15			

	Section III Scope of Services	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		65		0	
3.1	Are ther services proposed appropriate and adequate to the anticipated needs of program participants and the community?	5			
3.2	Does the applicant have experience with successfully assisting participants to obtain and remain in mental health and/or substance use treatment?	5			
3.3	Does the program provide or link participants to employment services?	5			
3.4	Does the project provide or effectively link participants to health care including mental health and substance disorder treatment	10			
3.5	Does the project have a strategy for connecting persons served to emergency housing or permanent housing?	5			
3.6	Will the project provide transportation and other needed assistance to assist participants to access the services they need?	5			

3.7	Participants have choices in the services that they receive. They are offered choices, can choose from a range of services, and different participants receive different services based on their needs and preferences	10			
3.8	Does the proposed project have a specific plan for ensuring program participants Does the proposed project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social and employment programs for which they are eligible including assistance in applying for cash benefits for which they may be eligible including TANF, SSI and SSDI	10			
3.9	Does the project include services that will assist participants to obtain ID?	5			
3.10	Does the project include how it will respond to emergency needs of people experiencing homelessness.	5			

	Section IV Organizational Capacity	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		50		0	
4.1	Does the project fit within the mission of the agency?	5	Yes = 5, No =0		
4.2	Does the Agency currently serve homeless people in their community?	5	Yes = 5, No =0		
4.3	Is funding for administrative staff stable? Is there adequate staff to ensure agency stability throughout the program? (Budget, Organizational Chart)	5	Clearly to both questions = 5		
4.4	Does the agency have active and engaged board of directors?	5			
4.5	Does the agency have the capacity to provide the services that will be needed?	5			
4.6	Is the staffing pattern adequate and the key staff sufficient to effectively operate the type of program proposed? [organizational chart, qualifications of key staff, vacancies, sufficient number of positions	5	Full staff, well qualified, sufficient number=5, meet some but not all of the above = 3, serious deficiencies = 0		

4.7	Does the applicant demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds? Demonstration may include a description of the applicant's experience with similar projects		Previous successful HUD projects = 5 Previous experience with Federally funded non-HUD projects = 3, no experience with federally funded programs.		
4.8	Does the applicant have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under S+C or CoC programs, as evidenced by timely payment of sub-recipients, regular drawdowns and timely resolution of any monitoring findings within the time allotted.		5 Yes =5, No = 0		
4.9	What is the percentage of grant funds expended that were received from previous HUD grants (if any) within the last full grant year.		10 91% to 100% = 10, 81% to 90% =5, 80% or less, does not meet threshold		

	Section V: Experience/Past Performance	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		18		0	
5.1	Has the agency successfully implemented a program serving homeless persons?	4			
5.2	Has the agency successfully implemented the same project type that they are proposing?	4			
5.3	History of serving ineligible program participants, or expending funds on ineligible costs.	5	No= 5, Yes = 0		
5.4	Did the agency have any monitoring or audit findings?		0 Findings =5; 1 Finding = 4; 5 2 Findings = 3; 3+ Findings = 0		
	Section VI Match	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	

6.1	Does Match Documentation Form sufficiently document the required match for the proposed project? (25 % of funding sought minus leasing costs. May also minus YHDP costs if can show reasonable effort to maximize the amount of funding available to homeless youth)	3	Yes = 3, No = 0		
6.2	Did the agency submit a match amount that exceeds the required 25%?	5	Yes = 5, No = 0		
Section VII: Data/HMIS		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		8		0	
HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS.) Reports from comparable databases will be submitted in place of HMIS reports.					
7.1	Does the agency commit to entering all outreach services into HMIS ? (HMIS report or comparable data base if DV)	5	Yes = 5		

7.2	If the agency has served homeless persons in PBC have they completed HMIS responsibilities in a timely and accurate manner?	3	Yes = 3, No = 0		
Section VIII: Applicant Agency's Participation in CoC		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
8.1	Did the agency participate in 60% of HHA meetings?	5	Yes = 5, No =0		
8.2	Did the agency participate in 70% of the meetings of at least one committee/subcommittee	5	Yes = 5, No =0		
Bonus Question		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
B1	Does the applicant have one or more MOUs or similar agreements with other entities to provide health care services, including mental health and substance use disorder treatment	10			

