

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: TN-507 - Jackson/West Tennessee CoC

1A-2. Collaborative Applicant Name: Jackson-Madison County General Hospital

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Tennessee Homeless Solutions

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Nonexistent	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

TN-507 CoC is continuously conducting outreach in the 23 county service area to identify new groups of people, agencies, and resources that can play a role to ending homelessness. TN-507 website invites new members to join with information on who to contact to join the CoC. Membership is open year-round and also announced at quarterly CoC meetings. When agencies and individuals are identified, the COC extends an invitation to join via email. The Collaborative Applicant works with Housing Navigators to identify disabled homeless and former homeless for membership in the CoC. Cards with homeless hotline number and COC accessible website with invites are distributed widely in the service area, including youth with disabilities. The Hotline provides a toll free number where people can receive information on the CoC, meeting times, and how to get involved. The CoC has an active Youth Action Board (YAB) composed of formerly homeless youth that participate in outreach events at least quarterly to ensure the invitation for new members is distributed all across the TN-507 coverage area. Online invitations can be assessed through CoC website. There is also a very simple, quick method online to complete (4 lines) and when submitted will be sent to CoC gmail account, which answers the request to become a new member, and they are added to the CoC Membership listing. CoC membership is unlimited and TN -507 has initiated an open invitation. Any person or agency may become a member of TN-507 if there is an interest, serve a homeless population, or become informed about the work being done in the service area to prevent and end homelessness.

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

(limit 2,500 characters)

TN-507 Continuum of Care solicits and considers opinions through social media, community outreach, CoC website, and CoC meetings. The CoC website has a “Share you Voice: Help Shape Our Responses to Homelessness” section. This section has two ways of accessing community feedback: through a Feedback Survey or an email comment form. Feedback received through this survey, email, public meetings, listening sessions, individuals with lived experience, community partners, CoC members, and other stakeholder engagement activities is periodically compiled and reviewed by CoC leadership and appropriate committees. Feedback is considered alongside HMIS data, Point-in-Time Count data, system performance measures, community needs assessments, and other available information when evaluating CoC performance, establishing priorities, developing strategies, and making planning decisions. The CoC has regular committee meetings, most particularly every other week case conferencing meetings. During these meetings, agencies who provide direct service to homeless, participate and routinely provide their opinions on tactics and broader strategies. The YAB meets monthly and discuss their ideas on preventing and ending homelessness, especially for youth homeless. The YAB, CoC Planning, and Executive Board have actively been conducting community meetings throughout 23 counties to gain knowledge, feedback, and opinions on strategies to prevent and end homelessness. The COC has workshops and trainings, in addition to our CoC meetings, and solicit opinions from the community on preventing and ending homelessness. TN-507 currently has a strategic plan committee composed of individuals with lived experience as well to solicit and consider opinions on preventing and ending homelessness.

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

(limit 2,500 characters)

TN-507 CoC Collaborative Applicant (CA) and Coordinating Committee meet and determine a calendar for local competition and acceptance of project applications. The calendar with information, notification of deadlines, dollar amount available for bonus applications and any new project specifications are posted on the CoC website and emailed to all CoC members. The CoC conducts outreach with organizations who have not previously applied for CoC funding strongly encourages applications from them. The CA and Coordinating Committee met with each organization that had not previously applied for funding and none of the organizations wanted to apply this year but four of the organizations definitely want to apply for FY27 CoC funds. They all felt that there was not enough time to organize a new project. The process and timelines on how to submit applications for CoC funding is announced at CoC meetings and posted on the website. The CoC has a grant writer that is available free of charge to write project applications. The grant writer has individualized meetings with new and current agencies to write their applications. The Coordinating Committee also has personal contact with new agencies to encourage new applications. The grant writer is also provided at no cost to agencies through the Collaborative Applicant, Jackson-Madison County General Hospital. This ensures all project applications are submitted according to deadlines submitted by the Steering Committee. Any organization that is interested in applying contacts the Lead Agency and the grant writer to set up meetings with them to complete the information needed for her to write renewal or new applications. The Steering Committee meets to rank and rate renewal and new project applications. A determination of threshold is made for each application, and if so are included in the competition process. As long as HUD thresholds are met by applicants, they are submitted to HUD after Steering Committee ranking. Applications are scored using the CoC's ranking and rating tool that is available on the CoC website. Minimum requirements for applications to be considered is to meet threshold requirements on the tool. Meetings are held with potential new applicants this year, however none of the potential new applicants applied this year, but definitely want to apply next year and the CoC Planning Team help them apply for CoC funding as well as Federal Home Loan Bank AHP Grant funding.

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

(limit 2,500 characters)

The comprehensive strategies that TN-507 will use is to solicit surveys, conduct public meetings, conduct listening sessions, and gather emails that are received from the CoC website's section "Share you Voice: Help Shape Our Responses to Homelessness". Feedback received through this survey, email, public meetings, listening sessions, individuals with lived experience, community partners, CoC members, and other stakeholder engagement activities is periodically compiled and reviewed by CoC leadership and appropriate committees. The Feedback helps identify gaps and incorporates comprehensive strategies for reducing homelessness for chronically homeless individuals and families. Other Feedback that will be considered is HMIS data, Point-in-Time Count data, system performance measures, community needs assessments, and other available information when evaluating CoC performance, establishing priorities, developing strategies, and making planning decisions. Through this process, the CoC will establish and adopt quantifiable System Performance Measures for CoC projects. This process has already begun and will be completed by December 2026. It will be updated on a quarterly basis thereafter. Strategies will include but are not limited to additional rapid rehousing projects, access to substance abuse treatment, additional sober living projects, and additional street outreach teams. Specific funding sources for planned activities will be CoC funding, Federal Home Loan Bank funding, HOME-ARP funding, and foundation funding. The body responsible for overseeing the implementation of specific strategies will be the Collaborative Applicant, the Coordinating Committee, and the Governance Board.

