Before Starting the CoC Application

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-509 - Fort Pierce/St. Lucie, Indian River, Martin Counties CoC

1A-2. Collaborative Applicant Name: Treasure Coast Homeless Services Council, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Treasure Coast Homeless Services Council, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

	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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
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 Organzation(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	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	4

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	11
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	7
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	6
37.	Domestic Violence Advocate(s)	Yes	4
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
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.	

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)

FL-509 CoC membership is open to any individual or organization in Indian River, St. Lucie, and Martin Counties with knowledge of or interest in preventing and ending homelessness, including homeless and formerly homeless persons. There is no membership fee and no cap on membership. The Collaborative Applicant, Homeless Services Council (HSC), makes the invitation publicly available across the full tri-county geography through the CoC website (tchelpspot.org), which carries a standing invitation to join, a description of the CoC and its membership, the bi-monthly meeting calendar, and a fillable membership application available year-round; emails to the CoC distribution list of 400+ contacts representing 80+ agencies, with specific invitations to join meetings and committees at least annually; HSC social media and relevant partner newsletters; and bi-monthly CoC meetings that are open to the public, offered in person and occasionally hybrid, where attendees are invited to complete a membership application.

The CoC extends the invitation through the bodies its members already sit on. HSC staff serve on the Public Safety Council for Criminal Justice, Mental Health and Substance Abuse, the Homeless Advisory Committee, and the Florida Department of Health Community Health Improvement Plan, and a board member serves on the Affordable Housing Committee. Each year HSC compares current membership against required stakeholder categories and conducts targeted outreach to sectors not yet represented, including workforce development, specialty courts, behavioral health clinics, veteran-serving organizations, school districts, the business community, and elected officials. Materials are provided in accessible electronic formats and translated into other languages on request.

In addition to year-round open enrollment, the CoC issues a formal public invitation for new members at least annually. The CoC Governance Charter provides for this invitation at the December Annual Meeting, and the CoC extends it again yearly at its In His Shoes annual event, most recently on April 16, 2026. Follow-up invitations with paper and digital applications are distributed at each bi-monthly CoC meeting. The annual invitation is posted on the CoC website, emailed to the full distribution list, shared on social media, and announced at CoC meetings. New members are welcomed at the next CoC meeting, receive an orientation to the CoC, and are invited to join committees and workgroups.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

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)

Performance: HSC presents System Performance Measures, PIT count results, and project-level outcomes at bi-monthly CoC meetings, which are open to the public and announced on the CoC website (tchelpspot.org). Agendas, presentations, and minutes are sent to attendees ahead of each meeting and members and the public are invited to comment at each meeting and by email.

Strategies: The CoC held public meetings and trainings, in person and virtually, to gather input for a CoC-wide homelessness plan. HSC presents at County & City Commission meetings, Affordable Housing Advisory Committees and Public Safety meetings in all three counties and shares PIT data with civic groups. Opinions are also gathered through committee and subcommittee work, targeted stakeholder and one-on-one meetings, and surveys of partner agencies, staff, and program participants.

How input is considered: Feedback is compiled by HSC staff and reviewed by HSC leadership, the executive committee, and other relevant committees as needed (such as the review & rank committee), which recommends changes to the CoC's plan, policies, and priorities for CoC approval.

Examples of input put into action: The CoC's work with local government task forces led to improvements to local ordinances and new approaches to homelessness; public meetings led to improved coordination with two Public Housing Agencies on waiting lists and housing inspections; and priorities from local Homeless Advisory Committees are used to align CoC and county efforts. Feedback from prior Review and Ranking Committees led the CoC to adjust its review and ranking process, clarifying scoring and local priorities. As a result, the FY2026 local competition ran more smoothly and communication with applicants improved.

Input is sought from stakeholders across Indian River, St. Lucie, and Martin Counties with knowledge of or interest in preventing and ending homelessness, including: homeless and formerly homeless persons; county and city governments and elected officials; the judicial circuit and law enforcement; behavioral health and substance use treatment providers; hospitals and EMS; PHAs and affordable housing developers; school homeless liaisons; faith-based organizations; victim service and youth providers; the business community; and nonprofit housing and service providers.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

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)

Public notice: Within days of the FY2026 NOFO release, HSC posted notice that the local competition was open on the CoC website (tchelpspot.org), along with a local Request for Applications (RFA). The RFA explained eligibility, how to submit a project application, how applications would be reviewed, scored, and ranked, and the full competition timeline. Application forms and the new and renewal project scoring tools were posted for download. The RFA explicitly stated that the CoC "invites proposals from all eligible entities, including those who have not been awarded HUD CoC funding in the past, faith-based agencies, and those who have not participated in the Continuum of Care in previous years."

Outreach: Notice was emailed to the full CoC distribution list, most of whom have never received CoC Program funding, and announced at CoC meetings. Organizations not previously funded, including faith-based organizations, were specifically encouraged to apply. This included organizations such as Samaritan Center, Salvation Army, In the Image of Christ, LAHIA, Mustard Seed, and Safe Families for Children.

Technical assistance: HSC held a mandatory applicant conference that explained the CoC Program, eligible activities, and each step of the competition, and answered questions. A dedicated NOFO email address, monitored by assigned staff, handles questions throughout the competition. New applicants were offered one-on-one help with e-snaps and project design from both HSC staff and an expert consultant.

Review: Every proposal was evaluated by the Review and Ranking Committee (RRC), made up of members without a conflict of interest, who were trained on the scoring tools. Members scored applications individually, then met as a group to develop funding and ranking recommendations. The CoC Executive Committee made the final decision on the projects submitted to HUD, and all applicants were notified in writing of the results.

In the FY2026 competition, the CoC received 1 proposal from organizations that had not previously received CoC Program funding, and a new agency interested in being a sub-applicant through HSC applications. To expand the pool of new applicants, the CoC will hold a new-applicant orientation before the next competition, meet directly with faith-based and community organizations, and pair interested organizations with experienced CoC-funded agencies for mentoring.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

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)

Using interventions in 42 U.S.C. 11386b(d), the CoC will address this gap for each affected subpopulation. The CoC's 2025 Gaps Analysis surveyed partners in all three counties. The most critical gap they identified was a shortage of housing paired with supportive services for people with the highest needs. Chronically homeless individuals will be served through PSH with on-site behavioral health care and required participation in services. People exiting jails, hospitals, and treatment will be served through new transitional housing projects linked to substance use treatment, including the proposed Thrive project. Families with children will be served through the new HSC Homeless Services Transitional Housing project, and survivors of domestic violence through the new DV transitional housing projects in partnership with SafeSpace. Seniors will be served through prevention and placement with the Area Agency on Aging, veterans through VA and SSVF, and youth through Children's Home Society and Hibiscus Children's Center.

The CoC has set specific measures and timelines. New transitional housing projects funded in this competition will begin enrolling participants within 60-90 days of grant execution. The CoC will reduce the unsheltered PIT count by 10% by the January 2027 count. Beginning in FY2027, at least 90% of PSH participants will remain in or exit to permanent housing each year, and the percentage of adults exiting CoC-funded projects with increased earned income will rise by at least 5% above the current baseline by 2028.

These activities are funded through the CoC Program, Florida DCF Challenge and Staffing grants, State and local ESG, TANF, SSVF, opioid abatement funds, RUSH RRH, and private and foundation funds. The CoC Executive Committee oversees implementation of the plan, CoC committees such as the Coordinated Entry Committee lead specific strategies, and progress on each measure is reviewed quarterly and reported at bi-monthly CoC meetings.

1B-5a	Confirmation of Plan Coverage.

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?	100%

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

(limit 2,500 characters)

N/A - Not Rural

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)

FL-509 partners with outpatient providers so participants in every county can access mental health and substance use treatment such as New Horizons of the Treasure Coast, the region's largest behavioral health provider, serving all three counties, and Thrive and Dynamic Life in Indian River County. Case managers refer participants directly, and New Horizons' 24/7 Mobile Response Team brings care to participants where they live, giving them constant access to treatment, follow-up, and emergency help.

Treasure Coast Homeless Services Council (HSC) receives opioid abatement funding in Indian River/St. Lucie Counties to operate programs that house people while they receive treatment, pairing housing assistance with treatment engagement. HSC serves on the opioid task force, keeping the CoC connected to treatment providers, law enforcement, and county health partners as local strategy develops.

Participants are matched to the level of care that fits their needs, from outpatient counseling to Thrive's intensive outpatient and Adult Day Treatment programs, New Horizons' intensive and forensic case management, and its Florida Assertive Community Treatment (FACT) team. When a higher level of care is needed, New Horizons provides detox, a crisis stabilization unit, and short-term residential treatment.

Treatment includes evidence-based psychosocial interventions such as cognitive behavioral therapy, motivational interviewing, relapse prevention, and trauma-focused counseling. New Horizons also operates Psychosocial Rehabilitation and an Independent Living Skills Center. For medication management, it provides adult psychiatry, an injection clinic, and medication-assisted treatment, and Thrive provides medication services for opioid and alcohol use disorders at no cost to uninsured adults through Treasure Coast Community Health.

For suicide prevention, New Horizons' Mobile Response Team is available 24/7 to assess anyone in crisis, determine the level of care needed, and connect them to crisis stabilization. Case managers complete safety plans and follow up after any crisis, and are trained in trauma-informed care and motivational interviewing to better assist clients in crisis.

Recovery supports include Thrive's certified peer support specialists and recovery housing. In FY2026 the CoC is applying for a new Thrive transitional housing project with on-site recovery support, so participants live where treatment and recovery services are provided.

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 FL-509 Treasure Coast CoC connects individuals and families experiencing homelessness with peer support and recovery navigation through partnerships with RiteLife Services and Thrive, coordinating with Treasure Coast Homeless Services Council (HSC) outreach, housing case management, and behavioral-health providers.

RiteLife is a peer-service agency whose specialists draw on lived experience to build trust, provide nonjudgmental support, help participants identify personal goals, and navigate recovery and community services. Its programs offer peer support, educational groups, outreach, SSI/SSDI assistance, and short-term peer respite (RiteLife). The executed HSC-RiteLife MOU establishes peer-led street outreach, housing and supportive-service referrals, coordinated outreach planning, regular staff communication, and HMIS documentation subject to confidentiality requirements.

HSC connects referred participants with Coordinated Entry and appropriate housing resources so recovery support and housing navigation work together rather than as separate systems. Thrive provides certified peer recovery specialists who offer mentorship, recovery education, and personalized encouragement based on their own lived experience. Peer support is integrated into Thrive's treatment and structured housing services, helping participants remain engaged, develop skills, and prepare for greater independence.

The CoC's care-coordination approach includes direct introductions between participants, treatment teams, and receiving housing case managers, with PATH peer specialists supporting transitions from care to community services. Peer support complements, rather than replaces, clinical assessment and treatment. The FY2026 HUD request also proposes a Thrive transitional housing project with on-site recovery support; this is a planned expansion, not an existing CoC-funded service.

Through these partnerships, the CoC seeks to reduce isolation and navigation barriers, sustain recovery engagement, and connect participants with the treatment, benefits, community supports, and housing needed for long-term stability.

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)

FL-509 identifies individuals who may have Serious Mental Illness through street outreach, Coordinated Entry, shelter and housing intake, and referrals from hospitals, crisis responders, and community providers across Indian River, Martin, and St. Lucie Counties. Engagement considers self-reported mental health needs, treatment history, recurring crises, and barriers to daily functioning and housing stability.

Outreach workers and housing case managers identify concerns and facilitate assessment; diagnosis and treatment recommendations are made by qualified clinicians. HSC connects individuals with New Horizons of the Treasure Coast for assessment and the appropriate level of care. New Horizons operates two Florida Assertive Community Treatment (FACT) teams, offering eligible adults with diagnosed SMI comprehensive, community-based services available 24/7.

FACT combines intensive coordination and outreach with treatment, medication oversight, co-occurring substance use recovery support, daily-living skills, and assistance accessing housing, health care, employment, and natural supports. Referrals are based on clinical assessment, program eligibility, and availability; individuals needing other levels of support are connected to outpatient psychiatry, medication management, psychosocial rehabilitation, or intensive case management.

Through its executed MOU with RiteLife, HSC coordinates peer-led engagement and referrals to help individuals build trust and navigate treatment, benefits, and housing resources. Warm handoffs connect participants directly with receiving providers, while outreach and housing staff coordinate follow-up and address practical barriers to engagement.

For behavioral health crises, staff can access New Horizons' 24/7 Mobile Response Team through 211; imminent life-threatening emergencies require 911. Coordinated Entry, By-Name List case conferencing, and discharge planning help align housing assistance with clinical and peer support. Information is shared with consent or other lawful authority and documented consistent with privacy requirements. The strategy emphasizes continued engagement, timely reassessment, and coordinated transitions following hospitalization or crisis to promote recovery and sustained housing stability.

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)

FL-509 partners with New Horizons of the Treasure Coast and Okeechobee, a participant in the St. Lucie County Mental Health Court, which connects justice-involved individuals with mental illness to community treatment rather than jail. The CoC also coordinates referrals with the 19th Judicial Circuit drug courts serving all three counties. HSC aligns Coordinated Entry and housing referrals with court and treatment partners.

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)

FL-509 coordinates with New Horizons of the Treasure Coast and Okeechobee to connect individuals involved in St. Lucie County Mental Health Court with treatment, housing assistance, and ongoing support. New Horizons participates in the court's collaborative approach to connecting eligible individuals with community treatment rather than jail. The CoC also coordinates with the 19th Judicial Circuit drug courts serving Indian River, St. Lucie, and Martin Counties so that drug court participants who are homeless or at risk of homelessness are connected to Coordinated Entry and housing.

HSC's role is to align housing resources with the participant's treatment and transition needs. When a court or treatment partner identifies homelessness or a risk of homelessness, staff facilitate a warm referral to Coordinated Entry, assess housing needs, and connect the participant with a housing case manager and available resources based on eligibility and prioritization. By-Name List case conferencing supports coordination among outreach, clinical, peer, and housing partners, with information shared only with consent or other lawful authority.

Where treatment is court-ordered, the housing plan is built around the order's requirements, including appointments, treatment participation, and supervision obligations. Staff work with the participant and court or clinical personnel to remove barriers such as transportation, missing identification, lack of income, and difficulty accessing medication. The court order gives the participant, the treatment provider, and the housing case manager a shared framework and clear expectations, which the CoC uses to keep participants engaged in treatment while they stabilize in housing.

RiteLife peer support complements this coordination through engagement and navigation under its executed MOU with HSC. For participants leaving jail, hospitalization, or crisis care, partners coordinate discharge planning and warm handoffs to prevent release into homelessness and interruption of care. Housing staff and behavioral health providers coordinate follow-up, address emerging risks, and help participants maintain connections to treatment and community supports.

Housing stabilization is combined with benefits access, daily-living skills, budgeting, and connections to employment, and continued case coordination supports progress toward recovery goals, greater independence, and sustained housing stability.

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)

FL-509 partners with New Horizons of the Treasure Coast for crisis stabilization and mobile crisis response. New Horizons offers a 24/7 Mobile Response Team accessed through 211 and directs individuals to 988 for crisis support. HSC coordinates outreach, Coordinated Entry referrals, and housing connections to support transitions from crisis care and reduce discharge into homelessness.

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.	141

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)

FL-509 has a formal partnership with New Horizons of the Treasure Coast and Okeechobee, the region's Community Mental Health Center (CMHC), providing outpatient mental health and substance use treatment, crisis stabilization, and mobile crisis response. The CoC also partners formally with Southeast Florida Behavioral Health Network, the SAMHSA PATH provider for our region, which subcontracts PATH street outreach and engagement services to RiteLife Services.

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)

Thrive Supportive Housing, a proposed 2026 CoC Program-funded project, operates sober housing in accordance with 24 CFR 578.93(b)(5). Thrive will exclude persons who refuse to sign an occupancy agreement or lease prohibiting program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises. The requirement is disclosed to all applicants before admission, and participants who decline are referred to other CoC housing options.

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)

FL-509 treats every clinical, crisis, and court contact as a potential housing entry point, and the CoC's role is to make each hand-off warm: a named person, a scheduled appointment, and a housing plan in place before discharge, not a referral slip.

1. Single coordinated pathway: All programs named in 1C-1a through 1C-1i route into one Coordinated Entry system operated by Treasure Coast Homeless Services Council. New Horizons of the Treasure Coast and Okeechobee, our Community Mental Health Center, provides outpatient mental health and substance use treatment, medication management, crisis stabilization, and mobile crisis response with 988 and 211 connection. Southeast Florida Behavioral Health Network, the regional PATH provider, subcontracts street outreach, engagement, peer support, and SOAR services to RiteLife Services. Camp Haven provides residential recovery and sober living. The 19th Judicial Circuit drug court and mental health court, and our detox and residential treatment partners, complete the network. Each has a designated HSC point of contact and a documented referral protocol requiring notification at intake rather than at discharge, so participants are assessed for housing while still in care.

2. Warm hand-off at discharge: When a partner finds that a client is homeless or will be homeless at discharge, they notify HSC. Staff complete the Coordinated Entry assessment on site where possible, add the person to the By Name List, and identify housing resources before the discharge date. The discharging clinician and the receiving housing case manager meet the participant together, in person or virtually, so the participant leaves knowing the name and phone number of those working with them next. PATH peer specialists accompany participants through the transition.

3. Preventing entry into homelessness: For participants already in CoC-funded housing who enter treatment, the unit is held and rental assistance maintained so that seeking treatment does not cost them their housing. For participants leaving institutional or residential care without a housing resource available, the CoC deploys diversion and prevention resources through State ESG, the State Challenge Grant, SSVF, and private funds rather than discharging to shelter or the street.

