

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: MS-500 - Jackson/Rankin, Madison Counties CoC

1A-2. Collaborative Applicant Name: Mississippi Housing Partnership

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Mississippi Housing Partnership

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:

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- 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)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	4
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	5
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	3
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	5
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	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 Central Mississippi Continuum of Care (Central MS CoC) maintains a transparent and publicly accessible process for inviting organizations throughout geographic area-Hinds, Rankin, Madison, Copiah and Warren Counties to join the CoC. The invitation to join is publicly communicated on the Central MS CoC website through its dedicated Membership page, which includes an open invitation to become a member, an online membership application, & a downloadable membership application for individuals or organizations that prefer to apply in paper form. The Membership Application allows applicants to identify areas in which they wish to participate, including CoC meetings, fundraising, homelessness information and events, HMIS, and CoC committees. This information is available to the public and provides a direct mechanism for prospective members to initiate participation in the CoC. Annually, the Central MS CoC conducts a membership recruitment drive to actively encourage new organizations, agencies, community partners, and individuals to join. Membership opportunities are also promoted throughout the year through CoC meetings, community tabling and outreach events, the CoC's electronic communications, website, newsletters, & social media. CoC members and leadership also encourage participation by personally inviting organizations and individuals who have knowledge of or an interest in preventing and ending homelessness.

All Central MS CoC meetings are open to the public, providing prospective members an opportunity to attend, learn about the CoC's work, and determine how they can participate before or while completing the membership application. The CoC welcomes a broad range of stakeholders, including nonprofit and governmental organizations, housing and service providers, advocates, faith-based organizations, health and behavioral health providers, organizations serving special populations, & individuals with lived experience of homelessness. The CoC also seeks participation from organizations & individuals who can bring diverse perspectives and knowledge of homelessness within the Central MS CoC geographic area. Through its publicly posted membership invitation, multiple application options, annual membership recruitment efforts, ongoing outreach, and open meetings, the Central MS CoC ensures that opportunities to join the CoC are transparent, accessible, & available to stakeholders throughout the geographic area.

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)

Central Mississippi Coc maintains a transparent, inclusive process for soliciting and considering opinions regarding the CoC's general performance, strategies, and priority-setting process. Opportunities for participation are publicly communicated through the CoC's website, electronic mailing, social media, newsletters, and notices of CoC meetings and events. The website also provides a membership application and publicly posts membership meeting information and minutes. The CoC conducts quarterly membership meetings that are open to members and the public, with opportunities for discussion, questions, comments, and recommendations. Meetings are offered in person and virtually to reduce barriers to participation. Open forums allow participants to identify emerging needs, service gaps, community concerns, and opportunities for improvement. Input received is considered by CoC leadership, committees, and membership when evaluating performance, developing strategies, and establishing priorities. The Coc actively seeks input from a broad array of stakeholders, including homeless service providers; nonprofit and faith-based organizations; government agencies; local and state representatives; housing providers; behavioral health and healthcare organizations; workforce and community organizations; advocates; organizations serving veterans; families; youth; survivors of domestic violence and other populations experiencing homelessness. The CoC further engages stakeholders through community events, outreach, and direct invitations to participate. Feedback received through these channels helps the CoC identify community needs, evaluate system performance, improve strategies, and establish priorities. Through publicly communicated opportunities, open meetings, committee participation, and multiple avenues for community feedback, the Central MS CoC provides a transparent process for meaningful stakeholder participation in ongoing performance improvement, strategic planning, and priority setting.

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.
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(limit 2,500 characters)

Following the release of the FY2026 CoC Notice of Funding Opportunity, the CoC publicly posted a notice of the CoC's application process and related application materials on its website. The public notice solicited proposals from renewal and new project applicants and specifically encouraged organizations, including faith-based organizations that had not previously received CoC funds to apply. The notice and supporting documents identified the application requirements, funding policies, and deadlines. The CoC also communicated the opportunity through its membership, electronic communications, community outreach, and direct notification to stakeholders within the CoC's geographic area. The CoC accepts proposals from organizations that have not previously received CoC funding and does not limit the application opportunity to current CoC-funded agencies. Faith-based organizations were encouraged to submit proposals consistent with HUD requirements and the CoC's published application process. New applicants are provided the same publicly available application requirements and opportunity to participate in the local competition as other eligible applicants. This year at least four faith-based organizations applied for funding, and three new organizations applied for funding which have never been awarded CoC funding. All submitted proposals are reviewed through the CoC's established application review and ranking process. The CoC Scoring Committee reviews applications using objective criteria and the published scoring rubric, including threshold requirements, project information, organizational capacity, and applicable performance and priority considerations. Projects meeting the applicable requirements are considered for inclusion and ranked according to the CoC's published process. The CoC communicates funding recommendations and selection decisions to applicants, while recognizing that final funding decisions are made by HUD. The CoC provides technical assistance and application guidance to help applicants understand the local process and complete required materials. This transparent process ensures that organizations with experience receiving CoC funding, as well as new organizations and faith-based organizations with knowledge, capacity, or experience serving people experiencing homelessness, have an opportunity to submit proposals for consideration.

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)

Central MS CoC uses HMIS, PIT Count, Coordinated Entry (CE), system performance data, stakeholder feedback, & input from individuals with lived experience to identify gaps in the homelessness response system. Based on this information, the CoC identified a need for additional housing & supportive services for individuals and families experiencing homelessness, particularly households with significant barriers to obtaining & maintaining stable housing. To address this gap, the CoC is incorporating Transitional Housing (TH) and supportive services into its homelessness response system. This year, one existing organization transitioned its project to TH to better serve individuals needing a structured period of housing & supportive services before moving to permanent housing. New projects selected through the competition will also provide TH and/or Supportive Services, expanding the community's capacity to serve households experiencing homelessness.

The strategy will address relevant subpopulations, including individuals experiencing chronic or unsheltered homelessness, persons with disabilities, veterans, families, youth, and other households identified through CE as needing additional housing or supportive services. Services may include case management, housing navigation, employment assistance, mainstream benefits, healthcare and behavioral health services, life-skills development, and assistance obtaining permanent housing. The CoC will measure progress by achieving 95% connection to appropriate housing or supportive services, 90% of TH participants exiting to permanent housing, 95% of participants remaining housed at 6 and 12 months, and a 20% reduction in households experiencing extended homelessness. HMIS and Coordinated Entry data will be reviewed quarterly to establish baselines and monitor progress. Implementation will begin 01/2027, with new and transitioned projects operational by 04/2027. The Strategic Planning and Performance & Evaluation Committees will monitor outcomes & report progress to the CoC. The CoC Board will provide overall direction, the Planning Director will coordinate implementation, & HMIS staff will provide regular performance reports.

Funding will include CoC Program resources and, where applicable, ESG, HOME, CDBG, and VA resources. Medicaid/healthcare, local government, & private/philanthropic resources will be leveraged for additional supportive services. The CoC will evaluate results and adjust strategies as needed.

1B-5a	Confirmation of Plan Coverage.
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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

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

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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?	60%

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)

The CoC's partners and project applicants provide or coordinate access to a continuum of outpatient services, including behavioral-health screening and assessment; psychiatric evaluation; medication management; individual, group, and family counseling; psychosocial rehabilitation; case management; treatment for co-occurring mental health and substance use disorders; relapse-prevention counseling; peer recovery support; and recovery-oriented care planning. Participants needing services beyond routine outpatient treatment may be referred to detoxification, medication-assisted treatment, intensive outpatient treatment, residential treatment, inpatient psychiatric care, or other clinically appropriate levels of care.

Central MS CoC projects use a person-centered, trauma informed approach. Project staff work with participants to identify service needs, obtain releases of information when appropriate, schedule appointments, address transportation or insurance barriers, coordinate with providers, and follow up on referrals. This approach promotes continuity of care while respecting participant choice, privacy, and self-determination.

For individuals experiencing a behavioral-health crisis or elevated risk of suicide, projects coordinate with local crisis-response resources, including mobile crisis services and the 988 Suicide & Crisis Lifeline. The CoC will continue strengthening relationships with behavioral-health and recovery-support providers to expand timely, equitable access to treatment and support that promote stability, recovery, and long-term housing retention.

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)

Central Mississippi Continuum of Care partners with behavioral-health providers, substance use treatment providers, recovery organizations, and community-based service agencies to connect persons experiencing homelessness with peer recovery specialists and other peer-based supports. Through coordinated entry, project-based case management, and provider referral relationships, CoC-funded projects identify participants who may benefit from peer support and facilitate warm handoffs to appropriate services. A key resource is Hinds Behavioral Health Services/Region 9, which provides Certified Peer Support Specialist (CPSS) services for people with mental health and substance use recovery needs. Its peer specialists use lived experience, formal training, Recovery Support Plans, and Wellness Recovery Action Plans to encourage recovery, help individuals navigate community resources, set personal goals, and connect to treatment and other supports. Peer specialists are available upon request through the provider, allowing CoC project staff to coordinate referrals for eligible participants. Central MS CoC projects also provide peer-support and recovery-navigation functions through case managers, persons with lived experience, community health workers, recovery groups. These supports may include accompaniment to initial appointments; assistance obtaining identification, benefits, transportation, health care, and housing resources; connection to mutual-support and recovery groups; coaching on self-advocacy and recovery goals; and follow-up to help participants remain engaged in voluntary behavioral-health, substance use treatment, and recovery services. The CoC recognizes that peer support complements clinical care by offering practical assistance, hope, trust, and connection from individuals with shared lived experience. Mississippi's CPSS model includes advocacy, education, crisis support, development of natural support, service coordination, and linkage to community providers. Peer engagement and recovery navigation are not conditions of housing; rather, they are offered to help participants stabilize, build natural support, pursue self-defined recovery goals, and sustain housing. The CoC will continue strengthening partnerships with certified peer providers and recovery-support organizations to expand access to peer-led services throughout the Central Mississippi region.

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)

Central Mississippi Continuum of Care identifies individuals experiencing serious mental illness (SMI) through coordinated entry, street outreach, emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and project-based case management. During engagement, intake, housing assessment, and ongoing service planning, CoC-funded project staff use participant self-disclosure, observation of functional needs, housing-history information, disability documentation when available, and participant consent to identify behavioral-health concerns and the need for further assessment. Staff use trauma-informed, person-centered practices and do not require a behavioral-health diagnosis or treatment participation as a condition of housing. Central MS CoC leverages Programs of Assertive Community Treatment (PACT) operated by regional community mental-health providers. Hinds Behavioral Health Services/Region 9 provides PACT services for eligible adults in Hinds County, while Region 8 Mental Health Services provides PACT services in Rankin and Madison Counties. Mississippi's PACT model is designed for people with severe and persistent mental illness who have not benefited from traditional outpatient services and helps individuals live successfully in the community while receiving treatment. PACT provides intensive, mobile, multidisciplinary, community-based treatment and assertive outreach. Hinds Behavioral Health Services' team includes a nurse practitioner, therapist, registered nurse, substance use specialist, employment specialist, and Certified Peer Support Specialist. The team delivers individualized psychiatric treatment, medication support, rehabilitation, substance use interventions, peer support, employment assistance, and recovery-focused planning in participants' homes and communities, including frequent contacts when needed. For individuals who do not meet PACT eligibility or who need a different level of care, CoC projects coordinate access to outpatient counseling, psychiatric services, medication management, mobile crisis response, intensive outpatient services, peer support, substance use treatment, hospitalization, and step-down supports. This coordinated approach promotes stabilization, reduces avoidable crisis-system use, supports participant choice, and helps individuals with SMI obtain and retain permanent housing.