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

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

1C. Coordination and Engagement

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

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- Frequently Asked Questions

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

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

(limit 2,500 characters)

TN-507 is a rural CoC and has only one project that has substance abuse residential treatment available on site. However, all TH/RRH/PSH projects have access to substance abuse treatment through outpatient services in all 23 counties in our CoC Coverage area. All projects have access to the two detox facilities located in Jackson, TN. There are also five 28-day residential substance abuse treatment programs that all CoC projects, regardless of where the client resides, can access treatment.

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

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

(limit 2,500 characters)

TN-507 partners with all the Community Mental Health Centers and Substance Abuse Treatment providers in the TN-507 coverage area. The Community Mental Health Centers provide outpatient treatment for mental health for our clients that includes but is not limited to: mental health case management, medication management, recovery supports, PATH case management, psychosocial interventions, behavioral health services, and IPS Supported Employment. The Substance Abuse providers that TN-507 partners with provide the following services for our clients that include but are not limited to the following: outpatient Substance Abuse services, residential Substance Abused Services, Continuum of care treatment services, and recovery support. Also, TN-507 has a CoC Rental Assistance project in Southwest Tennessee that Quinco Mental Health Center operates. It provides mental health services on-site such as mental health case management. T.A.M.B. of Jackson, one of our substance abuse providers, operates a permanent housing sober living home. It is located on their campus and provides intensive outpatient substance abuse services on-site.

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

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

(limit 2,500 characters)

The Collaborative Applicant, Jackson-Madison County General Hospital, has funding from the State of Tennessee that provides certified peer recovery specialists (CPRS) in the community to assist individuals with substance misuse issues to link with appropriate detox, residential treatment and recovery programs. Called Peer Lifeline staff, these individuals conduct outreach throughout the service area. Pathways Behavioral Health Services community mental health center has recovery navigators that are located in emergency departments of Jackson-Madison County General Hospital, West Tennessee Healthcare Dyersburg Hospital and answer calls in six other rural West Tennessee Healthcare hospitals emergency rooms. These Navigators work with patients coming into emergency rooms that have substance abuse issues. Once the patient's medical issue is stabilized, Navigators conduct intakes with the overall goal to refer patients to detox, residential treatment, or intensive outpatient services. When patients are admitted to the hospital, Navigators conduct their intakes on the inpatient units of the Hospitals. Lifeline Peer Specialists and Recovery Navigators partner with TN-507 CoC on street outreach, conducting intakes with individuals in encampments and on the street. They also help with the annual point-in-time count.

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

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

(limit 2,500 characters)

TN-507 is a rural CoC and does not have any Assertive Community Treatment teams, so we have been innovative by using our Housing Navigators and PATH. The Housing Navigators provide outreach and intake for any individual or family that is referred to Coordinated Entry. If during the intake, a homeless individual is identified as experiencing Serious Mental Illness, the Housing Navigator contacts the PATH case manager to connect them with mental health services. If there are not PATH programs in the county that the homeless individual is in, the Housing Navigator will reach out to the local Community Mental Health Center and connect the client with mental health services for their mental health stability. Also, the Housing Navigator will help the client to locate Emergency Housing until Permanent Housing can be established for the homeless individual or family. This warm hand off promotes long-term stability for the client.

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

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

(limit 500 characters)

The CoC works with the City of Jackson Recovery (Drug) Court and the City of Jackson Mental Health Court. The CoC works with the 24/7/365 Pathways of Tennessee Walk In Crisis Triage Walk In Center where inpatient civil commitments can be addressed,

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

(limit 2,500 characters)

The CoC has submitted with this application a project for a new, Madison County Homeless Court which leverages and requires a court order. This court is primarily for unhoused homeless individuals who have been arrested for misdemeanor charges of trespassing, public intoxication, or minor drug charges. The City Court in Jackson-Madison County, Tennessee will hear these cases. The Homeless Court will collaborate with the current Recovery Court, and Mental Health Court operating in Jackson City Court to determine which resources best fits the needs of the offender. The Homeless Court will be staffed by a case manager and a Jobs Specialist. Individualized program will be designed from a comprehensive assessment. The program will be offered to defendants in lieu of serving jail sentences. Defendants may be placed on probation as well. Once defendant agrees to the program, the court orders participation. The Applicant will provide transitional housing (1 bedroom units) for a maximum of 15 participants in the program at one time. Based on needs and the fact that many unhoused homeless have substance misuse issues, participants may be sent to detoxification then 30 days of residential treatment. Upon entering transitional housing, participants will attend regular peer support groups, mental health counseling, and either attend education or job training. Transportation will be provided by the Applicant to education (adult education, technical school, or community college) or job training mainly provided by Goodwill Solutions Center. Goodwill provides a 4 week construction course, job readiness courses (resume writing, interviewing, soft skills, financial literacy, office productivity, and beginner OPS. Case Manager will ensure participant receives needed support services and Job Specialist will help participant match with a job. The goal of the program is for participants to secure employment, become stable, save funds and move on from the program into their own housing. Participants will return to court for updates with the Judge on a regular basis.

When unhoused homeless individuals are arrested on felony charges such as drug charges these cases will be heard in Circuit Court following the same procedures as described above. All the main partners for this proposal: District Attorney, Chief of Police, Sheriff, City Attorney, Judges, Mayor, Recovery Court staff, Mental Health Court staff, and Public Defender have provided feedback for this proposal.