	Tie Breaker Questions (If needed)	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		10		0	
T1	1) Which proposal demonstrates the more innovative approach to ending homelessness in the community?	5			
T2	2) Which program has most units for the proposed project?	5			



HMIS Project Local Competition Evaluation Form

Applicant Organization: _____

Project Name: _____

Reviewer Name: _____ Date: _____

Scoring Summary

Section	Maximum Score	Awarded Score
1. Data Quality & System Performance	35	
2. System Coverage & Utilization	20	
3. HUD Compliance & Mandated Reporting	20	
4. Fiscal Management & Administrative Capacity	15	
5. Governance & Policy Adherence	5	
TOTAL SCORE	95	

- **Minimum Passing Threshold (70%):** 67 Points
- **Threshold Met?** YES NO

1. Data Quality & System Performance (35 Points Max)

1.1 Data Completeness (10 Points)

Universal Data Elements (UDEs) missing, null, or refused across the entire CoC HMIS database:

- **10 pts** — Less than 2% missing UDEs
- **6 pts** — 2% to 5% missing UDEs
- **0 pts** — Greater than 5% missing UDEs

1.2 Data Timeliness (10 Points)

Percentage of project entry and exit records entered into HMIS within 3 calendar days:

- **10 pts** —entered within 3 days
- **5 pts** — 75% to 89% entered within 3 days
- **0 pts** — 75% entered within 3 days

1.3 System Integrity & De-duplication (10 Points)

Frequency of system-wide duplicate record audits and routine database cleanups:

- **10 pts** — Documented monthly audits and cleanups
- **5 pts** — Quarterly or ad-hoc cleanups
- **0 pts** — No evidence of routine de-duplication

1.4 Data Quality Technical Assistance (5 Points)

HMIS Lead regularly provides scheduled data quality monitoring reports and support to end-user agencies:

- **5 pts** — Yes
- **0 pts** — No

2. System Coverage & Utilization (20 Points Max)

2.1 Bed Coverage Rate (10 Points)

Percentage of non-DV emergency shelter, transitional housing, and permanent housing beds participating in HMIS:

- **10 pts** —85% bed coverage rate
- **5 pts** — 70% to 84 bed coverage rate
- **0 pts** — 70% bed coverage rate

2.2 Coordinated Entry Integration (10 Points)

HMIS software and Lead agency actively support Coordinated Entry System workflows, prioritization lists, and referral tracking:

- **10 pts** — Full integration and active ongoing support
- **5 pts** — Partial or manual workflow integration
- **0 pts** — No Coordinated Entry integration

3. HUD Compliance & Mandated Reporting (20 Points Max)

3.1 On-Time Mandated HUD Reporting (10 Points)

Timely and accurate submission of all required annual HUD system files (LSA, AHAR/HDX, PIT/HIC, System Performance Measures):

- **10 pts** — All submissions on or before official HUD deadlines
- **5 pts** — One submission late with documented HUD extension
- **0 pts** — Unexcused late or failed submission(s)

3.2 Annual Progress Report (APR) (10 Points)

Submission of the HMIS project's own grant APR via SAGE:

- **10 pts** — Submitted on time with no major corrections required
- **5 pts** — Submitted on time with minor revisions needed
- **0 pts** — Overdue submission or major errors

4. Fiscal Management & Administrative Capacity (15 Points Max)

4.1 HUD Grant Spend-Down (5 Points)

Recapture/unexpended rate of HUD grant funds on the most recently closed HMIS grant cycle:

- **5 pts** — Less than 3% unexpended (full spend-down)
- **3 pts** — 3% to 7% unexpended
- **0 pts** — Greater than 7% unexpended

4.2 Timely Drawdowns (5 Points)

Execution of eLOCCS grant drawdowns:

- **5 pts** — Regular monthly or quarterly drawdowns executed
- **0 pts** — Irregular or annual lump-sum drawdowns

4.3 Audit Integrity (5 Points)

Most recent independent agency financial audit submission:

- **5 pts** — Clean audit with no findings related to HUD/CoC grants
- **3 pts** — Minor findings with an approved Corrective Action Plan
- **0 pts** — Unresolved major findings

5. Governance & Policy Adherence (5 Points Max)

5.1 Governance & Policy Maintenance (5 Points)

HMIS Policies & Procedures, Governance Agreements, and Privacy/Security Plans are formally reviewed and updated at least biennially:

- **5 pts** — Reviewed/updated within the last 24 months
- **0 pts** — Documents exceed 24 months without review

Reviewer Comments & Notes

Reviewer Signature: _____ **Date:**

Renewal Projects PSH and RRH Housing Scorecard

		Total Project Maximum Score		Total Actual Project Score	
	Regular Points	180		0	
	Bonus Score	15		0	
	Tie Breaker Questions (If needed)	20		0	
	Total Points Possible	215		0	

Project Quality Requirements

Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The NCG Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should the score on any application fall below 33%

	Section I HHA and PBC Prioritization	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		30		0	
1.1	Is the proposed project a PSH Project?	30	Yes = 30 No =0		
	Section II PROJECT PERFORMANCE	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		70		0	

Project Performance

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2024, to December 31, 2024) HMIS report. If projects have not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.

2.1	Length of time between participants' move in start date and housing move-in date. What is the percentage of program participants placed in housing within 45 days after the participation start date (HMIS Report). This question does not apply to DV applications and should not be included in the final score.	10	100 - 80% = 10 79% to 60% = 8; 59% to 40% = 6; 39% to 20% = 4; 19% or less = 0		
2.2	Exits to Permanent Housing. Did 90% or more program participants remain in PSH or move to PH. (HMIS Report)	25	90% or more = 25 89% to 85% = 20 84% to 80% = 15; 79% to 75% = 10; 74% to 70% = 5 69% or less = 0		

2.3	Returns to homelessness. Did 15% or fewer program participants return to homelessness within 12 months of exit to PH (HMIS Report). Note: if the program has no exits, the question is excluded from the total score. The total includes all members of the family who became homeless.	15	15% or less = 15 16% to 20% = 5 21% or more = 0		
2.4	New or increased earned income (Stayers). Did 10% or more increase their earned income for program participants who remained in the program? This question does not apply to DV applications and should not be included in their final score.	7	10% = 7 points 8% = 3 points 6% = 2 points Less than 6% = 0		
2.5	New or increased non-employment income (Stayers). Did 10% or more increase their non-employment income for program participants who remained in the program? This question does not apply to DV applications and should not be included in their final score.	3	10% = 3 points 8% = 2 points 6% = 1 points Less than 6% = 0		
2.6	New or increased earned income (Exits). Did 10% or more increase their earned income for program participants who exited the program? This question does not apply to DV applications and should not be included in their final score.	7	10% = 7 points 8% = 3 points 6% = 2 points Less than 6% = 0		

2.7	New or increased non-employment income (Exits). Did 10% or more increase their non-employment income for program participants who exited the program? This question does not apply to DV applications and should not be included in their final score.		3 10% = 3 points 8% = 2 points 6% = 1 points Less than 6% = 0		
	Section III Service to High Needs Population	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		15		0	
Project Performance Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2024, to December 31, 2024) HMIS report. If projects have not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.					

3.1	Homeless Category. Did 95% or more of program participants who entered the program after October 1, 2015, meet the criteria for Category 1 or Category 4 homeless status. * Youth PSH - Category 1, 2 or 4 homeless status HMIS Report. Note: will use homeless status as opposed to previous living status.	15	95% or more = 15 94% or less = 0		
Section IV Project Effectiveness		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		50		0	
4.1	The project has reasonable costs. Was 100% of the project funding allocation expended in the previous grant year?	20	100% = 20 90% to 99% = 10 89% or less = 0		
4.2	Coordinated Entry Participation. Are 100% of entries to the program from coordinated entry referrals after October 1, 2015? Note: This question does not apply to DV applicants and should not be included in their final score.	15	100% = 15 95% - 99% = 10 94% or less = 0		
4.3	Supportive Services Requirement. Based on the program description, does the project require participants to participate in supportive services?	15	Yes = 15 No = 0		
V. Other and Local Criteria		Maximum Score	Scoring Notes	Project Score	Reviewer Notes
		15		0	
5.1	CoC Monitoring Score. Is the agency free of any CoC Monitoring findings for HUD programs	10	0 Findings = 10 1 Finding = 5 2 Findings = 2 3 Findings = 0		

