

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: MS-501 - Mississippi Balance of State CoC

1A-2. Collaborative Applicant Name: Mississippi United to End Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Mississippi United to End Homelessness

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
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)	Yes	0
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	0
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	3
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

The CoC maintains an open, transparent invitation process for new members that is publicly available across the CoC's geographic area year-round and formally renewed at least annually. The CoC website (www.msbos.org) displays an open invitation for membership at all times, along with meeting calendars, membership information, and the purpose of the CoC. Membership is not required for meeting attendance, so any interested organization or individual may participate before formally joining.

Each year, a formal invitation for new membership is extended in advance of and at the Annual CoC Membership Meeting. Most recently, the annual invitation was distributed on June 16, 2026, two weeks ahead of the Annual CoC Membership Meeting held June 30, 2026. Announcements inviting new members are also made at the CoC's quarterly regional meetings held across the CoC's five regions, ensuring the invitation reaches every corner of our 71-county coverage area. Before every meeting, an email blast is sent to more than 200 recipients with meeting times, locations, and membership information, and meetings are held both in person and via video conference so that distance never bars participation in our largely rural CoC.

The CoC employs a CoC Director who, as part of her job description, conducts targeted outreach to solicit new members, including regional non-profits, faith-based organizations, businesses, state and local government agencies, law enforcement and first responders, treatment and recovery providers, workforce development partners, public housing agencies, and individuals — including homeless and formerly homeless persons. The CoC has been interviewed in print, television, and radio regarding homelessness within Mississippi, and each opportunity is used to direct interested parties to the CoC and its membership process. CoC Outreach Coordinators, who routinely assist persons living unsheltered, also share information about the CoC and how to become involved, so the invitation reaches those closest to the problem we exist to solve.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC maintains multiple transparent, publicly communicated channels to solicit opinions on its performance, strategies, and priority setting. The CoC website (www.msbos.org) hosts an anonymous feedback portal, open at all times, where any stakeholder or community member can submit opinions on the CoC's general performance and direction. The CoC hosts listening sessions at its Annual Membership Meeting and at quarterly regional meetings held across its five regions, where area service providers share what is working in their communities and weigh in on CoC strategy. Before each competition, the CoC publicly posts its rating factors and priority-setting process and invites comment from the full membership, and CoC performance data (including PIT Count results and system performance measures) is presented at membership meetings so that opinions offered are informed by the CoC's actual outcomes.

Opinions are solicited from a broad array of individuals and organizations with knowledge of homelessness or an interest in ending it: homeless assistance providers, faith-based organizations, businesses, local governments, law enforcement and first responders, treatment and recovery providers, workforce development partners, public housing agencies, hospitals, school district homeless liaisons, and veteran and victim service organizations. The CoC also convenes a quarterly Consumer Advisory Group (CAG) — a cross-section of persons currently and formerly experiencing homelessness — and First Place for Youth maintains a youth advisory council, ensuring the CoC hears directly from those its programs serve.

Most importantly, the opinions received are considered and acted upon. The CAG's formal report is a standing action item of the CoC Governing Council, and feedback gathered through the portal, listening sessions, and regional meetings informs updates to the CoC's strategic plan, Governance Charter, Written Standards, and competition rating factors. Feedback from these channels has produced concrete changes, including expanded shelter standards and improved case management practices among shelter providers.

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

(limit 2,500 characters)

The CoC maintains a transparent, publicly communicated process to accept and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. The CoC announced its FY 2026 local competition on June 30, 2026, on the landing page of its website, and by mass email, expressly stating that the CoC was accepting new project applications from agencies that had not previously been funded. Applications were accepted from the date of public notice through the local submission deadlines of July 10, 2026 (Tier 1) and July 31, 2026 (Tier 2). The notice was also distributed through the CoC's email listserv of more than 200 recipients. Announcements were also made at the CoC's quarterly regional meetings, where faith-based organizations are active participants.

New applicants submit project applications via e-snaps, and the CoC removes every practical barrier to doing so. CoC staff held application office hours via Zoom for interested agencies that had not previously applied, covering e-snaps navigation, HUD threshold requirements, project structure, and the CoC's ranking process, with technical assistance available daily from 8am to 8pm. CoC staff target agencies that have not previously sought funding (including faith-based providers) throughout the year to encourage them to apply.

All proposals received are considered on equal footing: an unbiased Ranking and Review Committee applies a threshold review and a published, objective rating procedure to every application, new or renewal, and no organization is disadvantaged for lack of prior CoC funding or for its faith-based character. The results speak for themselves: in this NOFO, faith-based organizations that have never before received CoC Program funding — including Spirit of Refuge and Christian Services — are being funded for the first time. In addition, several of the CoC's historically funded agencies have entered subcontractor partnerships with area churches to expand the services they provide with CoC dollars, further widening the circle of faith-based participation in our homeless response system.

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

(limit 2,500 characters)

The Gap: 2026 PIT Count data show 51 of 92 adults with a serious mental illness and 30 of 56 with substance abuse disorder are unsheltered, that, along with sustained stakeholder feedback (from the Consumer Advisory Group, outreach teams, and quarterly regional meetings) confirmed that the CoC's system, built almost entirely on RRH and PSH, offered little/no recovery-oriented housing pathway.

The Strategy: Through this NOFO, the CoC funded a recovery-oriented, employment-centered pipeline of new TH and SSO projects (interventions under 42 U.S.C. 11386b(d)). Street outreach (Spirit of Refuge; MUTEH) connects the unsheltered to recovery-focused TH: MUTEH's Fresh Air (TH for persons in recovery from opioid use disorder, with treatment and medications through a formal MS State Dept of Health partnership), Liberty Ministries (Christian Services' three-phase recovery TH pairing daily accountability and peer mentoring with clinical treatment and Drug Court partners), and ASC's Green Meadows PSH-to-TH conversion (20 hours weekly of work, training, or programming required). MUTEH's Bootstrap SSO adds intensive employment coaching. On-site treatment also reaches the existing portfolio: PACT teams from the regional CMHCs deliver assertive treatment in participants' own units across the CoC's RRH and PSH projects, and seven TH/RRH/PSH projects (113 units) now offer on-site substance use treatment. The strategy serves all relevant subpopulations: persons with SUD, the chronically unsheltered (TH to Stability), DV survivors (SAFE Pathways), families with children (BCCAA TH), and youth (Sally Kate Winters TH).

Performance Measures: 25% reduction in persons at priority unsheltered sites; 30 verified outreach exits to shelter, treatment, or housing; 75% of TH participants engaged in treatment or employment services; 50%+ of TH exits to permanent housing; 25%+ of leavers increasing employment income; returns to homelessness below 8% over 24 months.

Timelines: staffing and enrollment within 45 days of grant execution; projects at capacity within 12 months; performance reviewed quarterly.

Funding Sources: FY 2026 CoC Program funds; MSDH Opioid and Substance Use Program; City of Hattiesburg (outreach match); Medicaid; ESG; and area church contributions.

Oversight: The Governing Council oversees implementation; the CoC Director is responsible for execution and quarterly reporting.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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	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?	67%

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)

The MS Balance of State CoC's 71-county, rural coverage area contains a growing network of substance use treatment options, and the CoC's system is adapting to connect people to them. Outpatient mental health and substance use treatment is available in every county in the CoC through Mississippi's regional Community Mental Health Centers — one of which, Region VII (Community Counseling Services), operates CoC-funded housing projects directly. Specialized treatment resources include Pine Grove Behavioral Health, one of the Southeast's leading addiction treatment programs; the detox unit at South Central Regional Medical Center; Pine Belt Mental Healthcare Resources; Uplift and Wilson Counseling Services; Grace House residential recovery; the Life Changing Center; Delta Health Center (an FQHC providing substance use services in the Delta); and recovery-oriented CoC housing, including Liberty Ministries (Christian Services) and MUTEH's Fresh Air project. Through Fresh Air's formal partnership with the MS State Department of Health's Opioid and Substance Use Program, participants receive telehealth outpatient treatment and medications for opioid use disorder which brings clinical care to rural participants without requiring travel. Additionally, AA/NA and other peer recovery groups meet throughout the coverage area.

Access runs through every door of the CoC's system. Street outreach teams (who cover all five regions daily using GIS mapping) identify treatment needs in the field and make warm hand-offs, not referrals by flyer: staff verify availability, arrange the appointment, and provide transportation. The CES assessment identifies substance use needs at intake, and case managers in relevant CoC housing projects schedule treatment, arrange transportation, and can assist with Medicaid enrollment so treatment is paid for and continues after program exit. Telehealth access is available from participants' own units or any MUTEH regional office. Additional pathways include referrals from area Drug Courts and probation offices, hospital discharge coordination, and the crisis system. In a rural state, distance is often the enemy of recovery; the CoC's answer is to bring treatment to the person — by telehealth, by transport, and by housing people inside recovery-focused programs.

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

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

(limit 2,500 characters)

The CoC both partners with outpatient treatment providers and funds projects that deliver treatment directly: Community Counseling Services (Region VII Mental Health), a community mental health center that operates CoC housing projects, and MUTEH's Fresh Air TH, which delivers outpatient treatment through a formal partnership with the MS State Department of Health's Opioid and Substance Use Program. Each element is addressed below:

Range of appropriate levels of care: Mississippi's regional CMHCs provide outpatient mental health and substance use treatment, intensive outpatient, and psychosocial rehabilitation in every county of the CoC. Pine Grove Behavioral Health offers care from outpatient through residential; South Central Regional Medical Center provides medical detox; Delta Health Center (FQHC), Wilson Counseling, and Uplift Counseling serve the Delta and Pine Belt; and MSDH telehealth reaches rural participants. Clients step up or down in care as clinically indicated, with CoC case managers coordinating each transition.

Psychosocial interventions: partner providers deliver individual and group counseling, trauma-informed therapy, and psychosocial rehabilitation, while CoC projects reinforce treatment through intensive case management, structured programming (20 hours weekly at ASC's Green Meadows TH), and the daily accountability and peer mentoring model at Liberty Ministries.

Medication management: CMHC psychiatric staff provide medication management, and Fresh Air participants receive medications for opioid use disorder with telehealth oversight through MSDH. Case managers assist participants with Medicaid enrollment so medication access continues after program exit.

Suicide prevention: outreach and case management staff are trained in crisis response protocols and connect persons at risk to the 988 Suicide and Crisis Lifeline, CMHC mobile crisis teams, and inpatient care when needed, with warm hand-offs rather than unaccompanied referrals.

Recovery supports: the CoC funds recovery housing (Liberty Ministries; Fresh Air), where peer mentors with lived recovery experience provide daily accountability and recovery navigation. Participants access peer recovery specialists through CMHC and treatment partners, and AA/NA and other peer support groups meet throughout the coverage area. Employment is treated as a recovery support, with participants connected to WIN Job Centers and MUTEH's Bootstrap employment coaching.

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)

Peer support is woven through the CoC's projects and partnerships, beginning with who does the work: the CoC and its member agencies intentionally hire staff with lived experience of homelessness and recovery, and many staff members of CoC agencies originated in the very programming where they now serve. Outreach Coordinators with lived experience lead the CoC's street outreach, bringing credibility that no credential can supply, and their warm hand-offs — walking a person into treatment, housing, or a first appointment rather than handing them a phone number — are the CoC's core model of recovery navigation.

Within the CoC's funded portfolio, Liberty Ministries (Christian Services) operates a recovery-focused Transitional Housing program built on daily accountability and peer mentoring, where residents further along in recovery mentor those beginning it, alongside referrals to behavioral health and substance use treatment. MUTEH's Fresh Air TH pairs housing-focused case management and supportive counseling with clinical treatment, with staff navigating each participant between the housing and treatment systems through biweekly joint case conferences with the MS State Department of Health.

Through its partnerships, the CoC connects participants to Certified Peer Support Specialists employed by Mississippi's regional Community Mental Health Centers — including Community Counseling Services (Region VII), which itself operates CoC-funded housing — and to peer recovery communities across the coverage area: AA/NA and other peer support groups meet throughout the CoC's five regions, with member agencies hosting meetings and providing space. Finally, the CoC's quarterly Consumer Advisory Group keeps persons with lived experience in an advisory role over the system itself, so the peer perspective shapes not only individual recovery journeys but the design of the programs that serve them.

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)

Identification: The CoC identifies individuals experiencing Serious Mental Illness (SMI) at every entry point to its system. Street outreach teams cover all five regions daily using GIS mapping and are trained to recognize signs of SMI among the unsheltered — the population where untreated SMI concentrates — and healthcare navigators participating in outreach evaluate needs in the field. The CES assessment captures mental health vulnerability at intake, and each region's by-name list case conferencing flags high-acuity individuals for priority response. Identification also flows in from partners: hospitals, local jails, law enforcement, first responders, and the crisis system make referrals directly into the CES, so persons with SMI are identified whether they are encountered in an encampment, an emergency room, or a jail.

Connection to services that promote stability: Once identified, persons with SMI are connected to Mississippi's regional Community Mental Health Centers, which provide psychiatric treatment, medication management, and intensive community support, including Programs of Assertive Community Treatment (PACT) and intensive community outreach teams that operate across most of the CoC's coverage area. The CoC's connection to this system is direct: Community Counseling Services (Region VII Mental Health), a CMHC, operates CoC-funded housing, pairing clinical treatment with housing under one roof. CoC case managers coordinate care assertively — scheduling appointments, providing transportation, and using telehealth where distance is a barrier — rather than referring and hoping. Persons with SMI are prioritized through the CES for permanent supportive housing, where intensive case management sustains treatment engagement, and trained case managers secure SSI/SSDI (as needed) so income stability supports housing stability. Through the CoC's PHA partnerships, the CHOICE preference connects individuals with SMI to Section 8 housing paired with mental health treatment. For persons in crisis, outreach and program staff follow crisis response protocols connecting individuals to 988, CMHC mobile crisis teams, and inpatient care, with staff remaining engaged through discharge so treatment gains are not lost to the street.

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)

Liberty Ministries, the CoC's new recovery TH operated by Christian Services, Inc., partners directly with area Drug Courts and probation offices. Court participants are referred into its three-phase program pairing daily accountability and peer mentoring with treatment through Pine Grove Behavioral Health, South Central Regional Medical Center's detox unit, and Pine Belt Mental Healthcare, plus WIN Job Center employment prep — so participants complete court requirements housed and in recovery.

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

(limit 2,500 characters)

The CoC's coordination with Liberty Ministries (Christian Services, Inc.) is built into the project's design and the CoC's day-to-day systems. Liberty Ministries participates in the CoC's Coordinated Entry System and HMIS, receives referrals from Drug Courts, probation offices, and CoC street outreach, and reports outcomes through the CoC's monthly reporting and monitoring processes, so the CoC has continuous visibility into participant progress.

Supporting housing stability: The CoC funds 10 transitional housing beds within Liberty Ministries' residential program, giving Drug Court participants what the court cannot order into existence — a stable address. Program staff and CoC case managers work each participant through a three-phase structure in which housing is paired with daily accountability, peer mentoring, and treatment through Pine Grove Behavioral Health, South Central Regional Medical Center's detox unit, and Pine Belt Mental Healthcare. Stability is protected practically as staff help participants obtain identification documents, resolve legal barriers, and address the day-to-day issues that unravel early recovery.