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

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

(limit 500 characters)

TN-507 partners with Pathways of Tennessee Community Health Center with their crisis triage walk in center, their mobile outreach services. The Collaborative Applicant, Jackson-Madison County General Hospital, owns Pathways of Tennessee and partnership is strong.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	29

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

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

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

(limit 500 characters)

The Collaborative Applicant, Jackson-Madison County General Hospital, also owns Pathways of Tennessee, Inc. a community mental health center. Pathways of Tennessee operates a mental health hospital, detox services, intensive outpatient program, and outpatient counseling. Pathways also has a 24/7/365 crisis triage and walk-in center, and PATH program for homeless. Formal partnership is evident through common ownership.

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

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

(limit 500 characters)

T.A.M.B. of Jackson, that operates the project McCowat House and is a longstanding member of TN-507. The organization has 132 sober housing in 12 houses across three counties (Madison, Hardin, Henderson counties)

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

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

(limit 2,500 characters)

TN-507 coordinates with T.A.M.B. of Jackson and Quinco Community Mental Health Center to facilitate a warm hand off through our Coordinated Entry process. Our Coordinated Entry process has no wrong door and has Housing Navigators (Homeless Outreach Staff) in that cover our entire 23-county coverage area. There are multiple ways for referrals to obtain help for their housing and service needs. First, TN-507 has a website that has a “Need Help” button that allows the homeless individual or family to complete a one-page form that gather information for the Housing Navigator in their area to reach out to them. Housing Navigator will go directly to the place identified on the referral form and verify literally homeless status and complete an Intake, if verified, that will be entered into HMIS and the person will be placed on the Coordinated Entry List. At time of Intake, Housing Navigator will access mental health or substance abuse treatment and recovery services when warranted. Housing Navigator and client will conduct a Housing Needs Assessment and determine if T.A.M.B. of Jackson or Quinco Community Mental Health Center will be part of the plan, if it is determined that Substance Abuse Treatment and Housing are needed. During Case Conferencing, the Housing Navigator will discuss the client and their housing needs. If T.A.M.B. of Jackson or Quinco Community Mental Health have any openings and the client is next on the list, they coordinate housing/service placement. If there is not an opening at the time of Intake, Housing Navigator will place client in Emergency Housing (Motel Voucher). Once, TA.M.B. of Jackson or Quinco Community Mental Health has an opening, Housing Navigator will assist the client in moving from Emergency Housing into their housing. To facilitate this warm hand-off, Housing Navigator uploads all paperwork and documents into HMIS, so T.A.M.B. of Jackson or Quinco Community Mental Health has access to the client file and stays in contact with the client and organization until they are housed.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$5,677,535
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$3,219,003
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	57%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$20,000
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	57%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

TN-507 consulted with ESG Program recipients (Tennessee Housing Development Agency (THDA) -State of TN ESG recipient) in planning and allocating ESG Program funds through participation in the meetings that they held by CoC Lead Applicants. THDA held a meeting this year prior to ESG funding opportunity to discuss how to be equitable to the nine CoC's across the State for ESG funds. After discussing the options available for ESG distribution, it was decided that THDA would divided between each ESG Non-entitlement Continuum of Cares (CoC's) across the state. The allocation will be on a pro-rata share determination based on housing needs data. To coordinate with the CoC's, THDA requested input from the COC regarding the applicant's involvement in systemwide planning, alignment between applicant's ESG proposal and COC priorities, as well as the applicant's collaboration, participation and compliance with data entry and quality management. Also, TN-507 provided PIT and HIC data to the ESG recipient to facilitate the ESG planning process and coordinated with THDA in evaluation and reporting performance of ESG program recipients in our coverage area.

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

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

(limit 2,500 characters)

TN-507 coordinates with all three Emergency Shelter providers in our CoC coverage area. TN-507 only has four shelters in our 23-county coverage area. Area Relief Ministries operates a Men's Shelter during winter months, WRAP operates a Domestic Violence Shelter year-round, and Fayette Cares operates a Domestic Violence Shelter and a Family Emergency Shelter. The three Emergency Shelter service providers work closely with all the Housing Navigators (homeless outreach staff) to quickly house the unsheltered. All Emergency Shelter agencies participate in HMIS, case conferencing, and Coordinated Entry. Housing Navigators will contact the Emergency Shelter providers to ask about any openings. If so, they coordinate with the Emergency Shelter provider and the homeless individual/family to house them quickly. If there are no Shelter beds available, then the Housing Navigator will try and access a Motel Voucher, if available. With limited Emergency Shelters in our 23-county coverage area (only 3 counties out of 23 counties) have any Shelters, the Motel Vouchers are a key component to rapidly housing a literally homeless individual/family.

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

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

(limit 2,500 characters)

TN-507 has and will continue to share PIT, HIC, and System Performance Measures to any local government that requests it. Also, TN-507 submits this information during Consolidated Plan meetings in order to have an accurate homeless picture in rural West Tennessee, as well as homeless housing available, and how well TN-507 is performing in regards to System Performance data. Several local government's have requested the PIT and HIC by county and overall TN-507 coverage area. We gladly submit this information to them. HMIS data is shared with no PII released, data anonymization, to give the State a picture of # of persons with MI, SA, and other data requested in order to inform the homelessness response system.

