

## Before Starting the Project Listings for the CoC Priority Listing

**The FY 2018 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2018 CoC Program Competition NOFA.**

The FY 2018 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2018 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2018 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

### Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- 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 after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

**Collaborative Applicant Name:** Texas Homeless Network

## 2. Reallocation

### Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**2-1. 2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2019 into one or more new projects?** Yes

### 3. Reallocation - Grant(s) Eliminated

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.**

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$285,379				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Next Step	TX0262L6J071705	PH	\$285,379	Regular

### 3. Reallocation - Grant(s) Eliminated Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**\* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2017 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2017 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

**Eliminated Project Name:** Next Step

**Grant Number of Eliminated Project:** TX0262L6J071705

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** \$285,379

**3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)**

The CoC Board of Directors determined that the WestCare Next Step project should be eliminated based on the following;

- 1) Consecutive reallocations in the FY2016 & FY2017 Local Competition cycles.
- 2) Lack of timely engagement with the San Antonio HUD Field Office, and the CoC Lead Agency.
- 3) Insufficient improvement after Performance Improvement Plans.
- 4) Failure to follow the CoC's prioritization standards.
- 5) Insufficient capacity to administer the Project as evidenced by Consecutive late APRs, and LOCCS draws less frequently than once per quarter.

The CoC Board met to review Projects eligible for reallocation per CoC Policy and the Agency was notified in writing of the CoC Board of Director's decision to fully reallocate on 05/04/2018.

## 4. Reallocation - Grant(s) Reduced

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.**

Amount Available for New Project (Sum of All Reduced Projects)					
\$0					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

## 5. Reallocation - New Project(s)

**Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.**

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$285,379

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
2	TX BoS CoC H...	HMIS	\$70,000	Regular
20	Hope Housing...	PH	\$215,379	Regular

## 5. Reallocation - New Project(s) Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**5-1. Complete each of the fields below for each new project created through reallocation in the FY 2018 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2018 CoC Program Competition NOFA.**

**FY 2018 Rank (from Project Listing):** 2

**Proposed New Project Name:** TX BoS CoC HMIS Project FY 2018 Expansion

**Component Type:** HMIS

**Amount Requested for New Project:** \$70,000

## 5. Reallocation - New Project(s) Details

**Instructions:**

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**5-1. Complete each of the fields below for each new project created through reallocation in the FY 2018 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2018 CoC Program Competition NOFA.**

**FY 2018 Rank (from Project Listing):** 20

**Proposed New Project Name:** Hope Housing Services-PSH

**Component Type:** PH

**Amount Requested for New Project:** \$215,379



## 6. Reallocation: Balance Summary

### Instructions

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**6-1 Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds request for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.**

### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$285,379
Amount requested for new project(s):	\$285,379
Remaining Reallocation Balance:	\$0

## Continuum of Care (CoC) New Project Listing

### Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). 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 there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Reallocation	PSH/RRH	Expansion
Joint TH & PH_RRH	2018-07-27 15:56:...	Joint TH & PH-RRH	Good Neighbor Sett...	\$199,816	1 Year	X	Both		
Denton County Coo...	2018-09-11 11:24:...	SSO	United Way of Den...	\$123,926	1 Year	24	PH Bonus		
Hope Housing Serv...	2018-09-11 11:04:...	PH	Abilene Hope Have...	\$215,379	1 Year	20	Reallocation	PSH	
The Salvation Arm...	2018-09-11 16:44:...	PH	The Salvation Arm...	\$144,701	1 Year	21	PH Bonus	PSH	
TX BoS CoC HMIS P...	2018-09-12 10:40:...	HMIS	Homeless Network ...	\$70,000	1 Year	2	Reallocation		Yes

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). 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 there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear 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.**

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

☐

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type
WOMAN, Inc. Rapid...	2018-08-20 17:27:...	1 Year	Women Opting for ...	\$108,744	13	RRH	PH	
Homeless to Homes...	2018-08-20 17:00:...	1 Year	Neighborhood Deve...	\$180,221	15	PSH	PH	
The Salvation Arm...	2018-08-22 18:55:...	1 Year	The Salvation Arm...	\$163,130	18	RRH	PH	