Movement towards independence: Liberty Ministries' phases are designed so participants assume increasing independence as they progress — securing employment through the WIN Job Center and area employers, building financial literacy and savings, and taking on financial responsibility while still supported by the program's structure. Before exit, staff and CoC partners complete permanent housing placement and a stabilization plan, so participants leave employed, banked, and housed — not just discharged.

Leveraging court orders: The CoC treats the court order as an asset. Individual service plans are aligned with each participant's court-ordered treatment and supervision requirements; program staff document participation and progress for Drug Court judges and probation officers and provide transportation to hearings and treatment; and the court's accountability reinforces the program's own daily structure. The result is mutual as the court gains a participant who is housed, sober, and verifiable, and the participant gains a path to complete their court program with housing, income, and recovery intact (the foundation of lasting independence and self-sufficiency).

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

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

(limit 500 characters)

The CoC partners with Mississippi's regional CMHCs (anchored by Community Counseling Services - Region VII, which operates CoC-funded housing) whose Mobile Crisis Emergency Response Teams respond 24/7 alongside CoC street outreach and whose Crisis Stabilization Units receive persons in crisis as an alternative to jail or the ER. CoC outreach and program staff follow crisis protocols connecting individuals to 988, with warm hand-offs back into housing and treatment once the crisis resolves.

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.	30

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

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

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

(limit 500 characters)

The CoC's formal CMHC partnership is with Community Counseling Services (Region VII Mental Health), which goes beyond an MOU: CCS operates two CoC Program-funded projects (the CAPRICE DV Joint TH & PH-RRH and a CoC RRH) under grant agreements, participates fully in the CoC's Coordinated Entry System and HMIS, and pairs its clinical services (psychiatric care, medication management, mobile crisis, outpatient MH/SUD treatment) with the housing it operates for the CoC's participants.

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)

Liberty Ministries, a new CoC Program-funded Transitional Housing project operated by Christian Services, Inc. of America, operates sober housing in accordance with 24 CFR 578.93(b)(5). The project's 10 CoC-funded beds sit within a structured, three-phase recovery residence where sobriety is supported through daily accountability, peer mentoring, and substance use treatment through Pine Grove Behavioral Health and other partners, alongside employment preparation for independence.

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)

In our CoC, a warm hand-off is a standard, not just a slogan. Staff verify availability, arrange the appointment or admission, share authorized information under a release, transport or accompany the client, and track the connection to completion. Handing someone a flyer or a phone number does not meet our standard. This practice runs in both directions between the treatment programs (named in 1C-1a through 1C-1i) and stable housing.

Preventing Homelessness Upon Discharge From Treatment: The CoC coordinates discharge planning with the programs its participants use, including Pine Grove Behavioral Health, South Central Regional Medical Center's detox unit, the CMHCs' crisis stabilization units and inpatient facilities, and area hospitals, so that treatment completion does not become a housing crisis. Persons nearing discharge are assessed through the CES before they leave care, case-conferenced on the regional by-name list, and connected to housing (including Liberty Ministries' recovery TH and MUTEH's Fresh Air), with CoC staff meeting clients at discharge rather than waiting for them to surface on the street. The same pathway serves Drug Court and probation referrals, and Fresh Air's biweekly case conferences with the MS State Department of Health keep the housing and treatment partners moving each participant in lockstep.

From CoC programs to stable housing: As participants stabilize in recovery-focused TH and supportive housing, staff facilitate warm hand-offs to permanent housing providers (if needed). Dedicated housing specialists build landlord relationships and drive placement. The CoC's PHA partnerships open subsidized options, including homeless preferences, the CHOICE preference pairing Section 8 with mental health treatment, and Moving On referrals. Case managers can complete Medicaid enrollment so treatment and medications continue uninterrupted after exit, with telehealth access following participants into their new homes. Every exit includes a stabilization plan, and any former participant who later wobbles is prioritized for prevention assistance: case management and short-term aid that keeps them housed rather than returning to homelessness. These connected hand-offs are a chief reason the CoC's returns to homelessness remain among its strongest outcomes.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$4,191,531
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.	\$2,433,590
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	58%
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.	\$1,298,460
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).	89%

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)

The CoC has consulted, and will continue to consult, with Mississippi Home Corporation (MHC), the state ESG recipient for the CoC's 71-county geographic area, in the planning and allocation of ESG funds.

That consultation is continuous and structured. The CoC provides MHC with the data that drives ESG planning: annual PIT Count and Housing Inventory Count results, system performance measures, and HMIS-based gaps analysis showing where shelter, prevention, and rapid re-housing resources are most needed across the CoC's five regions. CoC and lead agency staff attend the State's public hearings and provide input to Consolidated Plan updates, ensuring local homelessness data and priorities are reflected in how the State allocates ESG. MHC and the CoC also consult directly on funding priorities each cycle, so ESG dollars complement rather than duplicate CoC Program investments; ESG prevention and shelter funding is targeted where CoC-funded housing capacity exists to receive referrals.

The consultation extends through implementation. ESG-funded subrecipients participate in the CoC's Coordinated Entry System and report in HMIS, and the CoC's Written Standards, govern ESG and CoC programs alike so that eligibility, prioritization, and service delivery are consistent statewide. The CoC coordinates with MHC in evaluating ESG subrecipient performance, reviewing HMIS outcomes and CAPER data together and sharing monitoring information.

Going forward, the CoC will continue each of these practices: providing PIT, HIC, and performance data to inform the State's allocation decisions, participating in Consolidated Plan consultation, aligning Written Standards, and jointly reviewing ESG performance, so that ESG and CoC resources operate as one coordinated response to homelessness.

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)

Shelter is a front door to the CoC's system, not a destination, and the CoC's coordination with shelter providers is built around moving people from shelter into CoC assistance quickly. Every shelter provider in the coverage area is connected to the Coordinated Entry System: shelter staff assess residents and place them on the regional by-name list, CoC outreach staff conduct on-site visits at shelters to ensure every person is assessed and prioritized, and regional case conferencing brings shelter and housing providers to the same table. The CoC's Data Bridge project brings shelter providers into HMIS with training, data entry support, and equipment, so shelter guests appear in the CoC's data in real time and referrals carry complete information. The CoC's eight domestic violence shelters coordinate through a parallel DV coordinated entry process, so survivors reach CoC assistance without compromising safety or confidentiality.

The CoC's newly funded projects deepen this coordination by giving shelter providers better destinations built for the people in their beds. ASC's new SSO project delivers intensive case management directly inside emergency shelters in the Pine Belt, connecting guests to housing before they return to the street. SAFE Pathways to Safety, the CoC's new DV Bonus TH project, receives survivors directly from S.A.F.E., Inc.'s emergency shelter into confidential scattered-site housing. Shelter guests in recovery are referred into Liberty Ministries' recovery TH and MUTEH's Fresh Air, shelter guests who are employable move to MUTEH's Bootstrap employment coaching and TH to Stability, and families move to BCCAA's new family TH. Spirit of Refuge coordinates with the Fieldhouse and Life Changing Center shelters in Hattiesburg for direct placement from outreach into shelter and treatment.

Every one of these connections serves the CoC's overriding goal of reducing unsheltered homelessness. When shelter providers can move guests into recovery housing, employment programming, and permanent housing quickly, shelter beds turn over faster, more people come inside, and fewer men, women, and children sleep on the streets of Mississippi each night.

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

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

(limit 2,500 characters)

The CoC shares its data openly with state and local government, in aggregate and de-identified form consistent with its HMIS Privacy and Security Plans, because governments cannot respond to a problem they cannot see.

At the state level, the CoC provides annual PIT Count and Housing Inventory Count data to Mississippi Home Corporation, the Consolidated Plan jurisdiction and state ESG recipient, and ensures local homelessness data is communicated and addressed in Consolidated Plan updates. CoC staff have presented data directly to the Mississippi Development Authority, the Mississippi Municipal League's Annual Conference, and every member of Mississippi's congressional delegation, pairing system performance data with client stories from members' own districts to inform housing and homelessness policy.

At the local level, the CoC shares PIT, HIC, and system performance data with the cities and counties across its five regions and publicly posts PIT results so every local government in the 71-county coverage area can see the size and location of its homeless population. The CoC's deepest local partnership is a working one: CoC staff meet weekly/bi-weekly with two of the largest cities in the coverage area (sharing by-name-list data and current housing numbers and coordinating city staff, outreach teams, and area providers around the individuals literally living on their streets, so each week ends with names matched to housing next steps. Through Spirit of Refuge's new street outreach project, the CoC also shares unsheltered location mapping and baseline data with the City of Hattiesburg and Forrest County, informing the deployment of police, fire, EMS, and transit resources alongside outreach. Municipalities, code enforcement, and law enforcement report unsheltered individuals to the CoC, and the CoC responds with outreach and reports outcomes back.

Going forward, the CoC will continue each of these practices and will expand quarterly system performance reporting to state and local partners, so PIT trends, housing placements, and returns to homelessness inform decisions about where shelter, treatment, and housing resources belong. All sharing occurs as permitted by law: aggregate data is shared freely, while client-level data moves only under HMIS privacy protections and written releases.

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

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

(limit 2,500 characters)

The CoC pairs HMIS with data from the behavioral health, victim services, and research systems its clients move through, using each source to find people earlier and serve them better.

PATH data: MUTEH, the CoC's HMIS Lead Agency, tracks SAMHSA Projects for Assistance in Transition from Homelessness (PATH) data for the Community Mental Health Centers operating both within the CoC and in the adjacent CoC. Because the same agency administers HMIS and PATH data, outreach contacts with individuals experiencing homelessness and serious mental illness are visible alongside CoC program data, allowing the CoC to identify persons known to the mental health system but not yet connected to housing, coordinate CMHC and CoC outreach rather than duplicating it, and track engagement across both systems as clients move toward housing.

Research data: The CoC's HMIS Lead Agency employed a Princeton University student researcher to conduct an independent statistical analysis of six years of its HMIS data, a survival analysis of 736 clients served from 2018 to 2023, which found that clients with no income carry 2.6 times the risk of returning to homelessness compared to those with earned income, and that most returns occur within two years of program exit. Those findings now inform CoC practice: employment income is treated as the strongest protection against returns, and the first two years after exit as the critical window for follow-up. The CoC also shares data with the University of Chicago for a study documenting the effectiveness of Critical Time Intervention (CTI), and will utilize its findings to adjust how CoC projects structure case management as results become available.

Clinical and companion data: In MUTEH's Fresh Air project, clinical treatment records from the MS State Department of Health are reviewed alongside HMIS data in biweekly joint case conferences under participant releases. The CoC's DV providers maintain HUD-compliant comparable databases (Apricot and Vela) whose aggregate data combines with HMIS for reporting and gaps analysis, Sally Kate Winters reports youth outcomes through RHY-HMIS, and case managers work with Social Security disability determination information to secure income for clients with disabilities.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC treats employment as the foundation of self-sufficiency, and its own data proves the point: an independent analysis of six years of the CoC's HMIS data found that clients with no income carry 2.6 times the risk of returning to homelessness compared to clients with earned income. The CoC's workforce partnerships are built to close that gap.

The CoC's anchor partnership is with the Mississippi Department of Employment Security (MDES), the State Workforce Agency, and its WIN Job Centers, Mississippi's American Job Centers. Bolivar County Community Action Agency, a CoC-funded agency, maintains an annually updated MOU with MDES and the WIN Job Center providing job search and placement assistance, soft skills training, resume preparation, and retraining programs for participants. WIN Job Centers likewise serve participants in Liberty Ministries' recovery TH, MUTEH's TH projects, and Spirit of Refuge's outreach caseload, and MDES provides employment services directly to the Hattiesburg outreach partnership.

Beyond that anchor, the CoC partners across the workforce system. Mississippi's Planning and Development Districts, which administer the local workforce development areas, connect participants to high-wage training such as utility lineman programs. Community and technical colleges, including Pearl River Community College and Jones College, hold MOUs with CoC agencies, a community college administrator serves on the CoC Governing Council, and the CoC's partnership with 2nd Chance Mississippi provides adult education and work-based credentials. Mississippi Vocational Rehabilitation serves participants with disabilities. The CoC has also built employer training pipelines directly, including CDL training, Entergy lineman training, FedEx training in the Delta, and construction training in Hattiesburg, each at no cost to participants and paired with stipends and employment connections.

This year the CoC put employment at the center of its funding. MUTEH's new Bootstrap SSO provides intensive employment coaching at a 4-to-1 ratio for employable unsheltered individuals, and every new TH project pairs housing with work, training, or job readiness, so participants exit employed rather than merely housed.

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

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

(limit 2,500 characters)

The CoC's street outreach projects treat law enforcement and first responders as operating partners, because in a 71-county rural CoC, officers, deputies, and EMS crews are often the first to encounter someone sleeping outside.

Cooperation begins with referral: law enforcement, first responders, code enforcement, and municipal staff report unsheltered individuals directly to the CoC, which functions as a practical tip line for its communities. When a report comes in, outreach teams respond, locate the individual, and begin engagement, so an officer's contact with a homeless individual ends with an outreach worker on scene rather than a citation or an arrest. The CoC has prioritized co-responder and social-services-led responses, and outreach staff are trained in crisis response so that behavioral health situations route to treatment through 988 and CMHC mobile crisis teams rather than to jail.

This cooperation is structured, not incidental. CoC staff meet weekly with two of the largest cities in the coverage area, sharing by-name-list data and housing numbers with city leadership and coordinating police, outreach teams, and providers around the specific individuals living on their streets. Spirit of Refuge's new street outreach project formalizes the model in the Hattiesburg region through executed partnerships with the City of Hattiesburg, including its Police Department and Crisis Intervention Team, Fire and EMS, and Transit, and with the Forrest County Sheriff, deploying three to four days weekly, maintaining monthly contact with 90 to 100 percent of known unsheltered locations, and cooperating with public camping and public drug use enforcement while connecting individuals to shelter, treatment, and housing.

The result is exactly what this cooperation is designed to produce: positive interactions that build trust (rather than burn it). When the person on the street sees law enforcement and outreach working together toward housing, engagement with CoC services rises, and each contact moves someone closer to coming inside. Officers gain a resource besides arrest, first responders gain a hand-off besides the emergency room, and the CoC gains partners with eyes on every corner of its coverage area.

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)

Reunification is one of the CoC's most effective tools, because a person reconnected to family or a support network rarely returns to our system. The CoC's Rapid Resolution training equips staff across the system to explore reunification at the first conversation: outreach workers and case managers ask every client about family, friends, and faith communities who might welcome them home, and that exploration continues throughout program participation, not just at intake.

When reunification is possible, CoC recipients make it happen practically. Case managers facilitate the reconnection itself, helping clients re-establish contact, mediating difficult conversations, and verifying that the destination is safe and stable before anyone travels. Recipients cover travel costs, including bus tickets and gas assistance, and when a client is reunifying with family or a support network in another geographic area, staff arrange assistance on the receiving end, contacting the destination community's homeless response system or service providers so the client arrives to a warm hand-off rather than a cold start.

The CoC's capacity here is significantly strengthened by the Day 1 Families Fund, the Bezos Family Foundation's national initiative to help families experiencing homelessness. Three CoC agencies, MUTEH, Bolivar County Community Action Agency, and AIDS Services Coalition, hold Day 1 Families Fund awards, and those flexible private dollars provide meaningful reunification aid that federal grant funds often cannot: travel to another state, moving expenses, deposits, and the practical costs of restarting life near family.