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)

Central MS CoC partners with Hinds Behavioral Health Services to connect participants involved with Hinds County Drug Court and other criminal-justice or specialty-court settings to behavioral-health care. Region 9's Court Liaison provides court coordination, pre-commitment screenings, diversion and post-release planning, treatment referrals, peer support, and linkage to community services.

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)

Central MS CoC coordinates housing navigation and case management with HBHS treatment services and Drug Court supervision so participants can address homelessness, behavioral-health conditions, and substance-use recovery at the same time. With informed consent, housing providers use court orders and HBHS Court Liaison services to verify required treatment engagement, identify barriers to compliance, coordinate transport and appointments, and align housing plans with diversion, alternative-sentencing, or post-release plans. This approach uses judicial structure to promote treatment engagement and accountability while helping participants build the income, skills, recovery supports, and stable housing needed for long-term independence

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)

Central MS CoC partners with Hinds Behavioral Health Services (Region 9), a CoC member agency and the community mental-health provider serving the area. The CoC identifies HBHS in its membership and resource directories, including its 24/7 Mobile Crisis service. Through this partnership, CoC providers can connect persons experiencing homelessness or housing instability who are in behavioral-health crisis to mobile crisis assessment, de-escalation and stabilization.

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.	3

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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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)

Central MS CoC maintains a formal partnership with Hinds Behavioral Health Services (HBHS/Region 9), the Community Mental Health Center serving Hinds County and a SAMHSA-funded Certified Community Behavioral Health Clinic (CCBHC). Additionally, the CoC has formal agreements with the Department of Mental Health, Jackson Hinds Comprehensive Health.

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)

Grace House Transitional Housing operates sober housing by maintaining a safe, recovery-supportive living environment for adults experiencing homelessness, including people with chemical-dependency histories, and by using a written occupancy agreement that prohibits the possession, use, or being under the influence of illegal drugs and/or alcohol on program premises. Under 24 CFR § 578.93(b)(5), an individual who refuses to sign such an occupancy agreement can be excluded from the project.

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)

Central Mississippi Continuum of Care coordinates with Hinds Behavioral Health Services and other outpatient behavioral-health providers to identify people at risk of homelessness, connect them to housing resources quickly, and support continuity of care during transitions from treatment to housing. Through coordinated entry, provider referrals, case management, and housing-navigation partnerships, the CoC facilitates warm hand-offs rather than relying on participants to navigate complex systems independently. Warm hand-offs include direct communication among the participant, referring provider, CE staff, and receiving housing provider; assistance scheduling and attending intake appointments; transportation support when available; confirmation that the receiving provider has the necessary information to continue services; and follow-up after referral to address barriers. Where appropriate, outpatient providers and housing case managers coordinate treatment appointments, medication access, benefits enrollment, recovery support, and crisis plans to reduce disruptions that could jeopardize housing. The CoC's Coordinated Entry framework brings together outreach workers, housing navigators, peer counselors, and case managers to align prevention and housing resources with each household's needs and preferences. This coordinated, trauma-informed approach promotes early intervention, reduces avoidable entries into shelter and homelessness, and helps individuals transition from outpatient care to safe, stable housing while maintaining voluntary connection to behavioral-health and recovery supports.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,547,747
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.	\$1,298,065
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	84%
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.	\$235,019
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).	99%

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%

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)

Central Mississippi Continuum of Care (Central MS CoC) has established and will continue a structured, collaborative consultation process with Emergency Solutions Grant (ESG) recipients and subrecipients serving the CoC geographic area. The CoC consults with the Mississippi state ESG recipient, Mississippi Home Corporation (MHC), and local ESG-funded providers to identify community needs, evaluate available resources, review performance, and inform ESG funding priorities and allocations.

Consultation occurs through formal annual planning discussions, CoC membership and committee meetings, coordinated entry planning, HMIS and data-quality discussions, provider engagement, and ongoing communication among the CoC, ESG recipients, shelter providers, outreach teams, housing providers, and other stakeholders. MHC has formally consulted with Central MS CoC and Mississippi's other CoCs regarding ESG allocations, performance standards, outcomes, HMIS policies and procedures, and other system-coordination requirements. The CoC uses HMIS data, Point-in-Time Count and Housing Inventory Count data, coordinated-entry information, shelter utilization, street-outreach feedback, project-performance outcomes, and input from people with lived experience to identify service gaps and recommend the most strategic use of ESG resources. This analysis informs consideration of the appropriate balance of street outreach, emergency shelter, homelessness prevention, rapid rehousing, HMIS, and administrative activities; geographic coverage; equitable access; and populations with disproportionate needs. Central MS CoC will continue consulting with ESG recipients on local written standards, coordinated-entry processes, prioritization and referral procedures, performance expectations, HMIS participation and data quality, discharge planning, and strategies to reduce returns to homelessness. ESG-funded providers are integrated into, or coordinate closely with, the CoC's coordinated-entry process to promote consistent screening, assessment, referral, and connection to housing resources. Through this continuing partnership, Central MS CoC and ESG recipients align ESG investments with systemwide goals to prevent homelessness whenever possible, quickly connect people experiencing homelessness to safe housing, and provide the services needed to support long-term housing stability. This process supports the area-wide systems coordination requirements in 24 CFR 576.400.

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)

Central Mississippi Continuum of Care coordinates closely with emergency shelter and transitional shelter providers to ensure that individuals and families experiencing homelessness can access the full range of CoC-funded housing and supportive-service resources. Shelter providers serve as key access points to the CoC's homeless response system and work with Central MS CoC's Coordinated Entry (CE) process to identify households in need, complete assessments, prioritize needs, and facilitate referrals to appropriate interventions.

Through a no-wrong-door approach, persons staying in shelter may access CE through shelter case managers, CoC outreach staff, or designated CE staff. Shelter providers conduct initial engagement and diversion screening; address immediate safety and basic needs; collect or assist participants in obtaining required documentation; and help households connect with mainstream benefits, health care, behavioral-health care, employment resources, and other community supports. With participant consent, shelter staff coordinate with CE to complete or update the standardized assessment and ensure that information is entered into HMIS in accordance with applicable privacy and data-sharing requirements.

CE staff and participating providers use assessment information, including household composition, homelessness history, disability and health needs, safety concerns, income, housing barriers, and participant preferences, to identify the most appropriate intervention available. Referrals may include homelessness prevention, emergency shelter, rapid rehousing, permanent supportive housing, supportive services, and other community-based housing resources. Central MS CoC's CE program provides case management and referral services to connect eligible individuals and families to housing and supportive services.

When an appropriate opening is identified, shelter staff and CE personnel facilitate a warm handoff to the receiving provider. This may include direct communication with the housing provider, assistance scheduling intake appointments, transportation support when available, document transfer with participant authorization, benefit and identification assistance, and follow-up to resolve barriers that could delay enrollment. Shelter staff remain engaged while the referral is pending and work with participants on housing search, landlord engagement, tenancy-readiness activities, and service connections needed to support successful placements.

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)

Central Mississippi Continuum of Care has established and will continue a data-sharing and community-planning approach that uses Point-in-Time , Housing Inventory Count, Homeless Management Information System, and System Performance Measure data to inform the local and regional homelessness response system. The CoC will share aggregated, de-identified, and otherwise legally permissible information with state and local government partners, including Mississippi Home Corporation, local entitlement jurisdictions, county and municipal governments, public housing authorities, and other public agencies engaged in homelessness planning and response. The CoC uses PIT and HIC results to communicate the scope and characteristics of homelessness, including sheltered and unsheltered homelessness, household composition, subpopulations with elevated needs, available beds and units, and gaps in emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and other interventions. The CoC will continue using data during CoC membership meetings, committee meetings, consultations with ESG recipients, local planning discussions, and project-performance reviews to identify geographic, population, and service gaps and develop data-informed solutions. All data sharing will comply with HUD HMIS requirements and the CoC's HMIS privacy, security, data-quality, and release-of-information policies. The CoC will not disclose personally identifiable information unless authorized by the participant or otherwise permitted or required by applicable law. The CoC will use de-identified and aggregate reporting whenever possible to protect participant confidentiality while ensuring that public partners have meaningful information to strengthen the homelessness response system. This approach supports the CoC's responsibilities to conduct PIT counts, annual gaps analyses, project and system-performance evaluation, HMIS oversight, and provision of information needed for Consolidated Plans and ESG coordination.

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)

Central MS CoC uses annual Point-in-Time, Count and Housing Inventory Count data to assess the number and characteristics of people experiencing sheltered and unsheltered homelessness; available housing inventory; bed and unit utilization; and gaps in emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and other interventions. The CoC also reviews coordinated-entry assessment, referral, waitlist, and exit data to understand demand for housing, the length of time households wait for assistance, referral outcomes, barriers to enrollment, and unmet needs by household type, geography, race, ethnicity, age, disability, veteran status, and other relevant characteristics. Shelter utilization, diversion outcomes, outreach contacts, crisis-response information, and provider feedback further inform strategies to prevent homelessness and improve connections to housing and services.

Central MS CoC uses project performance reports, APRs, system performance measures, HUD CoC Dashboard and Performance Profile reports, and annual gaps analyses to evaluate housing placements, housing retention, returns to homelessness, income and benefits growth, length of time homeless, first-time homelessness, and project utilization. CoC also seeks input from people with lived experience, CoC member agencies, behavioral-health providers, schools, health-care and justice-system partners, public housing authorities, landlords, and local governments. These perspectives identify practical barrier such as transportation, documentation, language access, landlord participation, behavioral-health access, and geographic disparities—that may not be evident in HMIS alone. Central MS CoC reviews these data through its governance structure, committees, provider meetings, and planning processes. Findings guide resource allocation, coordinated-entry improvements, outreach planning, provider training, performance improvement, and advocacy for housing and supportive-service resources. Data are shared in aggregate or de-identified form, consistent with HMIS privacy, security, and release-of-information requirements, to protect participant confidentiality while strengthening a responsive, equitable homeless-service system.

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)

Central MS CoC partners with South Central Mississippi Works, administered by the Central Mississippi Planning and Development District, and the Mississippi Department of Employment Services WIN Job Centers to connect participants with career assessment, job search assistance, employment readiness, digital-literacy training, occupational training, apprenticeships, on-the-job training, and supportive workforce resources. CoC providers make referrals through case management and coordinated entry to promote employment and increased income.