4. Accountability: Monthly By Name List case conferencing reviews every participant in or recently discharged from treatment, and HSC tracks hand-off completion and 30-day housing status in HMIS.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$3,311,195
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$1,121,546
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	34%
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.	$611,435

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).	52%

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)

FL-509 consults with ESG recipients throughout the ESG cycle, not only at application.

The State of Florida, through the Department of Children and Families Office on Homelessness, is the ESG recipient for this geographic area. HSC consults with the State recipient on allocation decisions and with St. Lucie County, the City of Fort Pierce, and the City of Port St. Lucie on Consolidated Plan and Annual Action Plan development. Engagement with each jurisdiction is continuous rather than episodic.

HSC participates in the State ESG planning process and supplies the data driving allocation decisions: PIT and HIC results, System Performance Measures, By Name List and Coordinated Entry data showing unmet need by subpopulation and county, and HMIS performance for funded activities. The CoC provides written recommendations on street outreach, emergency shelter, rapid rehousing, and prevention. Based on that analysis, FL-509 directs ESG funds to two uses: emergency shelter operations, the activity least able to sustain itself from other sources and essential to maintaining shelter capacity across the tri-county area, and HMIS, which funds the data infrastructure the entire CoC depends on. Locally, HSC reviews and contributes to Consolidated Plan and Action Plan drafts and presents PIT and HIC data at public hearings, which is also the basis for the Certifications of Consistency the CoC obtains each competition.

ESG-funded shelters operate under the CoC's written standards, including housing-focused and recovery-oriented services and participation in Coordinated Entry, so ESG and CoC resources are prioritized through one assessment rather than competing for the same households. Because ESG supports HMIS, the same system that records ESG-funded shelter activity produces the CoC's PIT, HIC, LSA, and System Performance Measures, making ESG and CoC planning inseparable in practice.

HSC produces the HMIS-based reporting ESG recipients and subrecipients rely on for CAPER and State reporting, reviews shelter length of stay and exit destinations quarterly, and identifies underperformance for corrective action. Those findings inform the next allocation cycle.

The CoC Governance Charter assigns ESG consultation to the CoC Executive Committee, supported by HSC staff, which will continue quarterly consultation with the State recipient, participation in every Consolidated Plan cycle, and annual written allocation recommendations.

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)

FL-509 treats emergency shelter as a front door to CoC assistance rather than a separate system.

Emergency shelters in FL-509, including Housing Hub-Adams Place, Naomi's House, Hope for Families Center, the Samaritan Center, Compassion House, Mary's Shelter, and SafeSpace for survivors of domestic violence, are full participants in the CoC's Coordinated Entry system. Shelter staff complete or trigger the CoC assessment at or shortly after intake, so every household entering shelter also enters the By Name List and prioritization queue without a separate CoC application. SafeSpace follows the CoC's confidential pathway using its HMIS-comparable database, so survivors are connected to CoC housing without disclosing identifying information.

HSC places rapid rehousing staff in emergency shelter and transitional housing programs so housing work begins on day one rather than at exit. These staff bring CoC housing resources into the shelter, work with residential staff to identify permanent housing within 30 days, and are trained in the rapid rehousing model.

Shelter providers join regular By Name List case conferencing, where each household's housing plan is reviewed, obstacles are assigned to a named staff person, and CoC resources are matched to assessed need. Shelter staff can escalate urgent cases to HSC between conferences, and the CoC's Homeless Resource Center and the 211 Helpline route callers to shelter and CoC assessment in the same contact.

All non-victim-service shelters participate in HMIS, with licenses, training, and data quality support from HSC as HMIS Lead, funded in part through ESG. That lets the CoC monitor length of stay, exit destination, and returns to homelessness by shelter and address problems directly with providers. Shelters operate under the CoC's written standards, emphasizing a housing-focused, recovery-oriented system of care and accessible entry to shelter and supportive services. Staff receive CoC-sponsored training in trauma-informed care, health and safety risk reduction, motivational interviewing, and crisis intervention.

Diversion happens at the shelter door. Where a household can be safely diverted, shelter and CoC staff pursue rapid resolution through mediation with family or a landlord, one-time assistance, or relocation support, using Challenge Grant, SSVF, and private funds, reserving shelter beds for those with no alternative.

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)

FL-509 shares data with state and local government as a routine practice, in aggregate and de-identified form consistent with the HMIS Privacy and Security Notice, 24 CFR 578.7(b), and Florida public records law. No personally identifying information is released, and victim service provider data are reported only in aggregate from SafeSpace's comparable database.

Local government. Indian River, St. Lucie, and Martin Counties, the City of Fort Pierce, and the City of Port St. Lucie hold seats in the CoC and receive PIT, HIC, and System Performance results directly. HSC presents count results and performance trends to County Commissions and City Councils, at Consolidated Plan and Annual Action Plan public hearings, and to law enforcement and first responder partners coordinating on unsheltered homelessness and encampments. These presentations are the factual basis for the Certifications of Consistency with the Consolidated Plan the CoC obtains each competition.

State government. The CoC shares PIT, HIC, System Performance, and HMIS data with the Florida Department of Children and Families Office on Homelessness, the State ESG recipient, to inform State ESG and Challenge Grant allocation decisions and statewide planning.

Shared data have been used to document the shortage of affordable units into which households can exit, to justify expansion of rapid rehousing capacity, to target outreach to locations identified in the unsheltered count, and to support local government funding requests and legislative appropriations. Jurisdictions use CoC data in their own Consolidated Plans, and the CoC uses jurisdictional housing and code enforcement data in return.

The CoC will continue annual HDX submissions, quarterly performance reporting to the CoC Executive Committee and member jurisdictions, an annual public report posted at www.tchelpspot.org, and data support on request to any state or local agency, subject to the same privacy protections. Requests involving client-level data are reviewed against the HMIS Privacy Notice and executed only under a written data sharing agreement.

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)

FL-509 recognizes that HMIS alone cannot identify the households most at risk, so the CoC pairs HMIS with data held by health care, behavioral health, criminal justice, education, and court partners. All sharing is governed by written agreements and, where health information is involved, by HIPAA-compliant authorizations or de-identified aggregate reporting.

New Horizons of the Treasure Coast, our Community Mental Health Center, shares crisis stabilization, Mobile Response Team, and Baker Act admission and discharge information for clients who authorize it. Matching those contacts against the By Name List identifies people cycling between crisis care and the street, who are then prioritized for PSH with behavioral health support. PATH outreach data from RiteLife Services, funded through Southeast Florida Behavioral Health Network, identify unsheltered individuals not yet in HMIS.

The CoC works with area hospital partners on admission, discharge, and transfer information and emergency department utilization for consenting patients experiencing homelessness, so discharge planners notify the CoC before release rather than after. Aggregate utilization data help the CoC quantify the cost of homelessness locally and identify high utilizers for prioritization, as described in 1C-17.

The CoC coordinates with the Indian River, St. Lucie, and Martin County Sheriff's Offices, municipal police departments, and county jails on release notification for individuals who are homeless at booking or will be at release, supporting the 90-day discharge planning the CoC's governance charter requires. Encampment locations reported by law enforcement and code enforcement direct outreach routes.

Eviction filing data obtained through the CoC's partnership with the judicial system trigger prevention and diversion outreach before a household loses housing. McKinney-Vento liaisons at the three local education agencies share counts of identified homeless students, which surface families HMIS does not capture because they are doubled up rather than literally homeless.

These sources are reconciled at monthly By Name List case conferencing, where cross-system matches drive prioritization, and in aggregate to identify system gaps for the CoC Board. Client-level matching occurs only with participant consent under executed data sharing agreements.

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)

FL-509 partners with CareerSource Research Coast, the Local Workforce Development Board and American Job Center serving Indian River, St. Lucie, and Martin Counties. CareerSource provides job placement, career counseling, skills assessment, training scholarships, and access to registered apprenticeship and vocational programs for CoC participants. CareerSource staff participate in the CoC, and CareerSource's youth services program has identified young adults ages 18-24 as an underserved population in the CoC's gaps analysis, which has shaped how the CoC and CareerSource coordinate for that group. CoC case managers refer participants directly and follow up so referrals result in enrollment rather than a handoff that goes nowhere.

The CoC also partners with Indian River State College, which offers tuition-free enrollment to individuals experiencing homelessness and provides degree programs, technical certificates, GED preparation, and adult education across the tri-county area. Participants seeking a credential before advancing in the workforce are connected there, and staff assist with application, financial aid, and the documentation students experiencing homelessness need to establish eligibility.

Employment services also come through community partners. United Against Poverty operates the STEP and Build UP workforce development programs, providing job readiness training, resume development, interview preparation, vocational skills training, and placement assistance. HSC employs an Employment Specialist based at its Navigation Centers who works directly with participants across CoC-funded programs on job readiness, job search, and retention after placement, and who coordinates referrals to CareerSource, Indian River State College, and United Against Poverty so participants are not navigating multiple systems alone.

Employment is treated as a core outcome rather than an optional service. Participants set income goals in their individualized service plans, engagement in employment and job training counts toward supportive services participation requirements, and case managers track employment and income at entry, during the program, and at exit. The CoC monitors increases in earned income through System Performance Measures and reviews the results with providers, so workforce partnerships are evaluated by whether participants actually gain and keep employment.

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)

FL-509's outreach model rests on a simple premise: when an officer encounters someone sleeping outside, calling for outreach has to bring a real response and a path to housing. The CoC's job is to make that call reliable.

Street outreach in FL-509 is delivered by Homeless Services Council (HSC) outreach staff and by RiteLife Services under PATH funding through Southeast Florida Behavioral Health Network, with clinical backup from New Horizons of the Treasure Coast, including its Mobile Response Team for behavioral health crises. Teams work scheduled routes across Indian River, St. Lucie, and Martin Counties and respond to referrals.

Law enforcement and EMS have direct contact information for CoC outreach staff and can request a response rather than making an arrest or transport when no crime or medical emergency is involved. Officers also refer through 211 and 988. Because outreach staff can be dispatched to a location, an encounter that would otherwise end in a trespass warning can end with a Coordinated Entry assessment instead.

The CoC coordinates with the New Horizons Mobile Response Team so behavioral health clinicians, not only officers, respond to crises involving unsheltered individuals, reducing unnecessary Baker Act transports and arrests. Outreach staff accompany law enforcement on encampment contacts so the first voice a resident hears offers housing rather than a deadline.

Law enforcement and code enforcement report encampment and sleeping locations, which the CoC uses to set outreach routes and plan the unsheltered PIT count, in which deputies and officers participate. Outreach staff share aggregate engagement outcomes with agency leadership so officers see that referrals produce results, which sustains their willingness to call.

CoC partners participate in Crisis Intervention Team and trauma-informed response training with law enforcement, CoC staff meet regularly with Sheriff's Office and municipal police leadership, and law enforcement representatives hold seats in CoC governance.

Positive contacts convert to engagement because outreach staff carry real resources, including Coordinated Entry assessment, By Name List entry, diversion funds, shelter access, and document assistance, so the person receives something tangible at first contact rather than a referral to call later.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The FL-509 Treasure Coast CoC, led by Treasure Coast Homeless Services Council (HSC) as Collaborative Applicant, treats family and support-network reunification as a core strategy for preventing and quickly ending homelessness. It is built into Coordinated Entry (CE), diversion, and case management in CoC-funded housing.

Coordinated Entry and Housing Problem Solving: At first contact through CE, outreach, and 211, staff use a strengths-based Housing Problem Solving conversation. It helps people identify safe family, friends, or other natural supports who could offer housing, locally or elsewhere. Through the CoC's Housing Problem Solving Pilot, HSC works with United Against Poverty, Hope for Families Center, and other partners to align diversion practices and flexible financial help across providers.

Case Management: Case managers in outreach, shelter, RRH, and PSH programs help participants reconnect with family and supports. They mediate conflict and plan how those supports can help keep people housed. In CoC-funded housing, reconnecting with natural supports is part of each person's housing stability plan and exit planning.

Verification and Safety: Before anyone relocates, staff contact the receiving household to confirm that a safe, stable, and willing housing option exists. Staff screen for domestic violence and other safety risks, and participants make their own choices. Reunification is never required or used to move people out of the community.

Travel and Relocation Costs: The CoC and its partners use flexible and leveraged funds, including local, United Way, and foundation dollars, to pay for bus or train tickets, gas cards, food, and other travel costs. Where helpful, they also cover a first month's rent or utility help so the arrangement is sustainable. Veterans are connected to SSVF and VA resources, including help with transportation.

Arranging Help in Another Area: Staff make warm handoffs to CoCs, 211s, VA/SSVF teams, and service providers in the destination community. This links people to case management, benefits, healthcare, and housing on arrival. Statewide coordination through the Florida Coalition to End Homelessness and Florida lead agencies eases cross-CoC referrals.

Follow-Up and Data: Staff follow up after relocation and record outcomes in HMIS. The CoC uses this data to track diversion and reunification results, returns to homelessness, and practice improvements.

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)

The FL-509 Treasure Coast CoC and its recipients work with law enforcement, first responders, and local governments to support public safety while connecting people to shelter, treatment, and housing. CoC policy requires all funded projects to cooperate with, and not interfere with or impede, the enforcement of state and local laws.

Clearing Tents and Encampments: The CoC supports enforcement of Florida's public camping and sleeping law (HB 1365) and local ordinances. Outreach teams coordinate with sheriff's offices and city police departments before and during encampment clearings. They engage occupants, offer shelter and CE assessment, help store belongings and IDs, and provide transportation to shelter/services, so sites are cleared and people are not simply displaced.

Decreasing Public Use of Illicit Drugs: The CoC and its recipients do not condone public drug use. Outreach and case managers screen for substance use and refer people to detox, residential and outpatient treatment, and medication-assisted treatment through local behavioral health providers. They also support law enforcement diversion and drug court referrals.

Standards for Danger to Self or Others: Staff are trained on Florida's Baker Act (involuntary mental health examination) and Marchman Act (involuntary substance abuse assessment and treatment). When a person appears to be a danger to self or others, staff contact law enforcement or crisis teams right away, share relevant information as allowed, and support the person's transition from receiving facilities to shelter, treatment, or housing.

Sharing Information Under SORNA: The CoC complies with SORNA and Florida sexual offender registration laws. Providers screen for registration status as required, do not place registrants in ineligible locations, and share location information with law enforcement as permitted by HMIS privacy policies and applicable law.

Assisting First Responders: HSC and partners give law enforcement, fire rescue, and EMS a direct contact for outreach, including after-hours contacts, and join joint street outreach, co-responder efforts, and case conferences. First responders can make referrals straight into Coordinated Entry and shelter, and outreach staff follow up on calls involving people experiencing homelessness. This reduces repeat 911 calls, jail stays, and ER visits. Law enforcement agencies are invited to take part in CoC meetings.

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)

Helpful Policies: Florida's public camping and sleeping law (HB 1365, s. 125.0231, F.S.) bars local governments from allowing camping on public property. This gives the CoC, cities, and sheriffs a shared, clear expectation. Stuart's ordinance allows trespass warnings for sleeping in parks, piers, and riverwalks. Vero Beach bans camping in parks and added downtown officers who help people reunify with family. St. Lucie County funds the Housing Hub-Adam’s Place ($725,000 in FY24 and FY25). From FY23 through Q2 FY25, the Hub placed 191 people in shelter directly from the street, and 79% of stays ended in positive exits. The St Lucie County Homeless Advisory Committee is adding a law enforcement seat.

Limiting Factors: The 2026 PIT counted 574 people, and 390 were unsheltered, including 138 in Martin, 135 in St. Lucie, and 117 in Indian River. Shelter capacity and affordable housing supply remain below that level of need, so a clearing can move people between jurisdictions rather than into housing. Clearings can also cause people to lose identification and documents needed to qualify for housing, and repeat trespass warnings or arrests can add barriers that make later placement harder. Recovery-oriented and treatment-linked beds fill quickly, so the CoC needs more of them to match people to the right setting at the moment of contact.

CoC Plan:
1. Joint clearing protocol: Outreach works with law enforcement before every clearing. Each person gets a CE assessment, a shelter offer, transportation, and help storing belongings and IDs.
2. By-name list: Every encampment resident goes on an HMIS by-name list, and the list is reviewed at case conferences with police.
3. Diversion first: The Housing Problem Solving Pilot and reunification help people exit without a shelter bed.
4. Expand capacity: The CoC will fill new units as they open. These include the 13-room St. Lucie veterans shelter and 10 GraceWay family units.
5. Reduce barriers from enforcement: The CoC will ask law enforcement to pair warnings with outreach referrals. It will also add treatment-linked shelter options.

Measurable goals: Offer shelter or services at 100% of coordinated clearings, and track results in HMIS. Report quarterly on street-to-shelter placements, exits to housing, and returns to homelessness, with a target of reducing the unsheltered PIT count by 10% by 2027.

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)

Tents and informal encampments remain a concern within the FL-509 Treasure Coast CoC, which serves Indian River, St. Lucie, and Martin Counties. The CoC helped to reduce the number of known encampments from 95 to 70 and the number of people living in them from 380 to 300 from 2023-2024 to 2024-2025. We are currently working on aggregating numbers from 2026 which will be combined with results from the 2027 Point-in-Time Count to give us a better snapshot of the current status across our communities. Currently, there are roughly 60-65 encampments across the tri-county region.

The 2026 Point-in-Time count identified 574 people experiencing homelessness, including 390 unsheltered and 184 sheltered, meaning approximately 68% were living in places not intended for human habitation. Unsheltered homelessness declined approximately 6.5% from 2025, but the count still indicates substantial unmet shelter and housing needs; it does not represent a count of people living exclusively in tents or encampments.