New Hope	2018-08-30 16:38:...	1 Year	Mid-Coast Family ...	\$197,311	11	PSH	PH	Individual
FY18 GCC Permanen. ..	2018-08-22 16:32:...	1 Year	The Gulf Coast Ce...	\$557,775	17	PSH	PH	
Hope Net	2018-08-30 16:38:...	1 Year	Mid-Coast Family ...	\$305,207	10	PSH	PH	Individual
Lubbock Open Door...	2018-08-20 17:20:...	1 Year	Lubbock Open Door	\$545,105	3	PSH	PH	
City of Longview ...	2018-08-21 18:04:...	1 Year	City of Longview	\$380,518	12	PSH	PH	
Fredonia Homeless. ..	2018-08-20 16:33:...	1 Year	Sabine Valley Center	\$132,814	7	RRH	PH	
Connectio ns PSH F...	2018-08-24 13:48:...	1 Year	Denton County Men...	\$300,205	4	PSH	PH	
Transformi ng Lives	2018-08-22 18:03:...	1 Year	The Salvation Arm...	\$153,704	19	PSH	PH	
Hope Housing Serv...	2018-08-23 19:15:...	1 Year	Abilene Hope Have...	\$245,927	5	RRH	PH	
Project Bridge Ra...	2018-08-22 18:02:...	1 Year	The Salvation Arm...	\$299,086	14	RRH	PH	
FIC RRH KILLEEN FY18	2018-08-21 09:16:...	1 Year	Families In Crisi...	\$436,324	16	RRH	PH	
HUD RAPID REHOUSI. ..	2018-08-22 17:27:...	1 Year	Shelter Agencies ...	\$171,329	6	RRH	PH	
TX BoS CoC HMIS P...	2018-09-11 11:16:...	1 Year	Homeless Network ...	\$363,018	1		HMIS	
City of Beaumont	2018-09-11 14:01:...	1 Year	City of Beaumont	\$151,712	22	PSH	PH	
Turning Point	2018-09-11 14:32:...	1 Year	Giving HOPE, Inc.	\$228,910	9	PSH	PH	
Project Hope FY 2018	2018-09-11 15:03:...	1 Year	Odessa Links	\$331,008	8	RRH	PH	
Texarkana Homeles...	2018-09-11 14:55:...	1 Year	City of Texarkana	\$316,901	23	RRH	PH	

**Applicant:** Texas Balance of State Continuum of Care

TX-607

**Project:** TX-607 CoC Registration FY2018

COC\_REG\_2018\_159988

Next Step- Consoli...	2018-09- 14 15:32:...	1 Year	Mid-Coast Family ...	\$502,518	C10	PSH	PH	Fully Consolidat ed
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## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). 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 there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
TX-607 CoC Planni...	2018-09-11 11:15:...	1 Year	Homeless Network ...	\$1,142,236	CoC Planning Proj...

## Funding Summary

### Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant 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 the Collaborative Applicant 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
Renewal Amount	\$5,568,949
Consolidated Amount	\$502,518
New Amount	\$554,006
CoC Planning Amount	\$1,142,236
Rejected Amount	\$199,816
<b>TOTAL CoC REQUEST</b>	<b>\$7,265,191</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	09/11/2018
FY 2017 Rank (from Project Listing)	No		
Other	No		
Other	No		



## **Attachment Details**

**Document Description:** Certification of Consistency with the Consolidated Plan- All Projects including Planning

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

**WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	09/12/2018
<b>2. Reallocation</b>	09/12/2018
<b>3. Grant(s) Eliminated</b>	09/12/2018
<b>4. Grant(s) Reduced</b>	No Input Required
<b>5. New Project(s)</b>	09/12/2018
<b>6. Balance Summary</b>	No Input Required
<b>7A. CoC New Project Listing</b>	09/12/2018
<b>7B. CoC Renewal Project Listing</b>	09/14/2018

