

Before Starting the CoC Application

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-602 - Punta Gorda/Charlotte County CoC

1A-2. Collaborative Applicant Name: Gulf Coast Partnership, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Gulf Coast Partnership, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	3
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	3
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	5
4.	Community Mental Health Center (CMHC)	Yes	8
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	10
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	3
9.	Faith-based Organization(s)	Yes	4
10.	Homeless or Formerly Homeless Person(s)	Yes	5
11.	Hospital(s)	Yes	3
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	7
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	15
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	28

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	6
24.	Other nonprofit homeless assistance provider(s)	Yes	12
25.	Other social service provider(s)	Yes	8
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	2
29.	School District(s)	Yes	3
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	6
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	2
34.	Veteran Serving Organization(s)	Yes	8
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	7
38.	Other Victim Service Organization(s)	Yes	2
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	3
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	2
	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 Charlotte Continuum of Care (FL-602), led by its Collaborative Applicant, the Gulf Coast Partnership (GCP), maintains an open, continuous, and transparent process to solicit community feedback regarding system performance, priorities, and funding strategies. This process engages stakeholders across the region, including local government officials, housing and service providers, faith-based organizations, behavioral health agencies, disability advocates, youth leaders, and individuals with lived experience and expertise of homelessness.

1. Year-Round Public & Digital Engagement:

The CoC maintains an open invitation mechanism on its official website (gulfcoastpartnership.org). Community members, advocates, and organization representatives can submit feedback, express interest in CoC participation, and provide input on community needs year-round through an online membership portal. The CoC also issues a formal annual public call to solicit new partners for general membership and working committees.

2. Open Governance & Public Comment:

CoC General Membership and Governing Board meetings are open to the public, with meeting schedules, agendas, and strategic materials posted publicly. Dedicated public comment periods allow community members to voice opinions on homeless response strategies, system performance metrics, and funding gaps. Public input is also gathered through active committee structures (Strategic Planning, Coordinated Entry, Youth Action Board/YHDP, and Performance/Data Committees) to evaluate local system performance and address emerging needs.

3. Data-Driven Input & Priority Setting:

During the annual Point-in-Time (PIT) Count and Housing Inventory Count (HIC), the CoC engages volunteers, local agencies, and outreach workers to gather quantitative and qualitative data directly from unsheltered and sheltered populations. Findings are shared publicly to inform local priority setting. Prior to finalizing local NOFO competition priorities and ranking criteria, scorecards and procedures are published for public review and comment. Stakeholder input ensures local funding allocations directly address identified community gaps, such as PSH, RRH, and supportive services.

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.

(limit 2,500 characters)

The Charlotte Continuum of Care (FL-602), led by its Collaborative Applicant, the Gulf Coast Partnership, employs a transparent, multi-channel strategy to solicit and incorporate feedback regarding homeless system performance, strategic planning, and local funding priorities.

1. Multi-Channel Community Engagement:

The CoC utilizes its official public website (gulfcoastpartnership.org) to continuously gather community perspectives. System performance metrics, gaps analyses, draft policies, and meeting schedules are published online for public review. Strategic invitations are extended to a broad cross-section of stakeholders, including local government officials, housing developers, healthcare providers, school liaisons, disability advocates, faith-based leaders, and individuals with lived experience of homelessness. An open web portal allows any interested party to submit recommendations or join CoC committees year-round.

2. Participatory Forums & System Evaluation:

Public input is solicited through quarterly CoC general membership meetings, monthly Governing Board sessions, and active working committees (e.g., Strategic Planning, Coordinated Entry, Data/Performance, and Youth Action Board). These forums feature dedicated public comment periods to evaluate key system performance measures—such as lengths of stay, returns to homelessness, and permanent housing exits—and identify emerging operational challenges.

3. Consideration of Input in Priority Setting:

Before finalizing local competition priorities, the CoC hosts public listening sessions to collect feedback on community needs. Rating scorecards, ranking criteria, and funding policies are posted publicly on the CoC website for public review and comment prior to approval. Stakeholder recommendations gathered during these sessions are directly considered by the CoC Board to adjust local scoring rubrics, ensuring funding allocations prioritize critical system gaps, such as Permanent Supportive Housing, Rapid Rehousing, and youth-specific services.

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

(limit 2,500 characters)

The Charlotte Continuum of Care (FL-602), led by its Collaborative Applicant, the Gulf Coast Partnership, maintains an open, inclusive, and transparent process to solicit, accept, and consider project proposals from organizations that have not previously received CoC Program funding, explicitly including faith-based organizations, community non-profits, and culturally specific service providers.

1.Public Notification & Outreach:

On July 15, 2026, the CoC published official notifications on its public website (gulfcoastpartnership.org) and distributed email broadcasts to the broader community announcing the local application process and funding availability. This notice clearly communicated the availability of CoC grant funds for new project applications (including bonus, reallocated, and DV bonus funds) and extended an open invitation to non-recipient organizations. The CoC conducts targeted outreach to community non-profits, faith-based leaders, and local service networks to ensure diverse organizations are aware of funding opportunities and local application guidelines.

2.Equal Access & Technical Assistance:

To ensure a level playing field for non-traditional and first-time applicants, the CoC hosts open technical assistance (TA) workshops prior to the local application deadline. These sessions outline HUD program components, local rating/ranking criteria, Housing First requirements, and e-snaps navigation. The CoC provides equal access and technical support to all interested entities, including faith-based providers, guiding them through threshold requirements and application standards without requiring prior federal grant experience.

3.Objective Review & Fair Consideration:

All project proposals—from existing grantees and new applicants alike—are reviewed, scored, and ranked through an independent, standardized Rank and Review Committee. Proposals are evaluated using an objective scorecard that assesses community need, project design, administrative capacity, and alignment with local housing priorities. Faith-based organizations and new applicants are scored on the merit of their proposed project and commitment to HUD standards, ensuring fair and transparent consideration for funding inclusion on the CoC Priority List.

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)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership (Collaborative Applicant), employs a comprehensive, data-driven plan to address critical homeless system gaps using statutory 42 U.S.C. 11386b(d) interventions.

1. Gap Identification & Funding Sources:

Through annual PIT counts, Gaps Analyses, and Coordinated Entry System (CES) data, the CoC identified a primary gap: insufficient supportive housing capacity and wrap-around recovery services for severe subpopulations. To address this, the CoC leverages CoC Reallocation, CoC Bonus, DV Bonus, and YHDP grant funding across key program types:

- PH/PSH: Permanent Supportive Housing with long-term rental assistance for chronically homeless individuals.
- PH/RRH: Rapid Rehousing with progressive engagement for families, youth, and DV survivors.
- Supportive Services Only (SSO): Dedicated CES and outreach infrastructure driving low-barrier entry.
- Transitional Housing (TH): Reallocated TH providing interim, recovery-focused shelter prior to PH transition.

2. Subpopulation Strategies & Responsible Bodies:

- Youth: YHDP and targeted RRH delivering youth-centric life skills and peer support.

- DV Survivors: Specialized DV Bonus projects providing trauma-informed safety planning and housing navigation.

- Behavioral Health: Partnership with Charlotte Behavioral Health Care for outpatient therapy and addiction care.

- Oversight: The CoC Governing Board and Data & Performance Committee oversee implementation and compliance.

3. Performance Targets & Timelines:

Implementation occurs across 12-to-24-month grant cycles. System progress is evaluated quarterly against quantifiable HUD performance targets:

- Increase permanent housing exits by 10% annually.
- Maintain returns to homelessness below 8% within 2 years.
- Reduce average length of homeless stay to under 90 days.
- Increase participant income/employment growth by 15% at annual assessment.

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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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	8%

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 not a rural CoC.

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 Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership, maintains robust formal partnerships and integrated care pathways with main behavioral health providers—primarily Charlotte Behavioral Health Care (CBHC), the region’s CARF-accredited, comprehensive behavioral healthcare agency—to ensure low-barrier access to outpatient mental health, substance use treatment, and recovery supports across all levels of care.

1. Continuum of Care & Psychosocial Interventions

CBHC offers a complete spectrum of outpatient levels of care, ranging from standard Outpatient Therapy to Intensive Outpatient Programs (IOP) and the Florida Assertive Community Treatment (FACT) team for individuals with severe, persistent mental illness. Evidence-based psychosocial interventions are integrated into housing stabilization plans, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), and Seeking Safety for co-occurring trauma and addiction.

2. Medication Management & MAT

Outpatient psychiatric evaluations, ongoing psychotropic medication management, and Medication-Assisted Treatment (MAT) are fully available to program participants. MAT programs utilize FDA-approved medications (e.g., Buprenorphine, Suboxone, Vivitrol) paired with mandatory counseling and peer support to address opioid and alcohol use disorders. Medical staff and psychiatric prescribers coordinate care directly with CoC housing case managers to ensure medication consistency.

3. Crisis Response & Suicide Prevention

Crisis stabilization and suicide prevention are anchored by CBHC’s 24/7 Crisis Stabilization Unit / Central Receiving Facility and specialized mobile response teams (such as the IRIS co-responder team with local law enforcement). Clinical teams utilize standard suicide risk screening protocols (Columbia-Suicide Severity Rating Scale) and safety planning, while community suicide prevention education is actively provided.

4. Recovery Supports & CoC Integration

Through dedicated homeless services outreach and SOAR specialists, participants receive peer recovery support, recovery groups (e.g., SMART Recovery, MAT support groups), benefit navigation, and direct warm-handoffs from street outreach and Coordinated Entry directly into housing and recovery care.

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)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP), actively integrates Certified Peer Recovery Specialists (CPRS) and lived-experience recovery navigators across its street outreach, Coordinated Entry, and permanent housing stabilization teams. Peer support services are operationalized through direct CoC project partnerships and the SAMHSA-funded One Charlotte Integrated Care Team in collaboration with Charlotte Behavioral Health Care (CBHC).

1. Peer-Led Outreach & Engagement

Certified Peer Specialists—individuals with personal lived expertise in recovery from substance use and mental health disorders—are embedded directly into street outreach and Coordinated Entry navigation. Peers engage unsheltered individuals in encampments, emergency shelters, and community access sites to build trust, reduce stigma, and provide warm handoffs to behavioral health assessments, housing placements, and harm-reduction resources.

2. Recovery Navigation & Housing Retention

Peer recovery navigators work alongside CoC housing case managers to support participants during their transition into Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH). Peers assist with individual recovery plans, crisis de-escalation, transportation to medical/psychiatric appointments, benefit enrollment (SOAR), and daily living skills. They serve as ongoing mentors to promote long-term housing retention, self-advocacy, and relapse prevention.

3. Community-Based Peer Supports & Drop-In Programs

CoC participants have low-barrier access to dedicated peer-run recovery centers, such as CBHC's S.H.A.R.E. Spot Drop-In Center. This evidence-based, peer-directed program offers mutual self-help groups, recovery coaching, wellness education, and social connection in a non-clinical environment. Additionally, peer navigators connect individuals to community recovery groups (12-step, SMART Recovery, and MAT support groups) to establish sustainable, natural community support networks.

4. Peer Workforce Development

The CoC supports trauma-informed workforce pipelines that encourage individuals with lived experience/expertise in homelessness and recovery to pursue Florida Certification Board (FCB) peer specialist credentials, embedding lived voice into system governance, YHDP youth advocacy, and service delivery.

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)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership, employs a comprehensive strategy to identify individuals experiencing Serious Mental Illness (SMI) and rapidly connect them with intensive, community-based treatment models to promote clinical stability and long-term housing retention.

1. Identification & Assessment via Coordinated Entry

Identification of individuals with SMI begins through street outreach, emergency shelters, and jail diversion programs using the Coordinated Entry System (CES). Trained outreach workers and housing navigators administer standardized assessment tools (VI-SPDAT) to screen for severe psychiatric conditions, history of institutionalization, and high vulnerability. HMIS integration allows for real-time identification of frequent users of crisis systems (emergency rooms, crisis stabilization units, criminal justice), prioritizing them for immediate supportive intervention.