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)

Central Mississippi Continuum of Care cooperates with law enforcement, emergency medical services, behavioral-health crisis providers, and other first responders to promote respectful, trauma-informed engagement with people experiencing homelessness and to increase access to housing, behavioral-health care, and supportive services. The CoC's approach emphasizes de-escalation, voluntary service connection whenever possible, and diversion from unnecessary emergency department use, hospitalization, or incarceration. When first responders encounter an individual experiencing homelessness who is in a behavioral-health crisis, Hinds Behavioral Health Services 24/7 Mobile Crisis Response Team can provide face-to-face assessment and intervention. Central MS CoC promotes referral pathways through which first responders, law-enforcement personnel, hospitals, crisis teams, shelters, outreach providers, and community partners can connect individuals and families to Coordinated Entry. Coordinated Entry provides assessment, case management, housing navigation, and referral to prevention, emergency shelter, rapid rehousing, transitional housing, permanent supportive housing, and mainstream resources, based on household needs, eligibility, and available program capacity. The CoC will continue engaging first responders and law enforcement through CoC meetings, cross-system planning, provider education, resource sharing, and outreach coordination. These activities improve awareness of available housing and service options; support positive, non-punitive interactions; encourage early identification of housing instability; and create practical opportunities for warm handoffs to outreach, behavioral-health, shelter, and housing providers. By strengthening these relationships, Central MS CoC seeks to reduce barriers to care, prevent avoidable justice-system involvement, and help individuals and families move from crisis and homelessness toward safe, stable 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)

Central Mississippi Continuum of Care recognizes that safe, voluntary reconnection with family members, friends, and other natural supports can prevent homelessness, shorten the length of time a household experiences homelessness, and strengthen long-term housing stability. The CoC supports family and support-network reunification through outreach, coordinated entry, shelter and housing case management, diversion, and housing-stability planning.

At initial contact and throughout enrollment in CoC-funded programs, project staff use person-centered, trauma-informed conversations to identify relatives, friends, faith-community members, former landlords, employers, mentors, and other trusted supports who may be willing and appropriate to assist. Staff explore whether reunification is desired by the participant, safe, feasible, and likely to support stable housing. When appropriate, case managers assist participants in safely contacting family or support networks, restoring communication, clarifying expectations, and developing a practical reunification plan. Support may include mediation; conflict-resolution referrals; transportation planning; help securing identification, benefits, medications, and personal belongings; connection to employment, health care, behavioral-health, and recovery services; and coordination of move-in or travel arrangements. For families with children, staff consider school continuity, child-care needs, family safety, and connections to education and child-serving systems. For persons living in CoC-funded housing, reunification and natural-support development are incorporated into individualized housing and service plans when identified by the participant as a goal. Case managers monitor housing stability, connect participants to mainstream benefits and community services, and help strengthen informal support networks that may reduce isolation and promote tenancy success. Participants may also receive assistance locating and retaining housing, planning for income and independent living, and accessing community-based services. Central MS CoC coordinates these efforts through its Coordinated Entry process and provider network. Providers use warm handoffs, with participant consent, to connect households to prevention resources, emergency shelter, rapid rehousing, permanent supportive housing, transportation, legal assistance, and other services when reunification is not safe or does not result in a viable housing option.

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)

Central Mississippi Continuum of Care cooperates with local governments, law enforcement, first responders, behavioral-health providers, public-health partners, and outreach organizations to address unsheltered homelessness, public safety concerns, encampments, and public illicit drug use in a coordinated and humane manner. The CoC does not interfere with lawful local efforts to clear unsafe tents or encampments and instead works to ensure that resolution efforts include meaningful outreach, appropriate service connections, and pathways to shelter or housing whenever resources are available. When an encampment presents health, fire, sanitation, environmental, or public-safety concerns, CoC outreach and provider partners support local response efforts by conducting repeated, trauma-informed engagement; assessing immediate needs; providing information on available shelter, housing, behavioral-health care, substance use treatment, medical care, and benefits; and facilitating transportation and warm handoffs.

Central MS CoC supports local strategies to decrease public illicit drug use by connecting individuals to voluntary, evidence-based substance use services, including crisis response, medical detoxification, medication-assisted treatment, outpatient and residential treatment, peer recovery support, and recovery navigation. The CoC coordinates with Hinds Behavioral Health Services, Region 8 Mental Health Services, hospitals, treatment providers, and other partners to respond to crises, facilitate assessment, and link people to an appropriate level of care.

Central MS CoC follow applicable standards for responding when an individual presents a credible danger to self or others. Staff use de-escalation, crisis screening, mobile-crisis response, emergency medical services, and law-enforcement assistance when warranted to protect safety. Decisions regarding emergency evaluation, transport, involuntary treatment, or civil commitment are made by authorized medical, behavioral-health, court, and law-enforcement entities under applicable law not by the CoC alone. Central MS CoC respects all applicable sex-offender registration, notification, fair-housing, confidentiality, and data-privacy requirements

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)

Central Mississippi Continuum of Care operates within a legal framework that permits public agencies to address unsafe or unauthorized encampments while creating opportunities to connect people living unsheltered with housing and services. Mississippi Code 29-19-5, enacted through HB 1203 and effective July 1, 2025, prohibits camping on public property including streets, sidewalks, rights-of-way, parking areas, and other government-controlled land—unless the site is specifically designated for camping. Central MS CoC will leverage these policies through advance coordination with municipalities, law enforcement, public works, behavioral-health providers, and outreach teams. When the CoC receives notice of a planned encampment resolution, it will deploy or coordinate repeated outreach before and during the process; conduct person-centered assessments; offer transportation; provide information and warm handoffs to emergency shelter, coordinated entry, health care, behavioral-health and substance use services, benefits, and housing resources; and document service offers and outcomes. The CoC will encourage sufficient advance notice, clear communication, identification of available shelter or housing alternatives, protection of medications, identification documents, mobility devices, and essential belongings, and follow-up contact after relocation.

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)

Central MS CoC continues to identify and respond to unsheltered homelessness and dispersed tents and encampments across its service area, with the most visible concentration in Jackson/Hinds County. In 2026 over fifty-plus encampments were identified in Jackson and estimated approximately 300 people experiencing chronic homelessness. The City of Jackson's Homeward JXN initiative, launched in September 2026, is designed to use street outreach, case management, rental assistance, shelter connections, and housing navigation to assist people living outside in moving to stable housing and to support the orderly closure of encampment locations.

Encampment locations and population counts are dynamic. The CoC uses outreach contacts, coordinated-entry data, Point-in-Time Count findings, provider reports, municipal and law-enforcement referrals, and ongoing engagement with people experiencing unsheltered homelessness to identify active locations and assess needs. In Copiah, Madison, Rankin, and Warren Counties, the CoC will continue monitoring smaller and mobile unsheltered locations through this coordinated approach. Before a resolution activity, the CoC and its partners will seek to provide repeated outreach, voluntary connections to shelter and housing, behavioral-health and substance use referrals, transportation, document recovery, benefits assistance, and follow-up engagement.

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 Mississippi Medical Emergency Good Samaritan Act Supports Central MS CoC's ability to reduce public illicit drug use. This policy provides limited immunity from arrest, charge, or prosecution for specified possession or paraphernalia offenses when a person experiencing, witnessing, or seeking help for a suspected overdose acts in good faith to obtain medical assistance. This policy encourages timely 911 activation, emergency medical response, and connection to behavioral-health and substance use treatment rather than delaying care due to fear of arrest. Central MS CoC will leverage this policy through outreach, shelter, coordinated entry, and housing providers by educating participants, staff, peer specialists, first responders, and community partners about overdose recognition, 911 activation, and the law's protections and limitations. When public drug use or overdose risk is identified, providers will use a safety-first, trauma-informed response: assess immediate medical risk; call 911 or mobile crisis when warranted; coordinate with law enforcement and emergency medical services as appropriate; and facilitate warm handoffs to crisis stabilization, medical detoxification, medication-assisted treatment, outpatient or residential treatment, peer recovery support, and housing resources. The 2025 Central MS CoC Point-in-Time Count identified 273 individuals experiencing homelessness, including 113 individuals experiencing unsheltered homelessness. At least 79% of unsheltered individuals were located in Hinds County, indicating that outreach, behavioral-health engagement, overdose prevention, and housing-navigation capacity should be concentrated in Hinds County. In 2024, Hinds County recorded 257 EMS naloxone administrations, the second-highest county total in Mississippi. Madison County recorded 76 EMS naloxone administrations and 7 suspected overdose deaths. These indicators demonstrate an ongoing need for overdose-response education, naloxone access, crisis intervention, and low-barrier linkage to treatment and recovery supports in the CoC's core service area.

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)

State surveillance data demonstrates a continuing overdose burden in Central MS CoC's region. In 2025, Hinds County reported 274 EMS naloxone administrations, the second-highest county total in Mississippi. Madison County reported 82 EMS naloxone administrations and 8 suspected overdose deaths. These numbers reflect the need for rapid overdose response, crisis intervention, treatment access, peer recovery support, and housing stabilization.

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)

Mississippi Code 41-21-61, 41-21-65, and 41-21-67, as strengthened by HB 1640 supports Central MS CoC's ability to respond when an individual experiencing homelessness presents a danger to self or other. Central MS CoC will leverage this policy through coordination with Hinds Behavioral Health Services, Region 8 Mental Health Services, mobile crisis teams, Crisis Stabilization Units, hospitals, law enforcement, emergency medical services, and chancery-court partners. CoC staff do not make clinical or legal commitment determinations; those decisions remain with qualified clinicians, courts, and authorized responders. The CoC will use quantitative data including HMIS disability and behavioral-health-service data, crisis and mobile-response referrals, emergency-department and hospital-discharge referrals when lawfully available, shelter incidents, outreach contacts, civil-commitment screening and placement outcomes, and housing retention—to identify recurring gaps and monitor results. Qualitative input from people with lived experience, outreach and shelter staff, peers, behavioral-health providers, first responders, law enforcement, and court partners will identify barriers such as transportation, bed availability, handoff delays, stigma, and service-discharge gaps.

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)

Central Mississippi Continuum of Care relies on the Mississippi Sex Offenders Registration Law, Mississippi Code 45-33-25, and the Mississippi Department of Public Safety's public Sex Offender Registry as the primary framework for legally authorized location-information sharing. Under state law, the Department of Public Safety transmits initial registration and material changes such as name, residence address, employment address, school status, and other required registration information—to the sheriff of the applicable residence, employment, or school county and other relevant jurisdictions. This creates an established mechanism for timely, cross-jurisdictional law-enforcement notification within the Central MS CoC service area. Central MS CoC will leverage this framework by requiring CoC providers to use only the publicly available registry and official law-enforcement or supervision-agency communication channels when registry information is necessary to assess placement restrictions, participant safety, or compliance needs. Providers will support eligible participants in understanding registration and reporting obligations, maintaining required identification and contact information, attending appointments, and coordinating with the appropriate sheriff's office, probation/parole officer, or other authorized entity. CoC projects will not independently verify, publish, or redistribute registry information beyond what is legally authorized. The CoC will use quantitative data to monitor the strategy, including the number of housing-placement assessments involving documented location restrictions; the number of referrals to law enforcement, supervision, legal-aid, or housing-navigation services; the number of placements delayed or denied because of verified restrictions; time from referral to placement; housing-retention outcomes; and the number of safety or compliance concerns reported in aggregate. Qualitative data will include feedback from participants with lived experience, housing providers, landlords, case managers, public housing authorities, law enforcement, probation/parole, and legal-service partners regarding barriers, clarity of requirements, safety concerns, and workable housing options. The CoC recognizes that restrictive residency and notification rules—such as Mississippi's 3,000-foot residence restriction applicable to certain registrants can significantly reduce available housing options and prolong homelessness.