Reunification is also central to the CoC's youth work, where Sally Kate Winters Family Services' Transitional Living Program treats permanent connections as one of its four core outcomes, working to safely reconnect runaway and homeless youth with family or supportive adults. In every case, safety governs: for survivors of domestic violence and for youth, reunification is pursued only after safety screening, so reconnection never places a client back in harm's way.

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 CoC cooperates fully with, and does not interfere with or impede, local efforts to advance public safety, and it backs that cooperation with staff working with law enforcement every week.

In Tupelo, MUTEH's outreach worker conducts joint outreach with Officer Troy of the Tupelo Police Department, who also serves as the City's Chief Code Compliance Officer, pairing enforcement authority and service connection in a single response. The CoC went further with the Tupelo Chief of Police to institute shift-change trainings, so that every officer on duty knows how to refer a homeless individual they encounter into the CoC's system. In Hattiesburg, CoC outreach teams ride weekly with Lt. Robinson, one of the City's Community Relations Officers, and Spirit of Refuge's new street outreach project operates under executed partnerships with the Hattiesburg Police Department, its Crisis Intervention Team, Fire and EMS, and the Forrest County Sheriff. Across the cities of the CoC, law enforcement officers are trained to make real-time referrals directly to local CoC projects and the Coordinated Entry System, and CoC staff meet weekly with two of the largest cities in the coverage area to coordinate around the specific individuals living on their streets.

This cooperation advances each of the objectives HUD identifies. When local governments act to clear tents and encampments from public property, CoC outreach works alongside them, connecting campers to shelter, treatment, and housing so that clearances resolve rather than relocate the problem. When officers encounter public drug use, CoC partnerships route individuals to detox, treatment, and recovery housing alongside any enforcement response. The CoC works within Mississippi's involuntary commitment standards through the chancery courts and CMHCs for individuals who are a danger to themselves or others, and complies fully with the Sex Offender Registry and Notification Act in its programs' information practices.

The CoC assists first responders daily, receiving their referrals, responding to their calls, and taking hand-offs at hospitals and crisis scenes. It maintains records of these joint operations, trainings, and referral protocols, reflected in the attached evidence of coordination.

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)

Mississippi law gives every jurisdiction in the CoC clear authority, reinforced by *City of Grants Pass v. Johnson*, to address street homelessness directly. Effective July 1, 2025, Miss. Code Ann. Section 29-19-5 prohibits camping on public property not designated for that purpose, and Section 97-35-25 prohibits willful obstruction of public sidewalks and passageways, the statute under which panhandling is enforced. Several cities in the CoC, including Tupelo, adopted their own anti-camping ordinances before the state acted, and a number of those ordinances require posted notice before a campsite is cleared and direct that campers receive information on shelter, treatment, and housing resources. These laws help rather than hinder the CoC's work, and the CoC has built its practice around them.

Before an encampment is cleared, CoC outreach teams offer cities the opportunity to lead with a compassionate, housing-focused response. When a clearance is planned, outreach engages the site first, using the posted-notice window that local ordinances provide as the engagement window: teams assess each camper into the Coordinated Entry System on the spot, offer shelter placement and referral to CoC-funded housing, and connect individuals to the supportive services that come with it, so that every unsheltered person at the site has a genuine opportunity to come inside before the tents come down. This is standing practice, not aspiration: in Tupelo, MUTEH's outreach worker is embedded with the City's Chief Code Compliance Officer, the office responsible for clearances, and the CoC's weekly meetings with two of its largest cities track encampment sites by name. Spirit of Refuge's new outreach project extends the model in the Hattiesburg region, mapping all unsheltered locations within 30 days and targeting a 25% reduction at the five highest-volume sites through verified safe exits.

The one hindrance is geography, not law: in a 71-county rural CoC, encampments in remote areas sit far from thin rural shelter capacity. The CoC mitigates this by locating remote camps with GIS and drone mapping, funding scattered-site TH this cycle (TH to Stability, Fresh Air, Liberty Ministries) that can receive campers anywhere in the coverage area, and providing transportation so distance never blocks a placement. Progress is measured through encampment counts and the unsheltered PIT, reviewed by the Governing Council.

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

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

(limit 2,500 characters)

The CoC's 2026 Point-in-Time Count, conducted January 28, 2026, identified 218 unsheltered persons (210 households) across the CoC's 71-county coverage area. The CoC's unsheltered population does not concentrate in the large, entrenched encampments familiar from dense urban regions: the typical site in our geography is small, and sites divide between clusters in and around the CoC's larger cities and dispersed rural locations in wooded areas, under bridges, and in abandoned structures. Given a coverage area of 71 mostly rural counties, the CoC does not claim a precise count of every encampment; instead, it tracks known sites continuously through outreach teams covering all five regions with GIS mapping, drone surveillance operated by several partner municipalities, weekly meetings with two of the CoC's largest cities that review sites and the individuals at them by name, and Spirit of Refuge's new outreach project, which is completing a full baseline mapping of unsheltered locations in the Hattiesburg region.

The clearest picture of the current status is Tupelo, where the trajectory HUD seeks has already run its course. Acting under its own anti-camping ordinance, adopted before the State's public camping statute, the City of Tupelo cleared and demolished every encampment within its city limits, with CoC-funded projects on site offering housing to encampment residents as the clearances occurred. Tupelo remains encampment-free today: the City continually posts and demolishes any new encampment that appears, and the CoC's embedded outreach ensures each resident is offered services first. What seemed a tough approach to unsheltered homelessness has produced measurably better outcomes, including improved shelter utilization and a marked increase in unsheltered individuals pursuing housing services with CoC member agencies. The CoC is now working to extend this model, pairing enforcement with on-site housing offers, to other municipalities across the coverage area, with the Hattiesburg region's priority sites next.

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)

Mississippi law squarely supports decreasing public drug use. Possession and use of illicit drugs are criminal offenses statewide under the Mississippi Uniform Controlled Substances Act (Miss. Code Section 41-29-139), no jurisdiction in the CoC permits drug injection sites, so-called safe consumption sites, or paraphernalia distribution, and Mississippi's statutorily established Drug Courts (Miss. Code Section 9-23-1 et seq.) operate across the CoC's coverage area, giving courts a treatment-centered alternative to incarceration. The State's public camping statute (HB 1203) adds a service-connection framework at the encampment sites where public use often concentrates. The CoC's own policies align: consistent with this NOFO, all CoC-funded housing projects certify that they will not operate consumption sites, distribute paraphernalia, or knowingly permit illicit drug use on their property.

The CoC's practice converts these laws into connection. Through shift-change trainings and embedded outreach, officers across the CoC's cities know how to make a real-time referral the moment they encounter someone using drugs in public, so each encounter can end in treatment rather than only a charge. The destinations are ready: 24/7 detox at South Central Regional Medical Center, outpatient treatment through the CMHCs, medications for opioid use disorder through the MS State Department of Health, recovery Transitional Housing at Liberty Ministries and MUTEH's Fresh Air, and Drug Court referral relationships that route justice-involved users into structured recovery. Where an individual poses a danger to themselves or others, officers and outreach route through the crisis system and Mississippi's commitment standards.

The hindrance, once again, is distance rather than law: some rural counties sit far from detox and inpatient care. The CoC mitigates this through MSDH's telehealth treatment and medication delivery, which brings clinical care to any county, transportation provided by outreach and case management staff, and CMHC outpatient coverage in every county of the CoC. The CoC will measure progress through overdose and public-use trends reviewed with its law enforcement partners and through growing enrollment in its treatment-linked housing.

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

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

(limit 2,500 characters)

The CoC's coverage area does not experience the open-air drug markets or concentrated public drug-use scenes found in many large urban centers. Across the CoC's 71 mostly rural counties, illicit drug use in public spaces is limited and episodic, occurring primarily within encampment settings rather than on streets, sidewalks, or in commercial districts, and as those encampments are resolved (Tupelo, for example, aims to be encampment-free this year following the City's clearance efforts, with CoC projects offering housing on site), the settings where public use occurred are disappearing with them. Overdoses do occur in the CoC's communities, as they do everywhere in the country, and first responders and EMS coordinate with CoC outreach when an overdose involves a person experiencing homelessness, so that survival is followed by connection to detox, treatment, and recovery housing.

The CoC is candid that substance use within its homeless population is real even where public use is not visible: the 2026 PIT Count identified 56 adults with a substance use disorder, 30 of them unsheltered. That is precisely why the CoC built its recovery pipeline this cycle, funding treatment-linked Transitional Housing through MUTEH's Fresh Air and Christian Services' Liberty Ministries, pairing outreach with medications for opioid use disorder through the MS State Department of Health, and maintaining referral pathways to 24/7 detox. The CoC's goal is to keep public drug use rare by treating the underlying disorder, so that use neither migrates into public spaces nor traps people in homelessness.

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)

Mississippi law provides a clear, workable framework for homeless individuals who are a danger to themselves or others. Civil commitment is governed by Miss. The commitment process is administered through the chancery courts, which also oversee Assisted Outpatient Treatment; any interested person may initiate proceedings, the regional Community Mental Health Centers conduct the required screenings and evaluations, and the State's Crisis Stabilization Units provide local, clinical settings for persons in crisis. These standards help rather than hinder the CoC's work, and the CoC operates inside them daily: outreach and program staff are trained in crisis response protocols, connect persons at risk to 988 and CMHC Mobile Crisis Emergency Response Teams, and where a person's condition requires it, support commitment proceedings by providing the courts and CMHCs with observations from the field. The CoC's partnership with Community Counseling Services (Region VII Mental Health), a CMHC that operates CoC-funded housing, and PACT teams operating across most of the coverage area give the CoC direct channels into this system, and law enforcement partners trained through the CoC's shift-change and CIT relationships route crisis encounters to treatment rather than jail.

The practical hindrance is capacity, not law: inpatient psychiatric and state hospital beds are limited and often distant from the CoC's rural counties, which can delay placement after commitment and leave individuals waiting in settings not designed for treatment. The CoC's plan mitigates this on both ends. On the front end, the CoC leverages the Crisis Stabilization Units and PACT's intensive community treatment to stabilize individuals locally, resolving many crises without the need for commitment at all. On the back end, the CoC coordinates discharge with the CMHCs and hospitals so that persons leaving commitment or crisis care are connected directly to CoC housing and continued treatment rather than returning to the street, where the cycle would begin again. The CoC will continue building these clinical partnerships as its recovery-focused housing capacity comes online this cycle.

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)

Mississippi's Registration of Sex Offenders law (Miss. Code Section 45-33-21 et seq.) implements SORNA's federal guidelines as the baseline in every county of the CoC. Registration runs through county sheriffs' offices and the Mississippi Department of Public Safety, the registry is public and searchable, and the law imposes strict address-reporting requirements, including for persons without a fixed address. These laws help rather than hinder the CoC: the public registry allows any CoC provider to verify a registrant's status at intake, and the sheriff-based structure gives the CoC a local information-sharing partner in all 71 counties.

The CoC's practices support comprehensive information sharing in both directions. Provider staff consult the registry during intake where program populations require it, particularly in projects serving families with children and youth, and share location information with law enforcement and sheriffs' offices as required by law. Just as importantly, the CoC helps registrants comply: when a registrant moves from the street into CoC housing, case managers assist them in reporting their new address within the statutory window, converting an unsheltered registrant whose whereabouts are unknown into a housed registrant at a verified, registered address. Housing is itself a public safety tool here, because the registry is only as accurate as the addresses in it.

The one hindering factor is that statutory residency restrictions limit where certain registrants may live, which narrows the housing stock available to them and can leave them unsheltered, unregistered at any fixed location, and harder for law enforcement to track. The CoC mitigates this by having housing specialists screen unit locations for residency-restriction compliance before placement, so that every placement of a registrant is lawful, registered, and known, and by maintaining its coordination with sheriffs' offices so that location information stays current as participants move through the CoC's programs.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

Outreach is fundamental to the CoC's efforts, and our strategy is built on a simple conviction: effective outreach must be relational, trust-building, and person-centered. Outreach Coordinators, many with lived experience of homelessness, lead this work, treating individuals in encampments with respect and as guests in their living spaces, because many of those least likely to seek help have had prior experiences with outreach that felt intrusive.

Coverage is total and deliberate. Outreach teams operate daily across all five of the CoC's regions, using GIS mapping to ensure consistent coverage of a 71-county, largely rural area, with routes that include wooded areas, abandoned buildings, bridges, and the rural places where people are least likely to be found by accident. The CoC also functions as a practical tip line: municipalities, code enforcement, law enforcement, businesses, and concerned citizens report an unsheltered individual, and outreach responds. Teams conduct field outreach after every quarterly regional meeting, work on-site at emergency shelters, and in Tupelo and Hattiesburg ride weekly with city police and community relations officers.

What distinguishes the CoC's outreach is who shows up. City staff assist in leading outreach teams, and the teams are drawn from across the full funding landscape: CoC-funded, ESG-funded, SSVF-funded, state-funded, VAWA- and VOCA-funded domestic violence programs, and privately funded projects, so that at times a person sleeping outside is met by an incredible representation of the public programs that exist to serve them, veterans' services for the veteran, DV services for the survivor, and housing for everyone, in a single encounter.

Case management begins in outreach, not after it. Outreach staff enter individuals into the Coordinated Entry System in real time in the field, place them on the regional by-name list, and start an individual service plan on the spot, and that plan includes employment from day one: a person still living in a tent is connected to the WIN Job Center, assisted in obtaining the identification a job requires, and coached toward earned income, because the CoC's own data shows employment is the strongest protection against returning to homelessness. Warm hand-offs then carry each person to housing specialists, treatment providers, and programs, so the CoC's strategy reaches all individuals and families across its geography, including those who would never have come to us.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	No
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No

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

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

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

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

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

(limit 2,500 characters)

The CoC's Written Standards contain written policies and procedures for informing individuals and families who become homeless of their eligibility for educational services. Those standards, along with an accompanying educational service provider list, are publicly accessible on the CoC website, provided to all member agencies, and enforced. Additionally, compliance is reviewed during on-site monitoring visits, and the requirements apply to every program in the CoC.

The written requirements are specific. All programs must maintain written policies and procedures on educational access and apply them consistently to every participant. Programs serving households with children must designate a staff person as the education liaison, responsible for ensuring children are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Families are informed of these rights at program entry, and school district McKinney-Vento liaisons across the coverage area receive direct referrals from CoC programs under established processes.

The policies extend beyond school-age children, because education is a pathway to employment and self-sufficiency. Outreach teams and case managers are trained to inform newly homeless individuals and families of their eligibility for adult basic education, GED preparation, vocational training, and higher education opportunities, including the scholarship and funding options available specifically to persons experiencing homelessness, with one-on-one assistance navigating enrollment. Through these written policies and the staff who carry them out, a family's homelessness never interrupts a child's education.