Documented encampment locations have included wooded areas, canal-adjacent sites, and unoccupied private property in all three Counties; each sheriff's office reported removing occupants from identified sites and continuing to monitor previously occupied locations. Reporting from all locations confirms that tent encampments continued to exist in 2026 but have reduced dramatically. Limited shelter capacity remains a significant challenge: March 2026 reporting based on the 2025 PIT count described approximately five people experiencing homelessness for every available shelter bed across the Treasure Coast.

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

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

(limit 2,500 characters)

The FL-509 Treasure Coast CoC leverages Florida's prohibition on unlawful drug possession (§893.13) and limited overdose-related immunity (§893.21) to support lawful enforcement while encouraging prompt emergency assistance. Drug courts serving Indian River, St. Lucie, and Martin Counties provide treatment and accountability, but eligibility requirements limit participation, and noncompliance may result in incarceration. New Horizons offers 24-hour screening with a 24/7 Mobile Response Team accessible through 211, providing rapid assessment pathways.

Marchman Act involuntary admission requires specific statutory criteria; refusal of services alone is insufficient, making voluntary treatment pathways essential. To leverage these resources and address access barriers, the CoC will enact a written protocol with law enforcement, EMS, and treatment providers pairing lawful enforcement with rapid service connections. Outreach staff call 911 for suspected overdose or immediate danger, request law enforcement when warranted, and arrange direct provider contact and transportation for individuals accepting services.

Designated referral contacts verify intake requirements and capacity and pursue same-day assessments when appropriate and available. When placement is unavailable, outreach staff maintain contact, support naloxone access and overdose-prevention education, and coordinate interim shelter and follow-up. Eligible individuals receive drug-court referral assistance, including help with transportation, identification, and appointments; others receive voluntary treatment referrals.

Involuntary procedures are pursued only when legal criteria are met, with information sharing consistent with privacy requirements. Monthly review track assessment wait times, completed treatment connections, unsuccessful referrals and reasons, and documented repeat public-use encounters. These mitigation steps will guide service improvements rather than treating displacement or arrest alone as a successful outcome.

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)

Overdoses and public drug activity are an ongoing concern across the FL-509 Treasure Coast CoC, and the CoC tracks them closely. Florida's Substance Use Dashboard reports 120 drug overdose deaths across the three counties in 2024: 31 in Indian River, 70 in St. Lucie, and 19 in Martin, including 86 opioid-involved deaths (FLHealthCHARTS). Provisional 2025 data show 2,142 EMS responses to suspected drug overdoses, including opioids: 449 in Indian River, 1,030 in St. Lucie, and 663 in Martin (FLHealthCHARTS). St. Lucie County alone accounts for nearly half of these responses.

Drug activity in public spaces is also documented locally. In August 2026, a law enforcement investigation following community complaints at Fort Pierce's 10th Street Park resulted in three arrests for cocaine and drug paraphernalia possession (CBS12). Locations reported by law enforcement and code enforcement, including public parks and encampment sites, guide CoC outreach routes and joint contacts with officers.

The CoC and its partners are responding with treatment and enforcement working together. Free naloxone is available through the Florida Department of Health in Martin County, and a multiagency program evaluates hospital-treated opioid overdose patients for medication-assisted treatment. HSC receives opioid abatement funding in Indian River and St. Lucie Counties to house people while they are engaged in treatment, and serves on the opioid task force with treatment providers, law enforcement, and county health partners. New Horizons' 24/7 Mobile Response Team, accessed through 211, gives outreach staff and officers a direct route to assessment and treatment when they encounter someone using drugs in public.

To measure progress, the CoC will work with EMS, law enforcement, and outreach partners beginning in 2027 to track overdose responses and public drug use encounters involving people experiencing homelessness, and will report these figures at CoC meetings alongside treatment connections made through outreach.

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)

The FL-509 Treasure Coast CoC can use Florida's Baker Act (§394.463) to obtain involuntary examination when mental-illness, consent, and serious-harm or neglect criteria are met through authorized professionals, law enforcement, or courts; examination does not automatically authorize ongoing involuntary treatment.

The Marchman Act (§397.675) permits involuntary admission when substance-related impairment, loss of self-control, and additional statutory criteria are met; refusal of services alone does not establish impaired judgment. These safeguards require individualized assessment rather than intervention based solely on homelessness.

Locally, New Horizons provides access to voluntary and involuntary crisis care, but regional bed shortages, transportation limitations, and gaps in discharge coordination can delay services and interrupt care.

To leverage beneficial laws and address service barriers, the CoC will enact written protocols with crisis providers, EMS, law enforcement, and outreach partners. Staff will be trained to recognize crises, document specific behaviors and threats, call 911 for immediate danger, and request assessment by authorized responders. The protocols prioritize voluntary, least-restrictive care when safe and clinically appropriate while supporting lawful involuntary intervention when criteria are met. Designated contacts coordinate receiving-facility access and transportation. Individuals not meeting involuntary criteria receive continued outreach, voluntary treatment referrals, and safety planning.

Discharge coordination will address medication access, follow-up appointments, transportation, and shelter or housing, with information shared as legally permitted. Monthly reviews will track referral delays, completed assessments, discharge connections, and repeat crises. These mitigation steps address access barriers while preserving due process and connecting emergency intervention to sustained treatment and housing.

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)

The FL-509 Treasure Coast CoC can support SORNA compliance by helping registrants report accurate residence and location information, including where they stay without a fixed address; registration duties rest with registrants, not automatically with housing providers. Florida's §943.0435 requires covered sexual offenders establishing transient residence to report to the sheriff within 48 hours and every 30 days thereafter, providing addresses and locations; it prohibits intentionally helping a noncompliant offender elude law enforcement.

Indian River County's Offender Tracking program provides a local registration pathway. Frequent moves and in-person reporting can complicate compliance. HMIS rules permit law-enforcement disclosures only under specified conditions, subject to privacy-notice requirements and applicable laws. To leverage these pathways and mitigate barriers, the CoC will enact designated contacts with sheriff's registration units in all three counties and a counsel-reviewed information-sharing protocol. Staff will explain reporting obligations, assist with transportation and reminders, and help registrants describe current locations and report changes.

Providers will promptly route law-enforcement requests to designated privacy staff, verify the requester's authority and legal basis, and disclose accurate location information when required or otherwise lawfully permitted. Disclosures will be limited to authorized information, transmitted securely, and documented, with valid consent obtained when required. Training will distinguish public registry information from confidential client records and prohibit intentional concealment or false reporting. Periodic reviews address missed deadlines, inaccurate locations, and disclosure delays. These steps support comprehensive lawful cooperation without granting unrestricted HMIS access or overriding privacy protections.

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)

The FL-509 Treasure Coast CoC combines scheduled street outreach, community referrals, and coordinated service access to reach individuals and families experiencing homelessness throughout Indian River, St. Lucie, and Martin Counties. HSC outreach staff and RiteLife Services, through PATH funding administered by Southeast Florida Behavioral Health Network, conduct outreach routes and respond to referrals, with clinical support from New Horizons and its Mobile Response Team. Outreach targets people living in encampments, vehicles, parks, abandoned buildings, and other places not meant for habitation, including those unable or unwilling to access shelter.

Law enforcement and code enforcement share sleeping-location information to guide routes, while first responders can directly request outreach and refer through 211. The strategy extends beyond street contacts through shelters, schools, Head Start programs, faith communities, veteran-serving organizations, disability organizations, health centers, and employment programs. School district homeless liaisons and youth-serving partners help identify families and unaccompanied youth who may not approach traditional homeless services. Public information and partner outreach explain available assistance and how to access it. Workers assess people where they are, address urgent needs, and connect them with Coordinated Entry, shelter, health and behavioral-health care, benefits, transportation, document assistance, and housing resources.

Eligible households are connected to the By-Name List and coordinated housing referrals. Written standards require continued engagement even when people repeatedly decline services; lack of third-party documentation cannot prevent immediate street outreach assistance. Affirmative outreach, accessible communications, disability accommodations, and language assistance help reduce barriers to participation. Staff document contacts and current living situations in HMIS consistent with privacy requirements. To strengthen geographic coverage, the CoC will review outreach contacts, PIT findings, and partner referrals by county, identify underserved rural and outlying locations, and adjust routes and follow-up accordingly. The goal is sustained engagement and completed connections to appropriate services and permanent housing, rather than contact alone.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

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)	No

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

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

(limit 2,500 characters)

The CoC's written policies and procedures require that every household with children be informed of their educational rights at intake, through Coordinated Entry and at program enrollment. Families receive the name and contact information for the McKinney-Vento liaison in their district, and providers document that the information was given. Mandatory information about McKinney-Vento resources is included in resident handbooks at every program serving homeless children and youth, including Hope for Families Center, Compassion House, Samaritan Center, SafeSpace, Mary's Shelter, and MISS.

Providers work directly with school homeless liaisons so school-aged children can remain in their school of origin without disruption or, if the family prefers, enroll immediately in the district where they are temporarily staying. For children not yet school-aged, providers and liaisons determine eligibility for early childhood services, and each program's Children's Coordinator advises families of their right to Early Head Start, early intervention services under IDEA, and other early childhood programs.

Information is also made public rather than delivered only at intake. Posters detailing the educational rights of homeless students are displayed across all school districts in areas families and students frequent, in CoC partner offices, and at United Way locations in each county, which also provide applications and sign-up information. Notice is posted in locations frequented by parents, guardians, and unaccompanied youth. Materials from the Florida Department of Education and the school districts are distributed to community partner offices.

Liaisons and CoC staff train each other. McKinney-Vento liaisons participate regularly in CoC meetings to educate providers on homeless student rights and available school system resources. The St. Lucie Public Schools district liaison offers annual McKinney-Vento training for youth and family-serving community partners, which CoC staff attend, covering legislative updates such as HB 1577, which increased emphasis on serving unaccompanied homeless youth before and after high school graduation. CoC agencies serving families are members of the National Association for the Education of Homeless Children and Youth.

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)

Children's Home Society of Florida (CHS) is the CoC's primary partner for youth transitioning from public systems of care. CHS operates independent living services for youth in foster care and transitional living for young adults who have recently exited foster care or are at risk of homelessness, providing housing along with life skills, budgeting, education planning, job training, and goal setting. CHS is a CoC member, participates in CoC meetings, and coordinates directly with Treasure Coast Homeless Services Council (HSC) and CoC providers on individual youth. Youth aging out of care are referred to CHS first, and CHS refers young adults who need longer-term housing to CoC programs.

The CoC also coordinates with Hibiscus Children's Center, which serves teens in group care who are transitioning to foster homes, adoptive homes, or independent living at 18, and whose Career Center, GED lab, and career pathways programming prepares them for that transition. School district McKinney-Vento liaisons identify students in transition, including unaccompanied youth, and refer them to CHS and to CoC providers. CoC case managers screen every young adult entering the homeless system for foster care history so that those eligible for extended foster care, aftercare services, or postsecondary tuition and fee exemptions under Florida law are connected to them.

The CoC recognizes that coordination for this population is concentrated in a small number of agencies and has identified it as a gap to address. As the CoC advances its Coordinated Entry process, HSC is working to bring additional systems and agencies into that process so that child welfare partners, providers serving youth in care, and community organizations have a consistent path for referring youth transitioning from public systems into CHS and other locally available programs. Planned steps include expanding Coordinated Entry access points and training for youth-serving agencies, formalizing referral protocols with child welfare partners, and engaging the regional community-based care lead agency and its case management organizations in CoC planning.

This work is reflected in the CoC's Strategic Plan, which commits to developing housing for youth aging out of foster care, and the Executive Committee monitors progress as part of its oversight of plan implementation.

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)

Children's Home Society of Florida (CHS) Centralized Intake in Fort Pierce is the CoC's RHY-funded youth partner, serving Indian River, St. Lucie, Martin, and Okeechobee Counties. CHS has held a Basic Center Program grant for many years and for the past two years has incorporated Street Outreach into that grant. Its WaveCREST shelter provides residential and non-residential services for runaway and homeless youth, along with CINS/FINS in-home and family counseling, Project Safe Place, and a 24-hour teen and runaway hotline, all at no cost. CHS is a CoC member and participates in CoC meetings and planning.

Coordination runs in both directions. CHS refers youth and young adults who cannot safely return home to HSC and CoC providers for housing and Coordinated Entry assessment, and CoC providers refer unaccompanied youth under 18 to CHS for immediate shelter, crisis counseling, and family reunification rather than placing minors in adult homeless programs. Both organizations use warm hand-offs, and CHS staff and CoC case managers coordinate directly on individual youth to avoid duplicated intakes.

CHS Street Outreach and lead agency (HSC) outreach staff share information on where unaccompanied youth are being found, so youth encountered by CoC outreach are connected to Basic Center services and youth engaged by CHS outreach reach CoC housing resources. The CoC also connects youth to CHS's independent and transitional living services for young adults aging out of foster care, and CHS refers young adults over 18 needing longer-term housing to CoC programs.

HSC coordinates with school district McKinney-Vento liaisons, who identify unaccompanied youth and refer them to both CHS and the CoC, and with Hibiscus Children's Center, which serves teens transitioning out of the child welfare system. CHS participates in the annual Point-in-Time count, improving the CoC's identification of unaccompanied youth, and youth data is shared consistent with each program's confidentiality and RHY reporting requirements.

Youth providers are represented in CoC planning so youth needs inform CoC priorities, including the Strategic Plan commitment to develop housing for youth aging out of foster care.

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

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

(limit 500 characters)

HSC's proposed Homeless Services Transitional Housing program will serve families with children through leased units across Indian River, St. Lucie, and Martin Counties, consistent with 24 CFR 578.93(b)(7), which allows limiting admission to subpopulations needing the specialized supportive services provided in the housing. HSC currently operates a DV rapid rehousing program serving families referred from SafeSpace shelter.

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)

HSC's proposed Homeless Services Transitional Housing program will treat income growth as a core outcome, not a secondary service. Each family's Housing Stability and Service Plan will set income goals at enrollment, with progress reviewed regularly with the case manager. A dedicated Employment Specialist, based at HSC's Navigation Centers, will assess household finances and job readiness, then provide resume development, interview preparation, job search assistance, and direct placement support through weekly workshops and one-on-one sessions, continuing after placement until employment is stable.

Families will be connected to workforce partners for training that leads to better-paying work. United Against Poverty operates the STEP and Build UP programs, providing job readiness training, vocational skills training, and placement assistance, and CareerSource Research Coast, the regional workforce board, provides training, apprenticeship connections, and employer access across all three counties. Because income growth for parents depends on removing barriers to work, the program will also provide child care connections through the Early Learning Coalition's School Readiness and VPK programs and providers such as RCMA Children's House, transportation assistance for interviews and work, and financial literacy, budgeting, and savings support. For adults who cannot work because of a disability, HSC staff trained in SOAR assist with expedited SSI/SSDI applications, and case managers enroll families in TANF, SNAP, and WIC to raise total household income.

This approach is built on results HSC has already achieved. Through its DV rapid rehousing program serving families referred from SafeSpace shelter, HSC has helped parents move from crisis into stable housing while increasing earned income, using the same combination of case management, employment support, benefits enrollment, and barrier removal. Families in that program have obtained employment, increased household income, and exited to permanent housing they pay for themselves, and returns to homelessness have remained low. That experience shows the model works for families with children in this region and will carry directly into the transitional housing program.

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)

HSC's proposed Homeless Services Transitional Housing program is designed so CoC Program funds pay for housing and core case management while mainstream family service systems cover the rest. Case managers screen every family for eligibility at enrollment and re-screen as circumstances change.

TANF is the primary mainstream source. Case managers assist families with applications for cash assistance through the Florida Department of Children and Families and connect them to TANF-funded work activities and support services, including child care, transportation, and work-related expenses. HSC administers TANF funding directly in its housing programs, which lets families access those resources without a separate wait.

Child care is leveraged through the Early Learning Coalitions, which administer Child Care and Development Fund dollars locally through the School Readiness program and Voluntary Prekindergarten. Families experiencing homelessness receive priority for School Readiness under the Child Care and Development Block Grant, and case managers assist with applications and connect families to providers such as RCMA Children's House. Head Start and Early Head Start are used where slots are available.

Healthcare costs are covered through Medicaid and KidCare rather than program funds. Case managers enroll eligible parents and children, connect families to Healthy Start for pregnancy-related and infant services and home visiting, and refer to federally qualified health centers including Whole Family Health Center for primary, dental, and behavioral care.

Food and basic needs are met through SNAP, WIC, school meal programs, and Whole Child Connection through the Treasure Coast Food Bank. Children's education services are leveraged through school district McKinney-Vento liaisons, who provide transportation to the school of origin, immediate enrollment, and school supplies at no cost to the project.

Additional local resources supplement these systems. The Children's Services Council of St. Lucie County funds children's programming and family supports, and community partners including Hibiscus Children's Center, Safe Families for Children, CareNet, and the Homeless Children's Foundation of Indian River County provide parenting support, crisis respite, and material assistance. For parents with disabilities, SOAR-trained staff pursue SSI and SSDI to establish stable long-term income.

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)

HSC's proposed Homeless Services Transitional Housing program pairs leased units with a family service plan covering childcare, parenting, healthcare, and education from the day a family enrolls. Each household is assessed for the needs of every member, and the case manager coordinates referrals and follows up to confirm the family received the service. These connections already exist through HSC's previously operated RRH programs and relationships with family-focused CoC partners, including Hope for Families Center and Graceway Village.

Childcare is arranged through the Early Learning Coalitions, which administer School Readiness and Voluntary Prekindergarten locally, and providers such as RCMA Children's House in Fellsmere. Case managers assist with applications, help families choose a provider near home or work, and arrange transportation, so parents can work, train, or attend appointments.