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)

Central MS CoC continues to use a coordinated, no-wrong-door approach to reach individuals and families experiencing homelessness. Central MS CoC's CES provides a consistent, streamlined pathway to access housing services. The CoC reaches individuals who are not otherwise engaged in services through outreach conducted by CoC member agencies, shelter providers, behavioral-health partners, veterans' service organizations, faith-based organizations, hospitals, first responders, law enforcement, libraries, food-distribution sites, schools, and other community partners. Outreach staff engage people living outdoors, in vehicles, abandoned buildings, encampments, and other places not meant for human habitation. Engagement is repeated, voluntary, trauma-informed, culturally responsive, and focused on building trust over time. Staff provide immediate survival resources, including food, water, hygiene supplies, weather-related assistance, transportation, identification-document support, benefit applications, behavioral-health and substance use referrals, and connections to shelter and housing. CoC's annual PIT Count is also a key strategy for locating people who may not be connected to services. This activity identifies unmet needs, strengthens relationships with local partners, and informs outreach deployment. Central MS CoC promotes access through publicly available contact information, CoC member and community-provider referrals, CE access points, community meetings, outreach events, and resource distribution. and appointments, offer transportation when available, and follow up on referrals to reduce barriers to enrollment. The CoC continuously reviews PIT, HMIS, coordinated-entry, outreach, shelter, and provider data, along with feedback from people with lived experience, to identify underserved areas, racial and geographic disparities, populations not accessing services, and barriers such as transportation, disability, language, technology, stigma, and distrust of systems. Findings inform outreach schedules, partnerships, training, CE improvements, and resource-allocation decisions. Through this coordinated and persistent engagement strategy, Central MS CoC works to ensure that all people experiencing homelessness including those least likely to seek service, have a meaningful opportunity to access safe housing and voluntary support.

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	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
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)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
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 Central Mississippi CoC has written policies and procedures to ensure that individuals and families who become homeless and have children or youth are informed of their eligibility for educational services. These requirements are addressed in the CoC's Coordinated Entry Policies and Procedures. When an individual or family with children or youth enters the Coordinated Entry system or is connected to a CoC-funded provider, staff are responsible for informing the household of its rights and eligibility for educational services available to children and youth experiencing homelessness. This information is provided during the intake, assessment, and case management process and is documented as part of the household's service planning and referral process.

CoC members and Coordinated Entry staff are expected to identify households with school-age children or youth and provide information regarding their educational rights and available resources. When appropriate, staff assist families in connecting with the appropriate local school district or designated school personnel responsible for supporting students experiencing homelessness. Families are provided information in a manner that is understandable and accessible to them and are given an opportunity to request assistance with making the connection. The CoC maintains referral relationships with local school systems and community partners to support timely communication and referrals for children and youth experiencing homelessness. Providers are responsible for incorporating this information and referral process into their intake and case management practices. The CoC monitors implementation through provider oversight, Coordinated Entry procedures, and review of applicable project and service documentation to ensure that families experiencing homelessness are informed of their educational rights and opportunities for assistance.

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 Central Mississippi CoC coordinates with Mississippi Child Protection Services (MSCPS), the state agency responsible for child welfare and foster care services, to assist youth transitioning from foster care and other public systems of care. Voice of Calvary ministries which operates the CoC-funded Turning Point Housing project and other local housing providers work directly with MSCPS to identify housing opportunities for youth who are exiting foster care when they do not have another safe and stable housing option. CoC staff and local housing providers maintain referral relationships with organizations that provide housing and supportive services to youth aging out of foster care. These partnerships allow youth to be referred to appropriate housing resources in a timely manner and help identify gaps or barriers in available services. When housing is not immediately available, CoC staff and community partners work to identify alternative resources and coordinate referrals to prevent youth from entering homelessness.

The CoC also coordinates with Mississippi Job Corps, which accepts eligible youth exiting foster care into workforce development programs that include a housing component. This provides an additional pathway for eligible youth to obtain housing while developing employment and independent living skills.

MSCPS staff participate in CoC activities, including CoC meetings and community resource events when available. Their participation helps the CoC maintain communication with the child welfare system, identify emerging needs among youth transitioning from foster care, and strengthen connections between child welfare, housing, employment, and supportive service providers.

Through these partnerships, the CoC works to identify youth before they exit foster care, connect them with available housing and supportive services, and address gaps in resources that could otherwise result in homelessness. The CoC will continue strengthening coordination with MSCPS, housing providers, workforce programs, and other youth-serving organizations to improve housing stability and successful transitions to adulthood.

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 Central Mississippi CoC coordinates with Canopy Children's Solutions, the only RHY-funded provider located within the CoC's geographic area. Canopy operates a Basic Center Program that serves runaway and homeless youth and is an active member of the Central Mississippi CoC. Canopy Children's Solutions participates in CoC meetings and community resource events, providing opportunities for regular communication and coordination with other homeless service providers, community partners, and CoC leadership. Through this participation, Canopy is able to share information about the needs of runaway and homeless youth, available services, referrals, and gaps in the local service system.

Canopy also reports its RHY services and client information through the CoC's Homeless Management Information System (HMIS), supporting coordinated service delivery and allowing the CoC to better understand the needs and outcomes of youth served through the homelessness response system. HMIS participation also supports coordination with other CoC providers and helps facilitate appropriate referrals and connections to housing and supportive services. The CoC will continue to engage Canopy Children's Solutions through CoC membership, meetings, community resource events, HMIS participation, and other collaborative activities to strengthen coordination for runaway and homeless youth and improve connections to appropriate housing and supportive services.

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)

Stewpot Day 1 Transitional Shelter
Stewpot Day 1 Rapid Rehousing Program
VOCM Turning Point
The Yellow House

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 Central Mississippi CoC identifies Turning Point Housing as a project that provides supportive services designed to help families with children and youth transitioning from foster care increase their ability to obtain and maintain income sufficient to pay rent and achieve long-term housing stability. Turning Point Housing assists individuals exiting the Mississippi foster care system, including young adults who are parenting children. The project provides stable housing and rental assistance for at least 12 months while participants receive individualized supportive services focused on developing the skills and resources needed for self-sufficiency.

Supportive services include job skills development, education, transportation assistance, child care assistance, intensive case management, and connections to other community and social services. Case management helps participants identify employment and educational goals, address barriers to employment, obtain needed resources, and develop the life skills necessary to maintain stable housing. Transportation and child care assistance help reduce barriers that may otherwise prevent participants from pursuing employment, education, or job training opportunities.

Turning Point Housing works with participants to develop individualized plans that promote increased self-sufficiency and financial stability. By combining housing assistance with employment-related support, education, life-skills development, and other services, the project helps participants strengthen their ability to secure and maintain income and transition toward greater independence when rental assistance ends.

The CoC supports this approach by coordinating with housing, workforce, education, and community service partners to connect participants with additional resources and opportunities that can improve employment and income outcomes. Through these coordinated services, Turning Point Housing addresses both immediate housing needs and the barriers that can prevent families and youth from achieving sustainable housing stability.

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)

Stewpot Day 1 Transitional Shelter uses shelter engagement and case management as an entry point for benefit screening, identification-document recovery, and referral to TANF and other family supports for eligible parents and caregivers. These resources help households meet immediate basic needs while staff work on housing navigation, income, and longer-term stability. Stewpot's broader mission is to provide assistance to people in need, and its Opportunity Center/day-shelter operations serve as a service-access point for people experiencing homelessness. Stewpot Day 1 Rapid Rehousing coordinates rapid-rehousing assistance with mainstream benefit enrollment and employment/income planning. For families eligible for TANF, cash assistance and related services can supplement household income and help participants transition from temporary rental assistance to an independently sustainable housing arrangement. VOCM Turning Point RRH program leverages a formal relationship with the Mississippi Department of Child Protection Services (MDCPS). Turning Point serves young adults aging out of foster care, receives referrals from MDCPS, and combines housing with life-skills instruction, job-skills development, and other social services. The Yellow House serves pregnant and parenting young women ages 16–22 who are experiencing homelessness. Through its connection to the Jackson Resource Center, the program coordinates family-centered referrals for TANF and other public benefits for eligible mothers, health and prenatal care, child-care supports, parenting resources, education, and employment services.

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)

The Central Mississippi CoC identifies The Yellow House, operated by the Jackson Resource Center, as a project that combines housing assistance with comprehensive services for pregnant women, mothers, and their children. The program provides safe, secure housing for pregnant women and their infants, transitional housing for women working toward reunification with older children, and affordable housing options for women transitioning to independent living.

The Yellow House combines housing with parenting support through Triple P parenting classes, Nurturing Parenting programs, parenting and family support groups, and education on safe sleep, infant safety, car seat safety, and breastfeeding. The program also provides pregnancy and family-related education, including weekly classes and discussions addressing pregnancy health, nutrition, feeding options, childbirth preparation, and family planning.

Health and wellness services complement the housing assistance and include nutrition classes, fitness opportunities for mothers and children, and other wellness activities. Participants also have access to case management, counseling, peer support, and individualized service planning to address their specific needs and connect them with additional community resources.

The project incorporates education and self-sufficiency supports through GED/high school diploma programming, tutoring, college planning, financial aid support, financial literacy, workforce development, and life-skills training. Case managers also assist participants with accessing child care, transportation, public assistance, and housing resources as they prepare to transition to their desired community.

By combining housing with parenting support, pregnancy and child health education, child-care connections, and educational opportunities, The Yellow House addresses multiple barriers to family stability while helping mothers prepare for healthy pregnancies, support their children, pursue education and employment, and transition to permanent housing.

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)

G.V. (Sonny) Montgomery VA Medical Center
Mississippi Center for Police & Sheriffs
Pine Belt Mental Health Supportive Services for Veteran Families

 sp

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)

Mississippi Coalition Against Domestic Violence
Center for Violence Prevention
Catholic Charities' Jackson Shelter for Battered Families
Mississippi Center for Police & Sheriffs

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)

New Way Mississippi
Hinds Behavioral Health Services 9 Reduce Recidivism
Reaching and Educating for Community Hope (RECH) Foundation
Mississippi Center for Police & Sheriffs

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)

Grace House's Continuum of Care Permanent Supportive Housing program serves individuals and households experiencing homelessness who have complex medical, behavioral-health, and disability-related needs. The program is designed for tenants with HIV, chemical dependency, serious mental illness, or another HUD-recognized disability, and it prioritizes people who have experienced chronic 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)

Central MS CoC's CES can refer older adults experiencing homelessness to Central MS Planning and Dev. District's area agency on Aging, which serves people age 60 and older across much of the CoC region. The partnership connects clients to case management, meals and Community Transition Services for eligible individuals leaving nursing homes or other institutional settings supports that help elderly individuals obtain and retain safe housing rather than enter or return to 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)

Lizzie's House
Jackson Resource Center
Homeward JXN

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)

Lizzie's House provides on-site counseling, group therapy, mentoring, life-skills training, and case management for women and children in crisis. The Jackson Resource Center provides direct on-site behavioral-health support through its Clinical Services Recovery Team, which includes clinicians, clinical case managers, certified peer specialists, and a chaplain, and offers assessment, recovery planning, medication coordination, and behavioral-health linkages. Homeward JXN's goal and mission is to connect people experiencing homelessness to behavioral-health services through outreach and case management in partnership with Hinds Behavioral Health Services and other local housing-service providers.