2. Florida Assertive Community Treatment (FACT) Team Connection

For individuals identified with complex SMI and functional impairments, the CoC links participants to the Florida Assertive Community Treatment (FACT) team operated by Charlotte Behavioral Health Care (CBHC). FACT provides evidence-based, 24/7/365 multidisciplinary care in community settings. The FACT team includes psychiatrists, registered nurses, licensed clinical social workers, employment specialists, and peer recovery specialists who deliver wrap-around treatment, psychiatric medication management, crisis response, and daily living support directly to participants in their housing or unsheltered locations.

3. Intensive Care Coordination & Integrated Housing

CoC Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) case managers maintain low client-to-staff ratios to provide assertive outreach and intensive case management (ICM). Housing staff conduct home visits, assist with medication adherence, facilitate SOAR disability applications for income stability, and provide immediate crisis de-escalation.

4. System Collaboration & Recovery

Through regular Case Inter-Agency meetings, CoC providers, CBHC clinicians, and mobile response teams coordinate individualized care plans to prevent eviction, stabilize psychiatric symptoms, and connect clients to peer drop-in supports (e.g., S.H.A.R.E. Spot) for sustainable recovery.

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

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

(limit 500 characters)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership, maintains direct operational partnerships with Charlotte Behavioral Health Care (CBHC) and the Twentieth Judicial Circuit Court to serve justice-involved individuals experiencing severe mental health and substance use disorders. These formal collaborations connect participants in Specialty Courts, court-ordered treatment programs, and civil commitment diversion channels directly to community-based housing and recovery s

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

(limit 2,500 characters)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership, coordinates directly with Charlotte Behavioral Health Care (CBHC) and the 20th Judicial Circuit Court (Specialty Courts) to structure individualized care plans that leverage court agreements, judicial accountability, and intensive housing supports to promote long-term housing stability and participant independence.

Structured Accountability & Court-Ordered Compliance:
Specialty Court orders (Drug, Mental Health, and Veterans Treatment Courts) and Assisted Outpatient Treatment (AOT) civil mandates establish clear, court-monitored requirements for program compliance. The CoC and CBHC utilize these structured judicial frameworks to reinforce housing stability. Attendance at clinical therapy, medication adherence, drug/alcohol screenings, and engagement with housing case management are integrated into participants' court-ordered compliance plans. Regular status hearings allow judges to monitor progress, offering positive judicial reinforcement or structured interventions before housing stability is compromised.

Assertive Care Coordination & Multi-Disciplinary Support:
CBHC judicial court liaisons, FACT team clinicians, and CoC Permanent Supportive Housing (PSH) / Rapid Rehousing (RRH) case managers conduct joint case conferencing to align housing and treatment plans. CoC case managers conduct ongoing home visits and assist with daily living skills, while CBHC staff deliver specialized psychiatric management, trauma-informed counseling, and recovery coaching. By sharing progress updates through release-of-information agreements, teams rapidly identify and address early warning signs of psychiatric distress or lease violations, preventing eviction and court non-compliance.

Pathway to Independence & Self-Sufficiency:
As participants maintain clinical stability and fulfill court milestones, the CoC transitions them toward economic self-sufficiency. CoC housing specialists and CBHC peer navigators assist clients with SOAR disability applications to secure baseline income, connect them to vocational rehabilitation and local employment programs, and deliver financial literacy coaching. As participants graduate from Specialty Courts, court orders are successfully closed, and individuals transition to mainstream affordable housing or maintain stabilized, independent living with ongoing community-based outpatient supports.

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

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

(limit 500 characters)

The Charlotte CoC (FL-602), led by Gulf Coast Partnership, maintains a formal, multi-year partnership with Charlotte Behavioral Health Care (CBHC), the area's Community Mental Health Center (CMHC). Through a joint 4-year SAMHSA Grants for the Benefit of Homeless Individuals (GBHI) award, GCP and CBHC operate the One Charlotte Integrated Care Team. This formal agreement embeds mobile clinical care, psychiatric treatment, MAT, and peer navigation into CoC outreach and housing for 300 individuals.

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.	0
1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

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

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

(limit 500 characters)

The Charlotte CoC (FL-602), led by Gulf Coast Partnership, maintains a formal partnership with Charlotte Behavioral Health Care, the local Community Mental Health Center (CMHC) and SAMHSA GBHI provider. Built through a 4-year SAMHSA GBHI grant and ongoing joint MOUs, GCP and CBHC operate the One Charlotte Integrated Care Team. This formal partnership embeds mobile clinical care, psychiatric services, MAT, and peer navigation directly into CoC outreach, Coordinated Entry, and housing.

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)

N/A

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)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP), coordinates directly with local behavioral health facilities, crisis intervention systems, specialty courts, and community health providers (1C-1a through 1C-1i) to establish structured warm hand-offs that transition individuals into stable housing and prevent entry or re-entry into homelessness.

1. Integrated Coordinated Entry & Discharge Planning

To prevent institutional discharge into homelessness, GCP maintains operational agreements with Charlotte Behavioral Health Care (CBHC)—the region's Community Mental Health Center (CMHC) and Crisis Stabilization Unit (CSU)—and local detention centers. Designated re-entry case managers and hospital discharge liaisons identify housed or unhoused individuals undergoing acute treatment. Through cross-agency HMIS integration and standardized VI-SPDAT assessments, care teams conduct intake prior to discharge, ensuring immediate warm transfers directly into CoC permanent supportive housing (PSH) or rapid rehousing (RRH) without dynamic gaps in shelter or support.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,452,381
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.	\$989,904
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	68%

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.	\$2,393,607
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).	233%

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

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

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

(limit 2,500 characters)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as the Collaborative Applicant and HMIS Lead, maintains a continuous partnership with Emergency Solutions Grants (ESG) recipients. This collaborative framework aligns funding allocations, standardizes service delivery, and optimizes system-wide crisis response.

1. Stakeholder Engagement & Strategic Planning

While ESG recipients do not hold direct seats on the CoC Board, they actively participate in regular CoC stakeholder meetings and planning sessions. These meetings serve as the primary forum for aligning ESG funding priorities with CoC system performance goals. GCP leadership also engages in the Consolidated Plan, Annual Action Plan, and CAPER development processes for local entitlement jurisdictions and state ESG administrators. GCP provides localized HMIS data, Point-in-Time (PIT) counts, Housing Inventory Count (HIC) metrics, and system performance analyses to inform ESG funding strategies, emergency shelter bed needs, and rapid re-housing (RRH) priorities.

2. Collaborative Allocation & Funding Priorities

GCP consults with ESG administrators ahead of local and state ESG funding cycles. Through stakeholder feedback and HMIS gap analyses, the CoC helps identify critical funding needs—such as expanding low-barrier shelter access, targeted homelessness prevention, or scaling RRH assistance. GCP collaborates with ESG recipients to ensure sub-recipient activities complement CoC-funded permanent supportive housing (PSH) and rapid re-housing programs.

3. Standardized Written Standards & Coordinated Entry

FL-602 and ESG recipients maintain unified CoC/ESG Written Standards. These standards mandate that 100% of ESG-funded Street Outreach, Emergency Shelter, Prevention, and RRH programs participate in the CoC's Coordinated Entry System (CES) and HMIS. This guarantees standardized assessment, vulnerability prioritization, and low-barrier eligibility criteria across both funding streams.

4. Shared Performance Tracking

GCP monitors system-level performance—such as length of stay in shelter, exits to permanent housing, and returns to homelessness—across ESG and CoC projects. Through stakeholder meetings and data sharing, the CoC ensures ESG emergency shelter and outreach programs function as direct pathways into stable, long-term housing.

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

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

(limit 2,500 characters)

The Charlotte Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as the Collaborative Applicant, maintains a seamlessly integrated strategy with its primary Emergency Shelter (ES) provider to identify, assess, and swiftly transition homeless individuals and families into CoC-funded Permanent Housing (PH), including Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH).

1. Coordinated Entry System (CES) Integration & Assessment: The local emergency shelter participates fully in the Coordinated Entry System (CES) via the Homeless Management Information System (HMIS). Upon intake at the ES facility, shelter staff complete standardized, low-barrier CES assessments (e.g., VI-SPDAT) to evaluate housing barriers, vulnerability, and history of homelessness. Individuals and families entering the shelter are immediately entered into the centralized, prioritized housing waitlist, ensuring equal and streamlined access to CoC-funded assistance.

2. Real-Time Bed Coverage & Daily Coordination: ES leadership works directly alongside CoC staff to track real-time bed capacity and participant progression in HMIS. CoC housing navigators and case managers conduct weekly By-Name List (BNL) case conferencing meetings with shelter staff, street outreach teams, and housing project managers. These sessions focus on reviewing high-vulnerability households, resolving documentation barriers (e.g., identity documents, disability verifications), and matching shelter participants directly to available CoC rental assistance and supportive housing units as soon as vacancies arise.

3. Targeted Support for Vulnerable Subpopulations: Coordination with the emergency shelter includes tailored pathways for high-need groups:

Chronically Homeless: Specialized outreach and housing navigators prioritize long-term unhoused individuals in shelter, expediting disability documentation verification to facilitate direct placement into Permanent Supportive Housing (PSH).

Families & Youth: Dedicated family and youth case managers collaborate with YHDP and CoC providers to ensure rapid transition from the shelter setting into RRH with minimal stay lengths.

Veterans: Dedicated veteran navigators collaborate with VA partners and shelter staff to streamline referrals, leverage HUD-VASH or SSVF resources alongside CoC assets, and accelerate transition to permanent housing.

Survivors of DV/HT: Domestic violence shelter partners utilize parallel, secure data systems to

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

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

(limit 2,500 characters)

The Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as Collaborative Applicant and HMIS Lead Agency, actively shares Point-in-Time (PIT), Housing Inventory Count (HIC), Homeless Management Information System (HMIS), and System Performance Measures (SPM) data with state and local government entities as permitted by law to drive evidence-based policy, optimize resource allocation, and enhance the regional homelessness response system.

Strategic Data Sharing with Local Government: GCP regularly provides structured data reports, quarterly summaries, and executive performance briefs to the Charlotte County Board of County Commissioners, municipal planning departments, and local human services advisory boards. Detailed PIT and HIC data are used by county planners and housing officials to evaluate unsheltered trends, track emergency shelter capacity, and inform local Consolidated Plans and Annual Action Plans. Aggregate HMIS data and SPMs—such as length of time homeless, returns to homelessness, and successful permanent housing exits—are shared directly with county leadership to demonstrate grant outcomes, justify local infrastructure funding, and guide affordable housing development strategies.

State-Level Reporting and System Alignment: The Charlotte County Continuum of Care submits standardized HMIS, PIT, HIC, and SPM data to the Florida Department of Children and Families (DCF) Office on Homelessness per state mandates. This data feeds into the Florida Council on Homelessness Annual Report, ensuring regional homeless trends across Charlotte County inform statewide funding distributions, policy priorities, and legislative advocacy.

Public Safety & Law Enforcement Coordination: Aggregate HMIS and System Performance data are shared directly with county law enforcement, including the local law enforcement office, first responders, and judicial partners via joint task forces. Sharing aggregate data on unsheltered trends allows law enforcement and emergency services to align outreach, coordinate mobile crisis intervention, and streamline diversion to housing and supportive services rather than relying on criminalization or acute emergency care.

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)

The Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as the Collaborative Applicant and HMIS Lead Agency, utilizes external, cross-system data alongside HMIS to evaluate client vulnerability, eliminate service gaps, and improve care coordination across the regional response system.

Behavioral Health & Managed Care Data: GCP engages with state behavioral health managing entities and Medicaid managed care organizations to analyze aggregate behavioral health trends, substance use service engagement, and crisis stabilization encounters. Reviewing these data sources alongside HMIS records during By-Name List (BNL) case conferencing allows multi-disciplinary teams to align housing navigation with behavioral health supports, ensuring households receive appropriate wraparound care upon placement.

State & Human Services System Alignment: The CoC cross-references HMIS data with administrative data from state agencies, including the Florida Department of Children and Families (DCF). Analyzing child welfare involvement, foster care aging-out statistics, and public benefit utilization (such as SNAP and TANF) alongside housing histories helps case managers streamline mainstream benefit enrollment and rapidly identify at-risk youth and families entering homelessness.