Parenting support comes through partners already serving families in all three counties. Healthy Start of St. Lucie County provides Healthy Families home visiting, coaching parents on child development, positive discipline, and managing stress. Hibiscus Children's Center provides family strengthening and mental health services, Safe Families for Children offers voluntary short-term support during a parent's crisis, and CareNet provides parenting education and material assistance. These supports are voluntary and chosen by the parent.

Pregnancy-related and child healthcare is coordinated through Healthy Start, which serves families from pregnancy through age one and up to age three when needed, and federally qualified health centers including Whole Family Health Center. Case managers enroll parents and children in Medicaid or KidCare, arrange well-child visits and immunizations, and connect pregnant participants to prenatal care early.

Education is addressed for children and parents. School district McKinney-Vento liaisons ensure immediate enrollment, transportation to the school of origin, and school supplies, and the Homeless Children's Foundation of Indian River County supports homeless students. Early Learning Coalition programs prepare younger children for kindergarten, Whole Child Connection through the Treasure Coast Food Bank connects families to food and basic needs, and the Children's Services Council of St. Lucie County provides additional children's programming. Parents are connected to adult education, GED, and workforce training.

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)

HSC, the CoC lead agency, is the U.S. Department of Veterans Affairs SSVF grantee for the region, collaborating with WPBVAMC. HSC partners with 20+ Veteran clubs, including County VSOs and Mission United in Indian River/St. Lucie to coordinate outreach, referrals, case conferencing, and health care navigation, connecting veterans to housing, benefits, and supportive services.

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)

FL-509 partners with SafeSpace, the State of Florida's designated certified domestic violence center serving Indian River, St. Lucie, and Martin Counties. SafeSpace provides emergency shelter, advocacy, safety planning, counseling, legal advocacy, and relocation assistance, and refers survivors to CoC housing through a warm hand-off. SafeSpace is a current collaborator for HSC's DV RRH project together and will collaborate via referrals for HSC's two new DV Transitional Housing projects.

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)

FL-509 partners with LifeBuilders of the Treasure Coast, serving those affected by the 19th Judicial Circuit criminal and dependency courts, and the Office of the Public Defender, 19th Circuit, which provides transitional housing, mental health, substance use recovery, and legal assistance. Both refer individuals leaving jail or court-ordered programs to the CoC. Homeless Services Council also conducts direct outreach and United Against Poverty provides re-entry and employment supports.

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)

FL-509 partners with health centers covering all three counties: Whole Family Health Center, a federally qualified health center serving the entire Treasure Coast, HANDS Clinic in St. Lucie County, Volunteers in Medicine Clinic in Martin County, and Treasure Coast Community Health in Indian River County. All serve uninsured and homeless residents and coordinate with CoC case managers on participants with high 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)

FL-509 partners with the Area Agency on Aging of Palm Beach/Treasure Coast for home and community-based services, benefits counseling, and long-term care screening for adults 60+ across all three counties. HSC also maintains established relationships with local assisted living and advanced care facilities and has successfully placed participants needing that level of care.

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

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

(limit 500 characters)

The lead agency, HSC, operates PSH Services, St. Lucie County Veterans, and Alcohope, which all prioritize individuals experiencing chronic homelessness and those with disabilities. Martin County Chronics, operated by Martin County Human Services (BOCC), also prioritizes chronically homeless households. All accept referrals through Coordinated Entry, which prioritizes by length of time homeless and severity of service needs.

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)

Because the projects identified in 1C-19 are scattered-site, the participant's own unit is the site where behavioral healthcare is delivered. Participants do not have to travel to a clinic to receive care. New Horizons of the Treasure Coast and Okeechobee, the region's Community Mental Health Center and largest behavioral health provider, serves all three counties under a long-standing MOU with HSC and brings psychiatric evaluation, medication management, individual counseling, substance use treatment, and intensive case management directly to participants in their homes. For participants with the highest needs, New Horizons' Florida Assertive Community Treatment (FACT) team provides intensive, team-based treatment in the home and community, available 24/7. New Horizons' 24/7 Mobile Response Team comes to the participant's unit to assess anyone in crisis, determine the level of care needed, and arrange immediate connection to crisis stabilization when necessary.

Behavioral healthcare is built into each participant's required services. Consistent with 24 CFR 578.75(h), participants in these projects are required to take part in supportive services, including regular in-home case management and the goals in their individualized service plan. When a behavioral health or substance use need is identified, the recommended care becomes part of that plan, and case managers review progress with the participant at every visit and at least quarterly.

Project case managers coordinate this care on-site. They schedule in-home appointments with New Horizons clinicians, arrange transportation when a service can only be delivered at a clinic, and follow up after each contact to confirm the participant received care and that treatment is working. When a participant stops engaging, case managers and clinicians work together to re-engage them and adjust the service plan.
Additional partners are used when they better fit a participant's needs. Thrive and Dynamic Life provide substance use treatment, intensive outpatient programs, and certified peer recovery support in Indian River County, and HANDS Clinic and local community health centers provide integrated physical and behavioral healthcare. This combination of in-home clinical care, required service participation, and active case management keeps participants connected to treatment and stably housed.

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)

Assessment for level of care is continuous rather than a one-time event. At intake, case managers complete a comprehensive assessment covering health, behavioral health, activities of daily living, and support needs. Service plans are reviewed with participants at least quarterly and whenever circumstances change, and each review asks whether the participant's current housing and service package still meets their needs.

Case managers watch for specific indicators that a higher level of care may be needed: repeated crisis episodes or hospitalizations, emergency room use, declining ability to manage activities of daily living, falls or mobility loss, cognitive decline, medication mismanagement, escalating substance use, or difficulty maintaining the unit safely. Landlords, home health aides, family members, and partner agencies also report concerns to the case manager.

When an indicator appears, the case manager arranges a clinical assessment with the appropriate partner rather than making the determination alone. New Horizons of the Treasure Coast and Okeechobee evaluates psychiatric and substance use needs, using American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of substance use treatment, and can recommend detox, crisis stabilization, or residential treatment. For participants who may need assisted living or long-term care, HSC coordinates with the Area Agency on Aging and the state CARES assessment process, which determines eligibility for Medicaid long-term care services. HSC also maintains established relationships with local assisted living and advanced care facilities and has successfully moved participants into those settings when their needs exceeded what independent housing could support. When a participant presents an immediate danger to self or others, New Horizons' 24/7 Mobile Response Team responds and arranges emergency evaluation.

If a higher level of care is appropriate, the case manager supports the participant through the transition, including application assistance, coordination with the receiving provider, and transportation. Consistent with 24 CFR 578.75, participants who enter an institution for 90 days or less retain their assistance, so they can return to their unit afterward. Participants make the final decision about pursuing a higher level of care, and case managers continue working with those who decline, adjusting the service plan and offering additional in-home supports.

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)

Moving on is discussed as an option throughout a participant's time in the project, not raised only at a fixed point. At intake, case managers explain that the project is permanent housing with no time limit, and that participants who want to move to other permanent housing will be supported in doing so. Readiness is revisited at each service plan review, at least quarterly, and any time a participant raises interest in moving.

Case managers and participants assess readiness together using several indicators: sustained housing stability without lease violations or landlord concerns; income sufficient to carry rent, whether from employment, benefits, or a combination; the ability to manage rent, utilities, and household responsibilities independently; a reduced need for intensive supportive services; stable health and behavioral health, including consistent connection to community-based care that continues after the move; and the participant's own stated interest in living without project assistance. A participant's readiness is never determined by length of stay alone.

When a participant is ready and interested, HSC's Housing Navigator identifies options. These include Housing Choice Vouchers and other Public Housing Agency programs, where HSC's improved coordination with local PHAs on waiting lists and inspections helps participants move through the process; affordable and unsubsidized units through HSC's landlord relationships; shared housing; reunification with family or natural supports; and, for veterans, VA housing resources. Staff assist with applications, landlord engagement, deposits and move-in costs where funding allows, and coordination of the transfer.

Participation is voluntary and participant-driven. No one is asked to leave the project because they meet readiness indicators, and declining to move on has no effect on continued assistance or services. Participants who move on receive follow-up contact from the case manager during the transition, and those whose new housing does not work out can return to Coordinated Entry for prioritization and re-housing.

Moving on frees PSH units for individuals experiencing chronic homelessness who need that level of support, which HSC monitors as part of its system performance review.

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.	

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.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	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.	09/29/2026

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

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	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.	07/22/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC's reallocation process includes: (1) evaluation of performance metrics, (2) consideration of the need for the project in the CoC, and (3) considering voluntary reallocation by renewal project recipients. To determine whether a project is low performing, the Review and Ranking Committee (RRC) reviews performance outcomes in the project's APR, including but not limited to permanent housing retention, exits to permanent housing, and increases in income, in addition to the timeliness of drawdowns in eLOCCS. To determine whether a project is less needed, the RRC considers emerging changes in local need, as guided by community feedback and tracked Gaps Analysis reports. Projects with poor outcomes and those that are less needed relative to proposed new projects become candidates for reduction or full reallocation. Renewals are scored on system performance; lower-performing projects are ranked accordingly, and the RRC may recommend reallocating those funds to a higher performing or more needed project.

2. In this year's local competition, the CoC did not identify any renewal project as low performing. All projects submitting renewal applications performed reasonably well and were ranked accordingly by the RRC, which weighed current community need throughout its deliberations in determining which projects would be most vital.

3. Although no projects were reallocated due to performance or need, the CoC did reallocate this year through the voluntary process. HSC voluntarily reallocated the entirety of its DV rapid rehousing grant ($546,147) and a portion of its Alcohope PSH grant ($778,331) in order to apply for projects better aligned with shifting community needs and to strengthen outcomes, performance, and reporting. The RRC directed the reallocated Alcohope funds to new HSC Street Outreach, Homeless Services Transitional Housing, and HMIS Expansion projects, reflecting the growing needs identified across the region. The reallocated DV rapid rehousing funds went entirely to a new DV Transitional Housing project, which continues the CoC's collaboration with SafeSpace, the state-designated domestic violence provider.

4. Not applicable

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

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

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	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)

Our CoC's core methodology for the 2026 unsheltered PIT count was consistent with 2025. The CoC again used a combined complete coverage and known location approach on the night of the count, which allows year-over-year results to be compared directly.

The CoC refined its preparation rather than changing its method. County mapping work continued, with zone boundaries reviewed and coverage strategies identified for each area, and canvassing teams were assigned to specific geographic zones so coverage was accounted for across Indian River, St. Lucie, and Martin Counties. Street outreach workers maintained current information on the size and location of encampments throughout the year, and that information built the known location list and directed teams on the night of the count.

The 2026 unsheltered count decreased 6% from 2025. Because the methodology and geographic coverage were consistent, the CoC attributes the decrease to conditions in the community rather than differences in how the count was conducted. In particular, sustained street outreach in the months before the count engaged individuals living unsheltered and connected them to shelter, housing, and services, so fewer people remained unsheltered on the night of the count. The lead agency reviewed the data for completeness and duplication before submission and shared results with CoC members and partners.

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 CoC's encampment work is built on continuous outreach, coordination with law enforcement, and swift connections to housing and services. During the evaluation period the CoC reduced the number of known encampments from 95 to 70 and the number of people living in them from 380 to 300. Additionally, the CoC's overall unsheltered count has fallen for three consecutive years, from 554 in 2024 to 417 in 2025 and 390 in 2026.

Outreach staff are assigned by county and engage people living in encampments, wooded areas, canal-adjacent sites, and other places not meant for human habitation, returning repeatedly to build the trust needed for someone to accept help. CoC outreach staff work directly with the sheriff's offices and municipal police departments in all three counties, which identify encampment locations and join outreach whenever possible. Law enforcement partners have supported the PIT count and encampment identification for years. Multiple CoC agencies engage in street outreach efforts including Treasure Coast Homeless Services Council (HSC), Tent City Helpers, and RiteLife while Children's Home Society has recently started outreach for youth.

Outreach case managers use voluntary diversion and housing problem solving to help people move off the streets into safe housing. Outreach staff also work to place people directly into shelters, or into temporary hotel stays while a shelter bed opens. Staff may also identify an available unit or shared housing placement, or help with family reunification. Outreach staff and case managers connect people to substance use treatment, mental health care, and physical healthcare through CoC partners, and a legal team resolves documentation and legal barriers, such as missing identification, outstanding fines, or record issues, that often prevent someone from qualifying for housing.

This work operates within Florida's HB 1365 framework, which prohibits counties and municipalities from authorizing public camping on public property and creates liability for local governments that do not address public encampments. The CoC supports local governments in meeting that requirement by providing outreach, Coordinated Entry assessment, and placement into shelter, transitional housing, rapid rehousing, and permanent housing, so enforcement is paired with a real housing option.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	95
2. Enter the reduction in the number of encampments during your evaluation period.	25

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	380
2. Enter the reduction in the number of people in encampments during your evaluation period.	80

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

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Encampments and unsheltered homelessness have declined steadily across all three counties. Outreach is what drives that result, and the CoC continues to invest in it, working alongside faith-based institutions, law enforcement, and area nonprofits to locate people living on the streets and connect them to housing and supportive services.

The CoC anticipates further reduced numbers as we gear towards the 2027 Point-In-Time count, as teams have been working diligently to house identified individuals and engage them with options as law enforcement and local municipalities work to enact measures of HB1365.

Currently, the CoC is building a current encampment inventory rather than relying on the annual count. Outreach staff in each county document known sites, approximate numbers, and changes over time, and share that information with law enforcement partners and community organizations, including Tent City Helpers in Martin County. HSC, as the HMIS lead, is developing reporting so the CoC can track site activity and placement outcomes throughout the year and direct outreach where activity is increasing.

Outreach case managers use voluntary diversion and housing problem solving to help people move off the streets into safe housing. They explore trusted family or friends, mediate conflicts, and connect participants to transportation, benefits, and financial assistance when available. Plans prioritize safety and participant choice, with follow-up support; when diversion is not feasible, staff continue pursuing shelter and housing options.

The CoC is formalizing how it works with local governments under Florida's HB 1365 framework. The goal is a consistent protocol in each county under which the CoC receives advance notice before a site is addressed, outreach engages residents beforehand, and every person is offered assessment, shelter or hotel placement, and a housing plan. Consistent notice allows the CoC to reach people before a site closes rather than after they have scattered.

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)

Many households at risk are identified before they enter homelessness. Pre-screens conducted when households call for assistance, along with Coordinated Entry assessments, capture why each household is losing housing, and HMIS data is used to track patterns among those experiencing homelessness for the first time. Risk factors identified through this work include very low income or sudden loss of income, single parents with children, landlord notice of eviction or sale of the property, threat of or actual domestic violence, prior evictions, and non-elderly disability. Youth ages 18-24, veterans, and elderly disabled persons receive priority. Risk factors are developed with stakeholders and refined as data changes; when staff noticed a rise in elderly women entering homelessness for the first time, PIT and pre-screening data showed the cause was most often sudden income loss, eviction, or medical costs beyond their control.

Front-line staff at every access point hold problem-solving conversations with households at risk, focusing on their own supports and safe short-term options before shelter becomes the default. Diversion and mediation training conducted in 2026 expanded this capacity across CoC providers, and the CoC is building a defined prevention pathway into Coordinated Entry so households whose housing is in immediate jeopardy are connected to help before they lose it.

Flexible financial assistance is deployed quickly to resolve the immediate cause. The CoC uses State ESG, the State Challenge grant, SSVF, HVRP, FEMA, and private funds, navigating differing eligibility rules to cover rental arrears, utilities, deposits, and moving costs, and has deployed Emergency Rental Assistance with local governments. Because the local market has only 26 low-income units for every 100 needed, CoC housing specialists maintain working relationships with subsidized properties and market-rate landlords to prevent evictions or move households to more affordable units. The CoC also partners with the judicial system on eviction diversion, connecting households to legal assistance and financial help early enough to resolve a case before a formal eviction.

The CoC also works with child welfare, juvenile justice, hospitals, behavioral health facilities, and correctional systems on discharge planning so people leaving those systems have a housing plan rather than an exit to shelter or unsheltered locations.

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

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

(limit 2,500 characters)

The CoC's strategy has three parts: identifying who has been homeless longest, moving them quickly from assessment to placement, and expanding the supply of units available to them.

The CoC finds the households who have been homeless longest through Coordinated Entry assessments and HMIS data. Staff review HMIS service records showing housing history and length of homelessness, community partners refer households to the lead agency for eligibility screening and assessments are scheduled daily by assessment score and vulnerability. Active lists and case conferencing keep the highest-need households moving rather than waiting.

Once identified, the process is time-bound. Unless a household is fleeing domestic violence, staff have a 10-day window to secure the documents needed to determine eligibility for available funding. CoC staff assist with housing identification, inspections, and placement, and case management is housing-focused from day one, concentrating on document gathering, barrier reduction, and a housing search plan. Rapid rehousing, rapid resolution, and diversion resolve housing crises at the front door, shortening or preventing shelter stays.

Housing availability is an obstacle to reducing length of time homeless. A housing navigator and support staff build and maintain landlord relationships across all three counties, recruiting private landlords and property managers and pre-inspecting units to expedite lease-up. Landlords set terms and rents before the lease, agree not to evict for 30 days after a late payment, and contact the CoC when a delinquency arises. Staff maintain a list of affordable rentals that will pass inspection and cultivate property managers willing to rent to households with barriers. The CoC is also pursuing outside capital funding to purchase and build new shared housing units, working with partners including Indian River County Habitat for Humanity, so placement depends less on a constrained private market.