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

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

(limit 2,500 characters)

TN-507 CoC 's Collaborative Applicant is Jackson-Madison County General Hospital, so our CoC takes full advantage of other data sources alongside HMIS to Improve Care. Health care utilization, admission and discharge data, and Social Determinants of Health are just a few of the data sources used to Improve Care. This information has been used to successfully initiate and expand Healthcare of the Homeless project in our CoC. The information was used to determine there was and still is a great need for patients being discharged from the hospital that were homeless prior to admission. Jackson Madison County General Hospital and TN-507 identified this need for housing, healthcare needs after discharge, and array of services that the homeless patient needs after discharge through the other data sources presented from the Hospital.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

TN-507 has multiple partnerships with employment and workforce development programs and through these partnerships have enabled program participants to obtain gainful employment and on the job training. American Job Center, Technical colleges, Local Workforce Development, TN Adult Education, and TN Vocational Rehabilitation. TN Vocational Rehabilitation contracts with Goodwill Solutions Center in our area and we have partnered with them to provide on the job training in Construction for our program participants.

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

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

(limit 2,500 characters)

Outreach is provided by CoC Housing Navigators (Street outreach staff) who regularly go to tent encampments to engage with homeless individuals and families by providing resources and an opportunity to interact in a positive manner. The largest number of tent encampments is Jackson-Madison County. This year, the City of Jackson has incorporated a Police Officer to patrol (on foot) the downtown area and work closely with the Street Outreach staff to create a positive interaction and increase housing and service engagement and promote the use of CoC services. If a homeless individual is located by the police officer, they contact the Street Outreach Worker and both of them go meet with the homeless individual. Also, when tent encampments are being taken down by law enforcement, they contact the CoC Outreach Workers to go in with them and offer services and housing to them. Next, the City of Jackson began holding monthly meetings for CoC Outreach Workers, Law Enforcement, Homeless Service Providers, downtown businesses, and first responders to meet and discuss strategies on how to increase positive interactions with the homeless and tent encampments. There has been a substantial decrease in the homeless population/tent encampments this year.

Recently the downtown area of Jackson-Madison County has experienced an increase in unsheltered homeless. To address this issue, the Collaborative Applicant, Jackson-Madison County General Hospital, has organized and led homeless providers in street outreach. Outreach is held at the Regional Interfaith Association (RIFA) on a quarterly basis from 7:30 am to 1:00 pm, times that are consistent with serving of free breakfast and lunch at the Regional Interfaith soup kitchen. Tennessee Homeless Solutions, Area Relief Ministries, Pathways Behavioral Health Services, Crisis Intervention Team (CIT)- trained officers Jackson Police Department and Madison County Sheriff's Office, West Tennessee Legal Services, YHDP/CoC Outreach Staff, Southwest Human Resource Agency, and Regional Opioid Prevention staff., YAB member all conduct intakes with homeless at RIFA, walk throughout downtown Jackson, and visit encampments in the conducting intakes, assessments, bus passes, and hygiene products.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

TN-507 and the CoC projects assist with family or support-network reunification efforts through a multiple of avenues. The first step is during the Coordinated Entry Intake process where the Housing Navigator (Street Outreach Worker) uses diversion to help the homeless individual/family to reconnect with family or friends that will be there support-network. The Housing Navigator will reach out to the family or friends on behalf of the client to see if they would be willing to let them stay with them temporarily or permanently. This has been a successful approach and bus passes are purchased for the client to reconnect with their support network. The bus passes can be for local transportation or Greyhound bus passes are purchased to reconnect them with family/friends in other geographic areas.

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

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

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

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

(limit 2,500 characters)

TN-507 CoC cooperates with first responders through coordination with law enforcement at the local level. This is accomplished through building relationships with local law enforcement and being available when they contact the Street Outreach Staff (Housing Navigators) to clear tents and encampment and providing the appropriate services for homeless individuals/families during the tent encampments disbandment, including but not limited to Substance use services, Mental Health services, emergency housing, etc. Through the quarterly Homeless Outreach event held in downtown Jackson, provides a Homeless Outreach Service Team (HOST) along with first responders to help cooperate and not impede local efforts to advance Protecting Public Safety. The HOST team delivers a Coordinated response to provide law enforcement that is Crisis Intervention Team (CIT) trained, homeless outreach services that include housing navigation, substance use and mental health treatment providers, public health services, and local stakeholders. In addition, the designated law enforcement that patrols the downtown area is CIT trained and coordinates daily with the Homeless Outreach Workers.

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

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

(limit 2,500 characters)

The State of Tennessee was the first State in the United States to pass a law to make unauthorized camping or sleeping on public property a Class E Felony. This is a great hinderance for our CoC to help facilitate getting a homeless person/family housed if they have a Felony on their record. Also, the City of Jackson (Madison County), one of our counties within our coverage area, has implemented a policy of arresting homeless individuals that have tents on private property as well. If the homeless individual is arrested, they have to serve 30 days in jail. Since, we have been meeting monthly with the City, law enforcement, homeless service providers, and local business owners, we have created and implemented a plan to get law enforcement to let us know if a "tent encampment" pops up and law enforcement and the Street Outreach Workers meet with the homeless individuals and give them resources prior to getting arrested. They are given 3 days to accept help or move on, if not they go to jail. The choice becomes theirs to decide what they want to do. Many have gone to jail, but when they get out, they are ready to receive services from the Outreach Staff. Since implementing this policy/practice, downtown Jackson has seen a 50% reduction in homelessness. Also, in this 2026 NOFO application, we have 2 new proposed SSO projects. One is Feet to the Street that increases the number of Homeless Street Outreach Workers and a Madison County Homeless Court Advocate/Housing program that provides an advocate at court and a diversion program for any person being arrested for homelessness (i.e. trespassing, etc).

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

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

(limit 2,500 characters)

The current status of tent encampments has decreased. The most notable decrease has been in Jackson/Madison County where we have put together a consorted effort to protect public safety and decrease the number of homeless and tent encampments in downtown Jackson. There has been a 50 percent reduction this year of downtown homelessness in Jackson, TN. There has been a 75 percent reduction of tent encampments in downtown Jackson. Some of the tent encampments moved to outlying areas. There are also tent encampments in Henry, Dyer, and Weakley counties. The Weakley County tent encampment has remained the same. Dyer county tent encampments have decreased by 25 percent. Henry county tent encampments have moved to outlying areas.