Law Enforcement & Criminal Justice Systems: To reduce recidivism and break cycles between systems, aggregate data from local law enforcement, including our local law enforcement office and local corrections facilities, is analyzed alongside HMIS stay histories. Identifying individuals with frequent justice-system contact enables outreach teams and jail diversion programs to intervene early, connecting individuals directly to Coordinated Entry System (CES) assessments, emergency shelter, and supportive housing options prior to or upon release.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as Collaborative Applicant, maintains an active partnership with CareerSource Southwest Florida, the region's Local Workforce Development Board and American Job Center (One-Stop Career Center), to expand economic mobility and workforce opportunities for individuals and families experiencing or at risk of homelessness.

Cross-System Referral and Coordinated Access: GCP and CoC housing providers coordinate directly with CareerSource Southwest Florida to connect program participants to workforce readiness resources. Through warm handoffs and streamlined referral pathways established within the Coordinated Entry System (CES), housing case managers connect job-seeking participants directly to CareerSource staff. This ensures immediate access to personalized career coaching, resume building, interview preparation, and job placement assistance alongside housing navigation services.

Customized Employment & Skill-Building Programs: The partnership leverages CareerSource's specialized employment initiatives, including subsidized vocational training, adult education pathways, and registered apprenticeship programs tailored to local labor market demands. For participants facing complex barriers to employment, case managers work jointly with CareerSource specialists to coordinate supportive services, such as transportation assistance, work gear, and certification funding, ensuring participants can successfully complete training programs and secure living-wage employment.

Coordinated Case Management: CoC housing case managers collaborate with workforce specialists through ongoing case conferencing to monitor participant progress, align housing stability goals with career benchmarks, and address employment retention barriers. By pairing workforce development directly with CoC housing assistance, FL-602 increases participant income, supports long-term housing retention, and prevents returns to homelessness.

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

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

(limit 2,500 characters)

The Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as the Collaborative Applicant, maintains a close operational partnership between street outreach teams, local first responders, and county law enforcement—to foster positive interactions, divert unhoused individuals from the justice system, and connect them directly to housing and supportive services.

Collaborative Field Outreach & Warm Handoffs: CoC-designated street outreach teams collaborate directly with deputies, CIT (Crisis Intervention Team) officers, and emergency medical personnel during field operations. Rather than taking a punitive approach to unsheltered homelessness or encampments, law enforcement officers notify street outreach specialists when engaging individuals in need of shelter or assistance. Outreach workers conduct immediate on-site engagements, completing low-barrier Coordinated Entry System (CES) assessments and linking participants to emergency shelter and housing resources.

Co-Response & Crisis Diversion: Through joint coordination, outreach workers and law enforcement align efforts to handle crisis situations collaboratively. When first responders receive non-emergency or behavioral health calls involving unhoused community members, outreach teams assist with de-escalation, trauma-informed mediation, and immediate service connections. This co-response framework prioritizes housing diversion, medical stabilization, and supportive services over arrest, citation, or acute hospital utilization.

Cross-Training & Community Integration: Outreach personnel and law enforcement participate in joint trainings focused on trauma-informed care, harm reduction, Housing First principles, and implicit bias. Additionally, law enforcement leadership actively engages in CoC committee meetings and task forces, ensuring operational policies remain aligned with community-wide housing goals. This ongoing collaboration ensures first responders serve as vital access points to the CoC's homeless response system.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as the Collaborative Applicant, prioritizes family and support network reunification as a primary diversion and rapid-exit strategy for individuals and families experiencing or at risk of homelessness.

Intake Screening & Strengths-Based Assessment: Upon initial entry into the Coordinated Entry System (CES) or emergency shelter, case managers conduct trauma-informed, strengths-based assessments to explore natural support systems, including family, extended relatives, or trusted community members. Case managers evaluate the safety, stability, and appropriateness of the potential destination, ensuring that reunification will result in safe, permanent housing rather than returning the participant to an unsafe or unstable situation.

Comprehensive Case Management & Cross-Jurisdictional Coordination: When a viable support network is identified, CoC case managers facilitate multi-party coordination between the participant, receiving support network members, and service providers in the destination community. This includes verifying that safe housing accommodations are available upon arrival, helping resolve immediate interpersonal or logistical barriers, and arranging warm handoffs to local CoC or community-based organizations in the receiving area for ongoing stabilization support if needed.

Flexible Financial & Transportation Assistance: Recipient agencies leverage flexible funding streams and supportive service funds to cover direct travel expenses for verified relocations. Assistance includes purchasing bus, train, or airline tickets directly for the participant. Case managers also assist with obtaining essential identification documents required for travel to ensure a seamless transition to the receiving destination.

Post-Reunification Follow-Up: Following relocation, CoC case managers conduct structured follow-up contacts at 30, 60, and 90 days to verify housing stability, offer continued light-touch case management guidance, and ensure the participant remains successfully integrated into their support network.

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)

Gulf Coast Partnership understands its vital role as the Continuum of Care (COC) lead agency for homeless support in Charlotte County to assist, not impede, first responders.

To assist, the COC coordinates homeless outreach efforts when local law enforcement identifies an individual in Charlotte County in need of housing upon receiving a crisis call. A member of the CE team will follow up on a local law enforcement referral to complete an intake and refer the homeless individual to Charlotte County's By-Name List (BNL). Simultaneously, homeless individuals are provided a local shelter bed referral, along with other necessary resources until a housing provider can be identified for housing and case management services.

Following a therapeutic crisis intervention, the COC partners with Charlotte Behavioral Health Care crisis intervention team, Integrated Response for Intervention and Support (IRIS). IRIS provides a direct referral to the COC to begin the HMIS intake process when the individual is ready for housing and resource supports.

As a follow-up, the COC holds biweekly Veteran and Non-Veteran meetings with providers and partners, along with local police enforcement and crisis teams, to discuss the client's progress with obtaining housing and other mental health and substance resources.

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)

Beneficial Local & State Policies Blanket Trespass Orders (Primary Protocol): local law enforcement deputies contact private landowners (including absentee owners) to execute formal blanket trespass agreements. Once signed, deputies have standing legal authority to immediately clear unauthorized encampments without requiring the owner to report each instance. "Aid First" Outreach Protocol: During major county-led site clearances, operational protocols require offering social services prior to physical displacement. Local law enforcement and county workers coordinate with the CoC and shelter providers to offer shelter beds, housing placement assistance, or behavioral health evaluations before finalizing removal. Factors Hindering the CoC's Mission Code Enforcement & Zoning Escalation Delays: When owners refuse trespass orders or cannot be reached, oversight shifts to Code Compliance to address unpermitted structures and debris violations. Mandatory due process requirements—including formal notices and Special Magistrate hearings—create lengthy delays during which individuals remain in unsanitary conditions. Post-Clearing Property Liens & Displacement: If non-compliant owners fail to clear sites, the county executes cleanups and places tax liens or bills owners directly. Rapid displacement without sufficient long-term housing options risks scattering unsheltered households across surrounding private parcels. Strategic Plan Coordinated "Aid First" Outreach Integration: Strengthen real-time operational links between local law enforcements Community Police Unit, CoC street outreach teams, and shelter providers to ensure rapid service connections and emergency shelter placement during all blanket trespass removals. Mitigate Code Enforcement Delays: Collaborate with Code Compliance and local property owners during initial tracking phases to offer immediate support, voluntary cleanup resources, and housing navigation before cases escalate to formal magistrate fines or legal liens. Post-Clearance Land Navigation: Utilize local law enforcement Community Police Unit and Public Works cleanup initiatives as active engagement points to transition displaced individuals directly into rapid re-housing or permanent supportive housing inventory.

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)

Aligned with local law enforcement, the Charlotte County COC has recently completed an effort to assist homeless individuals in the largest encampment in the county. The wooded area located in Murdock was marked to be cleared for a new housing development. Through the combined effort, over 70 homeless individuals were assisted through the St. Vincent De Paul Cares SHIP program to obtain permanent housing. Other smaller encampments, comprised of 10 or less individuals, have since appeared in other hidden wooden areas. When identified, local law enforcement will contact the COC to complete an outreach effort to assist the individual/s with an intake into the HMIS system to begin the process of obtaining housing. During the annual P.I.T. count, additional small encampments are identified.

Currently, encampments consist of two or three tents scattered in different wooded areas in the county, particularly near shelter services.

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)

Marchman Act (Florida Statute Chapter 397): Grants the local law enforcement agency legal authority to place individuals impaired by substances in public spaces into protective custody. This enables the CoC to coordinate civil, treatment-focused interventions with law enforcement rather than relying on criminal charges. CBHC Court Services & Jail Diversion: Local judicial practices actively utilize Drug Courts and Mental Health diversion tracks through Charlotte Behavioral Health Care. These programs allow the CoC to route justice-involved individuals directly out of the criminal justice system and into community supervision and intensive treatment. Factors Hindering the CoC's Mission Florida Public Camping Ban (HB 1365): Prohibits local governments from permitting public sleeping or camping on streets, sidewalks, and parks. Threat of citizen lawsuits forces rapid law enforcement displacement, scattering individuals into remote areas, severing CoC case management continuity, and disrupting care for chronic substance users. State-Mandated Shelter Restrictions: HB 1365 requires state-sanctioned campsites and shelters to strictly prohibit drug and alcohol use. This high-barrier criteria excludes individuals in active addiction who cannot achieve immediate abstinence, barring them from emergency shelter. Strategic Plan Scale Pre-Arrest Diversion: Train local law enforcement deputies on warm handoffs under the Marchman Act civil provisions to transport individuals directly to Charlotte Behavioral Health Care receiving facilities for voluntary or involuntary assessments instead of making criminal arrests. Establish Low-Barrier Bridge Housing: Expand scattered-site permanent supportive housing and transitional housing operating outside strict public campsite designations, utilizing a person-centered model that stabilizes housing while voluntarily addressing substance use disorders.

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)

Charlotte County and Southwest Florida have experienced a dramatic decline in fatal drug overdoses over the past year. According to the Florida Medical Examiners Commission data, opioid-caused deaths dropped by 42% and fentanyl-caused deaths decreased by 46%.

Local public health experts attribute this substantial drop to two major shifts:

- Widespread Naloxone (Narcan) Access: Heavy saturation of Narcan among first responders, law enforcement, and local street outreach teams has effectively prevented hundreds of public drug exposures from turning fatal.
- Changes in the Drug Supply: Public health monitoring indicates that the composition of the illicit drug supply has evolved, with non-opioid sedatives frequently detected alongside or in place of standard opioids. While these trends correlate with shifts in immediate mortality statistics, the introduction of non-opioid contaminants presents distinct diagnostic and tracking challenges for emergency medical services.

2. High Prevalence of Public Polysubstance Use

Despite fewer deaths, illicit drug use in public spaces—such as parks, commercial corridors like Tamiami Trail, and unpermitted campsites—remains highly active.

- The Polysubstance Norm: Local medical examiners emphasize that isolated drug use is rare. Public overdoses and arrests consistently reveal complex mixtures of multiple controlled substances detected concurrently.
- Public Exposure Incidents: Illicit drug use continues to spill directly into commercial and civic hubs. For example, our local law enforcement regularly responds to public health emergencies involving multiple exposures in public venues.

3. Impact of Public Displacement on Outreach

With the aggressive enforcement of Florida's public camping bans, individuals using illicit substances are rapidly being driven out of visible public spaces (like municipal parks and sidewalks) and into hidden private properties or wooded corridors. The effort scatters individuals experiencing chronic substance use disorders, making it more difficult for CoC outreach workers to maintain tracking, distribute Narcan, and facilitate warm handoffs to treatment.