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)

Lizzie's House completes an initial case-management assessment at enrollment and reassesses participant needs through ongoing individual counseling, group therapy, case-management contacts, and observation of the participant's ability to safely function in the residential setting. If a participant presents with health, behavioral-health, substance-use, functional, or safety needs that cannot be adequately met through the program's supportive-housing services, staff will consult with the participant and appropriate qualified providers to facilitate referral to the least restrictive setting capable of meeting the participant's needs, including outpatient treatment, crisis services, residential treatment, hospitalization, assisted living, or other medically appropriate care. Staff will coordinate continuity of care and housing planning whenever feasible.

Jackson Resource Center screens all prospective participants through its Intake Department using a triage process, an Intake Specialist interview, and review of available documentation. Participants receiving behavioral-health services may also receive clinical screening and assessment through the Clinical Services Recovery Team, which develops person-centered recovery, housing, and income plans and coordinates medication and service linkages. The assessment process considers the participant's ability to perform activities of daily living independently, behavioral-health and substance-use needs, medication needs, safety risks, and the availability of informal and formal supports. A participant whose needs cannot be safely met in the assigned program will be referred or linked to the appropriate higher level of care, such as crisis intervention, inpatient hospitalization, residential substance-use treatment, nursing-facility care, assisted living, or another medically appropriate setting. For people referred from a hospital, residential treatment program, or nursing facility, the Center requires a discharge referral checklist and medical records before placement. Staff use this information to coordinate transition planning, verify that the proposed setting can safely meet the participant's needs, and arrange service connections before or immediately after entry.

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)

Lizzie's House assesses readiness for transition to unsubsidized or other permanent housing through ongoing case management, individual counseling, group-therapy participation, life-skills training, and review of the participant's individualized service plan. The participant's preferences, strengths, safety needs, and permanent-housing goals guide the transition-planning process. Before a planned move, the case manager and participant will review the availability and affordability of the proposed housing; current and expected income; household budget; ability to pay rent, utilities, and other recurring costs; transportation; child-care or school needs; health and behavioral-health supports; medication and recovery needs, when applicable; and any remaining barriers to housing stability. The program will not require perfect compliance or program "graduation" as a condition for pursuing permanent housing; rather, staff will identify the services and supports necessary for the participant to move safely and successfully. When a participant is ready to move, staff will assist with housing search, landlord communication, applications, documentation, budgeting, move-in planning, and referrals to mainstream benefits and community supports. Staff will offer follow-up and re-engagement assistance after move-in, as appropriate and with participant consent.

Jackson Resource Center assesses participant readiness for permanent housing at intake and through ongoing case-management contacts, Success Coach meetings, and individualized housing, income, and recovery planning. For participants receiving clinical services, the Clinical Services Recovery Team contributes screening, assessment, medication coordination, and person-centered recovery planning to ensure that housing plans are responsive to behavioral-health and substance-use needs. Readiness for transition to unsubsidized or other permanent housing is evaluated individually, rather than by a single time limit or program-completion standard. Staff and the participant review housing preference and eligibility, affordability of the selected unit, income and benefits, budgeting capacity, ability to meet lease obligations, transportation, health and behavioral-health service connections, medication needs, family or caregiving responsibilities.

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.	09/23/2026
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.	09/23/2026
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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 Central Mississippi CoC uses an established reallocation process to evaluate the performance and continued need of existing CoC-funded projects and to determine whether funding should be redirected to higher-performing or higher-priority projects. During the annual local competition, renewal projects are required to submit performance and project information for review. The CoC reviews project performance using objective criteria established in its FY2026 Program Policies, including housing outcomes, utilization, HMIS participation/data quality, expenditure performance, compliance, and other applicable measures. The CoC also considers the continued community need for the project and its alignment with CoC priorities.

Projects that demonstrate low performance, insufficient utilization, inadequate outcomes, compliance concerns, or reduced/lesser community need may be identified as candidates for reallocation. The CoC compares the performance and ongoing need of existing projects with the needs identified through the CoC's planning process and the quality and potential performance of proposed new projects. When appropriate, the CoC may recommend reallocating all or a portion of a lower-performing or less-needed project's funding to create a new project that addresses an identified community need and demonstrates the potential for stronger outcomes. The CoC Scoring Committee reviews and ranks applications using the established objective criteria, with recommendations incorporated into the CoC's local priority listing.

For the FY2026 local competition, the CoC did not identify any low-performing existing projects through this review process.

The CoC-funded Grace House permanent supportive housing project was voluntarily reallocated during the FY26 local competition by Grace House in order to create a more-needed transitional housing project.

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?	Yes
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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)	FOOTHOLD TECHNOLOGY
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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)

For the 2026 Point-in-Time (PIT) Count, the Central Mississippi CoC made several implementation and data-quality improvements to its unsheltered PIT count compared with 2025. The CoC adjusted the times during which the unsheltered count was conducted to improve the likelihood of locating individuals experiencing unsheltered homelessness. The CoC also returned multiple days to known community “hotspots” and other locations identified through prior PIT counts and outreach activities to improve coverage and increase the likelihood of identifying individuals who may otherwise be missed. The CoC continued to provide training to individuals participating in the PIT count and expanded the training to include individuals who regularly work in the field. This additional training helped ensure that outreach staff, volunteers, and other individuals conducting the count had a consistent understanding of the PIT Count requirements, including HUD's definition of unsheltered homelessness and the eligibility criteria for inclusion in the count. The emphasis on training helped improve consistency in identifying and documenting individuals who met the criteria for inclusion.

These changes were intended to improve the quality, consistency, and completeness of the 2026 unsheltered PIT Count. Adjusting the count times and revisiting known hotspots improved outreach and coverage, while expanded training helped reduce the potential for individuals to be incorrectly included or excluded based on their housing situation. The CoC's continued use of field staff also provided individuals conducting the count with knowledge of local areas and populations experiencing homelessness.

As a result, the 2026 PIT Count provided the CoC with improved information regarding the location and characteristics of individuals experiencing unsheltered homelessness. The changes may have affected the number of individuals identified compared with 2025 by improving coverage and the accuracy of determining who met the definition of unsheltered homelessness. The CoC will use the 2026 results, along with HMIS, outreach, and other available data, to evaluate trends and inform future homelessness response planning.

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 Central Mississippi CoC selected January 1, 2025 through December 31, 2025 as its evaluation period. During this period, the CoC implemented multiple coordinated strategies to reduce the number of encampments and the number of people residing in encampments, with an emphasis on connecting individuals to appropriate housing and supportive resources.

The CoC conducted an extensive effort to identify and document encampments throughout the CoC geographic area, including identifying the locations of encampments and the number of individuals residing in them. This information helped the CoC and community partners better understand the scope and location of unsheltered homelessness and target outreach and housing resources to individuals living in encampments.

CoC outreach and housing partners engaged individuals residing in encampments and offered available housing and supportive service resources to eligible individuals. The CoC also supported targeted efforts to connect unsheltered veterans with appropriate housing and resources, including coordination with organizations serving veterans.

The CoC worked with local law enforcement and community partners to coordinate responses to encampments. When housing options were identified and individuals had been connected with appropriate resources, the CoC worked with law enforcement and local officials to help ensure that encampments did not become re-established. The CoC also provided information to individuals residing in encampments regarding new laws and local requirements governing camping in public areas and used these interactions as opportunities to provide information about available housing and services.

In addition, the CoC worked with the City of Jackson to explore additional strategies for addressing encampments, including participating in discussions with a consulting company with experience in encampment reduction. These discussions provided an opportunity to learn about evidence-informed approaches and identify potential strategies that could be adapted to local conditions.

Through these efforts, the CoC combined outreach, housing navigation, targeted assistance, community coordination, and local government collaboration to reduce the number of people experiencing unsheltered homelessness and residing in encampments while connecting eligible individuals to housing and supportive resources.

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.	15
2. Enter the reduction in the number of encampments during your evaluation period.	3

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.	60
2. Enter the reduction in the number of people in encampments during your evaluation period.	10

&nbsp;nbsp;

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)

Homeward JXN is a City of Jackson homelessness-response initiative administered in partnership with the Mississippi Housing Partnership and implemented with local providers, including Central MS CoC partners, and Hinds Behavioral Health Services. Its primary strategy for reducing the number and duration of encampments is to identify people living unsheltered, engage them through street outreach, rapidly connect them to housing, and provide the services needed to retain that housing.

The initiative will use tenant-based rental assistance to provide eligible participants with up to 12 months of rent-free housing. During the assistance period, case managers work with participants to address barriers that often contribute to continued unsheltered homelessness or return to encampments, including lack of income, unemployment, health-care access, behavioral-health and substance-use needs, transportation, documentation, family reconnection, and landlord barriers.

Homeward JXN is designed to move approximately 300 chronically homeless individuals into sustainable housing over 24 months while offering rapid-rehousing support to an additional 1,100 people who newly experience homelessness. The initiative's intended outcome is to reduce unsheltered homelessness and the need for encampments by creating actual housing exits, supporting housing retention, and connecting participants to income, employment, medical, mental-health, substance-use, and case-management services.

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 CoC focuses on preventing homelessness before an individual or family experiences homelessness for the 1st time by identifying households at greatest risk & strengthening connections to prevention, housing, & mainstream resources. CoC staff will continue to assist individuals & families in identifying ways they could self-resolve without any financial assistance from a homeless service program from the initial contact.

The CoC has identified key risk factors associated with first-time homelessness, including a pending eviction or loss of housing, extremely low or no income, lack of knowledge about available prevention resources, & limited access to mainstream benefits & supportive services. The CoC will use HMIS, Coordinated Entry (CE), stakeholder feedback, & information from community partners to identify emerging needs & target prevention efforts.

The CoC's Strategic Planning Committee will continue to evaluate gaps in the homelessness response system & develop strategies to minimize those gaps. The CoC will strengthen partnerships with public housing authorities & other affordable housing providers to identify households at risk of eviction & promote interventions that prevent displacement. The CoC will also strengthen referral relationships with homelessness prevention organizations & mainstream service providers.

The CoC will expand outreach & education through partnerships with public school systems, employment centers, crisis response teams, Social Security Administration, VA, food pantries, MS Department of Human Services, healthcare & behavioral health providers, faith-based organizations, & community outreach teams. These partners will be encouraged to identify households experiencing housing instability & connect them with prevention assistance, mainstream benefits, employment resources, emergency assistance, & housing resources before they become homeless.

CE will remain an important access point for households at imminent risk of homelessness. Through CE, eligible households can be assessed, connected to appropriate housing & supportive services, & referred to resources based on their needs and eligibility. The CoC will continue to strengthen referral pathways & monitor whether households successfully connect to the resources to which they are referred.

The CoC will monitor first-time homelessness through HMIS & SPMs & use the results to identify trends, evaluate prevention strategies, & make adjustments with the goal of reducing it.

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 Central Mississippi CoC will reduce the length of time individuals and families remain homeless by using HMIS and Coordinated Entry (CE) data to identify housing barriers, prioritize households for available resources, strengthen housing connections, and monitor progress toward permanent housing.

