

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: Texas Homeless Network

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)					
\$6,942,497					
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)					
\$1,051,398					
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
Homeless to Homes...	TX0247L6E072515	PH-PSH	CoC Renewal	\$255,323	No
Fredonia Homeless...	TX0474L6T072509	PH-RRH	CoC Renewal	\$233,407	No
Restoring Futures...	TX0780L6J072501	PH-RRH	CoC Renewal	\$429,640	No
PCS Rapid Re-Housing	TX0667R6T072200	PH-RRH	CoC Renewal	\$1,69..	Yes
Project Hope FY2024	TX0466L6T072509	PH-RRH	CoC Renewal	\$385,788	Yes
Texarkana Homeles...	TX0387L6T072511	PH-RRH	CoC Renewal	\$329,638	Yes
GG Rapid Rehousin...	TX0734L6T072502	PH-RRH	CoC Renewal	\$481,545	Yes
Pathways to Safe ...	TX0694D6J072503	JOINT	DV Renewal	\$312,999	Yes
Rapid Rehousing a...	TX0578L6T072506	PH-RRH	CoC Renewal	\$559,975	Yes

FY2024 CoC SSO-CE	TX0530L6T072507	SSO	CoC Renewal	\$137,851	Yes
GG Replacement PS...	TX0778L6T072501	PH-PSH	CoC Renewal	\$565,513	Yes
HIVE: Housing-Int...	TX0782D6T072501	JOINT	DV Renewal	\$738,399	Yes
RRH Galveston FY ...	TX0781L6E072501	PH-RRH	CoC Renewal	\$1,00.. ..	Yes
GRACE TRANSITIONA...	TX0783L6E072501	JOINT	CoC Renewal	\$539,128	Yes
TSA Grayson, Fann...	TX0776L6T072400	PH-RRH	CoC Renewal	\$331,705	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: Homeless to Homes Program

Grant Number of Eliminated Project: TX0247L6E072515

Eliminated Project Component Type: PH-PSH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$255,323

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the recipient identified concerns related to its nonprofit status and determined that it would not be eligible to continue operating the project. The recipient elected to voluntarily reallocate the project, and the request was approved by the CoC Board. The project applicant was notified of the decision on September 20, 2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

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: Fredonia Homeless and Disabled Women and Children Rapid Rehousing

Grant Number of Eliminated Project: TX0474L6T072509

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$233,407

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the recipient evaluated the likely need to transition the project to a different eligible component type and determined that doing so would not be feasible for the organization based on local circumstances and project considerations. The recipient elected to voluntarily reallocate the project, and the request was approved by the CoC Board. The project applicant was notified of the decision on September 20, 2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

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: Restoring Futures through Rapid Rehousing

Grant Number of Eliminated Project: TX0780L6J072501

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$429,640

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the recipient evaluated the likely need to transition the project to a different eligible component type and determined that doing so would not be feasible for the organization based on local circumstances and project considerations. The recipient elected to voluntarily reallocate the project, and the request was approved by the CoC Board. The project applicant was notified of the decision on September 20, 2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

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: PCS Rapid Re-Housing

Grant Number of Eliminated Project: TX0667R6T072200

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$1,692,162

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$1,692,162

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: Project Hope FY2024**Grant Number of Eliminated Project:** TX0466L6T072509**Eliminated Project Component Type:** PH-RRH**Funding Type:** CoC Renewal**Eliminated Project Annual Renewal Amount:** \$385,788

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$385,788

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: Texarkana Homeless Coalition: Doorways Home
Grant Number of Eliminated Project: TX0387L6T072511
Eliminated Project Component Type: PH-RRH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: \$329,638

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$329,638

How much funding will be made available for new Reallocation projects? 0

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

X

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

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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: GG Rapid Rehousing FY2024

Grant Number of Eliminated Project: TX0734L6T072502

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$481,545

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$481,545

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: Pathways to Safe Housing

Grant Number of Eliminated Project: TX0694D6J072503

Eliminated Project Component Type: JOINT

Funding Type: DV Renewal**Eliminated Project Annual Renewal Amount:** \$312,999

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$312,999

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: Rapid Rehousing and Rescue Services FY24

Grant Number of Eliminated Project: TX0578L6T072506

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$559,975

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$559,975

How much funding will be made available for new Reallocation projects? 0

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

☒

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: FY2024 CoC SSO-CE

Grant Number of Eliminated Project: TX0530L6T072507

Eliminated Project Component Type: SSO

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$137,851

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$137,851

How much funding will be made available for new
Reallocation projects? 0

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 ☒

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: GG Replacement PSH FY2024

Grant Number of Eliminated Project: TX0778L6T072501

Eliminated Project Component Type: PH-PSH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$565,513

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$565,513

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: HIVE: Housing-Integrated Victim Empowerment

Grant Number of Eliminated Project: TX0782D6T072501

Eliminated Project Component Type: JOINT

Funding Type: DV Renewal

Eliminated Project Annual Renewal Amount: \$738,399

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$738,399

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: RRH Galveston FY 2024
Grant Number of Eliminated Project: TX0781L6E072501
Eliminated Project Component Type: PH-RRH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: \$1,000,822

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$1,000,822

How much funding will be made available for new Reallocation projects? 0

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

☒

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: GRACE TRANSITIONAL AND RAPID RE-HOUSING