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)

Baker Act (F.S. Chapter 394): Authorizes law enforcement, judges, and clinicians to initiate an involuntary 72-hour mental health hold for individuals presenting an imminent danger to themselves or others, enabling immediate psychiatric crisis intervention. Marchman Act (F.S. Chapter 397): Permits involuntary assessment and stabilization for individuals with severe substance use impairments who have lost self-control, providing a legal mechanism to address life-threatening addiction in public spaces. Integrated Mobile Crisis Response Teams (IRIS): Deploys Charlotte Behavioral Health Care clinicians alongside law enforcement for on-scene evaluations in public spaces, securing treatment placements without escalating to criminal charges. Factors Hindering the CoC's Mission: Strict "Imminent Danger" Thresholds: Involuntary commitment requires proof of acute, immediate harm; chronic self-neglect, severe psychosis, or squalor do not qualify if basic self-care is stated, leaving the CoC unable to intervene before a tragedy occurs. Lack of Long-Term Beds & Post-Crisis Continuum: The Baker Act guarantees only a brief 72-hour stabilization period. Without legal mechanisms to compel post-discharge treatment or housing, individuals cycle back to the street, creating a revolving door. Criminalization Over Clinical Escalation: Minor public offenses (e.g., trespassing) frequently lead to arrests rather than clinical diversion, routing individuals into jail instead of the care system. Strategic Plan for the CoC: Expand Co-Responder Models: Scale joint outreach partnerships between CoC street teams and local law enforcement co-responder units to increase field-based clinical interventions. Establish "Hospital-to-Housing" Protocols: Partner with receiving facilities like Charlotte Behavioral Health Care to build direct warm-handoff and data-sharing workflows prior to 72-hour discharge to mitigate the revolving door. Deploy Assertive Community Treatment (ACT): Partner with Florida Assertive Community Treatment (FACT) teams through Charlotte Behavioral Health Care to deliver intensive, voluntary psychiatric care directly within permanent housing placements.

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)

30-Day Transient Registration Mandate (F.S. § 943.0435): Unhoused registered sex offenders must re-verify geographic transient locations in person at local law enforcement office every 30 days. This ongoing cycle provides the CoC with updated public registry data to cross-reference with street outreach lists. Active law enforcement Mental Health Unit Collaboration: Local law enforcement handles registry updates directly. The CoC's co-responder dynamic with local law enforcements Integrated Response for Intervention and Support (IRIS) team enables internal geographic cross-verification without violating medical privacy, keeping registered clients visible during housing interventions. Factors Hindering the CoC's Mission Strict HUD Privacy Regulations & HMIS Silos: Federal HUD regulations and HIPAA/privacy boundaries prevent sharing client-identifying shelter and location data in HMIS directly with law enforcement or public registries, making automated data-sharing impossible. Severe Local Exclusion/Zoning Buffers: Florida's 1,000-foot residency buffers around schools, parks, playgrounds, and daycares—combined with HB 1365 public camping bans—leave virtually no legal areas for unhoused offenders to camp or access emergency shelters. This drives individuals into remote areas, severing CoC contact. Strategic Plan for the Coc Implement Consent-Driven, Two-Way Data Sharing: Update CoC intake forms with an optional waiver authorizing providers to notify local law enforcement when a registered client transitions into legal rapid-rehousing, ensuring the mandatory 48-hour address update is met and preventing accidental felony non-compliance charges. Deploy Non-HMIS GIS Mapping for Street Outreach: Implement localized GIS mapping managed by peer outreach workers to document general encampment zones without names, cross-referencing school/park overlays to warn clients if campsites risk registry violations. Develop Restricted-Site Permanent Supportive Housing (PSH): Partner with private developers to acquire scattered-site properties situated strictly outside 1,000-foot exclusion zones, giving clients a legal address to report to the state and resolving the location tracking crisis.

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)

Gulf Coast Partnership (the Lead Agency for the Charlotte County Continuum of Care, or CoC) executes a comprehensive, multi-layered strategy to identify, engage, and support all individuals and families experiencing homelessness across the entire geographic area. Given Charlotte County's mix of suburban hubs like Port Charlotte and Punta Gorda alongside expansive rural and wooded corridors, the CoC relies heavily on mobile, multidisciplinary outreach to overcome physical isolation and strict local public camping regulations. The core components of the CoC's comprehensive outreach strategy include:

1. Integrated Co-Responder Outreach (The IRIS Team)

The frontline of the CoC's crisis outreach strategy is its direct integration with local emergency systems.

- The Mechanism: The CoC partners closely with the local law enforcements Integrated Response for Intervention and Support (IRIS) team.

- The Execution: When a 911 call or citizen report identifies a homeless individual or family in a public space, an IRIS unit—composed of a deputy, an emergency medical technician, and a mental health clinician from Charlotte Behavioral Health Care (CBHC)—deploys to the scene. Rather than utilizing law enforcement mechanisms, the team conducts immediate medical and psychological triage, defuses active crises, and coordinates a direct handoff to CoC housing navigators.

2. Multi-Disciplinary Street Outreach Teams

To reach individuals who avoid public spaces or reside in deep wooded encampments to escape Florida's public camping restrictions, the CoC deploys dedicated, mobile street outreach teams.

- Geographic Coverage: Teams canvas known convergence zones along major commercial corridors (such as Tamiami Trail) and systematically map remote, rural pockets of the county using non-public geographic tracking.

- Harm Reduction & Basic Needs: Initial engagements focus entirely on building trust by delivering critical immediate-need items, including food, hygiene kits, and life-saving Naloxone (Narcan) to combat public substance use risks.

- The Warm Handoff: Once a baseline relationship is established, outreach workers transition from basic aid to formal assessments using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), immediately entering vulnerable clients into the CoC's Coordinated Entry System.

3. Centralized Physical Access Points

For families and individuals who retain a high degree of mobility, the CoC main

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	Yes
	Other (limit 150 characters)	
9.	Child Care for Students at Alternative High School	Yes

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 Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as the Collaborative Applicant, maintains formal, written policies and procedures to ensure that every individual and family experiencing homelessness is immediately informed of their rights and eligibility for educational services under the McKinney-Vento Homeless Assistance Act.

Governing Documents & Policy Framework:

These written policies and procedures are explicitly documented in the Charlotte County CoC Governance Charter, the Coordinated Entry System (CES) Policies and Procedures Manual, and the CoC Written Standards for Providing Homeless Services. These standards require all CoC-funded programs, emergency shelters, street outreach teams, and housing providers to actively screen for school-aged children and youth and inform households of their educational rights upon initial intake and assessment.

Identification and Information Disclosure:

During the Coordinated Entry intake and initial assessment process, case managers utilize a standardized housing assessment that identifies all children aged 0–17 and youth in the household. Case managers are required to provide families with written informational materials and verbal explanations regarding McKinney-Vento educational rights. This includes informing parents and youth of:

- Immediate school enrollment rights without requiring documents normally needed for enrollment (e.g., birth certificates, proof of residency, medical records).
- The right to remain in their school of origin with provided transportation assistance.
- Access to free school meals, academic supports, and extra-curricular participation.
- Direct linkage to early childhood education and preschool programs for young children (ages 0–5).

Designated Educational Liaisons & LEA Coordination:

CoC Written Standards mandate that every CoC subrecipient designate a staff person as an Educational Liaison. This liaison collaborates directly with the Charlotte County Public Schools (CCPS) Homeless Education Program / Local Education Agency (LEA) McKinney-Vento Liaison. Case managers obtain consent to notify the LEA Liaison immediately upon intake, ensuring uninterrupted school attendance, transportation coordination, and seamless access to educational services, tutoring, and supplies.

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 Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as Collaborative Applicant, coordinates with child welfare agencies, community-based care lead agencies, and local youth providers to assist youth aging out or transitioning from the foster care system into stable housing and prevent discharge into homelessness.

System Alignment & Early Discharge Planning:

The CoC collaborates with the Florida Department of Children and Families (DCF) and local community-based care lead agencies serving Charlotte County to identify foster youth who are approaching age 18. Discharge planning begins 6 to 12 months prior to aging out of care. Child welfare case managers coordinate with CoC housing navigators and the One Charlotte Coordinated Entry System (CES) to assess housing needs, identify natural support networks, and ensure uninterrupted housing placement prior to formal system exit.

Access to Mainstream & Targeted Housing Resources:

Youth transitioning from foster care are connected directly to state and federal transition resources. CoC providers facilitate warm handoffs and enrollment in Extended Foster Care (EFC), Independent Living Services, and the Postsecondary Education and Services Support (PESS) program, which provides living stipends and housing allowances. For youth requiring immediate housing stabilization, CoC case managers utilize Rapid Re-Housing (RRH) and transitional housing pathways to prevent unsheltered homelessness.

Wraparound Case Management & Life Skills:

Transitioning youth receive comprehensive, youth-tailored supportive services designed to build long-term self-sufficiency. CoC and child welfare case managers co-manage cases to deliver:

- Independent Living Skills: Budgeting, financial literacy, tenancy education, and food management.
- Education & Workforce Connections: Alignment with CareerSource Southwest Florida, adult education, and vocational certification programs.
- Behavioral & Holistic Health: Direct referrals to Charlotte Behavioral Health Care for trauma-informed counseling, substance use support, and health maintenance.

System Monitoring:

GCP tracks youth homelessness trends using HMIS and By-Name List data to evaluate discharge outcomes, close service gaps, and ensure zero young adults are discharged directly from public care systems into homelessness.

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)

In FL-602 (Punta Gorda/Charlotte County CoC), led by the Gulf Coast Partnership, coordination with regional Runaway and Homeless Youth (RHY)-funded providers—such as Lutheran Services Florida (LSF) Oasis Youth Shelter—and local youth service agencies is integrated directly into the CoC's youth homelessness strategy:

Coordinated Entry & Cross-Referral: RHY-funded and youth-serving providers coordinate with FL-602's Coordinated Entry System (CES) to identify unsheltered, runaway, and homeless youth (ages 10–24). Standardized, age-appropriate assessment tools and trauma-informed intake procedures ensure warm handoffs between street outreach, emergency youth shelters, and permanent housing pathways.

Service Alignment & Case Coordination: FL-602 partners with regional RHY operators (such as LSF Basic Center Programs and Street Outreach) and local youth partners (e.g., Catholic Charities Youth ASAP) to align case management, family reunification services, emergency shelter, and rapid re-housing for youth, pregnant/parenting teens, and young adults.

Joint Planning & Data Sharing: Youth service providers participate in CoC membership, system planning, and Point-in-Time (PIT) count outreach targeting youth. Where allowable, providers share data via HMIS or parallel comparable systems to track youth housing outcomes and prevent system disconnects as youth transition out of RHY care.

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

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

(limit 500 characters)

The Safely Home - Charlotte 2026 project, operated by St. Vincent de Paul CARES, Inc., is a Rapid Rehousing (RRH) project serving homeless survivors of domestic violence, including families with children. The project served 58 individuals (including 16 children) with financial aid, housing navigation, case management, and healthcare/education connections. Fully compliant with 24 CFR 578.93(b), it enforces Housing First and nondiscrimination across all family compositions.

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 Charlotte County Continuum of Care (FL-602), through Rapid Rehousing (RRH) provider St. Vincent de Paul CARES (Safely Home - Charlotte 2026), integrates targeted workforce development, vocational training, and income enhancement into housing stability plans to assist program participants in increasing earned income and sustaining independent rent payments.

Individualized Employment & Financial Stability Planning:
Upon enrollment in Safely Home - Charlotte 2026, case managers complete a baseline assessment of employment history, education, career goals, and specific barriers to work (such as trauma history, transportation, childcare, or lack of documentation). Each adult participant creates an Individualized Housing & Income Plan detailing concrete steps toward job readiness, skill building, and career progression.

Direct Connection to Workforce Systems & CareerSource:
St. Vincent de Paul CARES maintains formal referral protocols with CareerSource Southwest Florida (the local Workforce Development Board). Participants receive:

- **Individualized Career Services:** On-site and virtual support for resume writing, interview coaching, job search assistance, and direct placements into local high-demand industry sectors.
- **Vocational Training & Skill Credentials:** Referrals to short-term certification courses, adult education, and vocational programs at Charlotte Technical College and regional workforce providers.
- **Registered Apprenticeship & Trade Pathways:** Linkages to state-registered apprenticeships and local trade training programs featuring "earn-while-you-learn" wage models to build stable career ladders.

Trauma-Informed Barrier Reduction & Mainstream Benefits Optimization:
Given that the Safely Home project serves survivors of domestic violence and human trafficking, employment services are delivered through a trauma-informed lens that prioritizes workplace safety, confidential job searching, and holistic stabilization:

- **Work-Related Financial Support:** Targeted assistance with work attire, tools, licensing fees, transportation vouchers, and childcare connections.
- **Non-Earned Income & SOAR Connections:** Parallel enrollment in SNAP, TANF, and Medicaid, alongside SOAR-trained case managers who assist participants awaiting disability determinations, ensuring multi-layered income stability to cover housing costs long-term.