Accurate HMIS data underpins this work, since poor data quality inflates length-of-time-homeless metrics. The CoC runs routine data quality reviews addressing date homelessness started, open enrollments missing exit dates, missing or incorrect move-in dates, duplicate profiles, and data entry lag time. HSC, as lead agency, oversees this strategy.

In addition, newly proposed service-rich transitional housing projects and enhanced street outreach will also assist with reducing the length of time homeless.

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?	84.50%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The data was calculated using an HMIS generated Clients in Programs report. Client Universe included project types TH/RRH/ PSH. The reporting period was 10.1.2024-9.30.2025. Report showed 527 client exits. 8 of these exits were to destination of deceased and were excluded for the calculation. Of the 519 exits, 439 were to Staying or living with family, permanent tenure, Staying or living with friends, permanent tenure, Rental by Client, no ongoing housing subsidy; and Owned by client, no ongoing housing. 84.5% Exited to unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	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

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

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	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

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

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	108	50	158	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	64	0	71	90.14%
4. Rapid Re-Housing (RRH) beds	184	0	184	100.00%
5. Permanent Supportive Housing (PSH) beds	272	0	272	100.00%
6. Other Permanent Housing (OPH) beds	48	0	48	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	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.**

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH RRH PS...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Supportive Servic...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/26/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD 2996 Certific...	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	CoC Policy to Adv...	09/27/2026
11. Other	No		

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference - Advancing Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD 2996 Certification for OZ Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Policy to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

FL-509 Treasure Coast CoC

Attachment 1C1:
List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Project Name	Component	Treatment Provider
St. Lucie County Vets	PSH	New Horizons of the Treasure Coast
PSH Services Expansion	PSH	New Horizons of the Treasure Coast
Alcohope Renewal	PSH	New Horizons of the Treasure Coast
Martin County Chronics	PSH	New Horizons of the Treasure Coast
Homeless Services Transitional Housing	TH	New Horizons of the Treasure Coast
Thrive Supportive Housing	TH	Thrive
DV Transitional Housing	TH-DV	New Horizons of the Treasure Coast
HFC TH for DV Survivors	TH-DV	New Horizons of the Treasure Coast

FL-509 Treasure Coast CoC
Attachment 1C-1F

List of CoC Program Housing Projects and Number of Units That Require Substance Abuse Treatment

Project Name	Component	Units with Treatment Requirement
Alcohope Renewal	PSH	31
Martin County Chronics	PSH	11
St. Lucie County Vets	PSH	31
PSH Services	PSH	13
Homeless Services Transitional Housing	TH	14
Thrive Supportive Housing	TH	14
DV Transitional Housing	TH	16
TH for DV Survivors	TH	11
Total Units		**141**

Homeless Services Council
Connect Collaborate Cultivate

Treasure Coast Homeless Services Council, Inc.

DV Transitional Housing

Supportive Services Agreement

Participant Name: _____ **Date of Enrollment:** _____
Unit / Room Assignment: _____ **Assigned Case Manager:** _____

1. Purpose and Program Overview

This Supportive Services Agreement ("Agreement") is entered into between Treasure Coast Homeless Services Council (“the Agency”) and the Participant named above in connection with enrollment in the DV Transitional Housing (“the Program”). This Agreement describes the supportive services available to the Participant, the expectations for engagement while residing in the Program, and the rights and responsibilities of both the Participant and the Agencies.

The Program provides transitional housing beds and supportive services for individuals and families fleeing or attempting to flee domestic violence and similar situations. Referrals are received by the State of Florida's designated certified domestic violence center serving all three counties, SafeSpace. The Program will aim to provide at least 12 months (and up to 24months) of safe, trauma-informed transitional housing for individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions related to violence across Indian River, St. Lucie, and Martin Counties.

Program participation is voluntary but, once enrolled, the Participant agrees to the engagement expectations described in this Agreement as a condition of continued residency. However, consistent with 24 CFR 5.2005(b)(1), assistance may not be denied on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.

2. Individualized Service Plan

Within the first week of enrollment, the Participant will complete an assessment with Program staff. Using this assessment, the Participant and Case Manager will jointly develop an Individualized Service Plan (ISP) identifying:

- The services the Participant will receive and who will provide them;
- Measurable, participant-driven goals across four core outcome domains: (a) attainment of permanent housing,
  (b) increased income, (c) improved physical and behavioral health, and (d) greater independence in daily living;
- Target dates for achieving each goal; and
- Barriers to be addressed and the strategies for addressing them.

The ISP will be reviewed and updated regularly with the Case Manager to reflect the Participant's progress, changing needs, and readiness for permanent housing.

3. Required Engagement

At a minimum, the Participant agrees to meet with their Case Manager at least once per month. Engagement in other services and activities will be dependent on the Participant's ISP.

The Participant agrees to engage in a minimum of 20 hours per week of services, activities, and/or employment consistent with their ISP. This requirement may be satisfied through any combination of the following:

- Individual case management and housing planning;
- Individual counseling and trauma-informed group therapy;
- Substance use disorder treatment and recovery support;
- Psychiatric services and medication management;
- Primary healthcare and wellness activities;
- Employment readiness, vocational training, job search, and paid employment;
- Educational programming, including GED preparation;
- Financial literacy, budgeting, and tenant education;
- Independent living and life skills training;
- Peer support services and recovery groups.

Participants who are age 62 or older, who have a disability as defined within 24 CFR 8.3, or who have a handicaps as defined in 24 CFR 8.3, are exempt from the 20-hour weekly requirement. Exempt Participants will continue to receive individualized supportive services based on assessed needs, abilities, and personal goals.

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. Treatment participation counts toward the Participant's weekly engagement requirement. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

4. Acknowledgment and Signatures

By signing below, the Participant acknowledges that they have reviewed this Agreement, understand the supportive services available to them and understand the Program's expectations for engagement and active participation in their own recovery and self-sufficiency, and agree to participate in the development and implementation of their Individualized Service Plan.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Homeless Services Council
Connect Collaborate Cultivate

Treasure Coast Homeless Services Council, Inc.

HSC Transitional Housing

Supportive Services Agreement

Participant Name: _____ **Date of Enrollment:** _____
Unit / Room Assignment: _____ **Assigned Case Manager:** _____

1. Purpose and Program Overview

This Supportive Services Agreement ("Agreement") is entered into between Treasure Coast Homeless Services Council ("the Agency") and the Participant named above in connection with enrollment in the HSC Transitional Housing Program ("the Program"). This Agreement describes the supportive services available to the Participant, the expectations for engagement while residing in the Program, and the rights and responsibilities of both the Participant and the Agencies.

The Program provides scattered-site transitional housing units across Indian River, St. Lucie, and Martin County. The Program will aim to provide at least 12 months, and up to 24-months, of safe, trauma-informed transitional housing for individuals and families. Participants will be supported in their efforts should they have goals to transition earlier than 12 months. All participants will receive strong supportive services, including case management, as offered through the Agency and its collaborative partners.

Program participation is voluntary but, once enrolled, the Participant agrees to the engagement expectations described in this Agreement as a condition of continued residency.

2. Individualized Service Plan

Within the first week of enrollment, the Participant will complete an assessment with Program staff. Using this assessment, the Participant and Case Manager will jointly develop an Individualized Service Plan (ISP) identifying:

- The services the Participant will receive and who will provide them;
- Measurable, participant-driven goals across four core outcome domains: (a) attainment of permanent housing,
  (b) increased income, (c) improved physical and behavioral health, and (d) greater independence in daily living;
- Target dates for achieving each goal; and
- Barriers to be addressed and the strategies for addressing them.

The ISP will be reviewed and updated regularly with the Case Manager to reflect the Participant's progress, changing needs, and readiness for permanent housing.

3. Required Engagement

At a minimum, the Participant agrees to meet with their Case Manager at least once per month. Engagement in other services and activities will be dependent on the Participant's ISP.

The Participant agrees to engage in a minimum of 20 hours per week of services, activities, and/or employment consistent with their ISP. This requirement may be satisfied through any combination of the following:

- Individual case management and housing planning;
- Individual counseling and trauma-informed group therapy;
- Substance use disorder treatment and recovery support;
- Psychiatric services and medication management;
- Primary healthcare and wellness activities;
- Employment readiness, vocational training, job search, and paid employment;
- Educational programming, including GED preparation;
- Financial literacy, budgeting, and tenant education;
- Independent living and life skills training;
- Peer support services and recovery groups.

Participants who are age 62 or older, who have a disability as defined within 24 CFR 8.3, or who have a handicaps as defined in 24 CFR 8.3, are exempt from the 20-hour weekly requirement. Exempt Participants will continue to receive individualized supportive services based on assessed needs, abilities, and personal goals.

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. Treatment participation counts toward the Participant's weekly engagement requirement. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

4. Acknowledgment and Signatures

By signing below, the Participant acknowledges that they have reviewed this Agreement, understand the supportive services available to them and understand the Program's expectations for engagement and active participation in their own recovery and self-sufficiency, and agree to participate in the development and implementation of their Individualized Service Plan.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Treasure Coast Homeless Services Council, Inc.

Transitional Housing for Domestic Violence Survivors

Supportive Services Agreement

Participant Name: _____ **Date of Enrollment:** _____
Unit / Room Assignment: _____ **Assigned Case Manager:** _____

1. Purpose and Program Overview

This Supportive Services Agreement ("Agreement") is entered into between Treasure Coast Homeless Services Council ("the Agency") and the Participant named above in connection with enrollment in the Transitional Housing for Domestic Violence Survivors ("the Program"). This Agreement describes the supportive services available to the Participant, the expectations for engagement while residing in the Program, and the rights and responsibilities of both the Participant and the Agency.

The Program provides transitional housing beds and supportive services for individuals and families fleeing or attempting to flee domestic violence and similar situations. Referrals are received by the State of Florida's designated certified domestic violence center serving all three counties, SafeSpace. The Program will aim to provide at least 12 months, and up to 24-months, of safe, trauma-informed transitional housing for individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions related to violence across Indian River, St. Lucie, and Martin Counties.

Program participation is voluntary but, once enrolled, the Participant agrees to the engagement expectations described in this Agreement as a condition of continued residency. However, consistent with 24 CFR 5.2005(b)(1), assistance may not be denied on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.

2. Individualized Service Plan

Within the first week of enrollment, the Participant will complete an assessment with Program staff. Using this assessment, the Participant and Case Manager will jointly develop an Individualized Service Plan (ISP) identifying:

- The services the Participant will receive and who will provide them;
- Measurable, participant-driven goals across four core outcome domains: (a) attainment of permanent housing,
  (b) increased income, (c) improved physical and behavioral health, and (d) greater independence in daily living;
- Target dates for achieving each goal; and
- Barriers to be addressed and the strategies for addressing them.

The ISP will be reviewed and updated regularly with the Case Manager to reflect the Participant's progress, changing needs, and readiness for permanent housing.

3. Required Engagement

At a minimum, the Participant agrees to meet with their Case Manager at least once per month. Engagement in other services and activities will be dependent on the Participant's ISP.

The Participant agrees to engage in a minimum of 20 hours per week of services, activities, and/or employment consistent with their ISP. This requirement may be satisfied through any combination of the following:

- Individual case management and housing planning;
- Individual counseling and trauma-informed group therapy;
- Substance use disorder treatment and recovery support;
- Psychiatric services and medication management;
- Primary healthcare and wellness activities;
- Employment readiness, vocational training, job search, and paid employment;
- Educational programming, including GED preparation;
- Financial literacy, budgeting, and tenant education;
- Independent living and life skills training;
- Peer support services and recovery groups.

Participants who are age 62 or older, who have a disability as defined within 24 CFR 8.3, or who have a handicaps as defined in 24 CFR 8.3, are exempt from the 20-hour weekly requirement. Exempt Participants will continue to receive individualized supportive services based on assessed needs, abilities, and personal goals.

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. Treatment participation counts toward the Participant's weekly engagement requirement. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

4. Acknowledgment and Signatures

By signing below, the Participant acknowledges that they have reviewed this Agreement, understand the supportive services available to them and understand the Program's expectations for engagement and active participation in their own recovery and self-sufficiency, and agree to participate in the development and implementation of their Individualized Service Plan.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Treasure Coast Homeless Services Council, Inc.
and Thrive IRC, Inc.
Thrive Supportive Housing
Supportive Services Agreement

Participant Name: _____ **Date of Enrollment:** _____
Unit / Room Assignment: _____ **Assigned Case Manager:** _____

1. Purpose and Program Overview

This Supportive Services Agreement ("Agreement") is entered into between Treasure Coast Homeless Services Council and Thrive IRC ("the Agencies") and the Participant named above in connection with enrollment in the Thrive Supportive Housing Program ("the Program"). This Agreement describes the supportive services available to the Participant, the expectations for engagement while residing in the Program, and the rights and responsibilities of both the Participant and the Agencies.

The Program provides transitional housing and comprehensive supportive services to individuals experiencing homelessness or who are at imminent risk of homelessness and are recovering from substance use and/or co-occurring mental health disorders. The project will provide safe, stable, recovery-oriented housing where participants can address their substance use disorder which is often the underlying causes of their homelessness while building the skills and supports necessary to achieve long-term recovery, housing stability, and self-sufficiency.

Program participation is voluntary but, once enrolled, the Participant agrees to the engagement expectations described in this Agreement as a condition of continued residency.

2. Individualized Service Plan

Within the first week of enrollment, the Participant will complete an assessment with Program staff. Using this assessment, the Participant and Case Manager will jointly develop an Individualized Service Plan (ISP) identifying:

- The services the Participant will receive and who will provide them;
- Measurable, participant-driven goals across four core outcome domains: (a) attainment of permanent housing,
  (b) increased income, (c) improved physical and behavioral health, and (d) greater independence in daily living;
- Target dates for achieving each goal; and
- Barriers to be addressed and the strategies for addressing them.

The ISP will be reviewed and updated regularly with the Case Manager to reflect the Participant's

progress, changing needs, and readiness for permanent housing.

3. Required Engagement

At a minimum, the Participant agrees to meet with their Case Manager at least once per month. Engagement in other services and activities will be dependent on the Participant's ISP.

The Participant agrees to engage in a minimum of 20 hours per week of services, activities, and/or employment consistent with their ISP. This requirement may be satisfied through any combination of the following:

- Individual case management and housing planning;
- Individual counseling and trauma-informed group therapy;
- Substance use disorder treatment and recovery support;
- Psychiatric services and medication management;
- Primary healthcare and wellness activities;
- Employment readiness, vocational training, job search, and paid employment;
- Educational programming, including GED preparation;
- Financial literacy, budgeting, and tenant education;
- Independent living and life skills training;
- Peer support services and recovery groups.

Participants who are age 62 or older, who have a disability as defined within 24 CFR 8.3, or who have a handicaps as defined in 24 CFR 8.3, are exempt from the 20-hour weekly requirement. Exempt Participants will continue to receive individualized supportive services based on assessed needs, abilities, and personal goals.

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. Treatment participation counts toward the Participant's weekly engagement requirement. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

4. Acknowledgment and Signatures

By signing below, the Participant acknowledges that they have reviewed this Agreement, understand the supportive services available to them and understand the Program's expectations for engagement and active participation in their own recovery and self-sufficiency, and agree to participate in the development and implementation of their Individualized Service Plan.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Treasure Coast Homeless Services Council, Inc.
FL0114 – Alcohope

SUPPORTIVE SERVICES AGREEMENT

The Alcohope Program is designed to provide scattered-site Permanent Supportive Housing (PSH) and intensive supportive services for individuals and families experiencing chronic homelessness across Indian River, St. Lucie, and Martin Counties, Florida. This program prioritizes supporting those facing chronic homelessness with a disability in accordance with 24 CFR 578.37.

Participants are expected to actively participate in supportive services throughout their stay in the program.

As a participant in Alcohope, I understand and agree to the following:

Individualized Service Plan

Within seven (7) days of program entry, I will meet with my assigned Case Manager to complete an Individualized Service Plan that identifies goals related to:

- Permanent housing
- Employment and income
- Education and vocational training (if applicable)
- Healthcare
- Mental health (if applicable)
- Substance use recovery (if applicable)
- Financial stability
- Life skills development

I understand my service plan will be reviewed andupdated regularly throughout my participation in the program.

Required Participation

I understand that I am expected to actively participate in services identified in my Individualized Service Plan.

At a minimum, I agree to meet with my Case Manager at least once monthly during my participation in the program.

Participation in other services may include:

- Housing search activities
- Employment readiness
- Job search or employment
- Workforce development services
- Healthcare appointments
- Behavioral health counseling
- Substance use treatment and recovery services
- Financial literacy
- Life skills training
- Nutrition and wellness education
- Other supportive services identified in my service plan

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

Participant Acknowledgment

I have reviewed this agreement with program staff. I understand the expectations of the program and agree to actively participate in supportive services designed to help me achieve permanent housing and long-term stability. I agree to the terms of this described in this Agreement as a condition of continued participation in the program.

Participant Name: _____

Signature: _____

Date: _____

Case Manager: _____

Signature: _____

Date: _____

Treasure Coast Homeless Services Council, Inc.
FL1019 – PSH Services

SUPPORTIVE SERVICES AGREEMENT

The PSH Services Program is designed to provide scattered-site Permanent Supportive Housing (PSH) and intensive supportive services for individuals and families experiencing chronic homelessness across Indian River, St. Lucie, and Martin Counties, Florida. This program prioritizes supporting those facing chronic homelessness with a disability in accordance with 24 CFR 578.37.

Participants are expected to actively participate in supportive services throughout their stay in the program.