The HMIS Administrator provides monthly performance and data quality reports to participating agencies and the CoC Planning Director. These reports allow the CoC to monitor length of time homeless, identify delays or barriers to housing placement, and work with providers to improve outcomes. System Performance Measures, HMIS, and CE data will be used to identify trends and target improvements.

Through CE, individuals and families are assessed and prioritized for available housing resources based on needs, eligibility, vulnerability, and locally established criteria. The CE team maintains and updates the by-name list using HMIS data and works to identify households who have remained homeless the longest and those with significant barriers to housing.

CE staff maintain regular contact with clients awaiting housing assistance to ensure they remain connected to the housing process, identify changes in circumstances, and keep referrals active until successfully housed. Staff assist with documentation, eligibility, communication, transportation, and other barriers that may delay placement.

The CoC's landlord referral program expands access to available housing units. CE staff provide clients with referrals to participating landlords and available units, giving households viable housing options before meeting with a housing provider. This helps reduce the time between referral and housing placement and increases available housing opportunities.

The CoC will continue strengthening relationships with landlords, housing providers, and community partners to increase available units and reduce lease-up barriers. CoC leadership and committees will regularly review performance, with corrective actions and system improvements implemented when data identify delays.

Through data-driven monitoring, active housing navigation, continued client engagement, landlord partnerships, and CE prioritization, the CoC will reduce the length of time individuals and families experience homelessness and improve the efficiency of housing placements.

	2A-7. Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	61.00%
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Describe how you calculated the data for this response.**(limit 2,500 characters)**

This report was compiled using the Award HMIS Report Builder. The following fields were selected to generate the report: Destination, Discharge Date, Program, and HMIS Project Type. Client data was sorted by HMIS Program Type to determine the number of individual exiting from said program type. The data was then isolated by each program type i.e. ES, PH-PSH, PH-RRH, and TH. The data was then further isolated by Destination i.e. Rented or Owned by client, no ongoing housing subsidy, Staying or living with family, permanent tenure, and Staying or living with friends, permanent tenure. The total client count for each HMIS Program type was divided by the total number of clients serviced to obtain the percentage of permanent housing exists. PSH, RRH, and TH percentages were combined and averaged for a successful permanent exit rate of 61% (*Note: Save Havens were not included in this calculation as DV date is not collected in the CoC's HMIS System). ES, RRH, and TH percentages were combined and averaged for a successful permanent exit rate of 77%.

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.	01/22/2026
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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
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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
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	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
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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	206	0	156	75.73%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	120	0	93	77.50%
4. Rapid Re-Housing (RRH) beds	107	0	107	100.00%
5. Permanent Supportive Housing (PSH) beds	344	0	344	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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)

The Central Mississippi CoC's Emergency Shelter and Transitional Housing project types had bed coverage rates below 85 percent. Over the next 12 months, the CoC will take specific steps to increase bed coverage for both project types to at least 85 percent.

First, the HMIS Administrator will conduct an annual verification of the number of beds and units operated by each Emergency Shelter and Transitional Housing provider before the Housing Inventory Count (HIC). HMIS staff will contact each provider to verify the number of year-round and seasonal beds, beds dedicated to specific populations, and other applicable inventory information. Any discrepancies between provider records, HMIS, and the HIC will be resolved before the count is finalized.

Second, the CoC will work directly with providers whose beds are not adequately represented in HMIS. HMIS staff will review provider participation and data-entry practices, identify barriers to participation, and provide individualized technical assistance. Providers will receive training on the purpose and benefits of HMIS, applicable data-entry requirements, and how accurate HMIS participation improves the CoC's ability to document housing inventory and measure system performance.

Third, the CoC will provide additional assistance to providers that experience challenges entering or maintaining data in HMIS. HMIS staff will offer one-on-one training, refresher training, and assistance with data-entry procedures. When appropriate and feasible, the CoC will work with providers to identify alternative procedures or resources that will allow required participant and bed information to be accurately captured.

Implementation will begin with a review of Emergency Shelter and Transitional Housing inventory and HMIS participation within the next 60 days. HMIS staff will follow up with providers throughout the year and conduct a formal review before the next HIC. Progress will be reported to CoC leadership, and providers with continued coverage issues will receive additional technical assistance and follow-up.

Through accurate annual bed verification, provider education, individualized technical assistance, and ongoing monitoring, the CoC will work to increase Emergency Shelter and Transitional Housing bed coverage to at least 85 percent within the next 12 months.

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.
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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...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Proje...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Supportive Servic...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/27/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/27/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/25/2026
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 Projects & Number of Units that require substance abuse treatment

Attachment Details

Document Description: Supportive Service Participation Agreement

Attachment Details

Document Description: Evidence of Coordination and Non-Interference

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone
Preference Points

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	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/27/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects and Treatment Providers with OnSite Substance Use Treatment

	Agency	Project	OnSite Treatment Provider
1	Grace House	GHI Transitional Housing	Grace House
2	MS Center for Police & Sheriffs	Joyce's Hope Home	MS Center for Police & Sheriffs
3	Mercy House	Mercy House Transitional Housing	Mercy House

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

	Agency	Project	Number of Units	Units that require SAT	% of units that require SAT
1	Grace House	GHI Transitional Housing	11	11	100%
2	MS Center for Police & Sheriffs	Joyce's Hope Home	12	12	100%
3	Mercy House	Mercy House Transitional Housing	5	5	100%

SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

CoC Program

Program/Project Name: Turning Point Housing Program

Participant Name: _____

Effective Date: _____

Project Exit Date (if applicable): _____

1. Purpose

The purpose of this Supportive Services Participation Agreement is to establish the supportive service participation requirements for individuals and families participating in the Turning Point Housing CoC Program project.

The project is designed to provide housing assistance and supportive services that help participants obtain and maintain housing stability, increase self-sufficiency, address barriers to housing, and achieve individual goals.

2. Required Participation in Supportive Services

As a condition of continued participation in the project, the participant agrees to participate in supportive services identified through an individualized assessment and service plan.

Supportive services may include, as appropriate to the participant's needs and goals:

- Case management and housing stability services;
- Housing navigation and landlord/housing provider coordination;
- Life skills training;
- Employment assessment, job readiness, training, and employment assistance;
- Education and vocational assistance;
- Assistance obtaining identification, benefits, and mainstream resources;
- Transportation assistance and transportation planning;
- Financial management and budgeting;
- Assistance obtaining healthcare and other community resources;
- Substance use disorder assessment, treatment referral, and recovery support, when appropriate;
- Other supportive services identified in the participant's individualized service plan.

The specific services required for each participant will be based on the participant's assessed needs, goals, eligibility, and individual service plan.

3. Individualized Service Plan

Within 15 days of entering the project, the participant will meet with project staff to develop an individualized service plan. The plan will identify the participant's housing, employment, income, health, education, and other goals, as applicable, and the supportive services necessary to address identified barriers.

The service plan will be reviewed with the participant at least monthly and updated when the participant's circumstances or needs change.

4. Participation Expectations

The participant agrees to:

1. Meet with assigned case management or supportive services staff as scheduled;
2. Participate in the supportive services identified in the individualized service plan;
3. Work collaboratively with project staff to establish and pursue achievable goals;
4. Communicate with project staff regarding changes in housing, employment, income, benefits, or other circumstances that may affect the participant's service plan;
5. Make reasonable efforts to complete agreed-upon activities and referrals; and
6. Notify project staff when assistance is needed to access or participate in a required service.

The project will make reasonable efforts to remove barriers to participation, including barriers related to transportation, scheduling, communication, disability accommodations, and access to community-based services.

5. Failure to Participate

Failure to participate in required supportive services may result in corrective action consistent with the project's policies and applicable HUD requirements. Before taking action that could affect continued participation in the project, the project will make reasonable efforts to determine whether barriers are preventing participation and will work with the participant to modify the service plan or identify appropriate alternatives when appropriate.

Nothing in this agreement requires a participant to participate in disability-related services in violation of 24 CFR 578.75(h).

6. Participant Rights

Supportive services will be provided in a manner consistent with applicable federal, state, and local requirements and the participant's rights.

The participant will be informed of available services and will have an opportunity to participate in developing and reviewing their individualized service plan.

This agreement does not waive any rights or protections provided to the participant under federal, state, or local law, HUD regulations, the participant's lease, or other applicable program requirements.

7. Agreement

By signing below, the participant acknowledges that participation in the supportive services identified in the participant's individualized service plan is a condition of continued participation in this CoC project and agrees to work with project staff to address identified barriers and achieve housing stability and other identified goals.

Participant Signature: _____

Date: _____

Case Manager/Supportive Services Staff: _____

Date: _____

Program Director/Authorized Representative: Margaret Johnson

Date: _____



Grace House Services

Nurturing Growth... Transforming Lives

SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

CoC Program

Program/Project Name: GHI Transitional Housing Program

Participant Name: _____

Effective Date: _____

Project Exit Date (if applicable): _____

1. Purpose

The purpose of this Supportive Services Participation Agreement is to establish the supportive service participation requirements for individuals and families participating in the

GHI Transitional Housing Program, a CoC Program project operated by Grace House, Inc.

The project is designed to provide housing assistance and supportive services that help participants obtain and maintain housing stability, increase self-sufficiency, address barriers to housing, and achieve individual goals.

2. Required Participation in Supportive Services

As a condition of continued participation in the project, the participant agrees to participate in a minimum of 20 hours a week of supportive services identified through an individualized assessment and service plan. (The 20-hour requirement is subject to amendment for participants over the age of 62 or with a handicap or disability as defined by federal regulations found at 24 CFR 8.3 or 24 CFR 578.3.)

Supportive services may include, as appropriate to the participant's needs and goals:

- Case management and housing stability services;
- Housing navigation and landlord/housing provider coordination;
- Life skills training;
- Employment assessment, job readiness, training, and employment assistance;
- Education and vocational assistance;
- Assistance obtaining identification, benefits, and mainstream resources;
- Transportation assistance and transportation planning;
- Financial management and budgeting;
- Assistance obtaining healthcare and other community resources;
- Substance use disorder assessment, treatment, recovery support, and referral when appropriate;
- All other supportive services identified in the participant's individualized service plan.

The specific services required for each participant will be based on the participant's assessed needs, goals, eligibility, and individual service plan. (Employment hours can count toward a portion of these 20 required hours; however, program participation will still be required as identified as necessary to maintain ongoing and continued recovery support for substance abuse and mental illness.

3. Individualized Service Plan

Within 24 hours of entering the project, the participants will meet with project staff to begin development of an individualized service plan. The plan will be completed within the first 7 days of program entry and will identify the participant's substance abuse, housing, employment, income, health, education, and other goals, as applicable, and the supportive services necessary to address identified barriers.

The service plan will be reviewed with the participant at least every 30 days and updated when the participant's circumstances or needs change.