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

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

(limit 2,500 characters)

The CoC's coordination with foster care and child welfare runs from its governing council to the front lines. First Place for Youth holds a seat on the CoC Governing Council, and Youth Villages is heavily involved in CoC work; both organizations work statewide and specifically with youth transitioning from public systems of care, so the population's needs are represented in every funding and policy decision the CoC makes. The Mississippi Department of Child Protective Services (MDCPS) is a standing CoC partner, participating in the CoC's PIT Count planning alongside juvenile court liaisons, and the CoC offers coordination of discharge with foster care so that no youth has to age out of state custody to the street.

That coordination has produced concrete housing resources. Working with MDCPS, CoC member agencies identified youth aging out of foster care into homelessness, and that need drove the CoC's second largest regional housing authority (TVRHA) to apply for Foster Youth to Independence (FYI) vouchers, supported by an MOU among the housing authority, MDCPS, youth service providers, and the CoC. Youth leaving foster care are referred through this partnership to their own vouchers with supportive services attached.

The CoC also works the front end of the child welfare system. Through Day 1 Families Fund resources held by CoC agencies, the CoC works closely with child welfare and foster care to keep families together. When CPS involvement stems from housing conditions rather than parenting, flexible dollars resolve the housing problem, deposits, rent, repairs, or relocation, so children are never removed from their parents simply because the family is poor and unhoused. Housing the family is both cheaper and better than separating it.

Finally, Sally Kate Winters Family Services, a federal Runaway and Homeless Youth grantee newly funded by the CoC for Transitional Housing, works closely with MDCPS and state agencies on referral, discharge, and reunification for youth ages 16 to 21, pairing its shelter and transitional living programs with the state systems (those youth are leaving), so the hand-off from public custody lands in housing, education, and employment rather than homelessness.

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

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

(limit 2,500 characters)

The CoC's coordination with RHY-funded providers is anchored by Sally Kate Winters Family Services (SKWFS), which operates both a Basic Center Program providing emergency youth shelter and a Transitional Living Program serving youth ages 16 to 21 across a 15-county service area. This cycle, that coordination deepened into joint investment: the CoC has funded SKWFS for new Transitional Housing, so RHY and CoC Program dollars now work side by side in a single provider, and SKWFS reports through RHY-HMIS with its data informing the CoC's system planning.

Day to day, the coordination runs in both directions. CoC street outreach teams are trained to identify unaccompanied youth, who are referred immediately to RHY providers for age-appropriate shelter and services rather than adult facilities; RHY providers in turn assess youth into the CoC's Coordinated Entry System, so youth who need longer-term housing reach the CoC's by-name list and housing resources. RHY agency staff serve on the CoC's PIT Count committee, selecting the locations where homeless youth are most likely to be found, and when a youth is identified during the count, a youth service provider follows up to connect them to youth-specific services. First Place for Youth, seated on the CoC Governing Council, maintains a youth advisory council whose feedback reports to the Council, keeping the perspective of youth with lived experience in the CoC's planning.

Maternity housing and maternal supports are available to the CoC's pregnant and parenting youth. The Center for Pregnancy Choices operates a maternity shelter in Meridian, within the CoC, and maternity group homes just across CoC lines in Canton accept any referred pregnant mother from our coverage area, so geography never leaves a young mother without a bed. Young mothers are also connected to Healthy Moms, Healthy Babies of Mississippi, the MS State Department of Health's voluntary care management and home visiting program for at-risk pregnant and postpartum women, providing home and telehealth visits, health education, and care coordination in counties across the CoC. CoC outreach and RHY providers refer directly to these resources, and pregnant and parenting youth are further served through SKWFS's programs, the CoC's family-focused Transitional Housing (including BCCAA's new family TH project), and DV providers where safety is a factor, so that parenting young does not mean parenting homeless.

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)

Bolivar County Community Action Agency's new Transitional Housing Project, funded by the CoC in this competition, exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b). The project serves 20 families for up to 24 months across the CoC's coverage area, pairing housing with required supportive service participation, case management, employment connection through the WIN Job Center, and childcare and education resources.

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)

BCCAA's Transitional Housing Project is built on the premise that a family exits homelessness permanently when a parent earns enough to pay rent, and its supportive services are aimed squarely at that goal. Participation in services is required, and each family's service plan sets income and employment goals from entry, with progress formally evaluated every 90 days against the family's income growth, goal attainment, and likelihood of sustaining permanent housing.

The project's workforce services run through an annually updated MOU with the Mississippi Department of Employment Security and the WIN Job Center, Mississippi's American Job Center, which provides job search and placement assistance, soft skills training, resume preparation, and information on retraining programs for parents in the project. Staff connect parents to GED programming for those who need a credential to compete, circulate job fair invitations, and refer families to the region's training resources, including community college credential programs and the CoC's employer training pipelines that lead to above-poverty wages. Critically, the project removes the practical barriers that cost parents jobs: staff provide transportation to job interviews, to work itself, and to appointments, and connect families to childcare and Head Start so that a parent can hold the job once hired.

The project pairs rising income with the skills to keep it, providing budgeting and financial guidance so that increased earnings convert into paid rent, savings, and stability rather than slipping away. Families are evaluated on this trajectory at every 90-day review, with additional supports layered in when progress stalls. The CoC's own data confirms the design: an independent analysis of six years of CoC HMIS data found clients with no income carry 2.6 times the risk of returning to homelessness compared to those with earned income, so every hour of workforce programming in this project is also recidivism prevention, moving families to self-sufficiency that outlasts the subsidy.

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)

BCCA is a Community Action Agency, so leveraging mainstream family service funding is built into how it operates. A family entering the CoC-funded Transitional Housing Project is served by the same agency that administers the region's core anti-poverty programs, which means mainstream resources are coordinated in-house rather than across referral lines. CoC dollars pay for what only CoC dollars can, while the family's broader needs are carried by mainstream systems.

That leverage is documented in annually updated MOUs and working practice. Families are connected to Temporary Assistance for Needy Families (TANF) through the MS Department of Human Services, pairing cash assistance and TANF work supports with the project's employment programming. CSBG and LIHEAP funds provide utility and rental assistance that stretch the project's housing dollars, and SNAP, Medicaid, and CHIP enrollment are completed as part of case management so food and healthcare never compete with rent. Childcare is leveraged through Head Start and Early Head Start, where the CoC maintains MOUs, and through childcare assistance, freeing parents to work and train. Health services come through mainstream providers at no cost to the grant: Delta Health Center, a Federally Qualified Health Center, the Plan A Mobile Unit, and the MS Department of Health provide health, mental health, and substance use services, and the Bolivar County Council on Aging provides transportation for medical, employment, and social needs. Private philanthropy adds a final layer: Day 1 Families Fund dollars held by BCCAA and other CoC agencies cover flexible family costs, deposits, moving expenses, and emergencies, that no federal funding stream reaches.

The result is a project whose CoC budget covers housing and case management while TANF, CSBG, LIHEAP, SNAP, Medicaid, Head Start, FQHC care, and private funds carry the rest, a braided model that serves 20 families more deeply than any single grant could.

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)

BCCAA's Transitional Housing Project treats housing as the foundation and wraps the rest of family life around it, with each family's required service plan addressing all four areas below and progress reviewed at every 90-day evaluation and in-person home visit.

Childcare: Families are connected to Head Start and Early Head Start, where the CoC maintains MOUs, and to childcare assistance, giving children quality early learning environments while freeing parents for the employment and training at the center of the project's design.

Parenting support: Case managers conduct regular home visits, supporting parents in the day-to-day realities of stable family life after homelessness, and Head Start's family engagement services add parenting education and support alongside the childcare itself. Young mothers are connected to home visiting programs, including Healthy Moms, Healthy Babies of Mississippi, whose visits combine parenting guidance with health monitoring.

Pregnancy-related and child healthcare: The project links families to a full maternal and child health network at no cost to the grant. Healthy Moms, Healthy Babies (MS State Department of Health) provides care management and home and telehealth visits for at-risk pregnant and postpartum mothers; the CoC's formal agreements with Healthy Start and MIECHV home visiting extend that coverage; and everyday pediatric and family care runs through Delta Health Center, a Federally Qualified Health Center, the Plan A Mobile Unit, and county health departments, with WIC, Medicaid, and CHIP enrollment completed in case management so every child in the project has coverage and a medical home.

Education: Under the CoC's Written Standards, the project designates an education liaison who ensures every school-age child is enrolled and connected to McKinney-Vento services, so a family's housing transition never interrupts a school year. Head Start carries early childhood education, and education runs to the parents as well. GED preparation and training programs build the family's earning capacity, because a child's stability ultimately rests on a parent's income.

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

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

(limit 500 characters)

The CoC's VA partnership runs through its own Collaborative Applicant: MUTEH, Inc. is Mississippi's largest SSVF provider, with \$3.1 million in annual VA funding, has operated SSVF since 2014, and operates a Legal Services for Veterans (LSV) program. The CoC's HMIS tracks all SSVF and GPD activity in the CoC, HUD-VASH is part of Coordinated Entry, and outreach refers veterans directly into VA-funded housing, leaving no veteran service gaps in our CoC.

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

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

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

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

(limit 500 characters)

The CoC partners with all eight domestic violence shelters in its coverage area and funds victim service providers directly: SAFE's Pathways to Safety and MUTEH's A New Dawn, both are new DV Bonus TH projects, join the CAPRICE and A New Hope DV Joint TH-RRH projects on the CoC's Priority Listing. DV providers train CoC member agencies annually on trauma-informed, survivor-centered practice, and survivors are served through a confidential parallel DV coordinated entry process.

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)

ASC, a CoC-funded agency, maintains MOUs with the Mississippi Department of Corrections and the Jones County Probation Offices, receiving referrals of individuals leaving incarceration or supervision directly into its housing and supportive service programs. Liberty Ministries, the CoC's new recovery TH, likewise receives re-entry referrals from area Drug Courts and probation offices, and local jails coordinate releases with CoC outreach resulting in fewer exits to the street.

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)

ASC's 227 Place PSH, a CoC-funded project with formal healthcare leverage agreements, provides specialized supportive services and housing for homeless individuals living with HIV/AIDS, among the highest-need medical populations the CoC serves. ASC pairs housing with care coordination through partners including Forrest General Hospital and the Southeast MS Rural Health Initiative, and hospital discharge coordination routes high utilizers from the ER into housing.

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

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

(limit 500 characters)

Bolivar County Community Action Agency, a CoC-funded agency, maintains an annually updated MOU with the Bolivar County Council on Aging, connecting aging participants to medical, social, and transportation services alongside their housing. Across the CoC, discharge coordination with residential care facilities keeps elderly individuals from exiting care to the street, and trained case managers secure SSI and Medicaid so aging participants can afford housing and the care they need.

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)

MUTEH's Central MS Regional Coalition PSH, a CoC-funded Permanent Supportive Housing renewal, prioritizes individuals experiencing chronic homelessness. Referrals come through the CoC's Coordinated Entry System, whose written prioritization policies place chronically homeless individuals with the longest histories of homelessness and highest service needs first in line for available PSH beds, pairing permanent housing with intensive case management and connection to behavioral healthcare.

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)

Central MS Regional Coalition PSH provides on-site behavioral healthcare through MUTEH's own behavioral health staffing. Two counselors serve the project: MUTEH's staff Counselor and Pastor Carl Johnson, and both are available to participants on site and by telehealth, with each participant choosing how they want to receive care. Counseling comes to the participant, where they live, rather than requiring chronically homeless individuals, the population least likely to keep an office appointment, to come to care. Sessions address the conditions that drove and accompany chronic homelessness, including trauma, depression, anxiety, and substance use, and for participants who want it, Pastor Johnson offers counsel that speaks to faith as well. All counseling is integrated with each participant's individualized service plan, so clinical progress and housing stability are worked as one case, not two.

The counselors are supported by project case managers who are trained in crisis response protocols and see participants regularly in their units, which means changes in a participant's condition are noticed early, between sessions, and addressed before they threaten the participant's housing. When a participant's needs exceed what on-site care provides, the counselors and case managers coordinate stepped-up treatment through the CoC's behavioral health partners: psychiatric care and medication management through the regional Community Mental Health Centers, including Community Counseling Services (Region VII Mental Health), which itself operates CoC-funded housing; and crisis services through 988 and CMHC mobile crisis teams, with staff providing transportation and remaining engaged through any higher level of care. Case managers also secure SSI and Medicaid, so participants' ongoing behavioral healthcare is insured and sustainable beyond the project's own services.

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)

Central MS Regional Coalition PSH maintains a policy for assessing whether a participant's needs have grown beyond what permanent supportive housing can meet. Assessment is not a one-time event at intake. Case managers see participants regularly in their units, the project's counselors observe participants through ongoing on-site and telehealth sessions, and each participant's individualized service plan is formally reviewed on a recurring schedule, with level-of-care appropriateness a standing question in that review.

The policy defines what staff watch for: declining ability to perform activities of daily living, cognitive decline or memory loss that compromises safety, medical needs that exceed independent living even with supports, behavioral health deterioration requiring residential treatment, and repeated crises or hospitalizations that signal the current setting is no longer sufficient. When any of these indicators appears, the case manager and counselor bring the participant's situation to case conferencing, where clinical input, including from the regional Community Mental Health Center where the participant is in care, informs a level-of-care determination.

When a higher level of care is indicated, the project manages the transition rather than the discharge. Staff work with the participant, and family where the participant wishes, to identify the appropriate setting, whether assisted living, residential care, residential substance use treatment, or nursing care, using the CoC's partnerships with area providers and the participant's SSI and Medicaid benefits, which case managers have secured precisely so these placements are affordable. Staff assist with applications, transport the participant, and follow up after placement, so a participant who needs more care than PSH can provide moves up to it with dignity, not out of housing into uncertainty.

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)

Central MS Regional Coalition PSH maintains a policy for assessing participant readiness to move on to unsubsidized or other permanent housing, applied at every recurring service plan review. Just as the project watches for participants who need more care than PSH provides, it watches for participants who need less, because permanent supportive housing should reflect connections to permanent solutions, not a forever housing program.

The readiness assessment considers sustained income, particularly earned income, sufficient to pay rent; demonstrated tenancy skills, including the participant's rent and utility payment history and care of their unit; declining need for intensive supportive services; and, importantly, the participant's own goals and desire for independence. Case managers review these factors with the participant at each service plan review, so moving on is a conversation participants expect and help steer rather than a judgment handed down.

Participants assessed as ready aren't offered a door as much as they are offered a managed pathway. Through the CoC's PHA partnerships, participants transition to Housing Choice Vouchers and other subsidized options, including Moving On referrals that have successfully placed PSH participants into Section 8 housing, while participants with sufficient earned income move directly to unsubsidized housing. Staff assist with applications, deposits, and the mechanics of the move, and case management follow-up continues after exit, with former participants receiving priority access to prevention assistance if their stability is later threatened, which is one reason the CoC's returns to homelessness remain among its strongest focus. Moving on is voluntary and participant-driven: no participant is exited for declining an offer, and every move-on both honors a participant's progress and opens a PSH bed for the next chronically homeless individual waiting.