5.2	Unit Utilization Rate What is program's unit utilization rate? A. Average = January + April + July + October / 4 B. (Q9 Average/ Available Beds or Units) X 100 The average caon be found in HMIS report - Housing and Shelter Utilization History report, and the number of units is found in the grant application * Beds for singles programs and units for family programs		5 90% or higher = 5 80% - 89% = 2 70% - 79% = 1 0-78% = 0		
	VI. Bonus Questions	Maximum Score	Scoring Notes	Project Score	Reviewer Notes
Bonus		15		0	
Project Performance Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2024, to December 31, 2024) HMIS report. If projects have not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.					
B-1	If the project applicant has additional non-HUD-funded homeless beds (not a part of this application), are those beds being entered into the HMIS system or Comparable Data Systems	5	Yes = 5 No = 0	0	
B.2	Percentage of program leavers who were employed at program exit	10	50% or more = 10 30% - 49% = 5 10% - 29% = 2 9% or less = 0		

	Tie Breaker (If Needed)	Maximum Score 20	Scoring Notes	Project Score 0	Reviewer Notes
Project Performance Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2024, to December 31, 2024) HMIS report. If projects have not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.					
T-1	Percentage of program leavers who were employed at program exit	10	50% or more = 10 30% - 49% = 5 10% - 29% = 2 9% or less = 0		
T-2	What is the average time between project start date and housing move-in date? The lowest average time receives the highest points. <i>Points will only be awarded to the top four projects with the lowest average. All other projects will not receive tie-breaker points.</i>	10	Lowest Average Time = 10 Second Lowest = 8 Third Lowest = 5 Fourth Lowest = 2		