As a participant in PSH Services, I understand and agree to the following:

Individualized Service Plan

Within seven (7) days of program entry, I will meet with my assigned Case Manager to complete an Individualized Service Plan that identifies goals related to:

- Permanent housing
- Employment and income
- Education and vocational training (if applicable)
- Healthcare
- Mental health (if applicable)
- Substance use recovery (if applicable)
- Financial stability
- Life skills development

I understand my service plan will be reviewed andupdated regularly throughout my participation in the program.

Required Participation

I understand that I am expected to actively participate in services identified in my Individualized Service Plan.

At a minimum, I agree to meet with my Case Manager at least once monthly during my participation in the program.

Participation in other services may include:

- Housing search activities
- Employment readiness
- Job search or employment
- Workforce development services
- Healthcare appointments
- Behavioral health counseling
- Substance use treatment and recovery services
- Financial literacy
- Life skills training
- Nutrition and wellness education
- Other supportive services identified in my service plan

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

Participant Acknowledgment

I have reviewed this agreement with program staff. I understand the expectations of the program and agree to actively participate in supportive services designed to help me achieve permanent housing and long-term stability. I agree to the terms of this described in this Agreement as a condition of continued participation in the program.

Participant Name: _____

Signature: _____

Date: _____

Case Manager: _____

Signature: _____

Date: _____

Treasure Coast Homeless Services Council, Inc.
FL0310 – St. Lucie County Vets

SUPPORTIVE SERVICES AGREEMENT

The St. Lucie Vets Program is designed to provide scattered-site Permanent Supportive Housing (PSH) and intensive supportive services for individuals and families experiencing chronic homelessness across Indian River, St. Lucie, and Martin Counties, Florida. This program prioritizes those with severe and persistent mental health issues and disabilities in accordance with 24 CFR 578.37.

Participants are expected to actively participate in supportive services throughout their stay in the program.

As a participant in St. Lucie County Vets, I understand and agree to the following:

Individualized Service Plan

Within seven (7) days of program entry, I will meet with my assigned Case Manager to complete an Individualized Service Plan that identifies goals related to:

- Permanent housing
- Employment and income
- Education and vocational training (if applicable)
- Healthcare
- Mental health (if applicable)
- Substance use recovery (if applicable)
- Financial stability
- Life skills development

I understand my service plan will be reviewed andupdated regularly throughout my participation in the program.

Required Participation

I understand that I am expected to actively participate in services identified in my Individualized Service Plan.

At a minimum, I agree to meet with my Case Manager at least once monthly during my participation in the program.

Participation in other services may include:

- Housing search activities
- Employment readiness
- Job search or employment
- Workforce development services
- Healthcare appointments
- Behavioral health counseling
- Substance use treatment and recovery services
- Financial literacy
- Life skills training
- Nutrition and wellness education
- Other supportive services identified in my service plan

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

Participant Acknowledgment

I have reviewed this agreement with program staff. I understand the expectations of the program and agree to actively participate in supportive services designed to help me achieve permanent housing and long-term stability. I agree to the terms of this described in this Agreement as a condition of continued participation in the program.

Participant Name: _____

Signature: _____

Date: _____

Case Manager: _____

Signature: _____

Date: _____

Martin County Human Services

HUD - Permanent Supportive Housing

Supportive Services Agreement

Participant Name: _____ **Date of Enrollment/Annual Review:** _____

Address: _____ **Case Manager:** _____

1. Purpose and Program Overview

This Supportive Services Agreement ("Agreement") is entered into between Martin County Human Services and the Participant named above in connection with enrollment in the HUD Permanent Supportive Housing (PSH) program. This Agreement describes the supportive services available to the Participant, the expectations for engagement while residing in the Program, and the rights and responsibilities of both the Participant and Martin County Human Services.

The Program provides rental assistance and connection to supportive services for program participants, all of which are disabled and meet the definition of chronically homeless.

Program participation is voluntary but, once enrolled, the Participant agrees to the engagement expectations described in this Agreement as a condition of continued residency.

2. Individualized Service Plan

Within the first week of enrollment, the Participant will complete an assessment with Program staff. Using this assessment, the Participant and Case Manager will jointly develop an Individualized Service Plan (ISP) identifying:

- The services the Participant will receive and who will provide the services.
- Measurable, participant-driven goals across four core outcome domains: (a) attainment of permanent housing, (b) increased income, (c) improved physical and behavioral health, and (d) greater independence in daily living.
- Target dates for achieving each goal; and
- Barriers to be addressed and the strategies for addressing them.

The ISP will be reviewed and updated regularly with the Case Manager to reflect the Participant's progress, changing needs, and readiness for permanent housing.

3. Required Engagement

At a minimum, the Participant agrees to meet with their Case Manager at least once per month. Engagement in other services and activities will be dependent on the Participant’s ISP.

The Participant agrees to engage in services, activities, and/or employment consistent with their ISP. This requirement may be satisfied through any combination of the following:

- Individual case management and housing planning;
- Individual counseling and trauma-informed group therapy;
- Substance use disorder treatment and recovery support;
- Psychiatric services and medication management;
- Primary healthcare and wellness activities;

- Employment readiness, vocational training, job search, and paid employment;
- Educational programming, including GED preparation;
- Financial literacy, budgeting, and tenant education;
- Independent living and life skills training;
- Peer support services and recovery groups.

If the Participant's assessment or Individualized Service Plan identifies a need for substance use disorder treatment, participation in that treatment is required as a condition of continued participation in the Program, in accordance with 24 CFR 578.75(h). The level and type of treatment will be determined by a qualified clinician and documented in the Individualized Service Plan, and may include outpatient counseling, intensive outpatient treatment, medication-assisted treatment, residential treatment, or recovery support services. If the Participant does not engage in required treatment, the Case Manager will work with the Participant to identify and address barriers before any action affecting the Participant's continued participation is taken, consistent with the Program's termination and appeal procedures.

4. Acknowledgment and Signatures

By signing below, the Participant acknowledges that they have reviewed this Agreement, understand the supportive services available to them and understand the Program's expectations for engagement and active participation in their own recovery and self-sufficiency, and agree to participate in the development and implementation of their Individualized Service Plan.

Participant Signature _____ Date _____

Case Manager Signature _____ Date _____

FL-509 Continuum of Care

Policy on Cooperation with Law Enforcement and Public Safety

1. Purpose

This policy establishes the FL-509 Continuum of Care's requirement that CoC-funded projects cooperate with, and not interfere with or impede, local efforts to advance public safety, and that they assist first responders in serving people experiencing homelessness. It is adopted under Section P of the CoC Governance Charter and applies to all CoC Program-funded projects and their subrecipients.

2. Policy Statement

Public safety and the CoC's work are complementary. The CoC and its funded projects shall cooperate with law enforcement, fire rescue, emergency medical services, code enforcement, and local governments, and shall not interfere with or impede the enforcement of state or local laws. No CoC-funded project may adopt a practice that obstructs a lawful enforcement action or conceals information that a project is required by law to disclose.

3. Encampments and Public Camping

The CoC supports local government compliance with Florida's public camping and sleeping law (s. 125.0231, F.S.) and with local ordinances. CoC-funded projects shall:

- Coordinate with the sheriff's office or municipal police department before and during a clearing of an encampment on public property;
- Engage people living at the site in advance where notice allows, offer Coordinated Entry assessment, shelter, and services, and assist with transportation;
- Assist participants in retaining identification, documents, medication, and personal belongings; and
- Continue engagement with individuals after a site is cleared.

4. Illicit Drug Use in Public

CoC-funded projects do not condone the public use of illicit drugs. Projects shall screen participants for substance use, refer them to detoxification, residential, outpatient, and medication-assisted treatment as clinically appropriate, and support law enforcement diversion and specialty court referrals. Staff shall call 911 for a suspected overdose or immediate danger.

5. Danger to Self or Others

CoC-funded project staff shall be trained on Florida's Baker Act (s. 394.463, F.S.) and Marchman Act (s. 397.675, F.S.). When a person appears to present a danger to self or others, staff shall contact law enforcement or the crisis response team without delay, provide the information needed for assessment as permitted by law, and support the person's transition from a receiving facility to shelter, treatment, or housing.

6. Sex Offender Registration and SORNA

CoC-funded projects shall comply with the Sex Offender Registration and Notification Act and with s. 943.0435, F.S. Projects shall screen for registration status where required, shall not place registrants in locations where their residence is prohibited, shall assist registrants in meeting their reporting obligations, and shall disclose location information to law enforcement where required or otherwise lawfully permitted. No project or staff member shall assist a registrant in eluding law enforcement or in providing false information.

7. Assistance to First Responders

The Collaborative Applicant shall maintain a direct contact for outreach that law enforcement, fire rescue, and EMS can reach, including after hours, and shall accept referrals from first responders directly into Coordinated Entry. CoC-funded outreach projects shall participate in joint outreach and co-response efforts and in case conferencing with public safety partners, and shall follow up on calls involving people experiencing homelessness.

8. Information Sharing

Information shared with law enforcement shall be limited to what is required or lawfully permitted, shall follow the CoC's HMIS Privacy Notice and applicable law, and shall be routed through designated staff. Victim service provider data shall be handled in accordance with the Violence Against Women Act confidentiality requirements.

9. Oversight and Review

Compliance with this policy is a condition of CoC funding. The Collaborative Applicant shall address non-compliance through its monitoring process, and repeated non-compliance may be considered in project review and ranking. The CoC Board shall review this policy annually.

Memorandum of Understanding
Between

Indian River County Sheriff's Office ("IRCSO")
4055 41st Avenue
Vero Beach, FL 32960

&

Homeless Services Council, Inc. ("HSC")
2525 St. Lucie Ave
Vero Beach, FL 32960

Purpose: This Memorandum of Understanding (MOU) establishes a collaborative, non-monetary partnership between Indian River County Sheriff's Office ("IRCSO") and Homeless Services Council "HSC" to enhance coordination in addressing homelessness, improving public safety, and supporting individuals in crisis. This agreement does not involve the exchange of funds, insurance billing, or reimbursement.

Background: HSC provides outreach and housing services to individuals experiencing homelessness. Indian River County Sheriff's Office ("IRCSO") serves as a critical partner in ensuring public safety and connecting individuals to appropriate resources. This partnership aims to reduce homelessness, minimize trauma, and improve outcomes through coordinated efforts.

Partner Roles and Responsibilities: This partnership outlines the roles and responsibilities of each organization in facilitating the support and housing of individuals experiencing homelessness.

Homeless Services Council (HSC):

1. **Street Outreach Coordination:** Provide outreach efforts that partner with first responders to engage individuals experiencing unsheltered homelessness.

2. **Information Sharing:** Maintain and provide updated information on shelters, housing options, treatment, and supportive services

3. **Training:** Offer training to agency personnel on homelessness, trauma-informed interventions, and available resources.

4. **Coordination with First Responders**: Work appropriately with area first responders as needed to ensure timely engagement and support during outreach and crisis situations.

5. **Connection to Treatment Services:** Facilitate access to mental health and substance abuse treatment services available within each respective county.

6. **Timely Response:** Facilitate quick connections between outreach teams and individuals identified by law enforcement or first responders.

7. **Confidentiality:** Ensure compliance with all applicable privacy laws when sharing client information.

Indian River County Sheriff's Office ("IRCSO"):

1. **Collaboration:** Work cooperatively with the Continuum of Care to reduce homelessness within the agency's jurisdiction.

2. **Encampment Resolution:** Make reasonable efforts to contact outreach programs prior to clearing encampments to connect individuals with shelter and services.

3. **Crisis Response:** Notify outreach teams when encountering individuals in crisis to facilitate timely service connections.

4. **Coordination with First Responders**: Utilize established connections and communication channels to support engagement with first responders, ensuring effective coordination during crisis situations.

5. **Connection to Treatment Services**: Support efforts to connect individuals to mental health and substance abuse treatment services within the agency's jurisdiction.

6. **Special Circumstances:** Contact appropriate programs when encountering individuals who may be victims of domestic violence, human trafficking, or other safety concerns.

7. **Confidentiality:** Protect all personal information in accordance with applicable laws.

Confidentiality & Data Protection: Subject to Fla. Stat. Ch. 119 and other applicable law, both parties agree to safeguard all shared information in compliance with relevant privacy regulations. Information will only be shared as necessary for service coordination.

Collaboration & Administration:

1. **Modification:** Any changes to this MOU must be made in writing and signed by authorized representatives of both parties.

2. **Dispute Resolution:** Disputes will be resolved through mutual discussion and, if necessary, mediation.

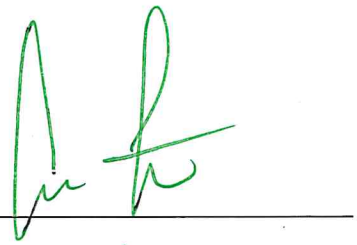
3. **Legal Standing:** This MOU does not create contractual or financial obligations between the parties. Neither organization is an agent or representative of the other.

4. **Effective Date & Termination:** This MOU is effective upon the last signature date and remains valid for one (1) year, with automatic renewal unless terminated by either party with 30 days' written notice.

Signatures

Indian River County Sheriff's Office ("IRCSO")

Name: Eric Flowers

Signature: 

Title: Sheriff

Date: 9/24/26

AF
09/23/26

Homeless Services Council, Inc. (HSC)

Name: Rayme L. Nuckles

Signature:

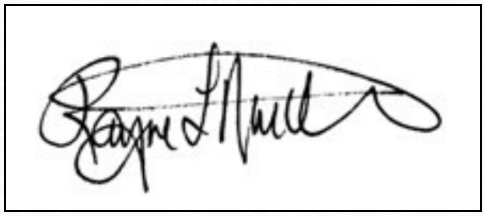
Title: Visionary Leader & CEO

Date: September 21, 2026

CERTIFICATE *of* SIGNATURE

REF. NUMBER
PTC9P-FBQGN-5Z2T7-WXNNY

DOCUMENT COMPLETED BY ALL PARTIES ON
24 SEP 2026 15:15:13 UTC

SIGNER	TIMESTAMP	SIGNATURE
RAYME NUCKLES EMAIL **RAYME@TCHELPSPOT.ORG**	SENT **24 SEP 2026 15:10:48** VIEWED **24 SEP 2026 15:14:38** SIGNED **24 SEP 2026 15:15:13**	 IP ADDRESS **173.12.70.53** LOCATION **MIAMI, UNITED STATES**

RECIPIENT VERIFICATION

EMAIL VERIFIED
24 SEP 2026 15:14:38

HSC Board of Directors Meeting

Thursday, September 24th, 2026 12:00pm-1:00pm

In Attendance:

Todd Heckman, *Chair,* Life Resources Planners of the TC

Jeff Francisco, *Treasurer,* IRC Habitat for Humanity

Sabrina Barnes, Truth Revealed International Ministries

Eric Flowers, Indian River County Sheriff's Office

Marty Mercado, Hope for Families Center

Deana Shatley, United Way, Indian River County

Gregory Jackson, New Horizons of the Treasure Coast & Okeechobee

Tyna Renner, City of Port St. Lucie

Rayme Nuckles, *Executive Director,* Treasure Coast Homeless Services Council

Jenn Lass, Treasure Coast Homeless Services Council

NEW PROJECT SCORING TOOL

Project Overview: HMIS (Possible points = 0)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	*Improve implementation*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
2	*Collect HUD data elements*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
3	*Deduplication*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
4	*Reporting*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
Section Total				

Project Description: All Projects section (Possible points =40)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-5
3	Experience leveraging	0-4
4	Financial mgmt systems	0-4
5	Financial capacity & cash	0-5
6	Governance	0-5
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-4
10	Recapture of funds	0-5
11	Attach budget	n/a - scored below
Section Total		

Project Description: HMIS Section (Possible points = 40)		
Question	***Topic***	***Score***
1	Describe expansion	0-30
2	Further CM and treatment/recovery	0-10
Section Total		

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10
Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

Project Overview: SSO Street Outreach (Possible points = 25)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	*Services*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
2	*Supplemental resources*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
3	*Law enforcement*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
4	*Services and exits*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
5	Cost per HH	Cost	n/a - may consider in ranking	
6	Exit with employment	≥ 20%	7	
		< 20%	0	
7	Returns to homelessness	≤ 25%	4	
		> 25%	0	
8	Employment income increase	≥ 5%	7	
		< 5%	0	
9	Exit to PH	≥ 20%	7	
		< 20%	0	
Section Total				

Project Description: All Projects section (Possible points =30)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-3
3	Experience leveraging	0-3
4	Financial mgmt systems	0-3
5	Financial capacity & cash	0-3
6	Governance	0-3
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-3

10	Recapture of funds	0-4
11	Attach budget	n/a - scored below
Section Total		

Project Description: SSO-Street Outreach Section (Possible points = 25)		
Question	***Topic***	***Score***
1	Exits to PH & returns	0-4
2	Employment	0-4
3	Experience	0-4
4	Services for this population	0-2
5	Services detail	0-2
6	Behavioral health, employment	0-3
7	Experience with LEA	0-2
8	Partnering with LEA	0-2
9	# of HH	n/a - may consider in ranking
10	HH to outreach worker ratio	n/a - may consider in ranking
11	Supplemental resources	0-2
Section Total		

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10
Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

Project Overview: SSO Standalone Services (Possible points = 25)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	*Necessary & assessment*	Yes	n/a	Meets threshold - continue scoring
		No	n/a	Fails threshold - reject project
2	*Population*	Yes	n/a	Meets threshold - continue scoring
		No	n/a	Fails threshold - reject project
3	*Services*	Yes	n/a	Meets threshold - continue scoring
		No	n/a	Fails threshold - reject project
4	Cost per HH	Cost	n/a - may consider in ranking	
5	Exit with employment	≥ 20%	7	
		< 20%	0	
6	Returns to homelessness	≤ 25%	4	
		> 25%	0	
7	Employment	≥ 5%	7	
		< 5%	0	
8	Exit to PH	≥ 20%	7	
		< 20%	0	
9	*Supplemental resources*	Yes	n/a	Meets threshold - continue scoring
		No	n/a	Fails threshold - reject project
Section Total				