**7D. CoC Planning Project Listing**

09/12/2018

**Funding Summary**

No Input Required

**Attachments**

09/12/2018

**Submission Summary**

No Input Required

**Exhibit 5B:**  
**Certification of Consistency with Consolidated Plan**

*Applicants are required to submit the certification below from the official responsible for submitting the Consolidated Plan on behalf of the State or local government. Applicants may use this form or may reproduce the exact contents. HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.*

**I certify that, based on the information provided, the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.**

*(Type or clearly print the following information)*

Applicant Name: **Homeless Network of Texas (dba Texas Homeless Network) (THN)**

Contact Name: **Eric Samuels, President/CEO**

Contact Phone Number: **512-687-5101**

Name of the Federal Program to which the Applicant is Applying: **HUD Continuum of Care (CoC) Program**

Project Name: **Texas Balance of State CoC HMIS Project FY 2018**

Location of the Project: **THN, 1713 Fortview Road, Austin, TX 78704**

Brief Description of the Project: **The Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless persons. THN is the HMIS Lead for the TX BoS CoC, and the HMIS software is ClientTrack. The Renewal project will continue to provide HMIS system administration and operations activities.**

Needs the Project Will Address: **All recipients of HUD Continuum of Care (CoC) Program funding and Emergency Solutions Grant (ESG) funding are required to use the CoC's HMIS. The HMIS project allows THN, as the HMIS Lead Agency for the CoC, and the TX BoS CoC to fulfill its requirement to establish and operate an HMIS, as described in 24 CFR Part 578.**

Strategic Plan and/or Consolidated Plan Goals

Addressed (TDHCA use only):

Certifying Official of the Jurisdiction

Name: **Elizabeth Yevich**

Title: **Director, Housing Resource Center**

Signature & Date: *Elizabeth Yevich 2/23/18*

*AFTER REVIEWING THE  
 INFORMATION, THE STATE  
 HAS NOT FOUND ANYTHING  
 INCONSISTENT WITH THE  
 CONSOLIDATED PLAN.*

**Certification Directions:**

Save this form to your computer. Open the form using Microsoft Word and fill out form fields. Save the file. Use your email program to email the completed form as an attachment to [elizabeth.yevich@tdhca.state.tx.us](mailto:elizabeth.yevich@tdhca.state.tx.us).

When received, TDHCA will compare this project to TDHCA goals and determine consistency. When approved, the form will be signed and a copy will be faxed and mailed to the person designated at right.


If you have any questions, please contact Elizabeth Yevich at (512) 463-7961

**Exhibit 5B:**  
**Certification of Consistency with Consolidated Plan**

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**I certify that, based on the information provided, the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.**

*(Type or clearly print the following information)*

Applicant Name: **Homeless Network of Texas (dba Texas Homeless Network) (THN)**

Contact Name: **Eric Samuels, President/CEO**

Contact Phone Number: **512-687-5101**

Name of the Federal Program to which the Applicant is Applying: **HUD Continuum of Care (CoC) Program**

Project Name: **Texas Balance of State CoC HMIS Project FY 2018 Expansion**

Location of the Project: **THN, 1713 Fortview Road, Austin, TX 78704**

Brief Description of the Project: **The Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless persons. THN is the HMIS Lead for the TX BoS CoC, and the HMIS software is ClientTrack. The HMIS Project expansion would allow THN to provide enhanced technical assistance and custom reporting for projects and communities in the CoC.**

Needs the Project Will Address: **All recipients of HUD CoC Program funding and Emergency Solutions Grant (ESG) funding are required to use the CoC's HMIS. The HMIS project allows THN, as the HMIS Lead Agency for the CoC, and the TX BoS CoC to fulfill its requirement to establish and operate an HMIS. The expansion will increase THN's capacity to support HMIS users with data quality, custom reports, and data analysis.**

Consolidated Plan Goals

Addressed (TDHCA use only):