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

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

(limit 2,500 characters)

One practice that Tennessee has provided for public safety to decrease use of illicit drugs to fund an adult drug court (Recovery Court) that is a specially designed court calendar – or docket – with a goal to achieve a reduction in recidivism and substance abuse among drug-involved adult offenders in the community. An adult drug court seeks to increase the offender's likelihood of successful recovery through continuous, intense judicially-supervised treatment, mandatory periodic drug testing, community supervision and use of appropriate sanctions and other rehabilitation services. This helps the homeless individual avoid jail time and receive substance abuse treatment, however, there is not a clear protocol/practice/procedure linking the homeless individual back to CoC services/housing upon release from rehabilitation. TN-507 will review Coordinated Entry Policy and Procedures and create a protocol for homeless individuals that have completed their designated Recovery Court plan to gain quick access to the Coordinated Entry Process, if needed and set up a procedure for a warm hand off. This can also be facilitated with the new project proposal in the NOFO application for a Homeless Court Liaison. They will work hand in hand with the Recovery Court Liaisons.

The new project in this application, Madison County Homeless Court, will specifically target homeless individuals with drug charges, trespassing, or public intoxication charges. The City Court in Jackson-Madison County, Tennessee will hear these cases. The Homeless Court will collaborate with the current Recovery Court, and Mental Health Court operating in Jackson City Court to determine which resources best fits the needs of the offender. The Homeless Court will be staffed by a case manager and a Jobs Specialist. Individualized program will be designed from a comprehensive assessment. The program will be offered to defendants in lieu of serving jail sentences. Defendants may be placed on probation as well. Once defendant agrees to the program, the court orders participation.

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

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

(limit 2,500 characters)

The State of Tennessee Department of Health collects and publishes data on fatal overdose deaths by county by opioids, fentanyl, opioid pain relievers, stimulants other than cocaine, and cocaine. For 2024, in the 23 county service area experienced 130 overdose deaths. Of this figure, 86 from opioids, 72 from fentanyl, 14 from opioid pain relievers, 54 from stimulants other than cocaine, and 11 from cocaine. Over 550 residents from the service area experienced an inpatient stay from use of illicit drugs. Over 1,400 had an outpatient visits. Inpatient stays for opioids were conducted for 127 people. Data are not specifically available for overdoses and illicit drug use in public places.

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

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

(limit 2,500 characters)

One practice that TN has provided for public safety for standards to address danger to self or others is mental Health Courts that are specialized treatment courts for eligible justice involved individuals living with mental illness that substitute a problem-solving model for traditional justice system case processing. Through partnership with community providers and resources, judges and court staff are able to connect participants with mental health supports to help manage symptoms and regain their mental wellness. Mental health courts require participants to attend court regularly for frequent appearances in front of the judge, status updates, and program monitoring. Also, Street Outreach Workers that observe a homeless individual that is a threat to themselves or others has a protocol that they follow. If a person is a threat to themselves, the Street Outreach Worker contacts the Crisis Team, who will come out and evaluate the individual. If they deem them to be a threat to themselves or others, they will initiate involuntary commitment.

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

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

(limit 2,500 characters)

Tennessee has adopted the federal Sex Offender Registration and Notification Act (SORNA) which sets the minimum standards sex offender must meet for registration and notification. The registration can be searched by the public. The CoC has made it a practice to search the registry prior to helping the homeless individual find housing. The Housing Navigator ensures that, if they are on the registry, that they are housed in appropriate housing/location accordingly to the law. TN-507 coverage area has one housing option designated for individuals that are on the registry.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

Outreach is provided by CoC Housing Navigators, SSVF, and PATH case managers. Through CoC Coordinated Entry and Housing Navigators (Homeless Outreach Staff), CoC has Outreach Staff to reach homeless individuals/families who are least likely to access coordinated entry and assessment process. These workers go into every community to locate where homeless are least likely to be served and assist them with the Coordinated Entry process. They are doing homeless street outreach including going to "tent cities." Through CoC policies, priority and low barrier entry and assistance is incorporated in Coordinated Entry. This ensures persons receive assistance and are housed regardless of funding sources; and confirms that persons encountered by street outreach workers are offered the same standardized processes. Pathways of Tennessee and Carey Counseling Center operate crisis triage and stabilization units for the service area. Case workers coordinate with the Units so no one leaves without housing. Street outreach staff regularly go to tent encampments to engage with homeless individuals and families by providing resources. This enables persons experiencing homelessness who are least likely to request assistance to have access to street outreach efforts. Also, several of the Street Outreach Team, are formerly homeless and are in recovery and are Certified Peer Support Specialists, so they are able to provide Peer Support. TN-507 Coordinated Entry System serves the entire 23 county service area and has Housing Navigator's (Homeless Outreach Staff) that cover every county. Housing Navigator is the key to provide outreach and will serve everyone regardless of where they are located. TN-507 has a 1-800-homeless hotline and website that is available for homeless individuals and families to complete a one-page form and the form is sent to the Housing Navigator in the County where the homeless individual/family are located. Housing Navigator reaches out to the referral and will go to the location where the homeless person is located to complete an Intake Packet. Housing Navigators are also responsible for outreach to community organizations (i.e. food banks, soup kitchens, family resource centers, etc) that regularly come in contact with homeless individuals/families and provide the CoC website and homeless hotline. Also, Housing Navigator will contact the LEA's and Headstart to give them the same information on services.