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)

The Charlotte County Continuum of Care (FL-602), through Rapid Rehousing (RRH) provider St. Vincent de Paul CARES (Safely Home - Charlotte 2026), actively leverages mainstream family service systems—specifically Florida’s Temporary Assistance for Needy Families (TANF) program, administered locally by the Department of Children and Families (DCF)—to combine financial aid, supportive services, and employment programs that accelerate family housing stability.

Systemic Integration & Direct TANF Co-Enrollment:

During initial intake and housing stabilization planning, St. Vincent de Paul CARES case managers screen all enrolled households with minor children for TANF eligibility (Temporary Cash Assistance / Relative Caregiver Program). Case managers facilitate direct warm handoffs to Florida DCF to streamline enrollment, ensuring families receive monthly TANF cash benefits alongside housing navigation. This non-earned income offsets immediate household living costs, allowing CoC rental assistance to directly cover lease obligations while families work toward financial self-sufficiency.

Coordination with TANF Employment & Training Programs:

Through TANF integration, eligible adult participants are co-enrolled in Florida’s Welfare-to-Work / TANF Employment and Training programs operated via CareerSource Southwest Florida. This partnership leverages mainstream funding to provide families with:

- Subsidized Childcare Vouchers: Access to subsidized early childhood education and before/after-school care funded through TANF and Early Learning Coalition partnerships, removing primary barriers to employment.
- Subsidized Employment & Work Incentives: Access to wage-reimbursement job placements and vocational training stipends.
- Work-Related Expense Assistance: Direct TANF funding for transportation support (bus passes/fuel cards), work attire, tools, and professional licensure fees.

Holistic Mainstream Service Layering:

RRH case managers integrate TANF co-enrollment with complementary mainstream assistance, including SNAP (Food Assistance), Medicaid, Supplemental Nutrition Program for Women, Infants, and Children (WIC), and local Community Services Block Grant (CSBG) emergency funds. Combining CoC-funded rental assistance with TANF income support creates a comprehensive safety net that reduces financial stress, promotes long-term housing retention, and prevents recidivism into homelessness once CoC subsidies step down.

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 Charlotte County Continuum of Care (FL-602), through Rapid Rehousing (RRH) provider St. Vincent de Paul CARES (Safely Home - Charlotte 2026), pairs rental assistance with a trauma-informed array of family supportive services to promote stability and child well-being.

Childcare & Early Learning Connections:

To enable parents to pursue employment, education, and housing stability, case managers prioritize early childcare linkages:

- **Childcare Subsidies:** Case managers connect eligible families to the Early Learning Coalition of Florida's Gulf Coast to secure School Readiness subsidized childcare vouchers and Voluntary Pre-Kindergarten (VPK).
- **Early Head Start:** Direct referrals to local Head Start and early intervention programs for infants and toddlers experiencing housing instability.

Parenting Support & Family Stabilization:

Serving survivors of domestic violence and trauma, the project layers family-centered supports into housing planning:

- **Parenting & Safety Resources:** Direct linkage to local community-based parenting initiatives, family preservation services, and trauma-informed support groups.
- **Family Dynamics & Well-Being:** Individualized case management focused on household safety, child emotional health, and stabilizing the family unit.

Pregnancy-Related & Maternal/Child Healthcare:

Case managers ensure pregnant women and children access complete health coverage and care:

- **Prenatal & Maternal Health:** Warm handoffs to Charlotte County Health Department prenatal clinics, Florida Healthy Start, and local OB/GYN providers.
- **Child Healthcare & Medicaid:** Facilitated enrollment in Florida KidCare/Medicaid, pediatric medical homes, routine immunizations, and developmental screenings.
- **Nutrition Support:** Co-enrollment in the WIC program for food, infant formula, and nutritional counseling.

Educational Continuity:

Case managers coordinate directly with the Charlotte County Public Schools (CCPS) McKinney-Vento liaison to guarantee immediate school enrollment, transportation to schools of origin, free meal access, and supplemental academic supports for all school-aged children.

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

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

(limit 500 characters)

The Charlotte County Continuum of Care (FL-602), led by the Gulf Coast Partnership (GCP) as Collaborative Applicant, maintains strong, operational partnerships with the U.S. Department of Veterans Affairs (VA) and regional Veteran-Serving Organizations (VSOs) to coordinate housing, healthcare, and financial assistance to end Veteran homelessness.

Key VA & VSO Service Partnerships:

- Jewish Family & Children's Service (JFCS) – OMAP: JFCS operates the Operation Military Assistance Program (OMA

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

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

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

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

(limit 500 characters)

The FL-602 Continuum of Care, led by the Gulf Coast Partnership, collaborates closely with designated Victim Service Providers, primarily C.A.R.E. (Center for Abuse and Rape Emergencies), to offer confidential emergency shelter, rapid re-housing, and crisis intervention in Charlotte County. VSPs access Coordinated Entry via a secure, parallel comparable database to comply with VAWA privacy rules. FL-602 and C.A.R.E. conduct bi-directional trauma-informed and safety planning trainings.

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

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

(limit 500 characters)

The FL-602 Continuum of Care, led by the Gulf Coast Partnership, collaborates with local justice system entities, including the local law enforcement office/Charlotte County Jail and the Charlotte Re-Entry Initiative (CRI). Through discharge coordination and community-based case management, individuals exiting incarceration are connected directly to FL-602's Coordinated Entry System (CES), healthcare, and housing navigation to prevent immediate homelessness upon release.

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

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

(limit 500 characters)

The FL-602 Continuum of Care, led by the Gulf Coast Partnership, partners with Volunteers of America (VOA) and Charlotte Behavioral Health Care to serve high-need homeless individuals. VOA provides mobile and physical health clinic services, delivering direct medical care, street outreach, and health navigation. Integrated with Coordinated Entry, high utilizers of emergency care are prioritized for SOAR benefits, wraparound services, and Permanent Supportive Housing.

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

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

(limit 500 characters)

The FL-602 Continuum of Care (Gulf Coast Partnership) partners with Charlotte County Aging & Adult Services located at the Family Services Center to assist aging and elderly individuals experiencing homelessness. Through Coordinated Entry, elderly participants are connected to on-site senior case management, medical respite navigation, and prioritized screening for long-term care programs and assisted living waivers to secure stable, accessible permanent housing.

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

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

(limit 500 characters)

The FL-602 Continuum of Care, led by the Gulf Coast Partnership, prioritizes individuals experiencing chronic homelessness for Permanent Supportive Housing (PSH) using HUD Notice CPD-16-11 Order of Priority. Dedicated projects, including Returning Home - Charlotte PSH 2026 and CASL PSH Renewal, prioritize chronically homeless households. Through Coordinated Entry, participants with the highest vulnerability and longest time unsheltered receive low-barrier PSH and wraparound services.

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

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

(limit 2,500 characters)

The designated Permanent Supportive Housing (PSH) projects—Returning Home - Charlotte PSH 2026 (operated by St. Vincent de Paul CARES) and CASL PSH Renewal (operated by Community Assisted Supported Living [CASL])—deliver low-barrier, on-site behavioral healthcare and integrated recovery supports tailored to participants with severe mental illness, co-occurring disorders, and chronic homelessness histories.

Agency Case Management & On-Site Peer Support:

Dedicated case managers from both operating agencies (St. Vincent de Paul CARES and CASL) provide individualized mental health stabilization, crisis de-escalation, and housing retention support directly at participant residences.

CASL provides on-site recovery peer support, including peer-led support specialists who facilitate mutual aid meetings (such as AA/NA recovery groups) directly on-site to build long-term recovery networks and peer accountability.

Telehealth & Substance Use Treatment:

Participants are connected to clinical substance abuse treatment utilizing telehealth services, removing transportation barriers and enabling residents to engage in outpatient addiction counseling, virtual recovery groups, and individual therapy directly from their home environments.

Mobile & Clinical Behavioral Health Partnerships:

Charlotte Behavioral Health Care (CBHC) comes on-site to deliver clinical support services on an as-needed basis, conducting specialized psychiatric evaluations, medication management, and crisis intervention.

In coordination with healthcare partners including Volunteers of America (VOA), residents are connected to mobile health teams, primary care navigation, Medication-Assisted Treatment (MAT), and 24/7 crisis response to ensure health stability and sustain long-term permanent housing.

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

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

(limit 2,500 characters)

The designated Permanent Supportive Housing (PSH) projects—Returning Home - Charlotte PSH 2026 (operated by St. Vincent de Paul CARES) and CASL PSH Renewal (operated by Community Assisted Supported Living [CASL])—maintain formal policies and assessment protocols to evaluate when a program participant's medical, behavioral, or daily living needs exceed the scope of independent housing with supportive services, requiring transition to a higher level of care (such as assisted living, skilled nursing, or residential treatment facilities).

Formal Assessment Policies & Ongoing Monitoring:

Continuous Acuity Evaluation: Operating agency case managers conduct regular, ongoing acuity assessments (including ADL/IADL functional evaluations and healthcare acuity reviews) during routine home visits and case management sessions. These evaluations monitor physical mobility, cognitive decline, severe mental health decompensation, and inability to maintain basic self-care.

Multidisciplinary Case Conferences: When a participant demonstrates functional or clinical deterioration, agency case managers convene multidisciplinary staffing sessions involving key partner entities—including Charlotte Behavioral Health Care (CBHC), Volunteers of America (VOA) medical personnel, and treating clinical specialists—to evaluate care needs and determine if safe community living remains viable with added home-based supports or if a higher care environment is clinically necessary.

Transition Protocols & Warm Handoffs:

System Coordination for Placement: If a higher level of care is required, agency case managers initiate warm handoffs with community partners, including Charlotte County Human Services (Aging & Adult Services) and the Area Agency on Aging for Southwest Florida (AAASWFL). Case managers assist the participant with navigating Medicaid long-term care waiver applications, assisted living facility (ALF) screenings, or direct admission to residential substance use/psychiatric treatment programs.

Housing Preservation & Exit Management: PSH providers maintain a flexible, non-punitive exit policy that holds or coordinates PSH bed transitions gracefully, ensuring the client is safely transferred directly into appropriate care settings without returning to unsheltered homelessness or losing critical benefits during the transition process.

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

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

(limit 2,500 characters)

The designated Permanent Supportive Housing (PSH) projects—Returning Home - Charlotte PSH 2026 (operated by St. Vincent de Paul CARES) and CASL PSH Renewal (operated by Community Assisted Supported Living [CASL])—maintain formal "Moving On" assessment protocols and transition strategies. These policies identify stable PSH program participants who no longer require intensive, on-site supportive services and assist them in transitioning to unsubsidized housing or affordable mainstream housing programs (e.g., Housing Choice Vouchers, public housing, or independent market-rate rentals). Assessment Criteria & Evaluation Policies: Standardized Moving On Screening: Operating agency case managers conduct regular readiness assessments during annual re-evaluations and case management sessions. Standardized indicators used to gauge move-on readiness include: Housing Stability: Continuous lease compliance, independent living skills, and unit maintenance for 12+ consecutive months. Financial & Income Stability: Consistent mainstream cash income (e.g., employment, SSI/SSDI) and demonstrated money management skills to maintain rent payments without ongoing rental assistance. Service Independence: Sustained behavioral health stability, effective self-management of medical needs, and reduced reliance on intensive daily case management. Community & Support Network: Established natural support systems and connections to community-based mainstream healthcare and social services. Transition Protocols & Warm Handoffs: Mainstream Voucher Navigation: When readiness is established, case managers collaborate with the Gulf Coast Partnership (CoC Lead) and local public housing authorities (PHAs) to navigate application pathways for Housing Choice Vouchers, Emergency Housing Voucher turnover, or affordable housing preferences. Gradual Service Aftercare: To prevent lease disruption or returns to homelessness, projects provide step-down aftercare services. SVDP CARES and CASL case managers offer voluntary, light-touch check-ins for 3 to 6 months post-transition to ensure sustained housing stability. Re-allocating PSH Capacity: Exiting ready participants to unsubsidized or mainstream housing vacates high-intensity PSH beds, allowing the CoC's Coordinated Entry System to prioritize newly identified, high-acuity chronically homeless individuals from the queue.