Certifying Official of the Jurisdiction

Name: **Elizabeth Yevich**

Title: **Director, Housing Resource Center**

Signature & Date: *Elizabeth Yevich 7/23/8*

*AFTER REVIEWING THE  
INFORMATION, THE STATE  
HAS NOT FOUND ANYTHING  
INCONSISTENT WITH THE  
CONSOLIDATED PLAN.*

**Certification Directions:**

Save this form to your computer. Open the form using Microsoft Word and fill out form fields. Save the file. Use your email program to email the completed form as an attachment to [elizabeth.yevich@tdhca.state.tx.us](mailto:elizabeth.yevich@tdhca.state.tx.us).

When received, TDHCA will compare this project to TDHCA goals and determine consistency. When approved, the form will be signed and a copy will be faxed and mailed to the person designated at right.


If you have any questions, please contact Elizabeth Yevich at (512) 463-7961

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development**3**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Lubbock Open DoorProject Name: Lubbock Open Door PSHLocation of the Project: 1901 - 1911 13th St, Lubbock, TX 79401 (available units owned by  
Lubbock Open Door and scattered-site apartments in Lubbock, TX).Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care ProgramName of  
Certifying Jurisdiction: City of LubbockCertifying Official  
of the Jurisdiction  
Name: Daniel M. PopeTitle: Mayor, City of LubbockSignature: Date: 17 JULY 2018

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development**4**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Denton County MHMRProject Name: Connections PSH FY2018Location of the Project: 2519 Scripture St.  
Denton, TX 76201Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of CareName of  
Certifying Jurisdiction: City of DentonCertifying Official  
of the Jurisdiction  
Name: Todd HilemanTitle: City ManagerSignature: Todd HilemanDate: 7/16/2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

5

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Abilene Hope Haven, Inc.

Project Name: Hope Housing Services-RRH

Location of the Project: 801 S. Treadaway Blvd., Abilene, TX 79602

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care

Name of  
Certifying Jurisdiction: City of Abilene

Certifying Official  
of the Jurisdiction  
Name: Joana Wuest

Title: Neighborhood Initiatives Manager

Signature: 

Date: 7/19/18



**Exhibit 5B:**

**6**

**Certification of Consistency with Consolidated Plan**

*Applicants are required to submit the certification below from the official responsible for submitting the Consolidated Plan on behalf of the State or local government. Applicants may use this form or may reproduce the exact contents. HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.*

**I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.**

*(Type or clearly print the following information)*

Applicant Name: Shelter Agencies for Families in East Texas, INC.

Contact Name: Mr. Ryan Schriver

Contact Phone Number: 903-572-0973

Name of the Federal Program to which the Applicant is Applying: HUD Continuum of Care (CoC) Program

Project Name: SAFE-T RRH 3 (renewal of 2)

Location of the Project: Scattered site apartments in Counties: Titus, Camp, Delta, Franklin, Hopkins, Lamar, Morris, and Red River.

Brief Description of the Project: This project serves our 8 counties in East Texas. We will be applying for RRH funds which will pay for deposits, rent, utilities up to FMR as well as provide case management for all participants. Our focus is homeless victims of domestic violence.

Needs the Project Will Address: This project will provide needed Rapid Rehousing Services for families experiencing domestic violence and individuals in Northeast Texas.

Strategic Plan and/or

Consolidated Plan Goals

Addressed (TDHCA use only):

Name of Certifying Jurisdiction: **State of Texas**

Certifying Official of the Jurisdiction

Name: **Elizabeth Yevich**

Title: **Director, Housing Resource Center**

Signature & Date:

*Elizabeth Yevich July 30, 2018*

**Certification Directions:**

Save this form to your computer. Open the form using Microsoft Word and fill out form fields. Save the file. Use your email program to email the completed form as an attachment to [elizabeth.yevich@tdhca.state.tx.us](mailto:elizabeth.yevich@tdhca.state.tx.us).

When received, TDHCA will compare this project to TDHCA goals and determine consistency. When approved, the form will be signed and a copy will be faxed and mailed to the person designated at right.