FY26 CoC Consolidated Application

Attachment: 6

Local Competition Selection Results

Question 1D-2c

Agency	Project Name	Rank	Score	Percentage	Possible Total	Type	Dollar Requested	Allocated	Status	Reallocated Funds
Palm Beach	FY24 HMIS	1	70	73.7%	95	HMIS	\$ 319,311.00	\$ 319,311.00	Accepted	\$ -
Adopt-A-Fa	Project SAF	2	152	84.4%	180	PSH	\$ 325,065.00	\$ 325,065.00	Accepted	\$ -
The Lord's P	Operation H	3	135	96.4%	140	PSH	\$ 361,076.00	\$ 361,076.00	Accepted	\$ -
Adopt-A-Fa	YHDP_Yout	4	135	75.0%	180	YHDP-PSH	\$ 381,292.00	\$ 381,292.00	Accepted	\$ -
The Lord's P	Home First	5	131	93.6%	140	PSH	\$ 479,659.00	\$ 479,659.00	Accepted	\$ -
The Lord's P	Operation H	6	131	79.4%	165	PSH	\$ 446,628.00	\$ 446,628.00	Accepted	\$ -
The Lord's P	Operation H	7	131	79.4%	165	PSH	\$ 929,696.00	\$ 929,696.00	Accepted	\$ -
Gulfstream	New Avenu	8	121	73.3%	165	PSH	\$ 1,324,586.00	\$ 1,324,586.00	Accepted	\$ -
Vita Nova	VNI PSH 7 B	9	120	66.7%	180	YHDP-PSH	\$ 235,551.00	\$ 235,551.00	Accepted	\$ -
Vita Nova	Vita Nova P	10	102	78.5%	130	YHDP-PSH	\$ 810,787.00	\$ 810,787.00	Accepted	\$ -
Integrated H	Dignity Villa	11	73	63.5%	115	PSH	\$ 212,191.00	\$ 212,191.00	Accepted	\$ -
Integrated H	Dignity Villa	12	70	63.6%	110	PSH	\$ 235,953.00	\$ 235,953.00	Accepted	\$ -
Families Fi	Bridges To S	13	102	58.3%	175	PSH	\$ 960,335.00	\$ 468,929.00	Accepted	\$ -
Vita Nova	VN New Life	14	206	85.5%	241	TH	\$ 405,185.00	\$ 405,185.00	Accepted	\$ 405,360.00
The Lord's P	Project Fan	15	145	80.6%	180	TH	\$ 435,735.00	\$ 435,735.00	Accepted	\$ -
Adopt-A-Fa	YHDP_CYTO	16	133	73.9%	180	YHDP-TH	\$ 403,371.00	\$ 403,371.00	Accepted	\$ -
Vita Nova	Vita Nova T	18	75	41.7%	180	TH	\$ 664,395.00	\$ 664,395.00	Accepted	\$ -
Adopt-A-Fa	Connecting	17	125	69.4%	180	TH	\$ 400,789.00	\$ 400,789.00	Accepted	\$ -
Families Fi	Bridges to S	13	102	58.3%	175	PSH	\$ 960,335.00	\$ 491,406.00	Accepted	\$ -
Integrated H	Dignity Villa	19	187	93.0%	201	PSH	\$ 597,575.00	\$ 597,575.00	Accepted	\$ 597,575.00
The Lord's P	Street Outr	21	174	79.8%	218	SSO-O	\$ 850,000.00	\$ 850,000.00	Accepted	\$ 850,000.00
Feeding Ho	Feeding Ho	22	103	53.4%	193	SSO-SA	\$ 90,000.00	\$ 105,360.00	Accepted	\$ 105,360.00
The Lord's P	Joshua Hou	20	208	90.0%	231	TH	\$ 350,000.00	\$ 350,000.00	Accepted	\$ -
PBC	Prosperity V	24	184	83.3%	221	TH	\$ 1,282,681.00	\$ 1,282,681.00	Accepted	\$ -
PBC	Beyond She	23	196	92.0%	213	TH	\$ 1,100,000.00	\$ 1,100,000.00	Accepted	\$ -
TaskForce	Safe Street	n/a	124	124	210	SSO-O	\$ 325,000.00	0	Rejected	\$ -
TaskForce	RESET	n/a	124	124	0.59	SSO-O	\$ 500,000.00	0	Rejected	\$ -
YWCA	YWCA RRH	n/a	n/a	n/a	n/a	RRH	\$ 803,077.00	\$ -	Fully Reallo	\$ 803,077.00
Gulfstream	Touchdown	n/a	n/a	n/a	n/a	RRH	\$ 405,360.00	\$ -	Fully Reallo	\$ 405,360.00
PBC	Project Hop	n/a	n/a	n/a	n/a	PSH	\$ 749,858.00	\$ -	Fully Reallo	\$ 749,858.00
YWCA	YWCA DV R	n/a	40	32%	125	RRH	\$ 1,036,723.00		Not available for Reallocation	



FY26 CoC Consolidated Application

Attachment: 7

FY 2026 HDX Competition Report

Question 2A-8b

CoC ID	FL-605
CoC Name	West Palm Beach/Palm Beach County CoC
Year	2025
Final LSA Submission Link	https://hudhdx2.info/dataset/53805/flag-report

Category	Usability Determination	Flag IDs		
		Issues Affecting Usability	Issues Requiring Manual Fixes to be Usable	Other Data Quality Issues Considered
ES/TH/SH-AO	Partially Usable	1139, 1141		1358
ES/TH/SH-AC	Partially Usable	1143, 1145		1358
ES/TH/SH-CO	Partially Usable	1148		909
RRH-AO	Partially Usable	1171		1219, 1360
RRH-AC	Usable			1219, 1360
RRH-CO	Usable			1219
PSH-AO	Partially Usable	1186, 1188, 1189, 1190		1353, 1356
PSH-AC	N/A	N/A	N/A	N/A
PSH-CO	Usable			



FY26 CoC Consolidated Application

Attachment: 8

HUD-2996 Certification for Opportunity

Zone Preference Points

Question 3A-1

**Certification for Opportunity Zones
Preference Points****U.S. Department of Housing and
Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Type or clearly print the following information.