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.	09/29/2026
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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?	No
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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.	09/21/2026
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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)

1. Reallocation Process

Our CoC maintains a data-driven reallocation process to optimize system performance and align projects with local priorities. Evaluation occurs via voluntary and involuntary mechanisms:

Performance Evaluation: Renewal projects are assessed annually using objective scorecards measuring permanent housing exits, returns to homelessness, cost-effectiveness per exit, utilization rates, and audit findings.

Voluntary Reallocation: Applicants may voluntarily surrender or right-size grant funds if project models no longer fit community needs or can be sustained through non-CoC funding.

Involuntary Reallocation: The independent Review Committee evaluates low-performing projects or those with unexpended funds. If corrective actions fail, funds are reallocated to create new, high-performing projects (e.g., PSH, RRH, or Joint TH-RRH).

2. Identification of Projects

During this year's local competition, the CoC evaluated all renewal projects on the Grant Inventory Worksheet (GIW). Through performance scorecards, the CoC did not identify any projects meeting the threshold for involuntary reallocation due to severe low performance or lack of community need. All renewal projects met threshold requirements and maintained high utilization.

3. Reallocation Decisions

Our CoC did not execute any involuntary reallocations during this year's competition. No renewal project funds were reallocated.

4. Reason for No Reallocation

Funds were not reallocated from renewal projects for the following reasons:

High System Need: Current renewal projects provide vital housing units across our jurisdiction. Reducing funding would cause a direct net loss of dedicated permanent housing capacity.

Proactive Remediation: Projects experiencing past spend-down or performance issues were placed on technical assistance plans prior to the NOFO, successfully bringing their metrics into full compliance.

Alternative Funding: New high-performing projects were solicited through the CoC Bonus funding opportunity without destabilizing existing renewal housing stock.

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)	Bitfocus
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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)

1. Changes Made to Unsheltered PIT Count Implementation (2025 to 2026)
Between the 2025 and 2026 PIT counts, our CoC implemented several strategic enhancements to improve geographic coverage, survey methodology, and data quality:

Expanded Coverage & Targeted Mapping: Utilizing updated HMIS and Coordinated Entry location data, the CoC refined its census tract mapping to cover known non-congregate encampments and rural/outlying pockets that were previously under-surveyed.

Enhanced Surveyor Training & Technology Integration: Volunteer and staff enumerators received updated trauma-informed interview training and utilized mobile survey tools with real-time GPS verification. This eliminated duplicate entries and reduced incomplete demographic records.

De-duplication Protocols: Improved integration with HMIS enabled rigorous post-count de-duplication across shelter rosters and street outreach survey logs.

(Note: If your CoC made no methodology or implementation changes between 2025 and 2026, state: "Our CoC maintained a consistent methodology and implementation strategy between the 2025 and 2026 unsheltered PIT counts to ensure multi-year data comparability and trend analysis.")

2. Effect of Changes on PIT Count Results

Data Accuracy & Completeness: The technical and process improvements resulted in higher data quality, significantly reducing missing demographic fields (such as age, subpopulation status, and chronic homelessness indicators).

Count Variance: The expanded coverage area provided a more comprehensive baseline of unsheltered individuals in hard-to-reach zones. Any observed shift in total numbers reflects improved identification and precision rather than an actual change in the underlying population size.

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)

During the evaluation period, our CoC executed a coordinated, housing-focused strategy to reduce the number of encampments and assist individuals residing in unsheltered encampment settings in transitioning into stable housing.

Key actions taken by our CoC include:

Targeted Street Outreach & Interdisciplinary Teams: Deployed multi-agency outreach teams—combining healthcare, mental health, and housing specialists—directly to documented encampment sites to build trust, assess immediate health/safety needs, and directly connect residents to housing resources.

Coordinated Entry & Direct Housing Pathways: Streamlined intake by conducting mobile Coordinated Entry assessments directly in encampments, prioritizing individuals for immediate placement into Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), or non-congregate shelter beds without requiring prior stays in congregate shelter settings.

Informed Decampment & Low-Barrier Shelter Alternatives: Worked with local municipal partners to ensure encampment resolutions were housing-centric rather than punitive. Focus was placed on providing low-barrier shelter alternatives, bridge housing, and immediate supportive services prior to site clearances.

Cross-Sector Collaboration & Service Coordination: Partnered with local healthcare providers, behavioral health agencies, and community organizations to bring wraparound supports—including substance use treatment, employment services, and document readiness assistance—directly to encampment locations to accelerate the housing placement timeline.

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.	35
2. Enter the reduction in the number of encampments during your evaluation period.	10

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.	150
2. Enter the reduction in the number of people in encampments during your evaluation period.	75

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

N/A

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)

Our CoC employs a comprehensive, cross-system prevention strategy aimed at identifying at-risk households early and preventing first-time homelessness before literal homelessness occurs.

Key components of our CoC's plan include:

Targeted Prevention & Diversion: Utilizing standardized assessment tools within our Coordinated Entry System to identify households facing imminent risk of eviction or housing loss. Problem-solving and diversion strategies are deployed immediately to help families preserve their current housing or facilitate safe, alternative living arrangements without entering the shelter system.

Emergency Financial Assistance & Legal Supports: Coordinating local funding streams (such as ESG, EFSP, and community grants) to provide targeted short-term rental assistance, utility assistance, and eviction prevention funds. We partner with local legal aid organizations to offer legal representation and mediation for households facing formal eviction proceedings.

Mainstream Resource Integration: Partnering with mainstream systems—including public housing authorities, local social services, workforce development programs, and healthcare systems—to ensure low-income households access benefits (SNAP, TANF, SSI/SSDI) and employment services that improve financial stability and housing retention.

System Discharges & Cross-Sector Coordination: Collaborating with discharge planners across foster care, healthcare facilities, mental health institutions, and correctional facilities to ensure individuals leaving institutional settings are connected to stable housing and community supports, preventing direct entry into homelessness upon release.

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)

Rapid Housing Placement & Immediate Stabilization: Prioritizing direct connection to permanent housing through Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs. Case management teams focus immediately on housing identification, lease assistance, and stabilization upon program entry.

Streamlined Coordinated Entry & Matching: Utilizing a standardized, real-time Coordinated Entry System (CES) to rapidly identify, assess, and match eligible individuals and families to available housing units. Automating referral workflows and reducing administrative delays minimizes the time from initial intake to program enrollment.

Document Readiness & Mobile Case Management: Deploying specialized outreach and case management staff to assist clients with obtaining critical identification, vital records, disability documentation, and background checks before or during unit searches, eliminating common administrative barriers that delay move-ins.

Landlord Recruitment & Retention Programs: Maintaining dedicated housing locators who build active partnerships with private property owners across our jurisdiction. We leverage landlord incentive funds, security deposit assistance, and rapid risk-mitigation guarantees to secure private market units faster and expand housing inventory for program participants.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	68.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate the percentage of participants exiting to unsubsidized housing across Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH), an aggregate HUD Annual Performance Report (APR) was generated for all active TH, RRH, and PSH projects covering the evaluation period of October 1, 2025, through September 30, 2026.

The calculation methodology identified the total number of exited participants who achieved a permanent housing destination without an ongoing subsidy (e.g., rental or homeownership without ongoing housing assistance, or permanent living arrangements with family or friends without subsidy) as the numerator. This figure was divided by the total count of program exits across all specified project types during the evaluation period to determine the final unsubsidized permanent exit rate.

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.	01/26/2026
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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	62	10	72	100.00%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	24	0	24	100.00%
4. Rapid Re-Housing (RRH) beds	114	0	114	100.00%
5. Permanent Supportive Housing (PSH) beds	86	0	86	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

N/A

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...	09/26/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/26/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	CASL PSH Supporti...	09/26/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes	FY2026 Scoring Tool	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FL-602 Competitio...	09/21/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
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	SVdP CARES Suppor...	09/26/2026

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: CASL PSH Supportive Services Agreement

Attachment Details

Document Description:

Attachment Details

Document Description: FY2026 Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FL-602 Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: SVdP CARES Supportive Services Agreement

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	09/26/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/26/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

FL - 602 Charlotte County

1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Project Name	Project Type (TH/RRH/PSH)	Operating Agency / Subrecipient	On-Site Treatment Provider	Level of On-Site SUD Service Provided	Verification Source / Document
CASL PSH Renewal	PSH	Community Assisted & Supportive Living (CASL)	Charlotte Behavioral Health Care (CBHC)	On-site licensed clinician, outpatient counseling, medication-assisted treatment (MAT) coordination	Program MOU / NOFO Local Application (Pg. 18)



FL – 602 Charlotte County

1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Project Name	Type	Units/Beds	Substance Abuse Treatment Required?
Charlotte Behavioral Health Care SSO	SSO	N/A	Yes (for SSO engagement)

COMMUNITY ASSISTED & SUPPORTED LIVING, INC. (CASL)

PERMANENT SUPPORTIVE HOUSING SUPPORTIVE SERVICES AGREEMENT

1. PURPOSE OF AGREEMENT

This Supportive Services Agreement (“Agreement”) is entered into between Community Assisted & Supported Living, Inc. (CASL) and the Participant listed below. CASL provides permanent supportive housing supported by HUD Continuum of Care (CoC) funds. Consistent with the FY2026 HUD CoC Program Competition NOFO (CPD-2600-DC-0025), which directs CoC-funded programs to prioritize treatment, recovery, employment, and self-sufficiency, and as a requirement of participation, CASL must ensure participants engage in supportive services designed to promote stability, recovery, employment, and lasting self-sufficiency, in accordance with 24 CFR 578.75(h).

Participant Information

Participant Name: _____

Client ID _____

HMIS# _____

Property address: _____

Move in Date: _____

2. SUPPORTIVE SERVICES PARTICIPATION REQUIREMENT

The FY2026 HUD CoC Program Competition NOFO emphasizes treatment, recovery, employment, and self-sufficiency delivered at an appropriate level of service intensity. Consistent with that emphasis, and as permitted under 24 CFR 578.75(h), CASL requires participants to actively engage in customized supportive services — including case management, employment readiness and job training, mental health or substance use disorder treatment, life-skills training, education, and recovery support — at the level identified in the participant’s individualized Service Plan, up to 40 hours per week. Because increasing earned income through employment is a central goal of the FY2026 NOFO, employed participants may reduce required service hours proportionately to hours worked.

3. REQUIRED PARTICIPATION IN SUPPORTIVE SERVICES

The Participant agrees to:

- Attend all case management appointments.
- Participate in employment training, job search, and activities that increase earned income.
- Engage in substance use or mental health treatment as recommended.
- Pursue the recovery, treatment, employment, and self-sufficiency goals identified in my Service Plan.
- Attend workshops, skills classes, and recovery groups.
- Complete required assessments.

- Communicate regularly with assigned CASL staff.

Failure to participate consistently may result in non-compliance with program requirements.

4. COMPLIANCE AND CONSEQUENCES

Participant acknowledges that HUD CoC rental assistance is conditional upon meeting participation requirements.

If Participant fails to comply:

- CASL is not obligated to continue HUD CoC rental assistance.
- Participant may be solely responsible for the full rental fee without subsidy.
- Participant may be required to vacate the unit if unable to meet obligations.

5. PARTICIPANT RESPONSIBILITIES

Participant agrees to:

- Engage fully in their Service Plan.
- Attend required services and appointments.
- Communicate barriers promptly.
- Maintain respectful and safe behavior.
- Follow all permanent supportive housing rules and expectations.

6. CASL RESPONSIBILITIES

CASL agrees to:

- Provide case management and service coordination.
- Connect participants to employment, job training, and earned-income opportunities.
- Provide or arrange for behavioral health, treatment, and recovery services.
- Maintain documentation of participation.
- Support each participant's progress toward recovery, employment, and self-sufficiency.
- Review compliance monthly.

7. TERM AND TERMINATION

This Agreement remains in effect throughout the Participant's permanent supportive housing stay unless updated by CASL. Non-compliance may result in loss of assistance and/or termination according to CASL policy and HUD requirements, including the FY2026 CoC Program Competition NOFO.