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

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

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

TN-507 CoC policies and procedures (this is located in TN-507 Policy & Procedure Manual and is on our website) require providers to inform families and individuals of their educational rights as set forth on McKinney-Vento Act, collaborate with local LEAs, school districts, and provide materials to families regarding their rights. The Annual project reviews check on compliance by funded agencies. Also, CoC funded recipients are required to utilize a Resource Directory to assist program participants local educational programs in their city or county. Agencies work together with education service providers to assess and monitor eligibility of such programs as needed. Currently, the SEA has issued pamphlets and guides on information for homeless families and individuals of their eligibility for educational services under the McKinney-Vento Act. These guides and pamphlets have been sent to TN-507 CoC projects to inform them and solicit to their participants. TN-507 provides annual training to CoC membership on informing individuals and families experiencing homelessness on educational services available and eligibility. TN-507 has ordered Liaison Toolkits and ordered brochures and posters that inform individuals and families about educational services through NCHE. This information is given to every head of household that has children under 18 years of age in the household.

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

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

(limit 2,500 characters)

TN-507 coordinates with foster care (Youth Villages) and child welfare services (TN Department of Children Services-DCS) through a collaboration with both agencies. Youth Villages is the only provider in our CoC Coverage area for Foster Care and works closely with our Youth Homeless Demonstration Program (YHDP) Director. The Director meets with Youth Villages and DCS on a regular basis to ensure that all new staff have the information on how to refer youth that they are serving to YHDP Services, if they need them. YHDP does receive referrals for YHDP through our Coordinated Entry process from Youth Villages and TN Department of Children Services. When either organization submits a referral to Coordinated Entry, the referral goes to the YHDP Outreach Staff and the staff will go meet with the homeless young adult and complete an Intake packet.

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

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

(limit 2,500 characters)

TN-507 does not have RHY-funded projects in our 23-county coverage area.

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

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

(limit 500 characters)

Madison County Rapid Rehousing operated by Jackson/West Tennessee CoC, Inc. primarily serves families with children experiencing homelessness in accordance with 24CFR 578.93(b). TN-507 understands that in order to primarily or exclusively serve homeless families with children that “The housing may be limited to families with children.” And will have to comply with fair housing and equal opportunity under 24CFR 578.93 (b).

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

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

(limit 2,500 characters)

The CoC has adopted an Employment First Model and Madison County Rapid Rehousing Program follows this Model. The CoC has worked to increase the rate by which program participants increase cash income from employment and non-employment cash sources. Madison County Rapid Rehousing Program has created a culture of work for their clients. Most of clients who have exited from the program have employment or are attending an on-the-job training program. Second, Madison County Rapid Rehousing Program stabilizes their clients through supportive services allowing them to seek and gain employment. The CoC strategy for increasing access to employment is through partnerships with American Jobs Centers, Goodwill, workforce centers, local small businesses, community colleges, technical schools, adult education centers to increase access to employment for clients. Collaboration with American Job Centers to provide additional job support services and link to Vocational Rehabilitation and CoC-funded agencies together to increase access to employment is one key to our CoC Strategy and followed by Madison County Rapid Rehousing Program. The CoC and Madison County Rapid Rehousing Program also works with mainstream employment organizations to help families increase cash incomes through American Jobs Centers and their Disability Program Navigators for work related education, opportunities for employment and access to Vocational Rehabilitation Services. This Strategy ensures that the family focuses on improving their income stream in order to be able to self- sustain and be able to pay their rent after the program is complete (usually one year).

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

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

(limit 2,500 characters)

The Madison County Rapid Rehousing Program works closely with the homeless family to increase their access to mainstream family services system. Tennessee's Mainstream Family Service System is Department of Human Services (DHS). The Case Manager provides resources, transportation, and other services as needed to help the homeless family to access and apply for DHS programs such as Families First. Families First, the state's Temporary Assistance for Needy Families (TANF) program, is a workforce development and employment program. The Families First program emphasizes work, training, and personal responsibility. It is temporary and has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing temporary cash assistance, transportation, child care assistance, educational supports, job training, employment activities, and other support services. Madison County Rapid Rehousing Program leverages Families First for the families they work with to have successful, self-sustaining outcomes.

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

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

(limit 2,500 characters)

The Madison County Rapid Rehousing Program provides the housing assistance for the homeless family and assists them in applying for Families First, so the head of household can have help in finding and paying for childcare. The case manager links the homeless family to Adult Education, if the parent is in need of their services. The Case Manager reaches out the Homeless School Liaison (LEA), if needed, to alert the LEA that the homeless family with children are in this CoC program and to coordinate with them for a smooth transition for the children. The Case Manager ensures that the homeless family has access to pregnancy-related and child healthcare through providing them resources on those services in their county that they are living in. Also, the Case Manager links the family to the local Health Department for their healthcare needs and WIC assistance. Parenting support is provided by many organizations in our 23-county coverage area. The Case Manager provides the homeless family the Parenting Support Classes that are available in the County where they live and the head of household can choose which parenting support classes fit their needs.

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

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

(limit 500 characters)

TN-507 has a partnership/collaboration with both Support Services for Veterans and Families Programs (SSVF) that cover our entire 23-county coverage and they are Tennessee Homeless Solutions and Operation Stand Down. Our CoC website serves as a platform for veterans and their families to seek SSVF services. The second question asked on the form that is on the website is “ Are you a veteran”. If they answer “Yes” the referral form goes directly to the SSVF Program for Intake. TN-507 staff attend

** nbsp;**

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

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

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

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

(limit 500 characters)

The COC collaborates with our DV providers who are ESG and CoC funded: Fayette Cares. Wo/Men's Resource and Rape Assistance Program, St. John's Community Services, and Tennessee Homeless Solutions to provide outreach, training (i.e. Trauma Informed Care), coordination, updating CoC-wide policies for domestic violence for ESG, CoC, and CE. DV providers are an integral part of homeless services across the region to ensure safety protocols are followed including local law enforcement.