Grant Number of Eliminated Project: TX0783L6E072501

Eliminated Project Component Type: JOINT

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$539,128

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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$539,128

How much funding will be made available for new Reallocation projects? 0

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 ☒

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: TSA Grayson, Fannin, and Cooke Counties Rapid Rehousing CoC Project

Grant Number of Eliminated Project: TX0776L6T072400

Eliminated Project Component Type: PH-RRH**Funding Type:** CoC Renewal**Eliminated Project Annual Renewal Amount:** \$331,705

**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 CoC Board followed the process outlined in the Reallocation Policy when making the decision regarding this project. During the FY26 competition process, the project was identified as a candidate for transition to a different eligible CoC Program component type. The recipient submitted a Transition Grant application, and the CoC Board determined that the proposed transition was appropriate based on project and community considerations. The project applicant was notified of the decision on September 20, 2026.

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? \$331,705

How much funding will be made available for new Reallocation projects? 0

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
Texarkana Homeless...	2026-07-31 17:55:...	TH	City of Texarkana	\$329,638	1 Year	Reallocation	Yes	No	24	
Denton Street Out...	2026-07-31 16:53:...	SSO	City of Denton	\$500,000	1 Year	Bonus	No	No	X	
Transitional Empo...	2026-08-03 12:00:...	TH	Foundation for th...	\$587,723	1 Year	Bonus	No	No	40	

OurCommunity	2026-08-04 16:18:...	PH	OurCalling	\$210,038	1 Year	Bonus	No	No	X	PSH
Transitional Hous...	2026-08-05 11:30:...	TH	Safer Path Family...	\$202,810	1 Year	DV Reallocation	Yes		X	
CCCC Transitional...	2026-08-05 12:00:...	TH	Comal County Fami...	\$726,000	1 Year	DV Bonus	No	No	D47	
Building Foundati...	2026-08-05 14:02:...	TH	Christia n Commu ni...	\$559,975	1 Year	Realloca tion	Yes	No	27	
Rural Connect ions...	2026-08-05 17:22:...	SSO	West Central Texa...	\$419,713	1 Year	Bonus	No	No	43	
NBHP First Footin...	2026-08-07 10:28:...	SSO	NB Housing Partners	\$600,300	1 Year	Bonus	No	No	35	
Pathway s to Safe ...	2026-08-07 12:13:...	TH	Friendsh ip of Wom...	\$312,999	1 Year	DV Realloca tion	Yes	No	D26	
Housing Stability. ..	2026-08-07 12:42:...	TH	Blanco River Regi...	\$635,496	1 Year	Realloca tion	No	No	34	
The Parish Suppor.. .	2026-08-07 16:41:...	TH	Everybo dy's Place...	\$246,299	1 Year	Bonus	No	No	39	
FY2026 CoC SSO St...	2026-08-07 14:16:...	SSO	United Way of Den...	\$137,851	1 Year	Realloca tion	Yes	No	28	
FY26 Transiti on G...	2026-08-11 17:25:...	TH	Giving Grace	\$481,545	1 Year	Realloca tion	Yes	No	25	
McAda ms Haven	2026-08-10 12:00:...	PH	Denton Affordab le...	\$552,000	1 Year	Bonus	No	No	38	PSH
Laredo Housing Au...	2026-08-13 16:10:...	TH	Housing Authorit y...	\$275,000	1 Year	Realloca tion	No	No	37	
FY26 Transiti on G...	2026-08-11 17:26:...	TH	Giving Grace	\$565,513	1 Year	Realloca tion	Yes	No	29	
CVCAA Rock Rose C...	2026-09-20 11:31:...	TH	Concho Valley Com...	\$749,320	1 Year	Bonus	No	No	44	
GRACE TRANSI TIONA...	2026-09-21 14:05:...	TH	SAMARI TAN WOMEN A...	\$539,128	1 Year	Realloca tion	Yes	No	32	

FSST Shelter and ...	2026-09-21 14:02:...	SSO	Family Services o...	\$605,000	1 Year	Bonus	No	No	X	
Panhandle Commu ni...	2026-09-21 14:28:...	TH	Panhandle Commu ni...	\$1,692,162	1 Year	Reallocation	Yes	No	22	
Project Hope FY26	2026-09-21 15:13:...	TH	Odessa Links, Inc.	\$385,788	1 Year	Reallocation	Yes	No	23	
HIVE: Housing -Int...	2026-09-21 15:48:...	TH	The Heights Ellis...	\$738,399	1 Year	DV Reallocation	Yes	No	D30	
Street Outreach	2026-09-21 15:56:...	SSO	Our Daily Bread	\$474,811	1 Year	Bonus	No	No	41	
GCC Community Nav...	2026-09-21 17:53:...	SSO	The Gulf Coast Ce...	\$215,568	1 Year	Bonus	No	No	42	
TSA Grayson , Fann...	2026-09-21 20:10:...	TH	Salvation Army, The	\$331,705	1 Year	Reallocation	Yes	No	33	
FY26 Transitional...	2026-09-22 11:43:...	TH	Catholic Charitie. ..	\$1,000,822	1 Year	Reallocation	Yes	No	31	
SSO-TXBOS-Endeavors	2026-09-22 09:48:...	SSO	Family Endeavors,...	\$749,500	1 Year	Bonus	No	No	36	
FY2026 CoC SSO Pa...	2026-09-22 15:08:...	SSO	United Way of Den...	\$412,640	1 Year	Bonus + Reallocation	No	No	45	
SHOM CDO FY2026 D...	2026-09-23 18:13:...	TH	Safe Housing Outr...	\$573,100	1 Year	DV Bonus	No	No	D46	

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.