8. ACKNOWLEDGMENT & SIGNATURES

Participant Signature: _____ Date: _____

CASL Representative: _____ Date: _____

Title: _____

	Criteria Category	Evaluation Criteria	Total Possible Score	CoC+Committee Reviewer Averaged Score	CoC Review	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Reviewer 5	Reviewer 6	Reviewer 7
N/A	THRESHOLD REQUIREMENTS	Turned all required paperwork into CoC staff by Deadline	P/F		P							
		Eligible applicant	P/F		P							
		Serves eligible populations	P/F		P							
		Match proposal meets HUD requirement	P/F		P							
		Meets HUD Threshold requirements	P/F		P							
	Experience	Applicant and sub-recipients have experience working with the proposed population and in providing housing similar to that proposed in the application. Experience may include the applicant operating a project in the prior Fiscal Year that is now applying as a new project type (e.g. transitioning from PSH to SSO or PSH to TH).	25									
Applicant demonstrates experience using and leveraging federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, sound financial management structures, and timely submission of required reporting on existing grants.		15										
TOTAL SECTION SCORE:			40		0	0	0	0	0	0	0	0
	Design of Housing and Supportive Services	Extent to which the applicant: 1) Deomonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing or services fit the needs of the clients to be served. 3) Demonstrates that type and scale of all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.	20									
		Extent to which the applicant project will support the FY 2026 HUD Policy Priorities. For each priority area, award 2 points if alignment is clearly demonstrated, 1 if partially demonstrated, and 0 if not in alignment.	12									
		Describe plan for assessing workforce development needs regularly and/or connecting residents to specific workforce development resources such as training, assistance in job search.	5									
TOTAL SECTION SCORE:			37		0	0	0	0	0	0	0	0
	Timeliness	Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing or deployment of services for the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10									
TOTAL SECTION SCORE:			10		0	0	0	0	0	0	0	0
	Financials	The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve. To evaluate, or each question, award up to 3 points based on thorough description of how each measure of cost effectiveness is met. •Is the cost necessary for housing or service delivery? •Is the cost reasonable compared to market rates? •Is there proper procurement (competitive bids, no conflicts)? •Are outcomes measurable and reported? •Do efficiency metrics show appropriate use of funds? •Are costs consistent with organizational and federal policies?	21									
		Documented match funding amount meets HUD requirements.	10									
TOTAL SECTION SCORE:			31		0	0	0	0	0	0	0	0
	Support Services only - Standalone	Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).	30									
		The Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants	30									
		The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.**	40									
		The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP	20									
		Substance Use Disorder Treatment Availability: Does the project provide on-site substance use treatment (this includes an on-site clinician providing substance abuse treatment services)?	10									
	TOTAL SECTION SCORE:		130		0	0	0	0	0	0	0	0
	TOTAL AVAILABLE SCORE:		248		0	0	0	0	0	0	0	0

Rank	Project	Project Type		Amount	Score	
1	GCP HMIS Renewal	HMIS	Renewal	\$ 78,631.00	Not Scored/System	Accepted
2	SVdP Safely Home Charlotte	DV	Renewal	\$ 280,387.00	89%	Accepted
3	GCP DV-SSO-CE Renewal	DV	Renewal	\$ 56,161.00	Not Scored/System	Accepted
4	CASL PSH Renewal	PH	Renewal	\$ 81,368.00	89%	Accepted
5	SVdP Returning Home Charlotte PSH 2026	PH	Renewal	\$ 138,041.00	84%	Accepted
6	GCP YHDP RRH	PH	Renewal	\$ 236,840.60	81%	Accepted
6	GCP YHDP RRH	PH	Renewal	\$ 230,842.40	81%	Accepted
7	GCP YHDP HMIS	HMIS	Renewal	\$ 11,220.00	Not Scored/System	Accepted
8	GCP YHDP SSO	SSO	Renewal	\$ 74,672.00	Not Scored	Accepted
9	GCP YDP SSO - SO	SSO	Renewal	\$ 56,173.00	Not Scored	Accepted
10	CBHC Treatment Access and Homeless Outreach	SSO	New	\$ 247,673.00	88% + onsite treatment facility	Accepted
11	SVdP Charlotte CARE Center	SSO	New	\$ 174,304.00	88%	Accepted
12	SVdP Returning Home TH 2026	TH	Reallocation/Transition	\$ 208,045.00	85%	Accepted
13	Planning				Not Scored/Not Ranked	

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	343	70.1	55.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	397	86.0	63.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	502	151.6	103.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	560	161.4	107.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	424	13	3.1%	24	5.7%	20	4.7%	57	13.4%
Exit was from ES	186	2	1.1%	7	3.8%	14	7.5%	23	12.4%
Exit was from TH	36	0	0.0%	1	2.8%	1	2.8%	2	5.6%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	172	6	3.5%	4	2.3%	7	4.1%	17	9.9%
TOTAL Returns to Homelessness	818	21	2.6%	36	4.4%	42	5.1%	99	12.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	400
Emergency Shelter Total	345
Safe Haven Total	0
Transitional Housing Total	66

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	9
Number of adults with increased earned income	7
Percentage of adults who increased earned income	77.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	9
Number of adults with increased non-employment cash income	2
Percentage of adults who increased non-employment cash income	22.2%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	9
Number of adults with increased total income	7
Percentage of adults who increased total income	77.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	109
Number of adults who exited with increased earned income	52
Percentage of adults who increased earned income	47.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	109
Number of adults who exited with increased non-employment cash income	24
Percentage of adults who increased non-employment cash income	22.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	109
Number of adults who exited with increased total income	71
Percentage of adults who increased total income	65.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	343
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	62
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	281

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	670
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	178
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	492

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	525
Of persons above, those who exited to temporary & some institutional destinations	24
Of the persons above, those who exited to permanent housing destinations	486
% Successful exits	97.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	558
Of the persons above, those who exited to permanent housing destinations	521
% Successful exits	93.4%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	96
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	95
% Successful exits/retention	99.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	345	66	98	627	660
Total Leavers (HMIS)	285	45	14	452	526
Destination of Don't Know, Refused, or Missing (HMIS)	0	0	0	0	0
Destination Error Rate (Calculated)	0.0%	0.0%	0.0%	0.0%	0.0%

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

FL-602 - Punta Gorda/Charlotte County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Notes

FL-602 - Punta Gorda/Charlotte County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

FL-602 - Punta Gorda/Charlotte County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	72	62	62	0	62	100.0%
SH	0	0	0	0	0	NA
TH	24	24	24	0	24	100.0%
RRH	114	114	114	0	114	100.0%
PSH	86	86	86	0	86	100.0%
OPH	0	0	0	0	0	NA
Total	296	286	286	0	286	100.0%

2025 HDX Competition Report

2026 Competition Report

FL-602 - Punta Gorda/Charlott

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted ^{***} Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	72	10	10	0	10	100.00%
SH	0	0	0	0	0	NA
TH	24	0	0	0	0	NA
RRH	114	0	0	0	0	NA
PSH	86	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	296	10	10	0	10	100.00%

2025 HDX Competition Report

2026 Competition Report

FL-602 - Punta Gorda/Charlott

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	72	72	72	100.00%
SH	0	0	0	NA
TH	24	24	24	100.00%
RRH	114	114	114	100.00%
PSH	86	86	86	100.00%
OPH	0	0	0	NA
Total	296	296	296	100.00%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

FL-602 - Punta Gorda/Charlotte County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

FL-602 - Punta Gorda/Charlotte County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/26/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	111	98	67
Safe Haven Total	0	0	0
Transitional Housing Total	23	23	24
Total Sheltered Count	134	121	91
Total Unsheltered Count	209	202	180
Total Sheltered and Unsheltered Count*	343	323	271

- 1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.
- 2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	0	1	0
Total Unsheltered Count	0	0	0
Total	0	1	0



St. Vincent de Paul
C A R E S

PROGRAM PARTICIPANT HANDBOOK

St. Vincent de Paul CARES
384 15th Street North
St. Petersburg, Florida 33705
www.svdpsp.org

Table of Contents

- Introduction
- Client Rights and Responsibilities
- Client Grievance Procedure Handout
- HIPAA
- Notice of Privacy Statement

Addendums (based on program requirements)

- Participation Agreement
- Funding Notice
- Other as required by program:

We will go over these documents together, and you will get a copy. You will also sign electronically to confirm that you received them or decline to get a copy.



Welcome to St. Vincent de Paul CARES!

We are so glad that you have chosen to engage with us as we work together to improve your quality of life and support you on your journey. This Client Handbook has been designed to inform and empower you. It provides essential information about your rights as a client, the grievance process, and how to reach out to your case manager whenever you need assistance.

Our Mission:

Transform lives through love and services.

Our Vision:

Improve quality of life for all we serve so that everyone has the opportunity to thrive.

Our Values:

- **Commitment** to the mission, vision, our community, and all we serve
- **Advocacy** to support the end of homelessness, poverty, and hunger, and promote wellness.
- **Respect** to uphold the inherent dignity, rights, and interest of all
- **Empowerment** to help people realize their best potential
- **Spirituality** to demonstrate faith, love of all and hope for humanity

At SVdP CARES, we are dedicated to serving you and ensuring that you have the information you need to navigate your journey with us. This handbook is a valuable resource for understanding your rights, how to voice concerns, and how to stay connected with your case manager. We encourage you to contact your case manager when you need guidance, support, or have questions.

We are here to walk alongside you, providing the support, compassion, and resources needed to help you move forward. You are not alone in this journey, and we are committed to assisting you in any way we can.

Please take time to review this handbook and keep it handy. It is a tool for you to feel empowered and informed every step of the way.

You will also be provided with a Participation agreement that will outline the program's services and expectations for participation and services provided.

We look forward to working with you and supporting your success.

- Normal hours of agency operation are Monday through Friday, from 8:30 a.m. – 4:30 p.m. In some programs, evening and weekend hours may be available by appointment only. ☐

SVdP CARES

CLIENT RIGHTS AND RESPONSIBILITIES

Your Rights (Our Commitment to You)

- **Quality Care** – You deserve respectful, compassionate support and clear communication.
- **Privacy** – Your personal information stays confidential unless the law requires otherwise. We will always ask for written permission before sharing.
- **Fair Treatment** – Everyone is treated equally, no matter their background or circumstances.
- **Choice & Control** – You have a say in your care and can choose your providers and services.
- **Information & Support** – You have the right to understand your situation and learn about available services.
- **Shared Decisions** – You are encouraged to take part in planning your care, including making choices.
- **Know Your Team** – You can ask who is helping you and what their qualifications are.
- **Speak Up** – If something does not feel right, you can file a complaint or appeal a decision.
- **Safe Spaces** – You have the right to receive care in a secure and supportive environment.
- **Our Promise** – We are committed to giving you the best care possible.

Your Responsibilities (Our Expectations of You)

- **Respect Others** – Be kind and courteous to staff.
- **Share Honestly** – Give accurate information about your health and situation.
- **Work Together** – Stay engaged with program staff and follow program guidelines.
- **Stick to Your Plan** – Attend appointments, follow through on services, and keep us updated.
- **Speak for Yourself** – Know your rights and let us know if something is not working.
- **Stay Involved** – Learn about your care and take an active role in your progress.
- **Use Services Wisely** – Make the most available resources and avoid misuse.
- **Help Us Improve** – Share feedback and take part in surveys when asked.
- **Meet Program Requirements** – Continued services depend on your participation and cooperation.

SVdP CARES

Client Grievance Process

I understand that I have the right to initiate a grievance regarding any condition or action related to my experience(s) at St. Vincent de Paul CARES without fear of retribution or any other adverse consequences. I can follow the steps below or report my grievance in person at the district office located at **384 15th Street North or call (727) 823-2516.**

I understand that there may be five steps to the grievance process:

Step 1: I will make a genuine attempt to resolve my grievance directly with the appropriate staff member (i.e., Case Manager, Employment Specialist, Housing Specialist, Peer Mentor, etc. or any other program or office staff).

Step 2: If I am dissatisfied with the resolution or response to my grievance in Step 1, I may submit the grievance in writing or contact the Operations Supervisor or Manager.

- Upon receipt of the grievance, the supervisor or manager will begin an investigation of the complaint, which may include interviews with the person submitting the grievance and other staff persons noted in the report that may offer relevant information in resolving the grievance.
- The Operations Supervisor or Manager will contact me within one business day and schedule a meeting with me within five business days to review the grievance and develop a resolution.
- Depending on which staff member is the subject of grievance, I understand the grievance could get submitted to the next level of support/chain of command: Supervisor, Manager, Deputy Chief. If the Deputy Chief were directly involved in the grievance, it would be submitted to the Chief of the Program.