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

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

(limit 500 characters)

Our partner, Pathways of Tennessee community mental health center, provides criminal justice liaisons in local jails including the largest Madison County Jail which has 822 beds and several smaller rural county jails. Criminal Justice liaisons serve to interface with local providers to meet identified needs including housing of offenders returning to the community from incarceration.

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

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

(limit 500 characters)

TN-507 has one partnership and one project that provides specialized supportive services for individuals with a high level of medical needs. The partnership is with Jackson Madison County General Hospital, who is our Lead Applicant for TN-507. The project is Healthcare for the Homeless that Tennessee Homeless Solutions is the grantee for and Jackson Madison County Hospital partners with Tennessee Homeless Solutions to provide the specialized supportive services for high level medical needs.

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

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

(limit 500 characters)

Yes the CoC, through its Addressing Homelessness Among Healthcare Patients, partners with assisted living and residential care facilities to serve aging and elderly individuals experiencing homelessness. Oakwood Community Living Center (Dyer Co), Dyersburg Health and Rehabilitation Center (Dyer Co), and Lexington Post Acute (Henderson Co) all partner with TN-507 to address aging and elderly needs.

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

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

(limit 500 characters)

TN-507 has one project that is Rapid Rehousing Program that serves exclusively Individuals experiencing Chronic Homelessness and it is Turning Point, which Area Relief Ministries is the grantee for. Area Relief Ministries has recently expanded this program due to the high need for this housing type.

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

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

(limit 2,500 characters)

Turning Point provides on-site behavioral healthcare by two licensed clinical social workers that work on the weekends at Turning Point. One of the licensed social workers is a MSW and the other is a licensed clinical social worker. They both work with the clients to provide on-site behavioral healthcare.

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

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

(limit 2,500 characters)

The CoC's policy for assessing program participant need for higher level of care is to have program staff to monitor and assess as needed program participants that appear to need additional services/care. Turning Point has two licensed behavioral healthcare staff that assess program participants for their need for higher level of care such as assisted living, residential treatment, etc. Once the behavioral healthcare staff identifies a program participant, the staff will reach out to other organization's that specialize in the needed higher level of care such as substance abuse treatment or assisted living. If it appears that a program participant needs assisted living, the staff will contact Southwest Human Resource Agency-Office on Aging to do an assessment on the program participant and help facilitate that transition. If it appears that a program participant needs residential substance abuse treatment, the staff will reach out to TAMB of Jackson or Jackson Area Council on Alcoholism and Drug Dependency (JACOA) to have them do an assessment for their services and help facilitate the transition.

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

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

(limit 2,500 characters)

The CoC and Turning Point (operated by Area Relief Ministries) has adopted an Employment First Model and a Housing Readiness Assessment Tool. First, Turning Point has created a culture of work for their clients and offer supportive employment opportunities that Area Relief Ministries operates. Second, Turning Point stabilizes their clients through supportive services allowing them to seek and gain employment. Turning Point's strategy for increasing access to employment is through partnerships with American Jobs Centers, Goodwill, workforce centers, local small businesses, community colleges, technical schools, adult education centers to increase access to employment for clients. Collaboration with American Job Centers to provide additional job support services and link to Vocational Rehabilitation and Turning Point together to increase access to employment is one keys to the CoC's Moving On Strategy. The other piece of the CoC's Moving On policy is to complete a Housing Readiness Assessment on a quarterly basis for each resident. The Housing Readiness Assessment Tool the identified move on assessments clustered into: gauging capacity for independent living, income sustainability, including clients in decision-making for readiness about moving on to unsubsidized or other permanent housing with housing stability, and connection to community support.

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

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

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

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

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

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

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

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/07/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

TN-507 Reallocation process is specified in the CoC Operation Policy & Procedure that is posted to the Coe website. The policy specifies that providers may voluntarily reallocate some or all of their funding. Such reallocated funds are pooled for new projects. The policy also specifies an involuntary reallocation (unconditional vs conditional renewal) process. Projects with poor performance, not serving intended population or with significant, unresolved findings are subject to reallocation. Projects scoring below threshold will be asked to develop a plan to address performance issue by next year's competition (Performance Improvement Plan), or to voluntarily give up award monies to be reallocated the following cycle. Applicants may appeal the decision and the appeal must be considered by the collaborative applicant board. Determination of any conditions to renewal will be made at least 45 days ahead of I\OFO due date so that final determination can be made as to whether the project goes forward for renewal. The Steering Committee recommends reallocation based upon the poor performing projects not coming into compliance and with above policy and gives recommendations to COC to create new high performing projects based on needs in the community. 2. Yes, TN-507 identified 2 lower performing or less needed projects. Carey Counseling Center, Carey Rapid Rehousing and Quince Mental Health Center, Quince Rental Assistance Program projects were reallocated per recommendations from Steering Committee. 3. Yes, the 2 recommendations from the Steering committee and voluntarily reallocated from organizations (Carey Counseling Center, Inc. and Quince Mental Health Center). 4. TN-507 did reallocate less needed or lower performing projects.

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

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

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

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

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

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

(limit 2,500 characters)

Not Applicable--no changes have been made.