☒

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.

☒

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
COSA Rapid Rehousing	2026-08-03 09:33:...	1 Year	Housing Authority...	\$227,091		Yes	PH	15		RRH	
Rapid Rehousing a...	2026-08-05 12:52:...	1 Year	Denton County Fri...	\$433,333		Yes	PH	20		RRH	
Permanent Support...	2026-08-05 14:11:...	1 Year	Abilene Regional ...	\$505,551	yes	Yes	PH	6		PSH	Individual
BHC Permanent Sup...	2026-08-05 14:10:...	1 Year	Abilene Regional ...	\$299,194	yes	Yes	PH	5		PSH	Survivor
New Housing Vision	2026-08-05 14:45:...	1 Year	West Central Texa...	\$915,279		Yes	PH	12		RRH	
Rapid Rehousing	2026-08-07 11:22:...	1 Year	Abilene Regional ...	\$347,459		Yes	PH	14		RRH	
Laredo Housing Au...	2026-08-10 09:35:...	1 Year	Housing Authority...	\$268,059		Yes	PH	16		RRH	
Rural Rapid ReHou...	2026-08-10 11:44:...	1 Year	Safer Path Family...	\$202,810		Yes	PH	21		RRH	
Connections PSH	2026-08-10 15:37:...	1 Year	Denton County MHMR	\$1,450,140		Yes	PH	9		PSH	
Transforming Live...	2026-09-20 10:06:...	1 Year	The Salvation Arm...	\$195,832		Yes	PH	7		PSH	
Pathways	2026-09-21 10:28:...	1 Year	Mid-Coast Family ...	\$328,928		Yes	Joint TH & PH-RRH	11			

Next Step Combined	2026-09-21 10:28:...	1 Year	Mid-Coast Family ...	\$1,015,307		Yes	PH	3		PSH	
RCCG C DV-RRH Proj...	2026-09-21 10:55:...	1 Year	Resource and Cris...	\$254,699		Yes	PH	13		RRH	
The Salvation Arm...	2026-09-21 11:22:...	1 Year	The Salvation Arm...	\$235,885		Yes	PH	19		RRH	
The Salvation Arm...	2026-09-21 11:27:...	1 Year	The Salvation Arm...	\$208,333		Yes	PH	4		PSH	
FY2026 HUD_DV1	2026-09-21 13:36:...	1 Year	Families In Crisi...	\$1,193,976		Yes	PH	10		RRH	
FY2026 HUD_DV2	2026-09-21 13:41:...	1 Year	Families In Crisi...	\$1,398,682		Yes	PH	17		RRH	
Project Bridge Ra...	2026-09-21 18:00:...	1 Year	The Salvation Arm...	\$377,373		Yes	PH	18		RRH	
GCC Permanent Hou...	2026-09-21 17:56:...	1 Year	The Gulf Coast Ce...	\$703,768		Yes	PH	8		PSH	
TX BoS CoC SSO-CE...	2026-09-21 18:38:...	1 Year	Homeless Network ...	\$311,518		Yes	SSO	2			
TX BoS CoC HMIS P...	2026-09-21 18:43:...	1 Year	Homeless Network ...	\$736,652		Yes	HMIS	1			

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?
TX-607 CoC Planni...	2026-09-21 18:41:...	1 Year	Homeless Network ...	\$1,500,000	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.

☐

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.

☐

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
This list contains no items									

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

Alert:

Applicants applying to Expand or Consolidate existing renewal grants will not be required to submit a combined version of the application.

Projects are prohibited from being included in a consolidation and an expansion in the same fiscal year competition.

4A. Consolidations

Instructions:

HUD encourages the consolidation of renewal grants. Project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 10 renewal grants into 1 consolidated grant with the final fully consolidated grant completed in the CoC post award process. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2027, as confirmed on the FY 2026 GIW and also confirmed with dates from eLOCCS. In addition, the project must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Consolidation(s) ☒

The Collaborative Applicant certifies the accuracy of all the individual renewal project applications related to this consolidation request(s) ☒

The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed ☒

CoC must complete the following fields for each grant consolidation requested.

	Surviving PIN	Terminating PIN #1	Terminating PIN #2	Terminating PIN #3	Terminating PIN #4	Terminating PIN #5	Terminating PIN #6	Terminating PIN #7	Terminating PIN #8	Terminating PIN #9
Consolidation #1	TX0529	TX0779								
Consolidation #2										
Consolidation #3										
Consolidation #4										
Consolidation #5										
Consolidation #6										
Consolidation #7										
Consolidation #8										
Consolidation #9										
Consolidation #10										

4B. Consolidation Comparison

Instructions

Project applicants can apply to expand eligible renewal projects by combining a renewal project application and up to 2 new expansion project applications. Renewal projects that are part of an expansion must have an expiration date in Calendar Year 2027 (as confirmed on the FY 2026 GIW or eLOCCS), must be the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, TH, SSO, SSO-CE or HMIS). HUD's website..

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Consolidation(s).