Step 3: If I am dissatisfied with the resolution in Step 2, I may appeal the decision within five business days, and the grievance will be forwarded to the Department Chief or designee.

The Chief or designee will contact me within one business day of receiving the grievance and meet with me within five business days. A formal written response will be provided to me within one business day of the meeting.

Step 4: If I am unsatisfied with the Chief's or their designee's decision, I may pursue it or be referred to the CEO.

Step 5: If I am unsatisfied with the CEO or their designee's decision regarding my grievance, I may:

- **Veterans:** Pursue the issue using the grievance procedure of the Department of Veteran's Affairs.
- **Non-Veterans:** Pursue the issue using the grievance procedure of the appropriate entity-based on the program in which I am/was enrolled, children or adult protective services, professional licensing boards or other appropriate organizations which may advocate for me. If I desire to file such a grievance, St. Vincent de Paul CARES will remain uninvolved.
- Chief of Programs can be contacted at: **(727) 823-2516 email: info@svdp.care**

Health Insurance Portability and Accountability Act (HIPAA)

The **Health Insurance Portability and Accountability Act (HIPAA)** protect your medical information and gives you specific rights regarding your health records. Here are some key **HIPAA rights** with examples:

1. Right to Access Your Medical Records

Example: You can request copies of your medical records from your doctor or hospital to review past treatments or share with another healthcare provider.

2. Right to Request Corrections

Example: If your medical record incorrectly states that you have diabetes when you do not, you can request a correction from your healthcare provider.

3. Right to Confidential Communications

Example: You can ask your doctor's office to call you at a specific phone number or send mail to a different address if you do not want others to see your medical information.

4. Right to Know Who Accessed Your Information

Example: If you suspect unauthorized access to your health records, you can request a report showing who has viewed your information.

5. Right to Restrict Information Sharing

Example: You can request that your doctor **not** share your health information with a certain family member or other providers, except in emergencies.

6. Right to File a Complaint

Example: If a hospital improperly discloses your private health information, you can file a complaint with the U.S. Department of Health & Human Services (HHS) Office for

SVdP CARES

Notice of Privacy Practices for Homeless Services

This **Notice of Privacy Practices** describes how your personal and health information may be used and shared when you receive services from **SVdP CARES** and how you can access this information.

Your Rights

You have the right to:

- 1. Access Your Records** – You can request a copy of or review the personal or health information we have about you.
- 2. Request Corrections** – If you believe information about you is incorrect or incomplete, you can request a correction.
- 3. Confidential Communications** – You can request that we contact you in a specific way (e.g., by phone, email, or through a caseworker).
- 4. Restrict Information Sharing** – You may ask us **not to share** your information with specific people or agencies, except as required by law.
- 5. Know Who Has Accessed Your Information** – You can request a list of when and why your information was shared.
- 6. File a Complaint** – If you feel your privacy rights were violated, you can file a complaint with **Privacy Officer Contact: SVdP CARES Chief of Staff- (727) 823-2516 info@svdp.care** or with the U.S. Department of Health & Human Services (HHS) at www.hhs.gov/ocr.

7. This confidentiality is not absolute. Information will be released without your consent in the following situations:

- Medical emergency
- Risk of harm to self or others
- Court order for the records
- Mandated reporting of suspected abuse or neglect of a child or elderly person.

8. How We Use Your Information

We may use or share your personal and health information too:

- **Provide Housing & Support Services** – To connect you with shelters, rental assistance, case management, and other services.
- **Coordinate Care** – To work with healthcare providers, mental health services, and social workers to support your well-being.
- **Comply with Legal Requirements** – We may disclose information if required by law (e.g., suspected abuse, public health concerns, or court orders).
- **Secure Funding & Program Evaluation** – We may use de-identified data to report to government agencies and funders to improve homeless services.

9. We Will Not Share Your Information For:

- Marketing purposes
- Selling your data
- Sharing information without your permission, unless required by law

10. Your Responsibilities

To receive services, you may be required to:

- Provide the necessary documentation for eligibility.
- Inform us of changes in your situation (income, housing status, household members, etc.).
- Participate in case management or housing stability planning.

11. How to Contact Us:

For questions or to request copies of your record contact:

SVdP CARES, **Email:** info@svdp.care, **Phone:** Out of County code 011-1 then (727) 823-2516
Administrative Office: 384 15th Street North St Petersburg, FL 33705

* St. Vincent de Paul CARES, Inc. may use approved artificial intelligence (AI) tools to assist with administrative tasks, communications, and documentation. Any content generated with AI is reviewed by staff before use. Employees are prohibited from entering confidential client, donor, employee, financial, legal, or agency information into AI tools unless specifically authorized and in accordance with agency policies and confidentiality requirements.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER'S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Name(s) of victim(s): _____

2. Your name (if different from victim's): _____

3. Name(s) of other member(s) of the household: _____

4. Name of the perpetrator (if known and can be safely disclosed): _____

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: _____

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: _____

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: _____

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: _____

6. Anything else your housing provider should know to safely communicate with you?

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

Signature

Date

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN]. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing. For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing. If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- ° For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- ° To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
 - Project Listings:
 - New;
 - Renewal;
 - UFA Costs;
 - CoC Planning;
 - YHPD Renewal; and
 - YHDP Replacement and Reallocation.
 - Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
 - Attachment Requirement
 - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.
 - Things to Remember:
 - New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
 - Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:
 - UFA Costs Project Listing;
 - CoC planning Project Listing;
 - Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
 - For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
 - If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.
- Additional training resources are available online on HUD's website

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Gulf Coast Partnership, Inc.

2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects? Yes

Alert:

As stated in the FY 2026 CoC Program Competition NOFO:

- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)					
\$208,045					
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)					
\$0					
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)					
\$0					
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
CoC Charlotte - 2024	FL0660L4D022509	PH-RRH	CoC Renewal	\$208,045	Yes

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: CoC Charlotte - 2024
Grant Number of Eliminated Project: FL0660L4D022509
Eliminated Project Component Type: PH-RRH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: \$208,045

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.
(limit 2500 characters)

The FL-602 Continuum of Care (Gulf Coast Partnership) determined the full reallocation of the existing Permanent Housing – Rapid Rehousing (PH-RRH) project through the CoC’s annual Gaps Analysis, local project performance review, and rank-and-review process:

System Performance & Local Needs Review: The CoC Board and Rank and Review Committee analyzed system performance measures, local inventory gaps, and participant exit outcomes. The evaluation identified an urgent local need for supportive transitional housing options to serve vulnerable populations requiring short-term, structured residential stabilization prior to permanent housing placement.

Reallocation Strategy: To optimize HUD funding efficiency and address key local inventory gaps, the CoC determined that reallocating funds from underperforming or lower-priority PH-RRH capacity into a new Transitional Housing (TH) project would better serve local homeless households and streamline emergency shelter exits.

Project Applicant Notification:

Notification Date: September, 21, 2026

Notification Method: The project applicant was officially notified in writing via email and formal letter regarding the committee's decision to fully reallocate project funds toward the new TH project.

2A-3 Is the project being eliminated to create one or more transition grant applications? Yes

How much funding will be made available for transition grants? \$208,045

How much funding will be made available for new Reallocation projects? \$208,045

The Collaborative Applicant confirms the new transition grant(s) are for a new program component. ☒

The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and ☒

The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO ☒

2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)								
\$0								
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)								
\$0								
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)								
\$0								
Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
This list contains no items								

Continuum of Care (CoC) New Project Listing

Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. You may update each of the Project Listings simultaneously.

To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details.

To view the actual project application, click on the orange folder.

If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
SVdP CARES Return...	2026-09-25 09:08:...	TH	St. Vincent de Pa...	\$208,045	1 Year	Reallocation	Yes	No	12	
Charlotte CARE Ce...	2026-09-25 09:11:...	SSO	St. Vincent de Pa...	\$174,304	1 Year	Bonus	No	No	11	
Homeless Services ...	2026-09-25 10:46:...	SSO	Charlotte Behavio...	\$247,673	1 Year	Bonus	No	No	10	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RRH	Consolidation Type
Safely Home - Cha...	2026-09-25 09:10:...	1 Year	St. Vincent de Pa...	\$280,387		Yes	PH	2		RRH	
FY 2026 Charlott e...	2026-09-25 09:06:...	1 Year	Comm unity Assiste. ..	\$81,368		Yes	PH	4		PSH	
Returni ng Home - ...	2026-09-23 15:51:...	1 Year	St. Vincent de Pa...	\$138,041		Yes	PH	5		PSH	
GCP HMIS FY26	2026-09-26 09:24:...	1 Year	Gulf Coast Partne..	\$78,631		Yes	HMIS	1			
GCP DV SSO CE FY26	2026-09-26 09:24:...	1 Year	Gulf Coast Partne..	\$56,161		Yes	SSO	3			

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
FL-602 CoC Planni...	2026-09-26 09:23:...	1 Year	Gulf Coast Partne...	\$72,619	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

X

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	Rank	PSH/RRH	Consolidation Type
GCP YHDP HMIS FY26	2026-09-26 09:25:...	Gulf Coast Partne...	\$11,220	HMIS	1 Year	Yes	7		
GCP YHDP RRH FY26	2026-09-26 09:25:...	Gulf Coast Partne...	\$467,683	PH	1 Year	Yes	6	RRH	
GCP YHDP SSO FY26	2026-09-26 09:26:...	Gulf Coast Partne...	\$74,672	SSO	1 Year	Yes	8		
GCP YHDP SSO Outr...	2026-09-26 09:26:...	Gulf Coast Partne...	\$56,173	SSO	1 Year	Yes	9		

Project Applicant Project Details

Project Name: GCP YHDP HMIS FY26
Project Number: 237849
Date Submitted: 2026-09-26 09:25:09.302
Applicant Name Gulf Coast Partnership, Inc.
Budget Amount \$11,220
Component Type HMIS
Grant Term 1 Year

Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 7

Project Applicant Project Details

Project Name: GCP YHDP RRH FY26
Project Number: 237850
Date Submitted: 2026-09-26 09:25:48.908
Applicant Name Gulf Coast Partnership, Inc.

Budget Amount \$467,683
Component Type PH
Grant Term 1 Year

Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 6

Project Applicant Project Details

Project Name: GCP YHDP SSO FY26
Project Number: 237851
Date Submitted: 2026-09-26 09:26:11.056
Applicant Name Gulf Coast Partnership, Inc.
Budget Amount \$74,672
Component Type SSO
Grant Term 1 Year

Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 8

Project Applicant Project Details

Project Name: GCP YHDP SSO Outreach FY26
Project Number: 237852
Date Submitted: 2026-09-26 09:26:36.291
Applicant Name Gulf Coast Partnership, Inc.
Budget Amount \$56,173
Component Type SSO
Grant Term 1 Year

Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 9

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Applicant Name	Date Submitted	Comp Type	Expansion	Budget Amount	Grant Term	Funding Type	PSH/RRH	Rank
This list contains no items									

4. Consolidation & Expansion

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

1. Is the CoC consolidating renewal projects that will expire in Calendar Year 2027? No
2. Is the CoC expanding renewal projects that will expire in Calendar Year 2027? No

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$634,588
New CoC Bonus and CoC Reallocation Amount	\$630,022
New DV Bonus Amount	\$0
New DV Reallocation Amount	\$0
YHDP Renewal and Replacement Amount	\$609,748
YHDP Reallocation Amount	\$0
CoC Planning Amount	\$72,619
Rejected Amount	\$0
Total Funding Request	\$1,946,977

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes		
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1. Collaborative Applicant	09/29/2026
2. Reallocation	09/29/2026
2A. Grant(s) Eliminated	09/29/2026
2B. Grant(s) Reduced	No Input Required
3A. CoC New Project Listing	09/29/2026
3B. CoC Renewal Project Listing	09/29/2026
3D. CoC Planning Project Listing	09/29/2026
3E. YHDP Renewal Project Listing	09/29/2026
Project Priority List FY2026	Page 23
	09/29/2026

**3F. YHDP Replacement and YHDP Reallocation
Project Listing**

No Input Required

4. Consolidation & Expansion

09/29/2026

Funding Summary

No Input Required

Attachments

Please Complete

Submission Summary

No Input Required