If you have any questions, please contact Elizabeth Yevich at (512) 475-3976

*AFTER REVIEWING THE  
INFORMATION, THE STATE  
HAS NOT FOUND ANYTHING  
INCONSISTENT WITH THE  
CONSOLIDATED PLAN.*

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development****7**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Sabine Valley Regional MHMR Center dba Community Healthcore

Project Name: Fredonia Homeless and Disabled Women and Children Rapid Rehc


Location of the Project: Longview, TX

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care

Name of  
Certifying Jurisdiction: City of Longview

Certifying Official  
of the Jurisdiction  
Name: Andy Mack

Title: City Mayor

Signature: 

Date: 7-17-18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

8

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Odessa Links

Project Name: Project Hope

Location of the Project: City of Odessa

\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care

Name of  
Certifying Jurisdiction: City of Odessa

Certifying Official  
of the Jurisdiction  
Name: Merita Sandoval

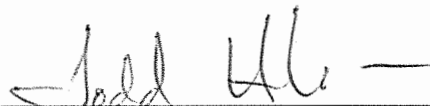
Title: Director of Community Development

Signature: 

Date: September 6, 2018

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development**9**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Giving HOPE, Inc.Project Name: Turning PointLocation of the Project: 117 W Sycamore StDenton, TX 76201Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of CareName of  
Certifying Jurisdiction: City of DentonCertifying Official  
of the Jurisdiction  
Name: Todd HilemanTitle: City ManagerSignature: Date: 7-23-2018

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

10

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Mid-Coast Family Services

Project Name: Next Step - Consolidated

Location of the Project: Scattered sites in Victoria, TX

Office: 120 S. Main Suite 175

Victoria, TX 77901

Name of the Federal  
Program to which the  
applicant is applying: HUD's 2018 Continuum of Care

Name of  
Certifying Jurisdiction: City of Victoria, Development Services

Certifying Official  
of the Jurisdiction  
Name: Julie Fulgham, AICP

Title: Director of Development Services

Signature: 

Date: 7/17/18

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

10

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Mid-Coast Family Services

Project Name: Hope Net

Location of the Project: Scattered sites in Victoria, TX

Office: 120 S. Main Suite 175

Victoria, TX 77901

Name of the Federal  
Program to which the  
applicant is applying: HUD's 2018 Continuum of Care

Name of  
Certifying Jurisdiction: City of Victoria, Development Services

Certifying Official  
of the Jurisdiction  
Name: Julie Fulgham, AICP

Title: Director of Development Services

Signature: 

Date: 7/17/18

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

11

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Mid-Coast Family Services

Project Name: New Hope

Location of the Project: Scattered Sites in Victoria, TX

Office: 120 S. Main Suite 175

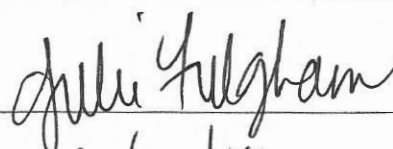
Victoria, TX 77901

Name of the Federal  
Program to which the  
applicant is applying: HUD's 2018 Continuum of Care

Name of  
Certifying Jurisdiction: City of Victoria, Development Services

Certifying Official  
of the Jurisdiction  
Name: Julie Fulgham, AICP

Title: Director of Development Services

Signature: 

Date: 7-17-18

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development****12**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: City of Longview

Project Name: City of Longview CoC 2018 Renewal

Location of the Project: 1202 North Sixth Street  
Longview, Texas 75601

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care

Name of  
Certifying Jurisdiction: City of Longview

Certifying Official  
of the Jurisdiction  
Name: Andy Mack

Title: Mayor

Signature: 

Date: 8/7/18



**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

13

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Women Opting for More Affordable Housing Now, Inc. (WOMAN, Inc.)Project Name: WOMAN, Inc. Rapid Re-HousingLocation of the Project: City of Galveston  
  
Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care for Homeless Assistance ProgramName of  
Certifying Jurisdiction: City of GalvestonCertifying Official  
of the Jurisdiction  
Name: Alice T. LawTitle: ~~Assistant Director, Department~~ of Grants and Housing, City of GalvestonSignature: Date: 7-26-2018

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development****14**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: The Salvation Army, a Georgia Corporation

Project Name: Project Bridge Rapid Rehousing

Location of the Project: 521 Josephine, Corpus Christi, TX 78401

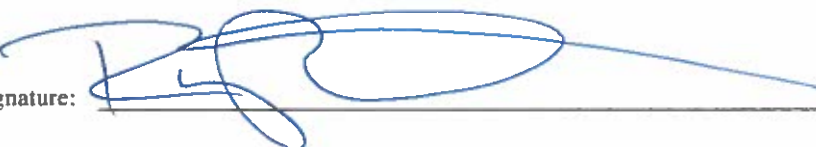
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care

Name of  
Certifying Jurisdiction: City of Corpus Christi

Certifying Official  
of the Jurisdiction  
Name: Rudy Bentancourt

Title: Housing and Community Development Director

Signature: 

Date: July 16, 2018

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

15


I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Neighborhood Development Corp.Project Name: Homeless to Homes ProgramLocation of the Project: 520 Decatur Avenue  
Orange, Orange County, Texas 77630Name of the Federal  
Program to which the  
applicant is applying: 2018 Continuum of Care Program CompetitionName of  
Certifying Jurisdiction: City of Orange, TexasCertifying Official  
of the Jurisdiction  
Name: Dr. Shawn OubreTitle: City ManagerSignature: Date: 7/25/18

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

16

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Families In Crisis, Inc.Project Name: FIC RRH KILLEEN FY18Location of the Project: KILLEEN, TEXASName of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care for Homeless Assistance ProgramName of  
Certifying Jurisdiction: City of KilleenCertifying Official  
of the Jurisdiction  
Name: Leslie HinkleTitle: Director of Community Development, City of KilleenSignature: Date: 7-24-18

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

17

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Gulf Coast CenterProject Name: FY18 GCC Permanent HousingLocation of the Project: City of Galveston  
  
Name of the Federal  
Program to which the  
applicant is applying: FY18 Continuum of Care Renewal-Permanent HousingName of  
Certifying Jurisdiction: City of GalvestonCertifying Official  
of the Jurisdiction  
Name: Alice T. LawTitle: Assistant Director of Grants & Housing Dpt., City of GalvestonSignature: Date: 8-6-2018

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

18

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information.)

Applicant Name: The Salvation Army, Temple CorpsProject Name: The Salvation Army - CoC Rapid RehousingLocation of the Project: The Salvation Army  
419 West Ave. G  
Temple, TX 76504Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of CareName of  
Certifying Jurisdiction: City of KilleenCertifying Official  
of the Jurisdiction  
Name: Leslie HinkleTitle: Sec. Dir. of Community DevSignature: Leslie K HinkleDate: 7-24-18

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

19

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: The Salvation Army, a Georgia CorporationProject Name: Transforming Lives PSHLocation of the Project: 521 Josephine, Corpus Christi, TX 78401Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of CareName of  
Certifying Jurisdiction: City of Corpus ChristiCertifying Official  
of the Jurisdiction  
Name: Rudy BentancourtTitle: Housing and Community Development DirectorSignature: Date: July 16, 2018

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

20

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Abilene Hope Haven, Inc.