The Collaborative Applicant certifies the accuracy of all the individual renewal project applications related to this consolidation request(s)

Project Name	Date Submitted	Survivor PIN	Survivor PIN	Terminating PIN	Terminating PIN	Consolidation
This list contains no items						

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	\$11,609,869
New CoC Bonus and CoC Reallocation Amount	\$11,942,497
New DV Bonus Amount	\$1,299,100
New DV Reallocation Amount	\$1,051,398
YHDP Renewal and Replacement Amount	\$0
YHDP Reallocation Amount	\$0
CoC Planning Amount	\$1,500,000
Rejected Amount	\$1,517,848
Total Funding Request	\$27,402,864

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	TX-607 2991s	09/24/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: TX-607 2991s

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	09/24/2026
2. Reallocation	09/24/2026
2A. Grant(s) Eliminated	09/24/2026
2B. Grant(s) Reduced	No Input Required
3A. CoC New Project Listing	09/24/2026
3B. CoC Renewal Project Listing	09/24/2026

3D. CoC Planning Project Listing	09/24/2026
3E. YHDP Renewal Project Listing	No Input Required
3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/24/2026
4A. Consolidations	09/24/2026
4B. Consolidation Comparison	No Input Required
Funding Summary	No Input Required
Attachments	09/24/2026
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: **TX BoS CoC HMIS Project FY 2026 Renewal**
 Location of the Project: **THN, 3000 S. IH-35, Suite 100, 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) Program 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 requirements to establish and operate an HMIS, as described in 24 CFR Part 578.**

Strategic Plan and/or
 Consolidated Plan Goals

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

Note: After reviewing the information, the state has not found anything inconsistent with the Consolidated Plan

Certifying Official of the Jurisdiction

Name: **Jeremy Stremmler**

Title: **Director, Housing Resource Center**

Signature & Date: 

07/06/2026

Please email form to:
Jeremy.Stremmler@tdhca.texas.gov

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 emailed to the requester.

If you have any questions, please contact Jeremy Stremmler at (512) 936-7803

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: **TX BoS CoC SSO-CE FY26**
 Location of the Project: **THN, 3000 S. IH-35, Suite 100, Austin, TX 78704**
 Brief Description of the Project: **This project will enhance the operation of Coordinated Entry, a HUD-required activity of Continuums of Care. THN staff will be assigned to specific regions within the TX-607 service area to organize and carry out the TX-607 Coordinated Entry process in those communities. The staff will support the implementation of best practices related to identification, assessment, prioritization, and referral of people that qualify under the definition of homeless and at-risk of homelessness at 24 CFR 578.**

Needs the Project Will Address: **This project will meet the needs of communities and households to promote rapid placement into housing from homeless situations through intentional coordination and engagement with households and service providers.**

Strategic Plan and/or
 Consolidated Plan Goals

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

Note: After reviewing the information, the state has not found anything inconsistent with the Consolidated Plan

Certifying Official of the Jurisdiction

Name: **Jeremy Stremler**

Title: **Director, Housing Resource Center**

Signature & Date: 

07/06/2026

Please email form to:
Jeremy.Stremler@tdhca.texas.gov

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 emailed to the requester.

If you have any questions, please contact Jeremy Stremler at (512) 936-7803

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Mid-Coast Family Services

Project Name: Next Step

Location of the Project: Victoria, TX

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

Continuum of Care - 14.267

Name of Certifying Jurisdiction: Victoria, TX

Certifying Official of the Jurisdiction

Name: Julie Fulgham

Title: Director of Development Services

Signature: Julie Fulgham

Digitally signed by Julie Fulgham
Date: 2026.06.08 09:04:11 -05'00'

Date: 06/08/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

4

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: The Salvation Army, a Georgia Corporation for Temple, TX

Project Name: The Salvation Army- Temple Permanent Supportive Housing Program

Location of the Project: Temple, TX serving all of Bell County, TX

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

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Temple

Certifying Official of the Jurisdiction

Name: Brynn Myers

Title: City Manager

Signature:

DocuSigned by:

Brynn Myers

E37CE5415DD84F8...

Signed by:



Date: 6/17/2026 | 11:26 AM CDT

APPROVED AS TO FORM:

Signed by:

Kyle Nuttall

5AC28B8E9F4B494...

City Attorney's Office

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Abilene Regional MHMR Center dba Betty Hardwick Center

Project Name: BHC Permanent Supportive Housing

Location of the Project: Betty Hardwick Center, 2616 S. Clack Street, Abilene, Texas 79606

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

HUD Continuum of Care

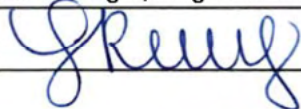
Name of Certifying Jurisdiction: City of Abilene

Certifying Official of the Jurisdiction

Name: Leticia Reeves

Title: Division Manager, Neighborhood Services

Signature:



Date: 7-6-26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Abilene Regional MHMR Center dba Betty Hardwick Center

Project Name: BHC Permanent Supportive Housing Plus

Location of the Project: Betty Hardwick Center, 2616 S. Clack Street, Abilene, Texas 79606

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

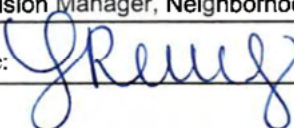
HUD Continuum of Care

Name of Certifying Jurisdiction: City of Abilene

Certifying Official of the Jurisdiction

Name: Leticia Reeves

Title: Division Manager, Neighborhood Services

Signature: 

Date: 7-16-26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: The Salvation Army, a Georgia Corporation

Project Name: Transforming Lives PSH

Location of the Project: 1804 Buford Street, Corpus Christi, TX 78404

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:

Title:

Signature:

Date:

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: The Gulf Coast Center

Project Name: GCC Permenant Housing

Location of the Project:4700 Broadway, Suite F100 Galveston, TX 77551

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction:City of Galveston

Certifying Official of the Jurisdiction

Name:Rebekah Anderson

Title:Director, Grants & Housing

Signature: *Rebekah Anderson*

Date: 07/02/26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**9
OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name:Denton County MHMR Center

Project Name:Connections PSH

Location of the Project:2519 Scripture St.