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

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

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

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

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

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

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

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	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.	09/22/2026
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.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC treats renewal funding as earned, not assumed. Under its written, performance-based Reallocation Policy, every renewal re-competes for its funding each year through the CoC's rank and review process. This year, the Rank and Review Committee scored every renewal against the CoC's published Renewal Project Scoring Tool, a 100-point rubric with 56 points tied directly to performance data drawn from HMIS, APRs, and system performance measures (housing stability, exits to permanent housing, employment and total income growth, returns to homelessness, utilization, and grant spending). Consistent with the NOFO, the Committee also reviews the renewal project eligibility criteria at Section V.A.4, unspent funds, financial management standards, and monitoring findings. Any renewal that falls below the published performance threshold, or is less needed than new project proposals addressing the competition's priorities, is reallocated to create new, higher performing projects. Applicant agencies understood from the start of the local competition that projects not meeting this NOFO's priorities would not be funded, whether new or renewal.

2. Yes. Through the process described in element 1, the Rank and Review Committee identified renewal projects that were lower performing or less needed relative to the priorities of this competition.

3. Yes. The CoC reallocated low performing and less needed projects during this year's local competition: two agencies voluntarily eliminated their projects; three agencies voluntarily reduced their projects; one agency's project was reduced by the Rank and Review Committee; and one agency transitioned its project to a new component aligned with this year's priorities, with that project also reduced through the local ranking process. The reallocated funds create new Transitional Housing and Supportive Services Only projects that expand treatment, recovery housing, and street outreach across the CoC. These actions reflect the CoC pushing the targets and priorities of the NOFO and its commitment to updating its funded portfolio to better reduce homelessness.

4. The CoC did reallocate low performing and less needed projects this year, so no explanation for declining to reallocate is required.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

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

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

(limit 2,500 characters)

1. Not Applicable. The CoC made no changes to its unsheltered PIT count implementation, methodology, or data quality practices between 2025 and 2026. The 2026 count was conducted on January 28, 2026 using the same census-based methodology, GIS-mapped coverage, trained volunteer deployment, and known-location canvassing the CoC has used consistently in prior years.

2. Not Applicable. Because methodology was unchanged, the CoC's 2026 results are directly comparable to prior years, and changes in the count reflect real changes in the population rather than changes in measurement. After unsheltered homelessness rose to 233 in the 2025 count, the CoC's intensified response, including encampment resolution with on-site housing offers, weekly coordination with its largest cities, and expanded street outreach, reversed the trend and brought the 2026 unsheltered count down to 218, below both the 2025 count and the 2024 count of 219, and well below the 2018 count of 263. The same deepened engagement improved identification: with more unsheltered individuals known by name, fully assessed, and their disabilities and histories documented, the number correctly identified as chronically homeless rose to 93 in 2026, a reflection of more complete assessment of the population rather than a worsening trend, and one that underscores the need for the recovery-focused housing pipeline the CoC funded in this competition.

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 evaluation period is January 1, 2025 through December 31, 2025. During that period, the CoC took direct, coordinated action to reduce encampments and the number of people living in them.

The clearest action was in Tupelo. Acting under the City's anti-camping ordinance, adopted before the State's public camping statute took effect, the City of Tupelo (in one year) cleared and demolished seventy-five encampments (including rebuilds) within its city limits, and the CoC was on site for each clearance, with CoC-funded projects offering housing to encampment residents as the clearances occurred. The City has continually posted and demolished any new encampment that appeared, and Tupelo ended the evaluation period with only seven encampments. The CoC's embedded partnership made this possible: MUTEH's outreach worker conducts joint operations with the Tupelo Police Department officer who serves as the City's Chief Code Compliance Officer, and shift-change trainings arranged with the Chief of Police equipped every officer on duty to refer homeless individuals into the CoC's system in real time.

Encampment reduction ran through the CoC's other large cities as well. Hattiesburg posts notice and clears encampments in coordination with homeless service providers, so residents are engaged and offered housing as part of the clearance itself. Meridian likewise posts notice and clears encampments, though the City conducts its operations independently; there, the CoC deploys its own outreach to locate and engage displaced residents, ensuring that every person from a cleared site is still found, assessed, and connected to housing. In every city, outreach teams assess residents into the Coordinated Entry System in the field, place them on regional by-name lists, and connect them to housing under the CoC's 15-day admission-to-move-in standard, and CoC staff meet weekly with two of the CoC's largest cities to coordinate around the individuals living at known sites. When the State's public camping statute took effect mid-period, the CoC leveraged its 24-hour notice requirement as an additional engagement window.

The results carried into the 2026 PIT Count, conducted immediately after the evaluation period: unsheltered homelessness fell from 233 in 2025 to 218, below every count since at least 2018, evidence that clearances, paired with housing, reduce encampments rather than relocate them.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	41
2. Enter the reduction in the number of encampments during your evaluation period.	29

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	175
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2. Enter the reduction in the number of people in encampments during your evaluation period.	123
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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The CoC demonstrated reductions during its evaluation period, described in 2A-4 through 2A-4b, most concretely in Tupelo, which demolished 81 encampments (including rebuilds). The CoC nonetheless sets out its forward plan here, because the work is not finished.

The plan extends the model that worked. First, the CoC will replicate the Tupelo approach, pairing municipal enforcement with on-site housing offers, in its other cities, deepening the provider-coordinated clearances already underway in Hattiesburg and expanding outreach follow-up in Meridian, with the weekly city coordination meetings as the operational engine. Second, the CoC is establishing a measurable baseline: Spirit of Refuge's newly funded street outreach project will map every unsheltered location in the Hattiesburg region within 30 days of operation, prioritize the five highest-volume sites, and target a 25% reduction in persons at those sites through verified safe exits to shelter, treatment, and housing, with 30 verified exits annually. Third, the CoC has built the housing capacity that makes reductions last. This cycle's new projects add scattered-site Transitional Housing for the chronically unsheltered (TH to Stability, 16 units), recovery housing for those whose encampment life is driven by addiction (Fresh Air and Liberty Ministries, 30 units), and intensive employment coaching (Bootstrap), so that a person leaving an encampment has somewhere to go and a path to staying there. Progress will be measured through site-level counts at mapped locations, the annual unsheltered PIT Count, and encampment status reviewed with city partners at the weekly meetings, with results reported to the CoC Governing Council.

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)

The CoC's plan starts with knowing who is at risk. Using HMIS and CES data, the CoC tracks persons entering shelter, transitional, and permanent housing programs with no prior enrollment in the past 24 months, drawing on data from CoC, ESG, SSVF, HOPWA, and community-funded providers alike, and its assessment tool identifies the risk factors that precede first-time homelessness: economic instability, loss of income, health crises, and eroding support networks.

The plan then intercepts those at risks before they become homeless. Referrals flow into the CoC's prevention network from the places at-risk families actually appear: TANF offices, Social Security offices, WIN Job Centers, crisis centers, public school systems, and the landlords the CoC has educated statewide (who now call the CoC when a tenant is failing rather than filing an eviction). ESG prevention funds, SSVF for veteran households, and HOPWA resources provide targeted rental assistance and case management, and Day 1 Families Fund dollars held by CoC agencies add flexible private aid, covering the deposit, repair, or arrearage that federal funds cannot, so a family's first crisis does not become their first night in a car. The CoC's Rapid Resolution training equips every provider to resolve housing crises at the front door, including through family and support-network reunification.

Because the CoC's own data shows employment is the strongest protection against homelessness, prevention is also economic. At-risk households are connected to WIN Job Centers and workforce training so the next crisis finds them with income. The CoC's regional committees review prevention activity and first-time-homeless data in each of the five regions, results are reported through HMIS and the CoC's system performance measures, and Mississippi United To End Homelessness, Inc. employs the CoC Director, who oversees implementation of this plan.

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 plan is built on a conviction that every day a person remains homeless is a day too many, and its machinery is designed for speed. Outreach teams work daily across all five regions and are linked directly to housing, entering individuals into the Coordinated Entry System in real time in the field, so the clock between identification and assistance starts immediately. The CES prioritization process gives weight to the length of time in homeless. Thus, the longer someone has been homeless, the higher they rise on the regional by-name list, and BNL workgroups meet weekly to match the people at the top of each list to available beds and units. Outreach is also provided on site at emergency shelters and transitional programs, so shelter stays feed into the same prioritized pipeline rather than stalling outside it.

The CoC holds its programs to a 15-day target from program admission to move-in, monitored through monthly reporting to agencies and the Governing Council, with outreach staff providing candid feedback on whether agencies respond timely. Rapid Resolution training across all providers shortens or prevents episodes entirely, resolving housing crises at first contact, including through family reunification. This cycle, the CoC has invested in projects to speed exits from homelessness. Its new Transitional Housing projects staff dedicated housing specialists whose sole function is unit procurement, landlord relationships, and driving permanent housing placement. Additionally, the new scattered-site capacity (TH to Stability, Fresh Air, Liberty Ministries) gives the longest-staying unsheltered individuals, who historically waited longest for the right placement, destinations built for them. Because employment shortens dependence, service plans target earned income from day one, so participants exit not just quickly but permanently. Mississippi United To End Homelessness, Inc. employs the CoC Director, who oversees implementation of this plan.

	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?	71.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Our HMIS Lead pulled a report from HMIS covering January 1, 2025 through December 31, 2025. The report looked at every TH, RRH, and PSH project in the CoC that participates in HMIS, and no projects were left out (RRH and PSH beds are 100% covered in HMIS). We counted everyone who exited from those three project types during the year. Then we counted how many of those exits went to one of the four unsubsidized destinations listed in the Detailed Instructions: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; or owned by client, no ongoing housing subsidy. Exits to any other destination, including subsidized housing, were not counted. We divided the unsubsidized exits by the total exits, which came out to 71.00%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	262	70	274	82.53%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	66	8	49	66.22%
4. Rapid Re-Housing (RRH) beds	507	40	547	100.00%
5. Permanent Supportive Housing (PSH) beds	308	0	308	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

1. Emergency Shelter (82.53%): The entire ES gap is 58 beds at two providers. Sacred Space (18 beds) is set up in HMIS but is not actively entering data, so over the next 12 months the CoC's HMIS lead will retrain the shelter's staff on entry workflows and the benefits of participation, with dedicated time to address the concerns that stalled their entry; offer to perform data entry on the shelter's behalf, with staff securely transmitting intake records to HMIS staff for input; and monitor the shelter's entry monthly until its data is current. Fieldhouse (40 beds) is not yet participating, so the CoC will offer to conduct face-to-face onboarding visits, provide hands-on HMIS training paired with education on how participation benefits the shelter's own operations and funding eligibility, pay for the shelter's HMIS licenses, supply equipment (laptops and printers) where technology is a barrier, and offer full data entry services until the shelter can enter independently.

Transitional Housing (66.22%): A single non-participating project (25 beds) accounts for the entire TH gap. The CoC will extend the same package to that provider: paid HMIS licenses, on-site training with an opportunity to raise and resolve concerns, equipment, and the offer to enter the project's data for it. Bringing these three providers into active participation raises both ES and TH to 100% coverage.

2. Implementation runs through the CoC's HMIS lead agency and its Data Bridge program, which the CoC funded specifically to bring shelters into HMIS and which has already raised ES coverage in prior years. Data Bridge staff are assigned by name to each of the three providers. Within the first quarter, each provider receives its onboarding visit and training; licenses are issued at CoC expense so cost is never the barrier; and data entry, whether by provider staff or by Data Bridge staff on their behalf, begins within 30 days of training. The HMIS lead reports bed coverage by project type to the CoC Governing Council at each meeting, tracking progress against the 85 percent threshold until full participation is verified on the next HIC. HMIS participation is also reinforced structurally. The CoC's local competition and ESG funding processes consider HMIS participation, so providers seeking funding understand that participation is an expectation of the system, not an option.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	On-Site Substance...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of Substance...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Supportive Servic...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Letter of Support...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	MS-501 Scoring To...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	MS-501 HDX Compet...	09/24/2026
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		
11. Other	No	MS-501 MOU's	09/25/2026

Attachment Details

Document Description: On-Site Substance Use Treatment Programs

Attachment Details

Document Description: List of Substance Abuse Treatment Units

Attachment Details

Document Description: Supportive Services Participation Agreement

Attachment Details

Document Description: Letter of Support - Police Department

Attachment Details

Document Description: MS-501 Scoring Tool and Example

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: MS-501 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone
Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: MS-501 MOU's

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

TH/RRH/PSH with On-site Substance Use Treatment

Project	Applicant	Component	On-site SUD Treatment	Substance Use Treatment Provided	Provider	Frequency
Fresh Air	MUTEH	TH	Yes	Outpatient treatment and medications for opioid use disorder by telehealth, accessible from the participant's own unit or a MUTEH regional office; MSDH clinical assessment before entry	Partner (MSDH)	Daily
Liberty Ministries	Christian Services, Inc. of America	TH	Yes	Residential recovery program: on-site recovery programming, daily accountability and peer mentoring by Liberty staff; clinical/detox treatment contracted when indicated	Applicant	Daily
BCCAA Rapid Re-Housing	Bolivar County Community Action Agency	PH-RRH	Yes	Referral to partner treatment providers	Partner	As needed
MUTEH Rapid Rehousing	MUTEH	PH-RRH	Yes	Treatment offered/coordinated by applicant	Applicant	As needed
Central MS Regional Coalition PSH	MUTEH	PH-PSH	Yes	Treatment offered/coordinated by applicant	Partner	As needed
IDS Project Recovery Rapid Rehousing	University of Southern Mississippi (IDS)	PH-RRH	Yes	Treatment offered/coordinated by applicant	Partner	As needed
CoC RRH	Region Seven MH/ID Commission (CCS)	PH-RRH	Yes	Provided by applicant (certified community mental health center)	Applicant	Daily
TH to Stability	MUTEH	TH	Yes	Treatment referrals and recovery support coordination	Partner	As needed
Transitional Housing Project 2027–2028	Bolivar County Community Action Agency	TH	Yes	Treatment offered/coordinated by applicant	Partner	As needed
ASC Green Meadows PSH to TH	AIDS Services Coalition	TH	Yes	Treatment offered/coordinated by applicant	Partner	As needed

TH/RRH/PSH - Substance Use Treatment Units

Project	Applicant	Component	Units	Beds	On-site SUD Treatment	Substance Use Treatment Provided	Provider	Frequency
Fresh Air	MUTEH	TH	20	20	Yes	Outpatient treatment and medications for opioid use disorder by telehealth, accessible from the participant's own unit or a MUTEH regional office; MSDH clinical assessment before entry	Partner (MSDH)	Daily
Liberty Ministries	Christian Services, Inc. of America	TH	10	29	Yes	Residential recovery program: on-site recovery programming, daily accountability and peer mentoring by Liberty staff; clinical/detox treatment contracted when indicated	Applicant	Daily
MUTEH Rapid Rehousing	MUTEH	PH-RRH	15	20	Yes	Treatment offered/coordinated by applicant; on-site not stated	Applicant	As needed
Central MS Regional Coalition PSH	MUTEH	PH-PSH	10	10	Yes	Referral to community providers	Applicant	As needed
IDS Project Recovery Rapid Rehousing	University of Southern Mississippi (IDS)	PH-RRH	28	74	Yes	Not listed in application	Partner	As needed
CoC RRH	Region Seven MH/ID Commission (CCS)	PH-RRH	11	21	Yes	Provided by applicant (certified community mental health center)	Applicant	Daily
TH to Stability	MUTEH	TH	19	22	Yes	Treatment referrals and recovery support coordination	Partner	As needed
TOTAL – 7 TH/RRH/PSH projects			113	196				



Required Supportive Services Language for Participant Agreements

All agencies will adapt this language into their participant service agreement

Every CoC-funded project will incorporate the 11 sections below into the agreement it signs with each program participant (lease, occupancy agreement, program agreement, or equivalent). This language requires program participants to take part in supportive services in line with 24 CFR 578.75(h).