Project Description: All Projects section (Possible points =30)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-3
3	Experience leveraging	0-3
4	Financial mgmt systems	0-3
5	Financial capacity & cash	0-3
6	Governance	0-3
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-3

10	Recapture of funds	0-4
11	Attach budget	n/a - scored below
Section Total		

Project Description: SSO-Standalone Services Section (Possible points = 25)		
Question	***Topic***	***Score***
1	Exits to PH & returns	0-3
2	Employment	0-4
3	Necessity	0-4
4	Services for this population	0-4
5	Behavioral health, employment	0-4
6	Services detail	0-3
7	# of HH	n/a - may consider in ranking
8	HH: Outreach worker ratio	n/a - may consider in ranking
9	Supplemental resources	0-3
Section Total		

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10
Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

Project Overview: Transitional Housing (Possible points = 25)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	Exits to PH	≥ 75%	6	
		between 50% and 75%	3	
		< 50%	0	
2	*PH at least 50%*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
3	Exit with employment income	≥ 75%	6	
		between 50% and 75%	3	
		< 50%	0	
4	*Employment at least 50%*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
5	Returns to homelessness	≤ 15%	3	
		> 15%	0	
6	Increase employ income	≥ 50%	4	
		< 50%	0	
7	Cost per HH	Cost	n/a - may consider in ranking	
8	*Supplemental resources*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
9	*Experience or a plan to exit*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
10	*Supportive services*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
11	*20 hours services etc*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
12	Service participation requirement	Yes	6	
		No	0	
13	*Eligible homeless population*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
14	*Individualized plans*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
Section Total				

Project Description: All Projects section (Possible points =30)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-3
3	Experience leveraging	0-3
4	Financial mgmt systems	0-3
5	Financial capacity & cash	0-3
6	Governance	0-3
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-3
10	Recapture of funds	0-4
11	Attach budget	n/a - scored below

Section Total

Project Description: Transitional Housing Section (Possible points = 25)		
1	Exits to PH and returns	0-4
2	Employment	0-4
3	Services	0-4
4	Assessment and 20 hours weekly services etc.	0-4
5	Behavioral health & employment	0-4
6	TH housing description	0-2
7	Supplemental resources	0-3
8	# of HH & LOS	n/a - may consider in ranking
9	CM to HH ratio	n/a - may consider in ranking

Section Total

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10

Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

Project Overview: Rapid Rehousing (Possible points = 25)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	*Self-sufficiency 24 mo*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
2	*Supplemental resources*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
3	*Serves for PH and self-sufficiency*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
4	Service participation requirement	Yes	6	
		No	0	
5	Cost per HH	Cost	n/a - may consider in ranking	
6	Exits to PH	≥ 85%	6	
		between 50% and 85%	3	
		< 50%	0	
7	*PH at least 50%*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
8	Exit with employment income	≥ 75%	6	
		between 50% and 75%	3	
		< 50%	0	
9	*Employment at least 50%*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
10	Returns to homelessness	≤ 10%	3	
		> 10%	0	
11	Increase employment income	≥ 40%	4	
		< 40%	0	
Section Total				

Project Description: All Projects section (Possible points =30)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-3
3	Experience leveraging	0-3

4	Financial mgmt systems	0-3
5	Financial capacity & cash	0-3
6	Governance	0-3
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-3
10	Recapture of funds	0-4
11	Attach budget	n/a - scored below
Section Total		

Project Description: Rapid Rehousing Section (Possible points = 25)		
1	Exits to PH and returns	0-5
2	Employment	0-5
3	Services	0-5
4	Behavioral health & employment	0-5
5	RRH housing	0-2
6	# of HH & LOS	n/a - may consider in ranking
7	CM to HH ratio	n/a - may consider in ranking
8	Supplemental resources	0-3
Section Total		

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10
Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

Project Overview: Permanent Supportive Housing (Possible points = 25)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	*Appropriate housing*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
2	*Supplemental resources*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
3	*Population - disabilities*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
4	Service participation requirement	Yes	6	
		No	0	
5	Cost per HH	Cost	n/a - may consider in ranking	
6	PH exits	≥ 85%	6	
		between 50% and 85%	3	
		< 50%	0	
7	Exit with employment income	≥ 35%	6	
		between 15% and 35%	3	
		< 15%	0	
8	Returns to homelessness	≤ 10%	3	
		> 10%	0	
9	Increase employment income	≥ 20%	4	
		< 20%	0	
10	*Individualized services for PH*	Yes	n/a	Meets threshold - continue scoring
		No		Fails threshold - reject project
Section Total				

Project Description: All Projects section (Possible points =30)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-3
3	Experience leveraging	0-3
4	Financial mgmt systems	0-3
5	Financial capacity & cash	0-3

6	Governance	0-3
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-3
10	Recapture of funds	0-4
11	Attach budget	n/a - scored below
Section Total		

Project Description: Permanent Supportive Housing Section (Possible points = 25)		
1	PH exits & returns	0-5
2	Employment	0-4
3	Supportive services	0-4
4	Behavioral health & employment	0-4
5	PSH housing	0-4
6	# HH	n/a - may consider in ranking
7	CM to HH ratio	n/a - may consider in ranking
8	Supplemental resources	0-4
Section Total		

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10
Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

Project Overview: SSO-CE (Possible points = 0)				
Question	***Topic***	***Response***	***Score***	***Threshold (only for questions in italics)***
1	*Available and accessible*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
2	*Reach highest needs*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
3	*Standardized assessment*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
4	*Direct to services and housing*	Yes No	n/a	Meets threshold - continue scoring Fails threshold - reject project
Section Total				

Project Description: All Projects section (Possible points =40)		
Question	***Topic***	***Score***
1	Homeless work experience	0-4
2	Experience with govt funds	0-5
3	Experience leveraging	0-4
4	Financial mgmt systems	0-4
5	Financial capacity & cash	0-5
6	Governance	0-5
7	Project overview	0-4
8	Subpopulations	n/a - may consider in ranking
9	Compliance issues	0-4
10	Recapture of funds	0-5
11	Attach budget	n/a - scored below
Section Total		

Project Description: CE Section (Possible points = 40)		
Question	***Topic***	***Score***
1	Describe expansion	0-40
Section Total		

Project Budget (Possible points = 20)	
Does the scale of the budget, budget line items, etc. make sense in terms of the scope, design, and description of the project?	0-10
Does the project applicant include only costs that are allowable for this type of project?	0-6
Is the match at least 25%	2 if yes, 0 otherwise
Are the admin costs no more than 10%?	2 if yes, 0 otherwise
Section Total	

GRAND TOTAL - Project Score (Out of Possible 100)

RENEWAL PROJECT SCORING TOOL

Treasure Coast FL-509 Renewal Project Scoring Tool FY 2026

Organization: Homeless Services Council		Project Type:	HMIS
Project: Systems Performance - Renewal – FL0688		Funding Request:	$129,731.00

Timely Drawdowns, Recaptured Funds, Monitoring		Scoring Rubric
1. Have there been at least quarterly timely drawdowns for the period 7/01/2025 through 6/30/2026?	10 pts. 5 pts. 0 pts.	Yes and all timely One quarter late Two or more quarters late
2. In the past three contract years has the project's HUD CoC budget been fully expended? (For projects in first year, score full points.)	15 pts. 7 pts. 0 pts.	98% to 100% of budget expended Between 90% and 98% of budget expended 90% or less of budget expended
3. Have there been any monitoring findings or concerns as a result of federal monitoring of any of the organization's HUD CoC-funded programs in the past five years? (Note: If the project has not been monitored by federal government in the last five years, score full points.)	5 pts. 0 pts.	No Yes
Points Available	**30**	

Project Performance for Type of Intervention		
TH, RRH, AND PSH		**Scoring Rubric**
Percent who returned to homelessness within six months	≤ 10% > 10%	10 pts. 0 pts.
Percent of adult participants who increased earned income either from project start to annual assessment or from project	≥ 40% < 40%	20 pts. 0 pts.
Percent of participants who remained in permanent housing	≥ 80% < 80%	20 pts. 0 pts.
Service participation requirement and supportive services agreements	Yes No	20 pts. 0 pts.
Points Available	**70**	

HMIS	Scoring Rubric	
HMIS collects all Universal Data Elements as set forth in the HUD HMIS Data Standards	Yes	20 pts.
	No	0 pts.
HMIS has the ability to deduplicate client records	Yes	20 pts.
	No	0 pts.
HMIS produces all HUD-required reports	Yes	15 pts.
	No	0 pts.
HMIS produces reports as needed for monitoring and tracking performance data	Yes	15 pts.
	No	0 pts.
Points Available	**70**	

Summary for Scoring	Points Available
Timely Drawdowns, Recaptured Funds, Monitoring	30
Project Performance	70
Total	100

Treasure Coast FL-509 Renewal Project Scoring Tool FY 2026

Organization:	Project Type:
Project:	Funding Request:

Timely Drawdowns, Recaptured Funds, Monitoring		Scoring Rubric
1. Have there been at least quarterly timely drawdowns for the period 7/01/2025 through 6/30/2026?	10 pts. 5 pts. 0 pts.	Yes and all timely One quarter late Two or more quarters late
2. In the past three contract years has the project's HUD CoC budget been fully expended? (For projects in first year, score full points.)	15 pts. 7 pts. 0 pts.	98% to 100% of budget expended Between 90% and 98% of budget expended 90% or less of budget expended
3. Have there been any monitoring findings or concerns as a result of federal monitoring of any of the organization's HUD CoC-funded programs in the past five years? (Note: If the project has not been monitored by federal government in the last five years, score full points.)	5 pts. 0 pts.	No Yes
Points Available	**30**	

Project Performance for Type of Intervention		
TH, RRH, AND PSH	**Scoring Rubric**	
Percent who returned to homelessness within six months	≤ 10%	10 pts.
	> 10%	0 pts.
Percent of adult participants who increased earned income either from project start to annual assessment or from project start to project exit.	≥ 40%	20 pts.
	< 40%	0 pts.
Percent of participants who remained in permanent housing	≥ 80%	20 pts.
	< 80%	0 pts.
Service participation requirement and supportive services agreements	Yes	20 pts.
	No	0 pts.
Points Available	**70**	

HMIS	Scoring Rubric	
HMIS collects all Universal Data Elements as set forth in the HUD HMIS Data Standards	Yes	20 pts.
	No	0 pts.
HMIS has the ability to deduplicate client records	Yes	20 pts.
	No	0 pts.
HMIS produces all HUD-required reports	Yes	15 pts.
	No	0 pts.
HMIS produces reports as needed for monitoring and tracking performance data	Yes	15 pts.
	No	0 pts.
Points Available	**70**	

Summary for Scoring	Points Available
Timely Drawdowns, Recaptured Funds, Monitoring	30
Project Performance	70
Total	100

Treasure Coast FL-509 Renewal Project Scoring Tool FY 2026

Organization: Martin County BOCC		Project Type:	PSH
Project: Martin County Chronics Renewal		Funding Request:	$193,644.00

Timely Drawdowns, Recaptured Funds, Monitoring		Scoring Rubric
1. Have there been at least quarterly timely drawdowns for the period 7/01/2025 through 6/30/2026?	10 pts. 5 pts. 0 pts.	Yes and all timely One quarter late Two or more quarters late
2. In the past three contract years has the project's HUD CoC budget been fully expended? (For projects in first year, score full points.)	15 pts. 7 pts. 0 pts.	98% to 100% of budget expended Between 90% and 98% of budget expended 90% or less of budget expended
3. Have there been any monitoring findings or concerns as a result of federal monitoring of any of the organization's HUD CoC-funded programs in the past five years? (Note: If the project has not been monitored by federal government in the last five years, score full points.)	5 pts. 0 pts.	No Yes
Points Available	**30**	

Project Performance for Type of Intervention		
TH, RRH, AND PSH		**Scoring Rubric**
Percent who returned to homelessness within six months	≤ 10% > 10%	10 pts. 0 pts.
Percent of adult participants who increased earned income either from project start to annual assessment or from project start to	≥ 40% < 40%	20 pts. 0 pts.
Percent of participants who remained in permanent housing	≥ 80% < 80%	20 pts. 0 pts.
Service participation requirement and supportive services agreements	Yes No	20 pts. 0 pts.
Points Available	**70**	

HMIS	Scoring Rubric	
HMIS collects all Universal Data Elements as set forth in the HUD HMIS Data Standards	Yes	20 pts.
	No	0 pts.
HMIS has the ability to deduplicate client records	Yes	20 pts.
	No	0 pts.
HMIS produces all HUD-required reports	Yes	15 pts.
	No	0 pts.
HMIS produces reports as needed for monitoring and tracking performance data	Yes	15 pts.
	No	0 pts.
Points Available	**70**	

Summary for Scoring	Points Available
Timely Drawdowns, Recaptured Funds, Monitoring	30
Project Performance	70
Total	100

Treasure Coast FL-509 Renewal Project Scoring Tool FY 2026

Organization: Homeless Services Council		Project Type:	PSH
Project: Alcohope Renewal - FL0114		Funding Request:	$620,401.00

Timely Drawdowns, Recaptured Funds, Monitoring		Scoring Rubric
1. Have there been at least quarterly timely drawdowns for the period 7/01/2025 through 6/30/2026?	10 pts. 5 pts. 0 pts.	Yes and all timely One quarter late Two or more quarters late
2. In the past three contract years has the project's HUD CoC budget been fully expended? (For projects in first year, score full points.)	15 pts. 7 pts. 0 pts.	98% to 100% of budget expended Between 90% and 98% of budget expended 90% or less of budget expended
3. Have there been any monitoring findings or concerns as a result of federal monitoring of any of the organization's HUD CoC-funded programs in the past five years? (Note: If the project has not been monitored by federal government in the last five years, score full points.)	5 pts. 0 pts.	No Yes
Points Available 30		

Project Performance for Type of Intervention		
TH, RRH, AND PSH		**Scoring Rubric**
Percent who returned to homelessness within six months	≤ 10% > 10%	10 pts. 0 pts.
Percent of adult participants who increased earned income either from project start to annual assessment or from project start to project exit.	≥ 40% < 40%	20 pts. 0 pts.
Percent of participants who remained in permanent housing	≥ 80% < 80%	20 pts. 0 pts.
Service participation requirement and supportive services agreements	Yes No	20 pts. 0 pts.
Points Available 70		

HMIS	Scoring Rubric	
HMIS collects all Universal Data Elements as set forth in the HUD HMIS Data Standards	Yes	20 pts.
	No	0 pts.
HMIS has the ability to deduplicate client records	Yes	20 pts.
	No	0 pts.
HMIS produces all HUD-required reports	Yes	15 pts.
	No	0 pts.
HMIS produces reports as needed for monitoring and tracking performance data	Yes	15 pts.
	No	0 pts.
Points Available	**70**	

Summary for Scoring	Points Available
Timely Drawdowns, Recaptured Funds, Monitoring	30
Project Performance	70
Total	100

Treasure Coast FL-509 Renewal Project Scoring Tool FY 2026

Organization: Homeless Services Council		Project Type:	PSH
Project: PSH Services - Renewal – FL1019		Funding Request:	$483,411.00

Timely Drawdowns, Recaptured Funds, Monitoring		Scoring Rubric
1. Have there been at least quarterly timely drawdowns for the period 7/01/2025 through 6/30/2026?	10 pts. 5 pts. 0 pts.	Yes and all timely One quarter late Two or more quarters late
2. In the past three contract years has the project's HUD CoC budget been fully expended? (For projects in first year, score full points.)	15 pts. 7 pts. 0 pts.	98% to 100% of budget expended Between 90% and 98% of budget expended 90% or less of budget expended
3. Have there been any monitoring findings or concerns as a result of federal monitoring of any of the organization's HUD CoC-funded programs in the past five years? (Note: If the project has not been monitored by federal government in the last five years, score full points.)	5 pts. 0 pts.	No Yes
Points Available 30		

Project Performance for Type of Intervention		
TH, RRH, AND PSH	**Scoring Rubric**	
Percent who returned to homelessness within six months	≤ 10% > 10%	10 pts. 0 pts.
Percent of adult participants who increased earned income either from project start to annual assessment or from project start to project exit.	≥ 40% < 40%	20 pts. 0 pts.
Percent of participants who remained in permanent housing	≥ 80% < 80%	20 pts. 0 pts.
Service participation requirement and supportive services agreements	Yes No	20 pts. 0 pts.
Points Available 70		

HMIS	Scoring Rubric	
HMIS collects all Universal Data Elements as set forth in the HUD HMIS Data Standards	Yes	20 pts.
	No	0 pts.
HMIS has the ability to deduplicate client records	Yes	20 pts.
	No	0 pts.
HMIS produces all HUD-required reports	Yes	15 pts.
	No	0 pts.
HMIS produces reports as needed for monitoring and tracking performance data	Yes	15 pts.
	No	0 pts.
Points Available	**70**	

Summary for Scoring	Points Available
Timely Drawdowns, Recaptured Funds, Monitoring	30
Project Performance	70
Total	100

Treasure Coast FL-509 Renewal Project Scoring Tool FY 2026

Organization: Homeless Services Council	Project Type: PSH
Project: St. Lucie County Vets - Renewal – FL0310	Funding Request $559,500.00