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

HUD Texas Balance of State Continuum of Care

Name of Certifying Jurisdiction:City of Denton

Certifying Official of the Jurisdiction

Name:Jesse Kent

Title:Director of Services

Signed by:
Signature

Signed by:

Jesse Kent

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Date:June 24, 2026

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

 OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Families In Crisis, Inc.

Project Name: FY2026_HUD_DV1

Location of the Project: Killeen

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

FY 2026 Continuum of Care

Name of Certifying Jurisdiction: City of Killeen

Certifying Official of the Jurisdiction

Name: Kent Cagle

Title: Interim City Manager

Signature: Kent Cagle

 Digitally signed by Kent
 Cagle
 Date: 2026.06.17
 09:47:48 -0600

Date:

hcc

TM

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Mid-Coast Family Services

Project Name: Pathways

Location of the Project: Victoria, TX

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

Continuum of Care - 14.267

Name of Certifying Jurisdiction: Victoria, TX

Certifying Official of the Jurisdiction

Name: Julie Fulgham

Title: Director of Development Services

Signature: Julie Fulgham

Digitally signed by Julie Fulgham
Date: 2026.06.08 09:03:19 -05'00'

Date: 06/08/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: West Central Texas Regional Foundation

Project Name: New Housing Vision Program

Location of the Project: West Central Texas Council of Governments, 3702 Loop 322, Abilene Texas 79602

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

HUD Continuum of Care Program

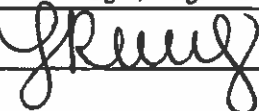
Name of Certifying Jurisdiction: City of Abilene

Certifying Official of the Jurisdiction

Name: Leticia Reeves

Title: Division Manager, Neighborhood Services

Signature:



Date: 7-6-26

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

13
OMB Number: 2501-0044
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Applicant Name: Resource & Crisis Center of Galveston County, Inc.

Project Name: RCCGC DV-RRH Project 2026

Location of the Project: P.O. Box 3339, Galveston TX 77552

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

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Galveston, Texas

Certifying Official of the Jurisdiction

Name: Rebekah Anderson

Title: Director of Grants & Housing

Signature:

Rebekah Anderson

Date:

07/29/26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Abilene Regional MHMR Center dba Betty Hardwick Center

Project Name: BHC Rapid Rehousing

Location of the Project: Betty Hardwick Center, 2616 S. Clack Street, Abilene, Texas 79606

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

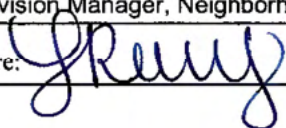
HUD Continuum of Care

Name of Certifying Jurisdiction: City of Abilene

Certifying Official of the Jurisdiction

Name: Leticia Reeves

Title: Division Manager, Neighborhood Services

Signature: 

Date: 7-6-26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Housing Authority of San Angelo

Project Name: COSA Rapid Rehousing

Location of the Project: San Angelo, TX (420 E. 28th Street, San Angelo, TX 76904)

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

Continuum of Care (HUD)

Name of Certifying Jurisdiction: City of San Angelo

Certifying Official of the Jurisdiction

Name: Angela Bloss

Title: Director

Signature: Angela Bloss

Date: 06/16/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Housing Authority of the City of Laredo

Project Name: Laredo Housing Authority RRH FY 2026

Location of the Project: Laredo, TX

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

Department of Housing and Urban Development

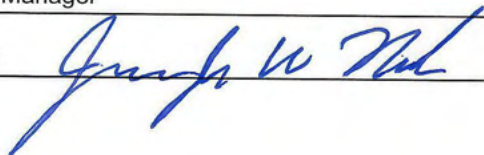
Name of Certifying Jurisdiction: City of Laredo

Certifying Official of the Jurisdiction

Name: Joseph Neeb

Title: City Manager

Signature:



JAK

Date:

7/2/24

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

 OMB Number: 2501-0044
 Expiration Date: 2/28/2027

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Applicant Name: Families In Crisis, Inc.

Project Name: FY2026_HUD_DV2

Location of the Project: Killeen

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

FY 2026 Continuum of Care

Name of Certifying Jurisdiction: City of Killeen

Certifying Official of the Jurisdiction

Name: Kent Cagle

Title: Interim City Manager

Signature: Kent Cagle

Digitally signed by Kent
Cagle
Date: 2026.06.17
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Date:

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Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: The Salvation Army, a Georgia Corporation

Project Name: Project Bridge RRH

Location of the Project: 1804 Buford Street, Corpus Christi, TX 78404

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:

Title:

Signature:

Date:

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**19
OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: The Salvation Army, a Georgia Corporation for Temple, TX

Project Name: The Salvation Army- Temple Rapid Rehousing Program

Location of the Project: Temple, TX serving all of Bell County, TX

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

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Temple

Certifying Official of the Jurisdiction

Name: Brynn Myers

Signed by:

Title: City Manager



Signature:

DocuSigned by:

Brynn Myers

E37CE5415DD84F8...