4. Participation Expectations

The participant agrees to:

1. Meet with assigned case management or supportive services staff as scheduled;
2. Participate in the supportive services identified in the individualized service plan;
3. Participate in group therapy, aftercare programs, 12-step services, and other appropriate services that address the needs of substance abuse and mental illnesses as outlined in the agreed-upon service plan;
4. Work collaboratively with project staff to establish and pursue achievable goals;
5. Communicate with project staff regarding changes in housing, employment, income, benefits, or other circumstances that may affect the participant's service plan;
6. Make reasonable efforts to complete agreed-upon activities and referrals; and

7. Notify project staff when assistance is needed to access or participate in a required service.

*As a project that addresses the needs of chemically dependent people, a recurring inability to remain sober or drug-free may result in additional required participation and adjustments to the service plan, up to and including inpatient treatment service provided by partnering agencies. If this issue should arise, treatment will be considered a continuation of housing services provided through this project.

The project will make reasonable efforts to remove barriers to participation, including barriers related to transportation, scheduling, communication, disability accommodations, and access to community-based services.

5. Failure to Participate

Failure to participate in required supportive services may result in corrective action consistent with the project's policies and applicable HUD requirements. Before taking action that could affect continued participation in the project, the project will make reasonable efforts to determine whether barriers are preventing participation and will work with the participant to modify the service plan or identify appropriate alternatives when appropriate.

Nothing in this agreement requires a participant to participate in disability-related services in violation of 24 CFR 578.75(h).

6. Participant Rights

Supportive services will be provided in a manner consistent with applicable federal, state, and local requirements and the participant's rights.

The participant will be informed of available services and will have an opportunity to participate in developing and reviewing their individualized service plan.

This agreement does not waive any rights or protections provided to the participant under federal, state, or local law, HUD regulations, the participant's lease, or other applicable program requirements.

8. Agreement

By signing below, the participant acknowledges that participation in the supportive services identified in the participant's individualized service plan is a condition of continued participation in this CoC project and agrees to work with project staff to address identified barriers and achieve housing stability and other identified goals.

Participant Signature: _____

Date: _____

Case Manager/Supportive Services Staff: _____

Date: _____

Program Director/Authorized Representative: _____

Date: _____

SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

CoC Program

Program/Project Name: Mercy House Transitional Housing

Participant Name: _____

Effective Date: _____

Project Exit Date (if applicable): _____

1. Purpose

The purpose of this Supportive Services Participation Agreement is to establish the supportive service participation requirements for individuals and families participating in the Mercy House Transitional Housing CoC Program project, operated by Mercy House Teen Challenge.

The project is a 30-bed transitional housing program for adult men in the Central Mississippi Continuum of Care. It is designed to provide housing assistance and supportive services that help participants obtain and maintain housing stability, increase self-sufficiency, address barriers to housing, and achieve individual goals.

2. Required Participation in Supportive Services

As a condition of continued participation in the project, the participant agrees to participate in supportive services identified through an individualized assessment and service plan.

Supportive services may include, as appropriate to the participant's needs and goals:

- Case management and housing stability services;
- Housing search and counseling, including landlord engagement, housing applications, and transition planning;
- Life skills training;
- Individual and group counseling and peer mentoring;
- Employment assessment, job readiness, training, and employment assistance;
- Education, vocational training, and structured work experience;
- Assistance obtaining identification, benefits, and mainstream resources;
- Transportation assistance and transportation planning;

- Financial literacy, management, and budgeting;
- Assistance obtaining healthcare and other community resources;
- Recovery support and substance use treatment services provided by Mercy House, with referrals to community providers when specialized care is needed;
- Other supportive services identified in the participant's individualized service plan.

The specific services required for each participant will be based on the participant's assessed needs, goals, eligibility, and individual service plan.

3. Individualized Service Plan

Within 14 days of entering the project, the participant will meet with project staff to develop an individualized service plan. The plan will identify the participant's housing, employment, income, health, education, and other goals, as applicable, and the supportive services necessary to address identified barriers.

The service plan will be reviewed with the participant at least every 30 days and updated when the participant's circumstances or needs change.

4. Participation Expectations

The participant agrees to:

1. Meet with assigned case management or supportive services staff as scheduled;
2. Participate in the supportive services identified in the individualized service plan;
3. Work collaboratively with project staff to establish and pursue achievable goals;
4. Communicate with project staff regarding changes in housing, employment, income, benefits, or other circumstances that may affect the participant's service plan;
5. Make reasonable efforts to complete agreed-upon activities and referrals; and
6. Notify project staff when assistance is needed to access or participate in a required service.

The project will make reasonable efforts to remove barriers to participation, including barriers related to transportation, scheduling, communication, disability accommodations, and access to community-based services.

5. Failure to Participate

Failure to participate in required supportive services may result in corrective action consistent with the project's policies and applicable HUD requirements. Before taking action that could affect continued participation in the project, the project will make reasonable efforts to determine whether barriers are preventing participation and will work with the participant to modify the service plan or identify appropriate alternatives when appropriate.

Nothing in this agreement requires a participant to participate in disability-related services in violation of 24 CFR 578.75(h).

6. Participant Rights

Supportive services will be provided in a manner consistent with applicable federal, state, and local requirements and the participant's rights.

The participant will be informed of available services and will have an opportunity to participate in developing and reviewing their individualized service plan.

This agreement does not waive any rights or protections provided to the participant under federal, state, or local law, HUD regulations, the participant's lease, or other applicable program requirements.

Mercy House Teen Challenge is a faith-based organization. Participation in any religious worship, instruction, or other religious activity is voluntary and is not a condition of receiving housing or supportive services under this project. Religious activities are offered separately, in time or location, from CoC-funded services.

7. Agreement

By signing below, the participant acknowledges that participation in the supportive services identified in the participant's individualized service plan is a condition of continued participation in this CoC project and agrees to work with project staff to address identified barriers and achieve housing stability and other identified goals.

Participant Signature: _____

Date: _____

Case Manager/Supportive Services Staff: _____

Date: _____

Program Director/Authorized Representative: _____

Date: _____



Mississippi Center for Police & Sheriffs

SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

CoC Program

Program/Project Name: Mississippi Center for Police & Sheriffs Transitional Housing

Participant Name: Mississippi Center for Police & Sheriffs

Effective Date: January 1, 2026

1. Purpose

The purpose of this Supportive Services Participation Agreement is to establish the supportive service participation requirements for individuals and families participating in the Central Mississippi CoC Program project.

The project is designed to provide housing assistance and supportive services that help participants obtain and maintain housing stability, increase self-sufficiency, address barriers to housing, and achieve individual goals.

2. Required Participation in Supportive Services

As a condition of continued participation in the project, the participant agrees to participate in supportive services identified through an individualized assessment and service plan.

Supportive services may include, as appropriate to the participant's needs and goals:

- Case management and housing stability services;
- Housing navigation and landlord/housing provider coordination;
- Life skills training;
- Employment assessment, job readiness, training, and employment assistance;
- Education and vocational assistance;
- Assistance obtaining identification, benefits, and mainstream resources;
- Transportation assistance and transportation planning;
- Financial management and budgeting;
- Assistance obtaining healthcare and other community resources;
- Substance use disorder assessment, treatment referral, and recovery support, when appropriate;
- Other supportive services identified in the participant's individualized service plan.

The specific services required for each participant will be based on the participant's assessed needs, goals, eligibility, and individual service plan.

3. Individualized Service Plan

Within 2 days of entering the project, the participant will meet with project staff to develop an individualized service plan. The plan will identify the participant's housing, employment, income, health, education, and other goals, as applicable, and the supportive services necessary to address identified barriers.

The service plan will be reviewed with the participant at least monthly and updated when the participant's circumstances or needs change.

4. Participation Expectations

The participant agrees to:

1. Meet with assigned case management or supportive services staff as scheduled;
2. Participate in the supportive services identified in the individualized service plan;
3. Work collaboratively with project staff to establish and pursue achievable goals;
4. Communicate with project staff regarding changes in housing, employment, income, benefits, or other circumstances that may affect the participant's service plan;
5. Make reasonable efforts to complete agreed-upon activities and referrals; and
6. Notify project staff when assistance is needed to access or participate in a required service.

The project will make reasonable efforts to remove barriers to participation, including barriers related to transportation, scheduling, communication, disability accommodations, and access to community-based services.

5. Failure to Participate

Failure to participate in required supportive services may result in corrective action consistent with the project's policies and applicable HUD requirements. Before taking action that could affect continued participation in the project, the project will make reasonable efforts to determine whether barriers are preventing participation and will work with the participant to modify the service plan or identify appropriate alternatives when appropriate.

Nothing in this agreement requires a participant to participate in disability-related services in violation of 24 CFR 578.75(h).

6. Participant Rights

Supportive services will be provided in a manner consistent with applicable federal, state, and local requirements and the participant's rights.

The participant will be informed of available services and will have an opportunity to participate in developing and reviewing their individualized service plan.

This agreement does not waive any rights or protections provided to the participant under federal, state, or local law, HUD regulations, the participant's lease, or other applicable program requirements.

7. Agreement

By signing below, the participant acknowledges that participation in the supportive services identified in the participant's individualized service plan is a condition of continued participation in this CoC project and agrees to work with project staff to address identified barriers and achieve housing stability and other identified goals.

Participant Signature: _____

Date: _____

Case Manager/Supportive Services Staff: _____

Date: _____

Program Director/Authorized Representative: Steven Pickett, Executive Director

Date: January 1, 2026

SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

CoC Program

Program/Project Name: Shower Power

Participant Name: Shower Power

Effective Date: January 1, 2026

1. Purpose

The purpose of this Supportive Services Participation Agreement is to establish the supportive service participation requirements for individuals and families participating in the Central Mississippi CoC Program project.

The project is designed to provide housing assistance and supportive services that help participants obtain and maintain housing stability, increase self-sufficiency, address barriers to housing, and achieve individual goals.

2. Required Participation in Supportive Services

As a condition of continued participation in the project, the participant agrees to participate in supportive services identified through an individualized assessment and service plan.

Supportive services may include, as appropriate to the participant's needs and goals:

- Case management and housing stability services;
- Housing navigation and landlord/housing provider coordination;
- Life skills training;
- Employment assessment, job readiness, training, and employment assistance;
- Education and vocational assistance;
- Assistance obtaining identification, benefits, and mainstream resources;
- Transportation assistance and transportation planning;
- Financial management and budgeting;
- Assistance obtaining healthcare and other community resources;
- Substance use disorder assessment, treatment referral, and recovery support, when appropriate;
- Other supportive services identified in the participant's individualized service plan.

The specific services required for each participant will be based on the participant's assessed needs, goals, eligibility, and individual service plan.

3. Individualized Service Plan

Within 2 days of entering the project, the participant will meet with project staff to develop an individualized service plan. The plan will identify the participant's housing, employment, income, health, education, and other goals, as applicable, and the supportive services necessary to address identified barriers.

The service plan will be reviewed with the participant at least monthly and updated when the participant's circumstances or needs change.

4. Participation Expectations

The participant agrees to:

1. Meet with assigned case management or supportive services staff as scheduled;
2. Participate in the supportive services identified in the individualized service plan;
3. Work collaboratively with project staff to establish and pursue achievable goals;
4. Communicate with project staff regarding changes in housing, employment, income, benefits, or other circumstances that may affect the participant's service plan;
5. Make reasonable efforts to complete agreed-upon activities and referrals; and
6. Notify project staff when assistance is needed to access or participate in a required service.