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

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

(limit 2,500 characters)

The largest county in the service area is Madison County (population 100,790) and city is Jackson (population 69,339). The CoC, in collaboration with local law enforcement, conducts organized street outreach in January, June, and September. Housing providers, mental health and substance abuse professional staff and law enforcement go to encampments together to move people along from them, providing them a wide range of support services. Jackson Police Department has two police officers assigned to Jackson downtown and encampments. Jackson/West Tennessee CoC Inc. has two full time outreach workers for the Jackson downtown area and encampments. Twelve month period is January 1 2025 to December 31 2025.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	23
2. Enter the reduction in the number of encampments during your evaluation period.	8

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	119
2. Enter the reduction in the number of people in encampments during your evaluation period.	22

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable-encampments have been reduced

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

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

(limit 2,500 characters)

TN-507 determined risk factors by surveys administered throughout the year and standardized assessment form. These are utilized to determine risk factors of persons experiencing homelessness for the first time. Also TN-507 has a PWLE workgroup and conducted surveys and open discussion of the workgroup to identify risk factors. The CoC used three strategies to address individuals and families becoming at risk of homelessness and reduce the number of first time homeless. First, the CoC authored and widely distributed Resource Directory for the 23 county service area. Second, the CoC conducted outreach to social service agencies and homeless providers to identify individuals and families at risk of becoming homeless and channeling them to appropriate resources for housing. Using the Resource Directory, risks of homelessness can be identified and mitigated with local resources. Implementation of coordinated entry system is a way to quickly access prevention resources. The CoC found that one leading risk factor to persons becoming homeless the first time is need for rent, utility assistance, and knowledge of tapping into such resources. In addition, TN-507 solicited organizations to apply for HOME-ARP Grant funds to reduce number of first time homeless through Rental Assistance. In addition, the Homeless Hotline/CoC website was redesigned to provide our Resource Directory of prevention services, if they did not meet HUD's literally homeless definition and provides information on who to contact for Homeless Prevention Services. Also YHDP funds for paying up to six months rental arrears were requested and approved by all YHDP projects for this specific activity, which helped address and reduce one of the risk factors for first time homeless.

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

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

(limit 2,500 characters)

1. TN-507 strategy to reduce length of time homeless has been to increase the number of providers that have applied for and received ESG and CoC Rapid Rehousing funding has helped reduce the length of time homeless over the past year and TN-507 will encourage housing providers to continue applications for rapid rehousing. The CoC strategy has been able to reduce the length of time individuals and families remain homeless. Rapid rehousing projects have been initiated and coordinated entry has been formalized and strengthened to help reduce the Length of Time Homeless. Also TN-507 has received an Emergency Housing motel vouchers which enables housing navigators to accept and house individuals and families more quicker. With housing navigators performance measure goal set of motel voucher stays being two weeks or less and moving participants to permanent housing upon having emergency housing. The key to a successful reduction of time homeless with Housing Navigators has been to work with the homeless individuals and families to have an exit plan to Permanent Housing when entering the Motel Voucher Program. Conducting a Housing Assessment at Intake has helped with this process. Overall, the CoC has expanded the number of rapid rehousing projects to reduce waiting periods for housing placements, have motel vouchers, and conduct assessments of residents' housing needs at Intake. The CoC works to reduce barriers for applicants with history of substance abuse (offering treatment and sober living options), poor credit or criminal justice involvement while increasing landlord engagement to recruit, support, and retain them. Coordinated Entry process enables homeless to be placed on a Case Conferencing List by vulnerability and then by length of time homeless. Using the Housing Assessment Tool, the Housing Navigator completes the tool on each homeless individual and family that identifies the length of time homeless and places them on Case Conferencing List to rehouse quickly. Case conferencing list tracks length of time homeless and a report is generated each CE call to address housing needs of homeless that have been on the list the longest and have been homeless the longest who are connected with a Housing Locator to help them access Rapid Rehousing programs.

	2A-7. Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	70.20%

Describe how you calculated the data for this response.

(limit 2,500 characters)

HMIS data from time period covering FY2025 System Performance Measures was used to calculate the program participants that exited from TH/RRH/PSH collectively to unsubsidized housing as follows::
 There were 494 total exits. When ES and SH exits were removed, there were a total of 238 exits from clients in transitional, rapid rehousing, and permanent housing. Of the total exits, 167 were to unsubsidized housing. Those unsubsidized housing represent 70.2 percent of the nonemergency shelter exits.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	23	16	39	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	24	23	47	100.00%
4. Rapid Re-Housing (RRH) beds	231	66	297	100.00%
5. Permanent Supportive Housing (PSH) beds	67	0	67	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

(limit 2,500 characters)

Not Applicable

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	TN-507 1C-1 Attac...	09/26/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	TN-507 1C-1f. Att...	09/26/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	TN-507 1C-3 Attac...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	TN-507 1C-10 Atta...	09/26/2026
05. 1D-1. Local Competition Scoring Tool	Yes	TN-507 1D-1 Attac...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	TN-507 1D-2c Atta...	09/26/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	TN-507 2A-8b Atta...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	TN-507 3A-1 Attac...	09/26/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	TN-507 3A-DP Atta...	09/26/2026
11. Other	No		

Attachment Details

Document Description: TN-507 1C-1 Attachment

Attachment Details

Document Description: TN-507 1C-1f. Attachment

Attachment Details

Document Description: TN-507 1C-3 Attachment

Attachment Details

Document Description: TN-507 1C-10 Attachment

Attachment Details

Document Description: TN-507 1D-1 Attachment

Attachment Details

Document Description: TN-507 1D-2c Attachment

Attachment Details

Document Description: TN-507 2A-8b Attachment

Attachment Details

Document Description: TN-507 3A-1 Attachment

Attachment Details

Document Description:

Attachment Details

Document Description: TN-507 3A-DP Attachment

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required