Date: 6/17/2026 | 11:26 AM CDT

APPROVED AS TO FORM:

Signed by:

Kyle Northall

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City Attorney's Office

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Denton County Friends of the Family, Inc.

Project Name: Rapid Rehousing and Supportive Services for DV Survivors

Location of the Project: 4845 S. I35E. Corinth, TX. 76210

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

HUD Continuum of Care Program

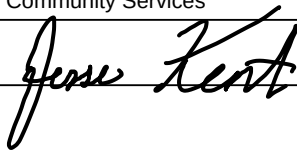
Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction

Name: Jesse Kent

Title: Director of Community Services

Signature:



Date: 6 July 26

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: Safer Path Family Violence Shelter, Inc.

Contact Name: Rhonda Williamson

Contact Phone Number: (830)224-6000

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

Project Name: Rural Rapid Rehousing for Domestic Violence Survivors in Atascosa County

Location of the Project: 506 W. Adams, Pleasanton, TX, Atascosa County, 78064

Brief Description of the Project: Safer Path is seeking funding to provide rapid rehousing to survivors of Domestic Violence in rural south Texas. The agency's mission with this project is to provide economic assistance to survivors in Atascosa County which has limited resources and few affordable housing opportunities.

Needs the Project Will Address: The project will address the needs of survivors of Domestic Violence who cannot obtain or meet the requirements of local affordable housing entities.

Strategic Plan and/or Consolidated Plan Goals Addressed (TDHCA use only):

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

Certifying Official of the Jurisdiction

Name: **Jeremy Stremmler**

Title: **Director, Housing Resource Center**

Signature & Date: Jeremy Stremmler 09/24/2026

Please email form to:
Jeremy.Stremmler@tdhca.texas.gov

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 emailed to the requester.

If you have any questions, please contact Jeremy Stremmler at (512) 936-7803

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

22
OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Panhandle Community Services

Project Name: Panhandle Community Services Transitional Housing 2026

Location of the Project: 1309 SW 8th Ave, Amarillo, TX 79101

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction: TDHCA Balance of State

Certifying Official of the Jurisdiction

Name: Jeremy Stremmler

Title: Housing Resource Center (HRC) Director

Signature: *Jeremy Stremmler*

Date: 09/21/2026

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

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Applicant Name: Odessa Links, Inc.

Project Name: Project HOPE FY26

Location of the Project: 119 W. 4th Street, Suite 201

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction: Odessa, Texas

Certifying Official of the Jurisdiction

Name: Aaron Smith

Title: City Manager

Signature: [Signature]

Date: 6/25/26

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

24
OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: City of Texarkana Texas

Project Name: Texarkana Homeless Coalition : Doorways Home

Location of the Project: 220 Texas Blvd Texarkana, Texas 75501

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

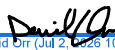
HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of Texarkana, Texas

Certifying Official of the Jurisdiction

Name: David Orr

Title: City Manager

Signature:  David Orr (Jul 2, 2026 10:47:11 CDT)

Date: 07/01/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**25
OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Giving Grace, Inc.

Project Name: FY26 Transition Grant for RRH

Location of the Project: 1302 Teasley Lane, Denton, Texas 76205

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

HUD Continuum of Care Program.

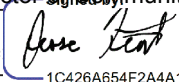
Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction

Name: Jesse Kent

Title: Director of Community Services

Signature



1C426A654F2A4A1...

Date: 7/6/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Friendship of Women, Inc.

Project Name: Pathways to Safe Housing **Pathways to Safe Transitional Housing**

Location of the Project: Brownsville, Texas, Cameron County, Texas

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

Continuum of Care Program

Name of Certifying Jurisdiction: City of Brownsville, Texas

Certifying Official of the Jurisdiction

Name: Armando Rangel

Title: Assistant Director of Community Development

Signature: 

Date: 6/23/20

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: Christian Community Action

Project Name: Building Foundations Transitional Housing Program

Location of the Project: Main Office 200 South Mill Street, Lewisville, TX 75057 (serving Denton County)

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

HUD Continuum of Care

Name of Certifying Jurisdiction: Lewisville

Certifying Official of the Jurisdiction

Name: Claire Powell

Title: City Manager

Signature: Claire Powell

Date: 6/17/26

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: United Way of Denton County

Project Name: FY2026 CoC SSO-Standalone

Location of the Project: 1314 Teasley Lane, Denton, TX 76205

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction

Name: Jesse Kent

Title: Director of Community Services

Signature:



Date: 07/02/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**29
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Giving Grace, Inc.

Project Name: FY26 Transition Grant for PSH

Location of the Project: 1302 Teasley Lane, Denton, Texas 76205

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

HUD Continuum of Care Program.

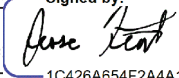
Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction

Name: Jesse Kent

Title: Director of Services

Signed by:
Signature



1C426A654F2A4A1...