Project Name: Hope Housing Services-PSH

Location of the Project: 801 S. Treadaway Blvd., Abilene, TX 79602

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care

Name of  
Certifying Jurisdiction: City of Abilene

Certifying Official  
of the Jurisdiction  
Name: Joana Wuest

Title: Neighborhood Initiatives Manager

Signature: 

Date: 7/19/18



**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

21

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: The Salvation Army, Temple CorpsProject Name: The Salvation Army - CoC Permanent Supportive Housing ProgramLocation of the Project: The Salvation Army  
419 West Ave. G  
Temple, TX 76504Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of CareName of  
Certifying Jurisdiction: City of KilleenCertifying Official  
of the Jurisdiction  
Name: Leslie HinkleTitle: Exec. Dir. of Community Dev.Signature: [Handwritten Signature]Date: 7-24-18

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

22

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: City of Beaumont

Project Name: City of Beaumont

Location of the Project: Jefferson, Hardin and Orange Counties of Southeast Texas  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care

Name of  
Certifying Jurisdiction: City of Beaumont

Certifying Official  
of the Jurisdiction  
Name: Kyle Hayes

Title: City Manager

Signature: 

Date: 7-17-18

**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

**23**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: City of Texarkana, Texas

Project Name: Texarkana Homeless Coalition: Doorways Home

Location of the Project: Texarkana, Texas  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: Dept of Housing and Urban Development Continuum of Care

Name of  
Certifying Jurisdiction: City of Texarkana, Texas

Certifying Official  
of the Jurisdiction  
Name: Shirley Jaster

Title: City Manager

Signature: 

Date: 7/27/2018

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development****24**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: United Way of Denton County

Project Name: Denton County Coordinated Entry

Location of the Project: 1314 Teasley Ln. Denton, Texas 76205

Name of the Federal  
Program to which the  
applicant is applying: HUD FY 2018 CoC Program Competition

Name of  
Certifying Jurisdiction: City of Denton, Texas

Certifying Official  
of the Jurisdiction  
Name: Barbara Ross

Title: Community Development Manager

Signature: 

Date: July 25, 2018

# CoC Planning

## Exhibit 5B:

### Certification of Consistency with Consolidated Plan

Applicants are required to submit the certification below from the official responsible for submitting the Consolidated Plan on behalf of the State or local government. Applicants may use this form or may reproduce the exact contents. HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information)

Applicant Name: **Homeless Network of Texas (dba Texas Homeless Network) (THN)**

Contact Name: **Eric Samuels, President/CEO**

Contact Phone Number: **512-687-5101**

Name of the Federal Program to which the Applicant is Applying: **HUD Continuum of Care (CoC) Program**

Project Name: **TX-607 CoC Planning Project FY2018**

Location of the Project: **THN, 1713 Fortview Road, Austin, TX 78704**

Brief Description of the Project: **The CoC Planning project funds Texas Homeless Network (THN) staff positions to coordinate and facilitate Continuum of Care development for the Texas Balance of State CoC as a whole (215 counties) and for communities within the BoS CoC, working with local homeless coalitions (LHCs). Activities include needs analyses, inventories, counts, training, project development, planning, data analysis, system mapping, implementing Coordinated Entry systems, strategic planning, monitoring, and evaluation.**

Needs the Project Will Address: **The CoC Planning funds increase the capacity of THN, as the Collaborative Applicant for the TX BoS CoC, to assist the CoC to meet all the CoC responsibilities mandated by 24 CFR Part 578, including establishing, planning for, and operating the CoC, as required by HUD. Renewal funding would allow THN to continue those activities for another year.**

Strategic Plan and/or

Consolidated Plan Goals

Addressed (TDHCA use only):

*AFTER REVIEWING THE INFORMATION  
THE STATE HAS NO FINDINGS  
ANYTHING INCONSISTENT  
WITH THE CONSOLIDATED  
PLAN.*

Name of Certifying Jurisdiction: **State of Texas**

Certifying Official of the Jurisdiction

Name: **Elizabeth Yevich**

Title: **Director, Housing Resource Center**

Signature & Date:

*Elizabeth Yevich 7/23/18*

#### Certification Directions:

Save this form to your computer. Open the form using Microsoft Word and fill out form fields. Save the file. Use your email program to email the completed form as an attachment to [elizabeth.yevich@tdhca.state.tx.us](mailto:elizabeth.yevich@tdhca.state.tx.us).

When received, TDHCA will compare this project to TDHCA goals and determine consistency. When approved, the form will be signed and a copy will be faxed and mailed to the person designated at right.