The project will make reasonable efforts to remove barriers to participation, including barriers related to transportation, scheduling, communication, disability accommodations, and access to community-based services.

5. Failure to Participate

Failure to participate in required supportive services may result in corrective action consistent with the project's policies and applicable HUD requirements. Before taking action that could affect continued participation in the project, the project will make reasonable efforts to determine whether barriers are preventing participation and will work with the participant to modify the service plan or identify appropriate alternatives when appropriate.

Nothing in this agreement requires a participant to participate in disability-related services in violation of 24 CFR 578.75(h).

6. Participant Rights

Supportive services will be provided in a manner consistent with applicable federal, state, and local requirements and the participant's rights.

The participant will be informed of available services and will have an opportunity to participate in developing and reviewing their individualized service plan.

This agreement does not waive any rights or protections provided to the participant under federal, state, or local law, HUD regulations, the participant's lease, or other applicable program requirements.

7. Agreement

By signing below, the participant acknowledges that participation in the supportive services identified in the participant's individualized service plan is a condition of continued participation in this CoC project and agrees to work with project staff to address identified barriers and achieve housing stability and other identified goals.

Participant Signature: _____

Date: _____

Case Manager/Supportive Services Staff: _____

Date: _____

Program Director/Authorized Representative: Nick Spradley, Executive Director

Date: January 1, 2026



Central MS CoC – FY26 Unified Project Scoring Tool

Reviewer: _____

Project Name: _____

Applicant Agency: _____

Amount Requested: _____

Project Type: _____

TOTAL SCORE (0–100): _____

Section A – Threshold Review (Part 1)

Instructions for reviewers: This section determines whether the project meets minimum HUD and CoC eligibility. All items must be marked Pass for the project to continue to scoring. If any item is marked Fail, stop here – do not score the project.

Scored Criteria

Pass / Fail

Applicant is an eligible entity under 24 CFR 578.15

☐ Pass

☐ Fail

Notes

All proposed participants are eligible for the selected component type

☐ Pass

☐ Fail

Notes

Proposed activities are eligible under 24 CFR Part 578

☐ Pass

☐ Fail

Notes

Application narratives are complete, consistent, and responsive

☐ Pass

☐ Fail

Notes

Data in the application is consistent across all sections

☐ Pass

☐ Fail

Notes

All required attachments are accurate and correctly dated

☐ Pass

☐ Fail

Notes

Project aligns with CoC Written Standards and the CoC's adopted low-barrier, housing-focused, trauma-informed practices

☐ Pass

☐ Fail

Notes

Section A – Threshold Review (Part 2): Project-Type Addendums

Instructions for reviewers: Complete only the addendum that matches the project type for each new or renewal project. Projects must meet the minimum HUD threshold for their type to proceed to scoring.

PH (PSH & RRH) – HUD Quality Threshold (Must score at least 6 of 8 points)

-
- Housing appropriateness – type and number of units match needs of target population

Max pts: 1

Notes

- Supportive services adequacy – services ensure retention/placement in permanent housing

Max pts: 2

Notes

- Employment and income outcomes – improved outcomes vs. CoC baseline

Max pts: 2

Notes

- Participant expectations for engaging in supportive services are clearly described

Max pts: 1

Notes

- Project costs are reasonable per 2 CFR 200.404

Max pts: 1

Notes

- Clear plan to connect participants to mainstream benefits (Medicaid, SSI, SNAP, etc.)

Max pts: 1

Notes

Note: If the project scores fewer than 6 points, do not proceed to scoring.

Joint TH–RRH – HUD Quality Threshold (Must score at least 4 of 6 points)

-
- Housing appropriateness – TH and RRH capacity appropriate for target population

Max pts: 1

Notes

- RRH is available at any time for participants to transition from TH to permanent housing

Max pts: 1

Notes

- Supportive services adequacy – supports successful retention in permanent housing

Max pts: 1

Notes

- Plan to assess and connect participants to mainstream benefits

Max pts: 1

Notes

- Assistance to obtain and maintain permanent housing fits participant needs

Max pts: 1

Notes

- Project adheres to a low-barrier, housing-focused model consistent with CoC policies

Max pts: 1

Notes

Note: If the project scores fewer than 4 points, do not proceed to scoring.

SSO–Coordinated Entry – HUD Quality Threshold (Must score at least 3 of 5 points AND meet the disability accessibility item)

- CE system is easily accessible for all households seeking assistance

Max pts: 1

Notes

- Targeted advertising strategy reaches people with highest barriers to housing

Max pts: 1

Notes

- Standardized assessment directs participants to appropriate housing/services

Max pts: 1

Notes

- Plan to coordinate with mainstream health, social service, and employment systems

Max pts: 1

Notes

- CE is accessible for persons with disabilities (ADA, multiple access methods)

Max pts: 1

Notes

Note: If the project scores fewer than 3 points or does not meet the disability accessibility item, do not proceed to scoring.

HMIS – HUD Quality Threshold (Must score at least 3 of 4 points)

- HMIS funds support systemwide data quality and case management improvements

Max pts: 1

Notes

- HMIS collects all Universal Data Elements per HUD standards

Max pts: 1

Notes

- HMIS can identify and remove duplicate client records

Max pts: 1

Notes

- System can produce APR, CAPER, and other HUD-required reports

Max pts: 1

Notes

Note: If the project scores fewer than 3 points, do not proceed to scoring.

DV Bonus Project Requirements (All must be met)

- Comprehensive survivor-centered safety planning is in place

☐ Pass

☐ Fail

Notes

- Confidentiality protections comply with VAWA, FVPSA, and CoC requirements

☐ Pass

☐ Fail

Notes

- Project uses a HUD-compliant comparable database instead of HMIS

☐ Pass

☐ Fail

Notes

- Housing and services are trauma-informed and choice-driven

☐ Pass

☐ Fail

Notes

- Project coordinates with DV providers, hotlines, and CE (as permissible)

☐ Pass

☐ Fail

Notes

Note: If any DV Bonus requirement is marked Fail, do not proceed to scoring.

Section B – Unified Local Scoring Rubric (100 Points)

Instructions for reviewers: Use this rubric to score all eligible new and renewal projects. Assign up to the maximum points for each item based on how well the project meets the criteria. Partial points may be awarded when criteria are partially met. Record the score for each item in the right-hand box.

Objective Performance Measures (50 points)

- Cost effectiveness – For renewal projects: cost per household is reasonable and aligned with similar projects. For new projects: the project demonstrates a realistic budget and design likely to achieve a reasonable cost per household.

Max: 10

- Utilization rate – For renewal projects: project has maintained at least 90% bed/unit utilization or provides a clear justification. For new projects: the project demonstrates a feasible plan to reach and maintain high utilization.

Max: 10

- Exits to permanent housing – For renewal projects: exits to permanent housing meet or exceed CoC averages for the project type. For new projects: the project demonstrates a clear strategy and partnerships to support exits to permanent housing at or above CoC expectations.

Max: 10

- Returns to homelessness – For renewal projects: rate of returns is lower than CoC baseline or shows improvement over time. For new projects: the project demonstrates policies and services designed to minimize returns to homelessness.

Max: 10

- Income growth – For renewal projects: participants show increased total income (earned and/or non-earned). For new projects: the project demonstrates a service model likely to support income growth.

Max: 10

HUD-Mandated Performance Metrics (25 points)

- Returns to homelessness – project demonstrates strong strategies and outcomes to minimize returns.

Max: 8

- Employment income – adults increasing earned income or employment participation.

Max: 8

- Supportive services participation – participants are actively engaged in appropriate services that support housing stability.

Max: 9

CoC Priority Alignment (15 points)

- Project serves CoC priority populations (e.g., chronic homelessness, DV, youth, families, or rural areas).

Max: 5

- Project clearly addresses documented system gaps using local data or needs assessment.

Max: 5

- Project demonstrates strong coordination with Coordinated Entry and mainstream systems (ESG, healthcare, workforce, etc.).

Max: 5

Project Design & Implementation Quality (10 points)

- Low-barrier, housing-focused approach – minimal entry barriers, no service preconditions, and rapid connection to housing.

Max: 3

- Staffing and service model – staffing levels, qualifications, and services are appropriate for the target population.

Max: 3

- Timeliness and readiness – reasonable plan for timely start-up or continued operations.

Max: 2

- Partnerships and leveraged resources – MOUs and other partnerships enhance project impact.

Max: 2

Reviewer Final Total Score (0–100):

FY2026 CoC Competition Local Selection Results

	Project Name	Score	Status	Rank	Requested Funding Amount	Reallocated Funds
1	FY2026 Coordinated Entry	100	Accepted	1	\$258,283	\$0
2	FY 2026 Planning	100	Accepted	Not Ranked	\$172,274	\$0
3	FY 2026 HMIS I	100	Accepted	2	\$134,430	\$0
4	FY 2026 HMIS II	100	Accepted	3	\$83,109	\$0
5	Lizzie's House	83	Accepted	8	\$204,874	\$0
6	VOCM Turning Point	98	Accepted	4	\$255,887	\$0
7	Grace House Transitional Housing	95	Accepted	5	\$611,164	\$0
8	Mercy House Transitional Housing	91	Accepted	7	\$315,000	\$0
9	Shower Power Outreach	82	Accepted	9	\$201,823	\$0
10	SunRize Transitional Housing	63	Rejected	Not Ranked	\$0	\$0
11	Joyce's Hope Home	95	Accepted	6	\$689,097	\$0
12	Grace House Permanent Supportive Housing		Fully Reallocated	Not Ranked	\$0	-\$611,164

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:MS-500 CENTRAL MISSISSIPPI CONTINUUM OF CARE

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).

Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants

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."

28049010500; 28149950101

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 Central Mississippi Continuum of Care (CoC) is a collaborative network of service organizations, government agencies, advocates, and community partners working to prevent and end homelessness throughout the CoC's geographic area. Members provide direct, indirect, and supportive services to individuals and families experiencing or at risk of homelessness, advocate for those affected by homelessness, and contribute resources, expertise, and community support to address housing instability.

Consistent with HUD's definition, the CoC promotes a communitywide commitment to preventing and ending homelessness by coordinating resources, services, and housing opportunities. The CoC supports nonprofit organizations, state and local governments, and other community partners in efforts to quickly connect individuals and families experiencing homelessness to appropriate housing while minimizing the trauma and disruption associated with homelessness.

The Central Mississippi CoC also works to increase access to mainstream resources and benefits, including healthcare, employment, public benefits, and other supportive services that can promote housing stability and self-sufficiency. Through Coordinated Entry, HMIS, community partnerships, and collaborative planning, the CoC works to identify needs, address gaps in the homelessness response system, improve access to housing and services, and strengthen outcomes for individuals and families experiencing or at risk of homelessness.

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 | |

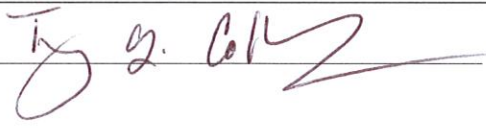
Certification of Authorized Representative for the Applicant:

****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: Timothy _____ Middle Initial: D. _____ Last Name: Collins _____ Suffix: _____

Title: Executive Director _____ Organization: Mississippi Housing Partnership _____

Signature:  _____ Date: 9/24/26 _____