Date: 7/6/2026

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: The Heights Ellis County Family Resources Inc.
 Contact Name: Jennifer Salzman
 Contact Phone Number: 469-672-6351

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

Project Name: HIVE: Housing-Integrated Victim Empowerment
 Location of the Project: 2230 Bryan Place, Midlothian, Texas 76065
 Brief Description of the Project: Funding for HIVE program to help with getting clients into housing to restart their lives after the effects of domestic abuse.
 Needs the Project Will Address: Housing for victims of domestic abuse to start their lives over and have a stable living situation.

Strategic Plan and/or
 Consolidated Plan Goals: To provide rental assistance to 15 clients and their children to help them get back on their feet after domestic abuse.

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

Certifying Official of the Jurisdiction

Name: **Jeremy Stremler**

Title: **Director, Housing Resource Center**

Signature & Date:

Jeremy Stremler 06/29/2026

Please email form to:

Jeremy.Stremler@tdhca.texas.gov

Note: After reviewing the information, the state has not found anything inconsistent with the Consolidated Plan.

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 emailed to the requester.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name:

Project Name:

Location of the Project:

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

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction
Name:

Title:

Signature: *Rebekah Anderson*

Date:

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Samaritan Women at the Well

Project Name: GRACE TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES

Location of the Project: 2600 Gulf FWY, Suite A, LA MARQUE, TEXAS 77568

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

HUD - Continuum of Care Program

Name of Certifying Jurisdiction: City of Galveston

Certifying Official of the Jurisdiction

Name: Rebekah Anderson

Title: Director, Grants & Housing

Signature: *Rebekah Anderson*

Date: 07/01/26

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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Applicant Name: The Salvation Army, a Georgia Corporation-Sherman

Project Name: TSA Grayson, Fannin, and Cooke Counties HUD CoC Project

Location of the Project: 5700 Texoma Parkway, Sherman TX, 75090

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

HUD Continuum of Care Program

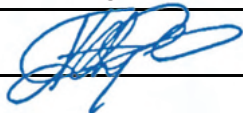
Name of Certifying Jurisdiction: State of Texas

Certifying Official of the Jurisdiction

Name: Col. Kenneth Johnson

Title: Texas Divisional Commander

Signature:



Date: 07/07/2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Blanco River Regional Recovery Team

Project Name: Housing Stability Services

Location of the Project: 903 S I-35 South Frontage Rd, San Marcos, TX 78666 (Proposed Project Site)

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

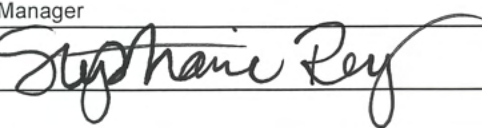
Type HUD Continuum of Care (CoC) Program

Name of Certifying Jurisdiction: City of San Marcos

Certifying Official of the Jurisdiction

Name: Stephanie Reyes

Title: City Manager

Signature: 

Date: July 1, 2026

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: NB Housing Partners

Project Name: NBHP First Footing Supportive Services

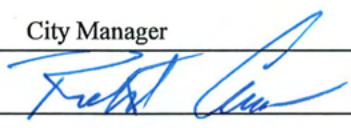
Location of the Project: 4120 Loop 337, New Braunfels, TX 78130

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

Name of Certifying Jurisdiction: City of New Braunfels (Comal and Guadalupe Counties), Texas

Certifying Official of the Jurisdiction
Name: Robert Camareno

Title: City Manager

Signature: 

Date: 7/10/2026

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Applicant Name: Family Endeavors, Inc. dba Endeavors

Project Name: SSO-TXBOS-Endeavors

Location of the Project: 2501 Palmer Hwy, Suite 110, Texas City, TX 77590

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

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Galveston

Certifying Official of the Jurisdiction

Name: Rebekah Anderson

Title: Director of Grants & Housing

Signature: Rebekah Anderson

Date: 07/01/26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Housing Authority of the City of Laredo

Project Name: Laredo Housing Authority TH FY 2026

Location of the Project: Laredo, TX

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

Department of Housing and Urban Development

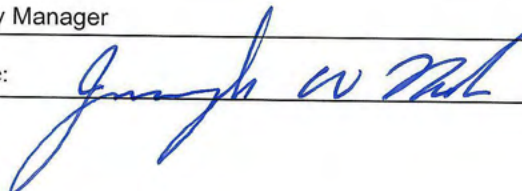
Name of Certifying Jurisdiction: City of Laredo

Certifying Official of the Jurisdiction

Name: Joseph Neeb

Title: City Manager

Signature:



JAR

Date: 7/2/26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: Denton Affordable Housing Corporation

Project Name: McAdams Haven

Location of the Project: 900, 914, 920 Lindsey St. & 1518 Bernard St

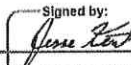
Name of the Federal Program to which the applicant is applying:

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction
Name: Jesse Kent

Title: Director of Community Services

Signature: 
F418EB1B782348F...