Section 1 must remain in every agreement.

Section 1. Required Participation in Supportive Services

In accordance with 24 CFR 578.75(h), participation in supportive services provided through this project is a condition of continued participation in the [Project Name] program. By signing this agreement, the Participant agrees to take part in the supportive services identified in their individualized service plan, which may include:

- Case management, including regular meetings with an assigned case manager at least [weekly / twice monthly / monthly]
- Housing stability services, including budgeting, tenancy skills, and landlord relations
- Employment training, education, and income-building services, including assistance applying for mainstream benefits (e.g., SSI/SSDI, SNAP, Medicaid)
- Substance use disorder treatment and recovery support services, when identified in the service plan
- Life skills, parenting, and other services identified through assessment

Required services under this agreement do not include disability-related services. Services related to a Participant's disability are offered and encouraged but are not a condition of assistance.

Section 2. Individualized Service Plan

Within [30] days of program entry, the Participant and case manager will develop a written service plan that lists the services to be provided, the Participant's goals, and the steps to reach those goals. The plan will be reviewed at least every [90 days] and updated as the Participant's needs change, consistent with 24 CFR 578.75(e).

Section 3. Participant Responsibilities

The Participant agrees to:

1. Attend scheduled case management meetings and service appointments, or give at least [24 hours'] notice to reschedule.
2. Work in good faith toward the goals in the service plan.
3. Sign releases of information needed to coordinate services, where the Participant chooses to do so.

4. Follow program rules and the terms of the [lease / occupancy agreement].

Section 4. Agency Responsibilities

The Agency agrees to:

1. Provide or arrange the services in the service plan at no cost to the Participant.
2. Assign a case manager and provide their contact information.
3. Conduct ongoing assessment of the Participant's service needs and adjust services as appropriate.
4. Connect the Participant to mainstream health, social, and employment programs.

Section 5. Program Services

The Participant will receive an assessment at entry and ongoing case management, housing stability services, and referrals or linkages to other providers consistent with program requirements. [Agency Name] will document services delivered in [HMIS / comparable database].

Section 6. Healthcare and Behavioral Health Coordination

[Agency Name] coordinates with healthcare and behavioral health providers through [a current executed agreement / documented partnership] with [Partner Name(s), e.g., CCBHC, Community Mental Health Center, PATH provider, FQHC]. With the Participant's written consent, the Agency may share information with these partners to coordinate care.

Section 7. Substance Use Treatment Availability (*PSH / TH / RRH projects*)

Substance use disorder treatment is available to Participants [on-site at (location) / on-site through a formal partnership with (Licensed Provider Name)]. When substance use treatment is identified in the service plan, the Participant agrees to take part as described in Section 1.

[Optional – sober housing projects under 24 CFR 578.93(b)(5):] This project operates as sober housing. The Participant agrees to [program-specific sobriety requirements].

Section 8. Drug-Free Premises

The Agency does not distribute drug paraphernalia and does not permit the use or distribution of illegal drugs on project property. The Participant agrees to comply with this policy.

Section 9. Public Safety Coordination (*SSO projects only; delete if not applicable*)

[Agency Name] coordinates with [law enforcement / emergency response agencies] through [documented partnerships / shared protocols / joint engagement activities].

Section 10. Participant Rights

The Participant has the right to be treated with dignity and respect, to take part in developing their service plan, to privacy and confidentiality of their records, to request reasonable accommodations, and to file a grievance under the Agency's grievance policy without retaliation.

Section 11. Non-Participation and Termination Process

If the Participant does not take part in required services, the Agency will first meet with the Participant to identify barriers and revise the service plan. Assistance may be terminated only after the Agency follows the formal process in 24 CFR 578.91:

1. The Participant receives a written copy of program rules and this termination process before receiving assistance.
2. The Participant receives written notice clearly stating the reasons for termination.
3. The Participant may present written or oral objections to a person other than the person (or a subordinate of the person) who made or approved the termination decision.
4. The Participant receives prompt written notice of the final decision.

For permanent supportive housing, termination will occur only in the most severe cases, as required by 24 CFR 578.91(c).



Tupelo Police Department

To Whom It May Concern:

This letter confirms that the Tupelo Police Department coordinates with MUTEH, Inc. and the Mississippi Balance of State Continuum of Care (CoC) in efforts to address homelessness and promote public safety within our community.

Our agency works cooperatively with local homeless service providers and outreach efforts, including connecting individuals experiencing homelessness with available housing, outreach, and supportive services when appropriate.

We recognize the role of CoC programs and community providers in assisting individuals experiencing homelessness. Our agency supports these lawful outreach and housing efforts without unnecessary interference, while continuing to carry out our responsibility to protect public safety and enforce applicable laws.

This ongoing coordination reflects our shared commitment to advancing public safety while supporting community-based efforts to address homelessness.

Sincerely,

Anthony Hill, TPD

Anthony Hill, TPD

FY 2026 New Project Scoring Rubric

Descriptions closely follow the attached scoring tools; SAVE verification is a threshold requirement only.

Project Type	Section	Criterion	Max	Description	Scoring Guidance	Allowed Scores
PH / TH / RRH	Project Design	Service Provision and Linkages	5	The agency has a clear plan to link clientele with appropriate services to support housing self-sufficiency and retention.	5 = Detailed, feasible, individualized plan with clear linkages; 3 = Generally adequate but missing detail; 1 = Limited plan; 0 = Not addressed.	0,1,3,5
PH / TH / RRH	Project Design	Required Services / TH and DV Design	10	The agency demonstrates that the proposed project will require program participants to take part in services and will offer connections to treatment facilities, employment, and childcare facilities to facilitate employment. TH projects address the 20-hour service or employment expectation and the goal that at least 50% of participants exit with employment income. DV Bonus projects incorporate survivor-centered best practices and demonstrate expertise in VAWA regulations, safety planning, and survivor-specific networks and services.	10 = Fully addresses all applicable project-type requirements; 7 = Substantially addresses requirements with minor gaps; 4 = Partially addresses requirements; 0 = Does not address applicable requirements.	0,4,7,10
PH / TH / RRH	Project Design	In-House and Partner Services	7	The plan details services to be provided in-house versus those provided through referral to partners, with consideration for transportation logistics. Substance use treatment services will be provided on-site when possible.	7 = Comprehensive and operational; 5 = Strong with minor gaps; 3 = Partial plan; 0 = Inadequate or absent.	0,3,5,7
PH / TH / RRH	Project Design	Healthcare Leveraging	8	The program description identifies whether the project will leverage healthcare resources, supported by a written commitment from a healthcare organization that will provide substance use treatment or recovery services to all interested program participants who qualify, or provide services equal in value to at least 25% of the funds being requested.	8 = Qualifying written commitment and clear implementation; 5 = Commitment present with minor gaps; 2 = Preliminary or weak commitment; 0 = Absent.	0,2,5,8
PH / TH / RRH	Project Design	Housing Design and Appropriateness	5	Housing where participants will reside is identified, accessible, and appropriate to the program design proposed. The type, scale, quality, and location fit the needs of the proposed client population.	5 = Fully identified and appropriate; 3 = Generally appropriate with unresolved details; 1 = Significant concerns; 0 = Not demonstrated.	0,1,3,5
PH / TH / RRH	Project Design	Housing Retention and Permanent Housing Exits	10	Returns to Homelessness: The agency has a clear plan to ensure housing retention or exits to permanent housing. TH projects must demonstrate a plan to ensure at least 50% of program participants exit to permanent housing within 24 months.	10 = Measurable and credible plan; 7 = Strong plan with minor gaps; 4 = Partial plan; 0 = Inadequate or absent.	0,4,7,10
PH / TH / RRH	Mainstream Resources	Screening and Connection	5	Program design ensures incoming clients are screened for eligibility and connected to mainstream resources. Staff are trained on available mainstream resources for which clients may qualify.	5 = Comprehensive screening, connection, and staff training; 3 = Adequate process; 1 = Limited process; 0 = Absent.	0,1,3,5
PH / TH / RRH	Mainstream Resources	Individual Benefits Assistance	5	Program design provides that clients will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible.	5 = Direct individualized assistance with follow-through; 3 = Assistance described but limited; 1 = Referral-only approach; 0 = Absent.	0,1,3,5
PH / TH / RRH	Budget, Management, and Experience	Budget Reasonableness and Staffing	4	Project budget balances robust, yet cost-effective expenses to support the proposal. No line items appear unnecessary or unjustified by the proposal. Staffing is sufficient to the scope of the program, with consideration for the clientele's unique needs.	4 = Fully reasonable, justified, and aligned; 2 = Minor concerns; 1 = Material concerns; 0 = Unreasonable or unsupported.	0,1,2,4
PH / TH / RRH	Budget, Management, and Experience	Federal Grant Experience and Financial Capacity	3	The organization has experience with federal funds and demonstrates financial capacity to manage a federal grant.	3 = Strong experience and capacity; 2 = Adequate experience and capacity; 1 = Limited experience or capacity; 0 = Not demonstrated.	0,1,2,3

FY 2026 New Project Scoring Rubric

Descriptions closely follow the attached scoring tools; SAVE verification is a threshold requirement only.

Project Type	Section	Criterion	Max	Description	Scoring Guidance	Allowed Scores
PH / TH / RRH	Budget, Management, and Experience	Monitoring and Audit History	3	The organization has no unresolved findings and clean monitoring reports.	3 = No unresolved findings; 2 = Prior findings resolved timely; 1 = Minor unresolved issue with corrective action; 0 = Significant unresolved findings.	0,1,2,3
PH / TH / RRH	Budget, Management, and Experience	Project-Type Experience	5	Project-Type Experience (5 points): The applicant demonstrates substantial experience successfully operating the proposed project type or serving the proposed target population. The application includes measurable outcomes, organizational capacity, and staffing experience that support successful implementation of the proposed project.	5 = Extensive directly relevant experience supported by measurable outcomes, organizational capacity, and qualified staff; 3 = Relevant experience with adequate capacity; 1 = Limited experience or weak evidence; 0 = No demonstrated experience.	0,1,3,5
PH / TH / RRH	Budget, Management, and Experience	Employment Income Strategy	5	Employment Income: The agency can demonstrate experience serving the target population and has a plan to ensure permanent housing retention or exits and connections to increasing employment income.	5 = Strong measurable employment strategy; 3 = Adequate strategy; 1 = Limited strategy; 0 = Absent.	0,1,3,5
PH / TH / RRH	Budget, Management, and Experience	Supportive Service Participation	10	Supportive Service Participation: Support services are required through some type of service agreement.	10 = Clearly required and operationalized; 7 = Substantially addressed; 4 = Partially addressed; 0 = Not addressed.	0,4,7,10
PH / TH / RRH	Budget, Management, and Experience	Opportunity Zone Alignment	2	A majority of services are to be provided in an Opportunity Zone.	2 = Documented majority of services in a qualifying Opportunity Zone; 0 = Not documented.	0,2
PH / TH / RRH	Budget, Management, and Experience	Non-CoC/ESG Housing or Healthcare Leverage	6	Non-CoC or ESG housing and/or healthcare funding accounts for at least 25% of the units or services included in the project overall.	6 = Documented leverage at or above 25%; 3 = Leverage documented but below 25% or incomplete; 0 = Not demonstrated.	0,3,6
PH / TH / RRH	Budget, Management, and Experience	On-Site Substance Use Treatment	7	Substance use treatment will be available on-site.	7 = Documented on-site treatment; 4 = Formal on-site plan not yet operational; 0 = Not available on-site.	0,4,7
SSO-SO / SSO-CE	Project Design	Outreach Experience and Effectiveness	5	The agency has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness in helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs.	5 = Strong directly relevant experience and outcomes; 3 = Adequate experience; 1 = Limited experience; 0 = No demonstrated experience.	0,1,3,5
SSO-SO / SSO-CE	Project Design	Service Provision and Partnerships	5	The agency has a clear plan to link clientele with appropriate services to support increasing self-sufficiency. This includes supplementing the project with resources from other private or public sources, including mainstream health, social, and employment programs. The plan details which services are to be provided by the agency versus those provided through referral to partners and explains how services will be tailored to individual clientele need.	5 = Detailed, feasible, individualized plan; 3 = Adequate plan with minor gaps; 1 = Limited plan; 0 = Absent.	0,1,3,5
SSO-SO / SSO-CE	Project Design	Engagement of Unsheltered Persons	5	The agency has a plan for how services will be provided to those with histories of unsheltered homelessness and those who do not traditionally engage in support services.	5 = Specific low-barrier engagement strategy; 3 = Generally adequate; 1 = Limited; 0 = Absent.	0,1,3,5

FY 2026 New Project Scoring Rubric

Descriptions closely follow the attached scoring tools; SAVE verification is a threshold requirement only.

Project Type	Section	Criterion	Max	Description	Scoring Guidance	Allowed Scores
SSO-SO / SSO-CE	Project Design	First Responder and Law Enforcement Experience	5	The agency demonstrates a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation.	5 = Documented active history; 3 = Some relevant experience; 1 = Limited experience; 0 = None.	0,1,3,5
SSO-SO / SSO-CE	Project Design	Formal Public Safety Agreements	5	The agency has agreements in place demonstrating partnerships with first responders and law enforcement.	5 = Current signed agreements; 3 = Draft or expired agreements with active relationship; 1 = Informal relationship only; 0 = None.	0,1,3,5
SSO-SO / SSO-CE	Project Design	Connection to Shelter, Treatment, Housing, or Family	5	The agency has a plan to connect unsheltered individuals with emergency shelter, treatment programs, transitional housing, independent living, or disconnected family.	5 = Comprehensive and individualized plan; 3 = Adequate plan; 1 = Limited plan; 0 = Absent.	0,1,3,5
SSO-SO / SSO-CE	Project Design	Need for SSO Project	5	The agency can demonstrate that the supportive services project is necessary to assist people in exiting homelessness and increasing self-sufficiency.	5 = Compelling local need and system gap; 3 = Need generally supported; 1 = Weakly supported; 0 = Not demonstrated.	0,1,3,5
SSO-SO / SSO-CE	Project Design	Housing Retention and Reduced Returns	10	Returns to Homelessness: The proposed project provides services that help clientele obtain and/or maintain housing, focusing on reducing returns to homelessness.	10 = Measurable and credible strategy; 7 = Strong strategy with minor gaps; 4 = Partial strategy; 0 = Inadequate.	0,4,7,10
SSO-SO / SSO-CE	Mainstream Resources	Screening and Connection	5	The agency ensures that incoming clients are screened and/or connected to mainstream resources for which they are eligible.	5 = Comprehensive process; 3 = Adequate process; 1 = Limited or referral-only process; 0 = Absent.	0,1,3,5
SSO-SO / SSO-CE	Mainstream Resources	Staff Knowledge and Referral Capacity	5	Staff are trained on available mainstream resources for which clients may qualify and know how to provide the appropriate referrals.	5 = Documented staff training and referral follow-up; 3 = Adequate capacity; 1 = Limited capacity; 0 = Absent.	0,1,3,5
SSO-SO / SSO-CE	Budget, Management, and Experience	Budget Reasonableness and Staffing	4	Project budget balances robust, yet cost-effective expenses to support the proposal. No line items appear unnecessary or unjustified by the proposal. Staffing is sufficient to the scope of the program, with consideration for the clientele's unique needs.	4 = Fully reasonable and aligned; 2 = Minor concerns; 1 = Material concerns; 0 = Unsupported.	0,1,2,4
SSO-SO / SSO-CE	Budget, Management, and Experience	Federal Grant Experience and Financial Capacity	3	The organization has experience with federal funds and demonstrates financial capacity to manage a federal grant.	3 = Strong experience and capacity; 2 = Adequate; 1 = Limited; 0 = Not demonstrated.	0,1,2,3
SSO-SO / SSO-CE	Budget, Management, and Experience	Monitoring and Audit History	3	The organization has no unresolved findings and clean monitoring reports.	3 = No unresolved findings; 2 = Prior findings resolved; 1 = Minor unresolved issue; 0 = Significant unresolved findings.	0,1,2,3

FY 2026 New Project Scoring Rubric

Descriptions closely follow the attached scoring tools; SAVE verification is a threshold requirement only.