****Warning:** *Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: Palm Beach County Board of County Commissioners

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 Continuum of Care Program

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

See attachment

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Palm Beach County CoC (FL-605) is requesting CoC Program funding to execute a countywide homeless response system. 93.9% of total funds is dedicated directly to client housing, outreach, and supportive services. While activities span Palm Beach County, services prioritize households connected to the county's 25 designated Qualified Opportunity Zone census tracts across North County, Central, South County, and the Glades Region. Based on HMIS data, 70% of participants reside in or transition into housing within these tracts, resulting in 65.73% directly benefiting Opportunity Zones. This project stimulates economic opportunity and mobility, encourages entrepreneurship, expands educational access, and promotes workforce development for vulnerable families in these census tracts.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☒ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☒ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure — streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure — water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

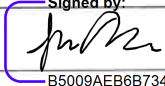
Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

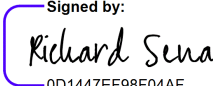
- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Title: _____ Organization: _____

Signature:  Date: 9/30/2026
B5009AEB6B734EA...

Approved As to Form and Legal Sufficiency

Signed by: 
0D1447EF98F04AF

Assistant County Attorney
Richard Sena

Region / Zone	City / Area	Census Tract (Short)	11-Digit FIPS Census Tract Code	Primary Geographic & Community Coverage
North County	Riviera Beach	14.01	12099001401	Singer Island / Riviera Beach Marina Fringe
North County	Riviera Beach	14.02	12099001402	Monroe Heights / West Riviera Beach
North County	Riviera Beach	15.00	12099001500	Inland / Industrial / Urban Core
Central / WPB	West Palm Beach	19.01	12099001901	Northwood / Coleman Park
Central / WPB	West Palm Beach	20.05	12099002005	Northwestern Corridor / 45th Street Area
Central / WPB	West Palm Beach	21.00	12099002100	Pleasant City / Industrial Corridor
Central / WPB	West Palm Beach	23.00	12099002300	City Center / Downtown Fringe
Central / WPB	West Palm Beach	29.00	12099002900	Tamarind Avenue / Southwest WPB
Central Coastal	Lake Worth Beach	33.00	12099003300	Downtown Core / Urban Center

Region / Zone	City / Area	Census Tract (Short)	11-Digit FIPS Census Tract Code	Primary Geographic & Community Coverage
Central Coastal	Lake Worth Beach	40.00	12099004000	Tropical Park / South Lake Worth
Central Coastal	Lantana / Hypoluxo	48.03	12099004803	Hypoluxo / Lantana Corridor
South County	Boynton Beach	50.00	12099005000	Heart of Boynton / Industrial Core
South County	Boynton Beach	52.02	12099005202	Boynton Lakes / East Central
South County	Delray Beach	60.00	12099006000	Southwest Delray / SW 8th Avenue Area
South County	Delray Beach	61.00	12099006100	West Atlantic Avenue / NW Neighborhood
Glades Region	Pahokee	80.01	12099008001	East Lake Shore / Pahokee Core
Glades Region	Pahokee	80.02	12099008002	Pahokee Rural / Agricultural Sector
Glades Region	Canal Point	80.03	12099008003	Canal Point / Lake Harbor Area

Region / Zone	City / Area	Census Tract (Short)	11-Digit FIPS Census Tract Code	Primary Geographic & Community Coverage
Glades Region	Belle Glade	81.01	12099008101	Belle Glade North
Glades Region	Belle Glade	81.02	12099008102	Belle Glade East / Industrial
Glades Region	Belle Glade	82.01	12099008201	Central Belle Glade / Urban Core
Glades Region	Belle Glade	82.02	12099008202	Belle Glade South / Rural
Glades Region	Glades Unincorporated	82.03	12099008203	Unincorporated Agricultural Area
Glades Region	South Bay	83.01	12099008301	South Bay Municipal Area
Glades Region	South Bay	83.02	12099008302	South Bay Rural / Outlying Sector