Date: 6/16/2026

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Applicant Name: Everybody's Place of Galveston County

Project Name: The Parish Supportive Housing Community in La Marque, Texas

Location of the Project: 1825 Howell Ave, La Marque, TX 77568

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

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Galveston

Certifying Official of the Jurisdiction

Name: Rebekah Anderson

Title: Director, Grants & Housing

Signature: *Rebekah Anderson*

Date: 07/15/26

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

40
OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Foundation for the Homeless

Project Name: Transitional Empowerment Program

Location of the Project: 500 E St Johns Ave, Suite 2.400, Austin, TX 78752

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

~~HUD CoC Program~~ HUD Continuum of Care Program

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction

Name: Steve Snell

Title: Williamson County Judge

Signature: 

Date: 12/23/2025

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Our Daily Bread

Project Name: Street Outreach

Location of the Project: 909 N Loop 288, Denton TX 76209

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

HUD Continuum of Care Program

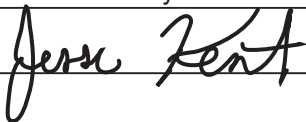
Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction

Name: Jesse Kent

Title: Director of Community Services

Signature:



Date: 29 June 2026

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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Applicant Name: The Gulf Coast Center

Project Name: GCC Community Navigation Project

Location of the Project: 4700 Broadway, Suite F100 Galveston, TX 77551

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of Galveston

Certifying Official of the Jurisdiction

Name: Rebekah Anderson

Title: Director, Grants & Housing

Signature: *Rebekah Anderson*

Date: 07/02/26

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

 OMB Number: 2501-0044
 Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current approved Consolidated Plan. (Complete the fields below.)

Applicant Name: West Central Texas Regional Foundation

Project Name: Rural Connections Street Outreach Program

Location of the Project: West Central Texas Council of Governments, 3702 Loop 322, Abilene Texas 79602

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of Abilene

Certifying Official of the Jurisdiction

Name: Leticia Reeves

Title: Division Manager, Neighborhood Services

Signature:



Date:

7-6-26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Concho Valley Community Action Agency (CVCAA)

Project Name: CVCAA Rock Rose Continuum of Care Transitional Housing Program

Location of the Project: San Angelo, Texas

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

FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO CPD-2600-DC-0025

Name of Certifying Jurisdiction: City of San Angelo

Certifying Official of the Jurisdiction

Name: Angela Bloss

Title: Director of Neighborhood & Family Services

Signature:

Date:

7.20.20

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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OMB Number: 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: United Way of Denton County

Project Name: FY2026 CoC SSO- Partner

Location of the Project: 1314 Teasley Lane, Denton, TX 76205

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

HUD Continuum of Care Program

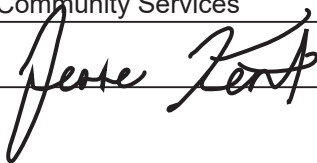
Name of Certifying Jurisdiction: City of Denton

Certifying Official of the Jurisdiction

Name: Jesse Kent

Title: Director of Community Services

Signature:



Date: 7/2/2026

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: SAFE HOUSING OUTREACH MINISTRY A REFUGE FOR BATTERED WOMEN AND CHILDREN

Contact Name: Ashley A. Brown

Contact Phone Number: 469-931-4065

Name of the Federal Program to which the Applicant is Applying: HUD CoC Program DV Bonus

Project Name: SHOM CDO FY2026 DV TH Kaufman County

Location of the Project: Kaufman, Henderson, Ellis & Rockwall Counties, TX

Brief Description of the Project: SHOM CDO FY2026 DV TH Kaufman County is a Transitional Housing project providing 15 units of safe housing paired with comprehensive wraparound supportive services for survivors of domestic violence, dating violence, sexual assault, and stalking and their children in Kaufman, Henderson, Ellis, and Rockwall Counties, Texas. Participants receive up to 182 days of transitional housing with trauma-informed case management, DV advocacy, safety planning, workforce development, and permanent housing navigation.

Needs the Project Will Address: The project addresses the critical shortage of safe, DV-specific transitional housing in rural East Texas. Kaufman, Henderson, Ellis, and Rockwall Counties lack dedicated transitional housing units for DV survivors, leaving families with no safe alternative to returning to their abusers. SHOM's project will provide immediate safety, housing stability, and a structured pathway to permanent independent housing for 15 households simultaneously, serving approximately 30 households annually.

Strategic Plan and/or Consolidated Plan Goals: : Increase access to safe housing and supportive services for survivors of domestic violence and persons experiencing homelessness in rural Texas communities, consistent with the State of Texas Consolidated Plan priorities for housing stability, homelessness prevention, and special needs populations.

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

Certifying Official of the Jurisdiction

Name: **Jeremy Stremmler**

Title: **Director, Housing Resource Center**

Signature & Date:  07/01/2026

Please email form to:
Jeremy.Stremmler@tdhca.texas.gov

Note: After reviewing the information, the state has not found anything inconsistent with the Consolidated Plan.

If you have any questions, please contact Jeremy Stremmler at (512) 936-7803

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: Comal County Family Violence Shelter d/b/a Crisis Center of Comal County

Project Name: CCCC Transitional Living Housing Program

Location of the Project: New Braunfels, Texas

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

HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of New Braunfels

Certifying Official of the Jurisdiction

Name: Robert Camareno

Title: City Manager

Signature: 

Date: 7/15/26

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: **TX-607 CoC Planning Project FY2026**
 Location of the Project: **THN, 3000 S. IH-35, Suite 100, 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 (214 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.**

Strategic Plan and/or
 Consolidated Plan Goals

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

Note: After reviewing the information, the state has not
 found anything inconsistent with the Consolidated Plan

Certifying Official of the Jurisdiction

Name: **Jeremy Stremmler**

Title: **Director, Housing Resource Center**

Signature & Date: 

07/06/2026

Please email form to:
Jeremy.Stremmler@tdhca.texas.gov

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 emailed to the requester.

If you have any questions, please contact Jeremy Stremmler at (512) 936-7803