Project Type	Section	Criterion	Max	Description	Scoring Guidance	Allowed Scores
SSO-SO / SSO-CE	Budget, Management, and Experience	Project Implementation Capacity	2	The applicant demonstrates that its organizational structure, staffing plan, implementation timeline, and internal controls are sufficient to begin and successfully operate the proposed SSO project.	2 = Clear, feasible implementation capacity; 1 = Partial capacity or minor gaps; 0 = Capacity not demonstrated.	0,1,2
SSO-SO / SSO-CE	Budget, Management, and Experience	Employment Income Strategy	5	Employment Income: The agency can demonstrate experience serving the target population and has a plan to ensure permanent housing retention or exits and connections to increasing employment income.	5 = Strong measurable strategy; 3 = Adequate strategy; 1 = Limited strategy; 0 = Absent.	0,1,3,5
SSO-SO / SSO-CE	Budget, Management, and Experience	Supportive Service Participation	10	Supportive Service Participation: Support services are required through some type of service agreement, when applicable.	10 = Clearly required and operationalized; 7 = Substantially addressed; 4 = Partially addressed; 0 = Not addressed.	0,4,7,10
SSO-SO / SSO-CE	Budget, Management, and Experience	Opportunity Zone Alignment	2	A majority of services are to be provided in an Opportunity Zone.	2 = Documented majority of services in a qualifying Opportunity Zone; 0 = Not documented.	0,2
SSO-SO / SSO-CE	Budget, Management, and Experience	Encampment Reduction	8	The project can demonstrate that services provided will help reduce encampments.	8 = Strong measurable strategy; 5 = Substantial strategy; 2 = Limited strategy; 0 = Absent.	0,2,5,8
SSO-SO / SSO-CE	Budget, Management, and Experience	Substance Use Treatment Access	8	The project provides substance use treatment services, either directly or through a partnering agency.	8 = Direct services or formal documented access; 5 = Strong planned partnership; 2 = Limited referral arrangement; 0 = Absent.	0,2,5,8

2026 NEW SSO-SO AND SSO-CE PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N	
Agency	
Project Ty	
Reviewer	
Review Da	

Threshold Status **INCOMPLETE**

SCORED CRITERIA — 100 POINTS					
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score
Project Design					
5 Project Design		Outreach Experience and Effectiveness	The agency has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness in helping people successfully exit from places experience; 1 = Limited experience; 0 = No demonstrated experience. not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs.	5 = Strong directly relevant experience and outcomes; 3 = Adequate experience; 1 = Limited experience; 0 = No demonstrated experience.	
5 Project Design		Service Provision and Partnerships	The agency has a clear plan to link clientele with appropriate services to support increasing self-sufficiency. This includes supplementing the project with resources from other private or public sources, including mainstream health, social, and employment programs. The plan details which services are to be provided by the agency versus those provided through referral to partners and explains how services will be tailored to individual clientele need.	5 = Detailed, feasible, individualized plan; 3 = Adequate plan with minor gaps; 1 = Limited plan; 0 = Absent.	
5 Project Design		Engagement of Unsheltered Persons	The agency has a plan for how services will be provided to those with histories of unsheltered homelessness and those who do not traditionally engage in support services.	5 = Specific low-barrier engagement strategy; 3 = Generally adequate; 1 = Limited; 0 = Absent.	
5 Project Design		First Responder and Law Enforcement Experience	The agency demonstrates a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation.	5 = Documented active history; 3 = Some relevant experience; 1 = Limited experience; 0 = None.	
5 Project Design		Formal Public Safety Agreements	The agency has agreements in place demonstrating partnerships with first responders and law enforcement.	5 = Current signed agreements; 3 = Draft or expired agreements with active relationship; 1 = Informal relationship only; 0 = None.	
5 Project Design		Connection to Shelter, Treatment, Housing, or Family	The agency has a plan to connect unsheltered individuals with emergency shelter, treatment programs, transitional housing, independent living, or disconnected family.	5 = Comprehensive and individualized plan; 3 = Adequate plan; 1 = Limited plan; 0 = Absent.	
5 Project Design		Need for SSO Project	The agency can demonstrate that the supportive services project is necessary to assist people in exiting homelessness and increasing self-sufficiency.	5 = Compelling local need and system gap; 3 = Need generally supported; 1 = Weakly supported; 0 = Not demonstrated.	
10 Project Design		Housing Retention and Reduced Returns	Returns to Homelessness: The proposed project provides services that help clientele obtain and/or maintain housing, focusing on reducing returns to homelessness.	10 = Measurable and credible strategy; 7 = Strong strategy with minor gaps; 4 = Partial strategy; 0 = Inadequate.	
Project Design Subtotal					0
Mainstream Resources					Maximum 45 points

2026 NEW SSO-SO AND SSO-CE PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N	
Agency	
Project Ty	
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Review Da	

Threshold Status **INCOMPLETE**

SCORED CRITERIA — 100 POINTS						
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
5	Mainstream Resources	Screening and Connection	The agency ensures that incoming clients are screened and/or connected to mainstream resources for which they are eligible.	5 = Comprehensive process; 3 = Adequate process; 1 = Limited or referral-only process; 0 = Absent.		
5	Mainstream Resources	Staff Knowledge and Referral Capacity	Staff are trained on available mainstream resources for which clients may qualify and know how to provide the appropriate referrals.	5 = Documented staff training and referral follow-up; 3 = Adequate capacity; 1 = Limited capacity; 0 = Absent.		
Mainstream Resources Subtotal					0	Maximum 10 points
Budget, Management, and Experience						
4	Budget, Management, and Experience	Budget Reasonableness and Staffing	Project budget balances robust, yet cost-effective expenses to support the proposal. No line items appear unnecessary or unjustified by the proposal. Staffing is sufficient to the scope of the program, with consideration for the clientele's unique needs.	4 = Fully reasonable and aligned; 2 = Minor concerns; 1 = Material concerns; 0 = Unsupported.		
3	Budget, Management, and Experience	Federal Grant Experience and Financial Capacity	The organization has experience with federal funds and demonstrates financial capacity to manage a federal grant.	3 = Strong experience and capacity; 2 = Adequate; 1 = Limited; 0 = Not demonstrated.		
3	Budget, Management, and Experience	Monitoring and Audit History	The organization has no unresolved findings and clean monitoring reports.	3 = No unresolved findings; 2 = Prior findings resolved; 1 = Minor unresolved issue; 0 = Significant unresolved findings.		
2	Budget, Management, and Experience	Project Implementation Capacity	The applicant demonstrates that its organizational structure, staffing plan, implementation timeline, and internal controls are sufficient to begin and successfully operate the proposed SSO project.	2 = Clear, feasible implementation capacity; 1 = Partial capacity or minor gaps; 0 = Capacity not demonstrated.		
5	Budget, Management, and Experience	Employment Income Strategy	Employment Income: The agency can demonstrate experience serving the target population and has a plan to ensure permanent housing retention or exits and connections to increasing employment income.	5 = Strong measurable strategy; 3 = Adequate strategy; 1 = Limited strategy; 0 = Absent.		
10	Budget, Management, and Experience	Supportive Service Participation	Supportive Service Participation: Support services are required through some type of service agreement, when applicable.	10 = Clearly required and operationalized; 7 = Substantially addressed; 4 = Partially addressed; 0 = Not addressed.		

2026 NEW SSO-SO AND SSO-CE PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N
Agency
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Reviewer
Review Da

Threshold Status

INCOMPLETE

SCORED CRITERIA — 100 POINTS							
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes	
2	Budget, Management, and Experience	Opportunity Zone Alignment	A majority of services are to be provided in an Opportunity Zone.	2 = Documented majority of services in a qualifying Opportunity Zone; 0 = Not documented.			
8	Budget, Management, and Experience	Encampment Reduction	The project can demonstrate that services provided will help reduce encampments.	8 = Strong measurable strategy; 5 = Substantial strategy; 2 = Limited strategy; 0 = Absent.			
8	Budget, Management, and Experience	Substance Use Treatment Access	The project provides substance use treatment services, either directly or through a partnering agency.	8 = Direct services or formal documented access; 5 = Strong planned partnership; 2 = Limited referral arrangement; 0 = Absent.			
Budget, Management, and Experience Subtotal					0	Maximum 45 points	
FINAL REVIEWER SCORE				Maximum 100	0	NOT ELIGIBLE FOR RANKING	

Committee

Proposed Rank

Reviewer

Date

2026 NEW TH, RRH, AND PSH PROJECT SCORING TOOL

Project N	
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Project Ty	
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Project N		Threshold Status	INCOMPLETE
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Scored Criteria — 100 Points						
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
Project Design						
5 Project Design	Service Provision and Linkages	The agency has a clear plan to link clientele with appropriate services to support housing self-sufficiency and retention.	5 = Detailed, feasible, individualized plan with clear linkages; 3 = Generally adequate but missing detail; 1 = Limited plan; 0 = Not addressed.			
10 Project Design	Required Services / TH and DV Design	The agency demonstrates that the proposed project will require program participants to take part in services and will offer connections to treatment facilities, employment, and childcare facilities to facilitate employment. TH projects address the 20-hour service or employment expectation and the goal that at least 50% of participants exit with employment income. DV Bonus projects incorporate survivor-centered best practices and demonstrate expertise in VAWA regulations, safety planning, and survivor-specific networks and services.	10 = Fully addresses all applicable project-type requirements; 7 = Substantially addresses requirements with minor gaps; 4 = Partially addresses requirements; 0 = Does not address applicable requirements.			
7 Project Design	In-House and Partner Services	The plan details services to be provided in-house versus those provided through referral to partners, with consideration for transportation logistics. Substance use treatment services will be provided on-site when possible.	7 = Comprehensive and operational; 5 = Strong with minor gaps; 3 = Partial plan; 0 = Inadequate or absent.			
8 Project Design	Healthcare Leveraging	The program description identifies whether the project will leverage healthcare resources, supported by a written commitment from a healthcare organization that will provide substance use treatment or recovery services to all interested program participants who qualify, or provide services equal in value to at least 25% of the funds being requested.	8 = Qualifying written commitment and clear implementation; 5 = Commitment present with minor gaps; 2 = Preliminary or weak commitment; 0 = Absent.			
5 Project Design	Housing Design and Appropriateness	Housing where participants will reside is identified, accessible, and appropriate to the program design proposed. The type, scale, quality, and location fit the needs of the proposed client population.	5 = Fully identified and appropriate; 3 = Generally appropriate with unresolved details; 1 = Significant concerns; 0 = Not demonstrated.			
10 Project Design	Housing Retention and Permanent Housing Exits	Returns to Homelessness: The agency has a clear plan to ensure housing retention or exits to permanent housing. TH projects must demonstrate a plan to ensure at least 50% of program participants exit to permanent housing within 24 months.	10 = Measurable and credible plan; 7 = Strong plan with minor gaps; 4 = Partial plan; 0 = Inadequate or absent.			
Project Design Subtotal					0	Maximum 45 points
Mainstream Resources						
5 Mainstream Resources	Screening and Connection	Program design ensures incoming clients are screened for eligibility and connected to mainstream resources. Staff are trained on available mainstream resources for which clients may qualify.	5 = Comprehensive screening, connection, and staff training; 3 = Adequate process; 1 = Limited process; 0 = Absent.			
5 Mainstream Resources	Individual Benefits Assistance	Program design provides that clients will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible.	5 = Direct individualized assistance with follow-through; 3 = Assistance described but limited; 1 = Referral-only approach; 0 = Absent.			
Mainstream Resources Subtotal					0	Maximum 10 points
Budget, Management, and Experience						

2026 NEW TH, RRH, AND PSH PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N	
Agency	
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Threshold Status **INCOMPLETE**

SCORED CRITERIA — 100 POINTS					
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score
4	Budget, Management, and Experience	Budget Reasonableness and Staffing	Project budget balances robust, yet cost-effective expenses to support the proposal. No line items appear unnecessary or unjustified by the proposal. Staffing is sufficient to the scope of the program, with consideration for the clientele's unique needs.	4 = Fully reasonable, justified, and aligned; 2 = Minor concerns; 1 = Material concerns; 0 = Unreasonable or unsupported.	
3	Budget, Management, and Experience	Federal Grant Experience and Financial Capacity	The organization has experience with federal funds and demonstrates financial capacity to manage a federal grant.	3 = Strong experience and capacity; 2 = Adequate experience and capacity; 1 = Limited experience or capacity; 0 = Not demonstrated.	
3	Budget, Management, and Experience	Monitoring and Audit History	The organization has no unresolved findings and clean monitoring reports.	3 = No unresolved findings; 2 = Prior findings resolved timely; 1 = Minor unresolved issue with corrective action; 0 = Significant unresolved findings.	
5	Budget, Management, and Experience	Project-Type Experience	Project-Type Experience (5 points): The applicant demonstrates substantial experience successfully operating the proposed project type or serving the proposed target population. The application includes measurable outcomes, organizational capacity, and staffing experience that support successful implementation of the proposed project.	5 = Extensive directly relevant experience supported by measurable outcomes, organizational capacity, and qualified staff; 3 = Relevant experience with adequate capacity; 1 = Limited experience or weak evidence; 0 = No demonstrated experience.	
5	Budget, Management, and Experience	Employment Income Strategy	Employment Income: The agency can demonstrate experience serving the target population and has a plan to ensure permanent housing retention or exits and connections to increasing employment income.	5 = Strong measurable employment strategy; 3 = Adequate strategy; 1 = Limited strategy; 0 = Absent.	
10	Budget, Management, and Experience	Supportive Service Participation	Supportive Service Participation: Support services are required through some type of service agreement.	10 = Clearly required and operationalized; 7 = Substantially addressed; 4 = Partially addressed; 0 = Not addressed.	
2	Budget, Management, and Experience	Opportunity Zone Alignment	A majority of services are to be provided in an Opportunity Zone.	2 = Documented majority of services in a qualifying Opportunity Zone; 0 = Not documented.	
6	Budget, Management, and Experience	Non-CoC/ESG Housing or Healthcare Leverage	Non-CoC or ESG housing and/or healthcare funding accounts for at least 25% of the units or services included in the project overall.	6 = Documented leverage at or above 25%; 3 = Leverage documented but below 25% or incomplete; 0 = Not demonstrated.	
7	Budget, Management, and Experience	On-Site Substance Use Treatment	Substance use treatment will be available on-site.	7 = Documented on-site treatment; 4 = Formal on-site plan not yet operational; 0 = Not available on-site.	