Timely Drawdowns, Recaptured Funds, Monitoring		Scoring Rubric
1. Have there been at least quarterly timely drawdowns for the period 7/01/2025 through 6/30/2026?	10 pts. 5 pts. 0 pts.	Yes and all timely One quarter late Two or more quarters late
2. In the past three contract years has the project's HUD CoC budget been fully expended? (For projects in first year, score full points.)	15 pts. 7 pts. 0 pts.	98% to 100% of budget expended Between 90% and 98% of budget expended 90% or less of budget expended
3. Have there been any monitoring findings or concerns as a result of federal monitoring of any of the organization's HUD CoC-funded programs in the past five years? (Note: If the project has not been monitored by federal government in the last five years, score full points.)	5 pts. 0 pts.	No Yes
Points Available 30		

Project Performance for Type of Intervention		
TH, RRH, AND PSH	**Scoring Rubric**	
Percent who returned to homelessness within six months	≤ 10% > 10%	10 pts. 0 pts.
Percent of adult participants who increased earned income either from project start to annual assessment or from project start to project exit.	≥ 40% < 40%	20 pts. 0 pts.
Percent of participants who remained in permanent housing	≥ 80% < 80%	20 pts. 0 pts.
Service participation requirement and supportive services agreements	Yes No	20 pts. 0 pts.
Points Available 70		

HMIS	Scoring Rubric	
HMIS collects all Universal Data Elements as set forth in the HUD HMIS Data Standards	Yes	20 pts.
	No	0 pts.
HMIS has the ability to deduplicate client records	Yes	20 pts.
	No	0 pts.
HMIS produces all HUD-required reports	Yes	15 pts.
	No	0 pts.
HMIS produces reports as needed for monitoring and tracking performance data	Yes	15 pts.
	No	0 pts.
Points Available	**70**	

Summary for Scoring	Points Available
Timely Drawdowns, Recaptured Funds, Monitoring	30
Project Performance	70
Total	100

FL-509 Local Competition Selection Results

Applicant	Project Name	Project Score	Status	Rank	Amount Requested from HUD	Reallocated Funds
Treasure Coast Homeless Services Council	FL-509 CoC Planning Project	Not scored	Accepted	Not ranked	$ 165,560.00	$ -
Treasure Coast Homeless Services Council	St. Lucie County Vets	80%	Accepted	1	$ 559,500.00	$ -
Treasure Coast Homeless Services Council	Renewal Systems Performance	100%	Accepted	2	$ 129,731.00	$ -
Treasure Coast Homeless Services Council	PSH Services Renewal	80%	Accepted	3	$ 483,441.00	$ -
Treasure Coast Homeless Services Council	Alcohope Renewal	80%	Partially Reallocated	4	$ 620,401.00	$ (778,331.00)
Martin County BOCC	Martin County Chronics	80%	Accepted	5	$ 193,644.00	$ -
Treasure Coast Homeless Services Council	Coordinated Entry	95%	Accepted	6	$ 87,120.00	$ -
Treasure Coast Homeless Services Council	HSC Street Outreach	99%	Accepted	7	$ 286,220.00	$ 286,220.00
Treasure Coast Homeless Services Council	Homeless Services Transitional Housing	96%	Accepted	8	$ 388,503.00	$ 388,503.00
Treasure Coast Homeless Services Council	Thrive Supportive Housing	92%	Accepted	9	$ 385,368.00	$ -
Treasure Coast Homeless Services Council	DV Transitional Housing	95%	Accepted	10	$ 546,147.00	$ 546,147.00
Treasure Coast Homeless Services Council	HFC TH for DV Survivors	94%	Accepted	11	$ 357,509.00	$ -
Treasure Coast Homeless Services Council	Renewal Systems Performance Expansion	99%	Accepted	12	$ 131,120.00	$ 103,608.00
Treasure Coast Homeless Services Council	SSO Standalone	99%	Rejected	13	$ -	$ -
Catholic Charities of the Diocese of Palm Beach	Samaritan Center, Vero Beach	95%	Rejected	14	$ -	$ -
Treasure Coast Homeless Services Council	DV Rapid Rehousing	N/A	Fully Reallocated	Not ranked	$ -	$ (546,147.00)

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.
***Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: Treasure Coast Homeless Services Council

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267, Continuum of Care Program

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

We expect our programs to operate in the following Opportunity Zones:
Martin County: 12085000800, 12085001000, 12085000702, 12085001301
St. Lucie County: 12111382015, 12111382010, 12111381605, 12111381402, 12111381401, 12111380500, 12111380400, 12111380100, 12111380200, 12111380300, 12111380901, 12111380902, 12111381000, 12111381000, 12111381107.
Indian River: 12061050604, 12061050601, 12061050401, 12061050102, 12061050101, 12061050303, 12061050304,

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

FL-509's FY2026 projects direct federal housing and service investment into qualified Opportunity Zones(OZ) in Indian River, St. Lucie, and Martin Counties, as listed above.
Four projects directly serve households in OZs: St. Lucie County Vets (PSH), Homeless Services Transitional Housing, DV Transitional Housing, and HSC Transitional Housing for Domestic Violence Survivors. These projects house participants in units within OZ tracts, pay rent to property owners there, and deliver case management, employment, and supportive services to residents. PSH Services also provides units in identified OZs, and the street outreach project dedicates roughly 1/3 of its engagement to people living unsheltered in OZ tracts.

Two system-level projects support this work CoC-wide. The Renewal Systems Performance (HMIS) project provides the county-wide data collection and reporting every OZ-serving project relies on and lets the CoC measure outcomes in those tracts. About 1/4 of the Coordinated Entry project's activity routes OZ households to the right housing intervention.

These projects advance economic mobility by stabilizing housing, connecting participants to employment through CareerSource Research Coast and United Against Poverty, increasing earned income, and linking households to treatment and healthcare. Stable housing and rising household income in OZ support local spending, workforce participation, and conditions that attract further public and private investment.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☒ Asset Building
- ☐ Business Assistance
- ☒ Community Capacity Building
- ☐ Economic Development
- ☒ Education
- ☐ Healthy Food Access
- ☒ Health
- ☒ Housing
- ☒ Human Services and Family Support
- ☐ Community Infrastructure
- ☒ Public Safety
- ☒ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure – streets, sidewalks, lighting
- ☐ "Below ground" infrastructure – water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:

**Under penalty of perjury, I certify on behalf of the Applicant that

(1) all information provided on this form is true, complete, and accurate, and

(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and

(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Mr. First Name: Rayme Middle Name: L.

Last Name: Nuckles Suffix:

Title: Executive Director

Organization: Treasure Coast Homeless Services Council

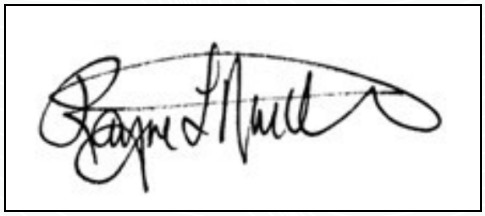
Signature:

Date: 2026-09-28

CERTIFICATE *of* SIGNATURE

REF. NUMBER
AQBHU-EPQJM-7GGSX-EQYYJ

DOCUMENT COMPLETED BY ALL PARTIES ON
28 SEP 2026 13:50:04 UTC

SIGNER	TIMESTAMP	SIGNATURE
RAYME NUCKLES EMAIL **RAYME@TCHELPSPOT.ORG**	SENT **28 SEP 2026 13:48:34** VIEWED **28 SEP 2026 13:49:52** SIGNED **28 SEP 2026 13:50:04**	 IP ADDRESS **173.12.70.53** LOCATION **MIAMI, UNITED STATES**

RECIPIENT VERIFICATION

EMAIL VERIFIED
28 SEP 2026 13:49:52

FL-509 Continuum of Care
Policy to Advance Recovery

1. Purpose

This policy establishes the FL-509 Continuum of Care's commitment to a recovery-oriented homelessness response system, in which housing assistance and treatment for substance use and mental health conditions are delivered together rather than in sequence. It is adopted under Section P of the CoC Governance Charter, which assigns the CoC Board responsibility for setting CoC policies and procedures, and applies to all CoC Program-funded projects and their subrecipients.

2. Policy Statement

The CoC recognizes that untreated substance use disorders and mental illness are among the most significant barriers to housing stability in Indian River, St. Lucie, and Martin Counties. The CoC therefore expects its funded projects to connect participants to treatment and recovery services, to support sustained engagement in those services, and to maintain housing options that support recovery.

3. Prohibition Against Certain Activities

The FL-509 CoC prohibits CoC-funded housing projects (including Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Safe Havens) from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction."

- If a CoC-funded housing project is determined to be in violation of the policy enumerated in above, the organization administering the project will be placed on a Corrective Action Plan (CAP) requiring the project to revise its policies and procedures appropriately and in a timely manner. If, upon follow-up after the CAP, it is determined that the project remains in violation of this policy, the CoC may reallocate funding from that project.
- The CoC encourages the provision of substance use disorder treatment and recovery housing within or outside of the CoC.
- The CoC will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.
- It should be noted that none of the above constitute a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or leaserequirement, although those practices may be allowable under 24 CFR 578.

4. Access to Treatment and Recovery Services

- Every CoC-funded housing project shall maintain a working relationship with at least one behavioral health or substance use treatment provider and shall document how participants access assessment, outpatient treatment, medication management, and crisis services.
- Projects shall connect participants to the appropriate level of care as determined by a qualified clinician, including outpatient, intensive outpatient, detoxification, residential, and inpatient care.
- Projects shall connect participants to peer recovery support and recovery navigation where available.

- Projects shall coordinate with the CoC's crisis system of care, including the 24/7 mobile crisis response available through 211 and 988, for participants experiencing a behavioral health crisis.

4. Participation in Supportive Services

Consistent with 24 CFR 578.75(h), CoC-funded projects may require participation in supportive services as a condition of continued occupancy, and projects whose purpose is to provide substance abuse treatment services may require participation in those services as a condition of continued program participation. Projects that impose such requirements shall:

- State the requirement in a written participation agreement signed by the participant at enrollment;
- Explain the requirement to applicants before admission;
- Document participant engagement in the project's records; and
- Follow the project's written process for addressing non-participation, including notice and an opportunity to be heard, before assistance is terminated under 24 CFR 578.91.

5. Sober Housing

The CoC supports the availability of sober housing consistent with 24 CFR 578.93(b)(5). A CoC-funded project operating sober housing may exclude persons who refuse to sign an occupancy agreement or lease prohibiting participants from possessing, using, or being under the influence of illegal substances or alcohol on the premises. Such projects shall:

- Include the prohibition as a term of the lease or occupancy agreement rather than in policy alone;
- Disclose the requirement to applicants before admission; and
- Refer applicants who decline to other CoC housing options through Coordinated Entry.

The CoC will work to expand sober housing capacity across its geographic area, including through new project applications, reallocation, and partnerships with treatment providers and recovery residences.

6. Coordination and Warm Hand-Offs

CoC-funded projects shall coordinate with treatment providers, hospitals, crisis facilities, detoxification units, specialty courts, and jails so that individuals leaving those settings are assessed for housing before discharge and connected to a named housing contact. Participants entering treatment shall not lose their housing assistance during a stay in an institution of 90 days or fewer, consistent with 24 CFR 578.75.

7. Oversight and Review

The Collaborative Applicant shall monitor compliance with this policy through its regular project monitoring and shall report annually to the CoC Board on treatment access, the number of units with a treatment participation requirement, the number of sober housing units, and participant engagement outcomes. The CoC Board shall review this policy annually and revise it as needed based on provider feedback, participant feedback, changes in the characteristics of the population served, and changes in available resources.

Before Starting the Project Listings for the CoC Priority Listing

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

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

  - New;
  - Renewal;
  - UFA Costs;
  - CoC Planning;
  - YHPD Renewal; and
  - YHDP Replacement and Reallocation.

- Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
- Attachment Requirement

  - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

  - UFA Costs Project Listing;
  - CoC planning Project Listing;

- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Treasure Coast Homeless Services Council, Inc.

2. Reallocation

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

Alert:
As stated in the FY 2026 CoC Program Competition NOFO:
- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

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

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

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)
$0
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)
$0
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)
$546,147

Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
2024 DV Rapid Reh...	FL1018D4H092502	PH-RRH	DV Renewal	$546,147	No

Reallocation - Grant(s) Eliminated Details

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

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

Eliminated Project Name:	2024 DV Rapid Rehousing
Grant Number of Eliminated Project:	FL1018D4H092502
Eliminated Project Component Type:	PH-RRH
Funding Type:	DV Renewal
Eliminated Project Annual Renewal Amount:	$546,147

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

The project applicant chose to voluntarily reallocate this funding to make that funding available for new projects. The CoC concurred. The project applicant was notified July 22, 2026.

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

2B. Reallocation - Grant(s) Reduced

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

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

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)
$778,331
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)
$0
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)
$0

Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
2024 Alcohope Ren...	FL0114L4H092518	CoC Renewal	$1,398,732	$620,401	$0	$0	$778,331	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	2024 Alcohope Renewal
Grant Number of Reduced Project:	FL0114L4H092518
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$1,398,732
Amount Retained by Project:	$620,401
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$778,331

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The project applicant chose to voluntarily partially reallocate this funding to make that funding available for new projects. The CoC concurred. The project applicant was notified July 22, 2026,

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Continuum of Care (CoC) New Project Listing

Instructions:

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

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

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

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

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

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
2026 Renewal Syst...	2026-09-28 11:52:...	HMIS	Treasure Coast Ho...	$131,120	1 Year	Bonus + Reallocation	No	Yes	E12	
2026 HSC Street O...	2026-09-28 11:48:...	SSO	Treasure Coast Ho...	$286,220	1 Year	Reallocation	No	No	7	
2026 Coordinated ...	2026-09-28 11:41:...	SSO	Treasure Coast Ho...	$87,120	1 Year	Bonus	No	No	6	

2026 HFC TH for D...	2026-09-28 16:24:...	TH	Treasure Coast Ho...	$357,509	1 Year	DV Bonus	No	No	D11	
2026 Thrive Suppo...	2026-09-28 16:32:...	TH	Treasure Coast Ho...	$385,368	1 Year	Bonus	No	No	9	
2026 DV Transitio ...	2026-09-28 16:23:...	TH	Treasure Coast Ho...	$546,147	1 Year	DV Reallocation	No	No	D10	
2026 Homeless Ser...	2026-09-28 16:26:...	TH	Treasure Coast Ho...	$388,503	1 Year	Reallocation	No	No	8	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RRH	Consolidation Type
2026 Renewal Syst...	2026-09-28 11:51:...	1 Year	Treasure Coast Ho...	$129,731	No	Yes	HMIS	2	Expansion		
2026 Alcohope Ren...	2026-09-28 16:19:...	1 Year	Treasure Coast Ho...	$620,401	No	Yes	PH	4	No	PSH	
2026 St. Lucie Co...	2026-09-28 16:31:...	1 Year	Treasure Coast Ho...	$559,500	Yes	Yes	PH	1	No	PSH	Survivor
2026 PSH Services...	2026-09-28 16:28:...	1 Year	Treasure Coast Ho...	$483,441	Yes	Yes	PH	3	No	PSH	Individual
2026 Martin Count...	2026-09-29 11:29:...	1 Year	Martin County Boa...	$193,644	No	Yes	PH	5	No	PSH	

Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
2026 FL-509 CoC P...	2026-09-28 11:42:...	1 Year	Treasure Coast Ho...	$165,560	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

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

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

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.	
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.	X

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

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

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

Instructions:

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

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

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

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

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

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

4. Consolidation & Expansion

Instructions:

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

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

Alert:

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

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

4B. Expansion

Instructions

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

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Expansion(s).	X
The Collaborative Applicant certifies the accuracy of all the individual project applications related to this expansion request(s)	X
The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed	X

CoC must complete the following fields for each Expansion Application submitted.

	Applicant Name	Stand Alone Renewal Expansion Project Pin:	Stand Alone New Expansion Application (1) esnaps Project Number	Stand Alone New Expansion Application (2) esnaps Project Number
Expansion #1:	Treasure Coast Homeless Services Council	FL0688	231872	
Expansion #2:				
Expansion #3:				
Expansion #4:				
Expansion #5:				
Expansion #6:				
Expansion #7:				
Expansion #8:				
Expansion #9:				
Expansion #10:				

Funding Summary

Instructions

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

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

Title	Total Amount
CoC Renewal Amount	$1,986,717
New CoC Bonus and CoC Reallocation Amount	$1,278,331
New DV Bonus Amount	$357,509
New DV Reallocation Amount	$546,147
YHDP Renewal and Replacement Amount	$0
YHDP Reallocation Amount	$0
CoC Planning Amount	$165,560
Rejected Amount	$0
Total Funding Request	$4,334,264

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	HUD 2991	09/28/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: HUD 2991

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

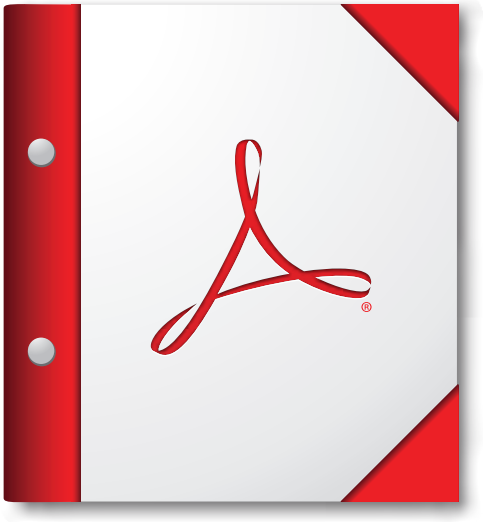
Submission Summary

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

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

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

3E. YHDP Renewal Project Listing	No Input Required
3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/29/2026
4B. Expansion	09/29/2026
Funding Summary	No Input Required
Attachments	09/29/2026
Submission Summary	No Input Required



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