2026 NEW TH, RRH, AND PSH PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N
Agency
Project Ty
Reviewer
Review Da

Threshold Status

INCOMPLETE

SCORED CRITERIA — 100 POINTS						
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
	Budget, Management, and Experience Subtotal				0	Maximum 45 points
FINAL REVIEWER SCORE				Maximum 100	0	NOT ELIGIBLE FOR RANKING
Committe				Proposed Rank		
Reviewer				Date		

MISSISSIPPI BALANCE OF STATE CONTINUUM OF CARE

RENEWAL PROJECT SCORING RUBRIC

FY 2026-2027 | Objective Scoring Standards

Section	Max	Criterion	Description	Scoring Guidance	Allowed Scores
Program Effectiveness	4	Housing with Supportive Services	The agency demonstrates or will demonstrate implementation of Housing with Supportive Services principles through written policies, procedures, and project operations. Project policies require supportive services consistent with 24 CFR 578.75(h), and sampled records demonstrate individualized planning, documented service delivery, required assessments, and follow-up.	4 = Fully demonstrated; 2 = Partially demonstrated or minor gaps; 0 = Not demonstrated.	0,2,4
Program Effectiveness	4	Program Services	The agency demonstrates or will demonstrate that participants receive appropriate assessments, case management, housing stability services, and referrals or linkages consistent with program requirements.	4 = Complete and consistent evidence; 2 = Partial or inconsistent evidence; 0 = Not demonstrated.	0,2,4
Program Effectiveness	4	Healthcare/Behavioral Health Partnership	The agency demonstrates or will demonstrate formal coordination with healthcare and/or behavioral health providers through a current executed agreement or active documented partnership.	4 = Current active formal partnership; 2 = Incomplete, informal, or limited partnership; 0 = No documented partnership.	0,2,4
Program Effectiveness	4	On-Site Treatment Availability	The agency demonstrates or will demonstrate access to on-site substance use treatment or a formal partnership with a licensed provider that delivers services on-site, as applicable to the project type.	4 = On-site licensed services or current formal on-site partnership; 2 = Partial arrangement; 0 = Not demonstrated.	0,2,4
Program Effectiveness	4	Public Safety Partnership	The agency demonstrates or will demonstrate active coordination with law enforcement and/or emergency response agencies through documented partnerships, shared protocols, regular communication, or joint engagement activities, as applicable to the project type.	4 = Active documented coordination; 2 = Limited coordination; 0 = No documented coordination.	0,2,4
Performance Measures	15	Housing Stability	Percentage of participants who remain housed in the project or exit to a permanent housing destination.	15 = 90%+; 12 = 85-89%; 10 = 80-84%; 5 = 70-79%; 0 = Below 70%.	0,5,10,12,15
Performance Measures	10	Exits to Permanent Housing — Unsubsidized	Percentage of leavers who exit to permanent housing without an ongoing rental subsidy, demonstrating increased housing independence.	10 = 70%+; 8 = 60-69%; 6 = 50-59%; 4 = 40-49%; 2 = 30-39%; 0 = Below 30%.	0,2,4,6,8,10
Performance Measures	5	Total Income Growth	Percentage of adults who increased or maintained total cash income from all sources during the reporting period.	5 = 60%+; 4 = 55-59%; 3 = 50-54%; 2 = 40-49%; 0 = Below 40%.	0,2,3,4,5
Performance Measures	5	Employment Income Growth	Percentage of adults who increased earned income from employment during the reporting period.	5 = 60%+; 4 = 55-59%; 3 = 50-54%; 2 = 40-49%; 0 = Below 40%.	0,2,3,4,5
Performance Measures	8	Returns to Homelessness	Percentage of project leavers who return to homelessness within 24 months.	8 = 0-5%; 5 = 6-10%; 2 = 11-15%; 0 = More than 15%.	0,2,5,8
Performance Measures	5	HMIS Data Quality: Timeliness	HMIS records are timely and accurate across required universal, program-specific, income, housing, and personally identifying data elements.	5 = 0-9%; 4 = 10-19%; 3 = 20-29%; 2 = 30-39%; 0 = 40% or above.	0,2,3,4,5
Performance Measures	5	HMIS Data Quality: Completeness	HMIS records are complete across required universal, program-specific, income, housing, and personally identifying data elements.	5 = 0-2%; 4 = 3-5%; 3 = 6-8%; 2 = 9-10%; 0 = 11% or above.	0,2,3,4,5
Performance Measures	3	Noncash Benefits	Percentage of adults who increased or maintained noncash benefits during the reporting period.	3 = 60%+; 2 = 50-59%; 1 = 40-49%; 0 = Below 40%.	0,1,2,3

Performance & Monitoring	4 Audits	The agency's most recent independent audit does not identify unresolved material findings affecting the project or the agency's capacity to administer federal funds.	4 = No material findings; 2 = Findings resolved timely; 0 = Unresolved material findings.	0,2,4
Performance & Monitoring	2 Federal/CoC Monitoring Findings	The project has no unresolved HUD, Collaborative Applicant, or other funder monitoring findings and has completed required corrective actions.	2 = No findings or all closed timely; 1 = Corrective action in progress; 0 = Unresolved or overdue findings.	0,1,2
Performance & Monitoring	2 Grant Drawdowns	The project consistently draws funds at least quarterly and is on track to expend all awarded funds within the grant term.	2 = Timely drawdowns and no material concerns; 1 = Minor concerns; 0 = Significant concerns or underspending.	0,1,2
Performance & Monitoring	2 Internal Controls	Written internal controls provide appropriate segregation of duties, approval authority, procurement, cost allocation, record retention, and safeguards for federal funds.	2 = Controls complete and operating; 1 = Minor gaps; 0 = Significant gaps.	0,1,2
Populations Served	2 Chronically Homeless	The project serves persons or households meeting the applicable definition of chronic homelessness.	2 = 50% or more served; 0 = Below 50% served.	0,2
Populations Served	1 Highest Needs Population	The percentage of participants with more than one disability at entry.	1 = 50% or more served; 0 = Below 50% served.	0,1
Severity of Needs	2 Prior Unsheltered Habitation	The percentage of participants entering from an unsheltered setting.	2 = 50% or more served; 0 = Below 50% served.	0,2
Severity of Needs	1 Zero Income at Entry	The percentage of participants with zero income at entry meets the applicable project-type benchmark.	1 = 40% or more served; 0 = Below 40% served.	0,1
CoC Participation	2 2026 PIT Count Participation	At least one representative from the agency actively participated in the official 2026 Point-in-Time Count.	2 = At least one agency representative participated; 0 = No agency participation.	0,2
CoC Participation	2 Coordinated Entry Participation	The agency participates in Coordinated Entry by making client requests or referrals and attending or actively participating in waitlist calls.	2 = Requests/referrals as applicable and 75%+ call participation; 1 = Limited participation; 0 = No participation.	0,1,2
CoC Participation	2 Regional Coalition Meetings	The agency regularly attends and participates in Regional Coalition meetings in its service area.	2 = 75%+ attendance; 1 = 50-74%; 0 = Below 50%.	0,1,2
Bonus Factors	2 Opportunity Zone Activities	The project carries out qualifying proposed activities within a designated Opportunity Zone.	2 = Qualifying activities documented; 0 = Not demonstrated.	0,2

MISSISSIPPI BALANCE OF STATE CONTINUUM OF CARE
RENEWAL PROJECT SCORING FORM

Collaborative Applicant: Mississippi United to End Homelessness (MUTEH) | FY 2026-2027

Project		Agency		Project Type	
Review		Review Date		HUD Grant	
Conflict		Reviewer Total		Threshold Status	

Not Eligible

THRESHOLD REQUIREMENTS — PASS / FAIL			
#	Requirement	Response	Reviewer Notes
1	Active SAM.gov registration		
2	Valid UEI number		
3	Nonprofit documentation		
4	Not debarred and otherwise federally qualified		
5	Financial capacity and sufficient financial management system		
6	Code of Conduct on file with HUD		
7	HMIS participation or comparable database		
8	Use of qualified housing types		
9	Housing with supportive services implementation		
10	Required minimum match		
11	Nondiscriminatory access policies		
12	Prohibited drug activity certification		
THRESHOLD DETERMINATION		INCOMPLETE	

SCORING CRITERIA — 100 POINTS MAXIMUM

Max	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
4	Housing with Supportive Services	The agency demonstrates or will demonstrate implementation of Housing with Supportive Services principles through written policies, procedures, and project operations. Project policies require supportive services consistent with 24 CFR 578.75(h), and sampled records demonstrate individualized planning, documented service delivery, required assessments, and follow-up.	4 = Fully demonstrated; 2 = Partially demonstrated or minor gaps; 0 = Not demonstrated.		
4	Program Services	The agency demonstrates or will demonstrate that participants receive appropriate assessments, case management, housing stability services, and referrals or linkages consistent with program requirements.	4 = Complete and consistent evidence; 2 = Partial or inconsistent evidence; 0 = Not demonstrated.		
4	Healthcare/Behavioral Health Partnership	The agency demonstrates or will demonstrate formal coordination with healthcare and/or behavioral health providers through a current executed agreement or active documented partnership.	4 = Current active formal partnership; 2 = Incomplete, informal, or limited partnership; 0 = No documented partnership.		
4	On-Site Treatment Availability	The agency demonstrates or will demonstrate access to on-site substance use treatment or a formal partnership with a licensed provider that delivers services on-site, as applicable to the project type.	4 = On-site licensed services or current formal on-site partnership; 2 = Partial arrangement; 0 = Not demonstrated.		
4	Public Safety Partnership	The agency demonstrates or will demonstrate active coordination with law enforcement and/or emergency response agencies through documented partnerships, shared protocols, regular communication, or joint engagement activities, as applicable to the project type.	4 = Active documented coordination; 2 = Limited coordination; 0 = No documented coordination.		

Program Effectiveness Subtotal			0 Maximum 20 points	
Program Effectiveness Comments				
15 Housing Stability	Percentage of participants who remain housed in the project or exit to a permanent housing destination.	15 = 90%+; 12 = 85–89%; 10 = 80–84%; 5 = 70–79%; 0 = Below 70%.		n/a Program is less than 24 months old
10 Exits to Permanent Housing — Unsubsidized	Percentage of leavers who exit to permanent housing without an ongoing rental subsidy, demonstrating increased housing independence.	10 = 70%+; 8 = 60–69%; 6 = 50–59%; 4 = 40–49%; 2 = 30–39%; 0 = Below 30%.		
5 Total Income Growth	Percentage of adults who increased or maintained total cash income from all sources during the reporting period.	5 = 50%+; 4 = 40–49%; 3 = 30–39%; 2 = 20-29%; 0 = Below 20%.		
5 Employment Income Growth	Percentage of adults who increased earned income from employment during the reporting period.	5 = 25%+; 4 = 20-24%; 3 = 19-23-%; 2 = 15-19%; 0 = Below 14%.		
8 Returns to Homelessness	Percentage of project leavers who return to homelessness within 24 months.	8 = 0–5%; 5 = 6–10%; 2 = 11–15%; 0 = More than 15%.		
5 HMIS Data Quality: Timeliness	HMIS records are timely and accurate across required universal, program-specific, income, housing, and personally identifying data elements.	5 = 0–9%; 4 = 10–19%; 3 = 20–29%; 2 = 30–39%; 0 = 40% or above.		
5 HMIS Data Quality: Completeness	HMIS records are complete across required universal, program-specific, income, housing, and personally identifying data elements.	5 = 0–2%; 4 = 3–5%; 3 = 6–8%; 2 = 9–10%; 0 = 11% or above.		
3 Noncash Benefits	Percentage of adults who increased or maintained noncash benefits during the reporting period.	3 = 60%+; 2 = 50–59%; 1 = 40–49%; 0 = Below 40%.		
Performance Measures Subtotal			0 Maximum 56 points	
4 Audits	The agency's most recent independent audit does not identify unresolved material findings affecting the project or the agency's capacity to administer federal funds.	4 = No material findings; 2 = Findings resolved timely; 0 = Unresolved material findings.		
2 Federal/CoC Monitoring Findings	The project has no unresolved HUD, Collaborative Applicant, or other funder monitoring findings and has completed required corrective actions.	2 = No findings or all closed timely; 1 = Corrective action in progress; 0 = Unresolved or overdue findings.		
2 Grant Drawdowns	The project consistently draws funds at least quarterly and is on track to expend all awarded funds within the grant term.	2 = Timely drawdowns and no material concerns; 1 = Minor concerns; 0 = Significant concerns or underspending.		
2 Internal Controls	Written internal controls provide appropriate segregation of duties, approval authority, procurement, cost allocation, record retention, and safeguards for federal funds.	2 = Controls complete and operating; 1 = Minor gaps; 0 = Significant gaps.		
Performance & Monitoring Subtotal			0 Maximum 10 points	

Performance & Monitoring Comments				
2 Chronically Homeless	The project serves persons or households meeting the applicable definition of chronic homelessness.	2 = 50% or more served; 0 = Below 50% served.		
1 Highest Needs Population	The percentage of participants with more than one disability at entry meets the applicable project-type benchmark.	1 = 50% or more served; 0 = Below 50% served.		
Populations Served Subtotal			0 Maximum 3 points	
Populations Served Comments				
2 Prior Unsheltered Habitation	The percentage of participants entering from an unsheltered	2 = 50% or more served; 0 = Below 50% served.		
1 Zero Income at Entry	The percentage of participants with zero income at entry meets the applicable project-type benchmark.	1 = 40% or more served; 0 = Below 40% served.		
Severity of Needs Subtotal			0 Maximum 3 points	
Severity of Needs Comments				
2 2026 PIT Count Participation	At least one representative from the agency actively participated in the official 2026 Point-in-Time Count.	2 = At least one agency representative participated; 0 = No agency participation.		
2 Coordinated Entry Participation	The agency participates in Coordinated Entry by making client requests or referrals and attending or actively participating in waitlist calls.	2 = Requests/referrals as applicable and 75%+ call participation; 1 = Limited participation; 0 = No participation.		
2 Regional Coalition Meetings	The agency regularly attends and participates in Regional Coalition meetings in its service area.	2 = 75%+ attendance; 1 = 50–74%; 0 = Below 50%.		
CoC Participation Subtotal			0 Maximum 6 points	
CoC Participation Comments				
2 Opportunity Zone Activities	The project carries out qualifying proposed activities within a designated Opportunity Zone.	2 = Qualifying activities documented; 0 = Not demonstrated.		

Bonus Factors Subtotal	Maximum 2 points
Bonus Factors Comments	

SCORING SUMMARY

Section	Score	Maximum
Program Effectiveness	0	20
Performance Measures	0	56
Performance & Monitoring	0	10
Populations Served	0	3
Severity of Needs	0	3
CoC Participation	0	6
Bonus Factors		2

FINAL REVIEWER SCORE	0	100
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0			
Eligibilit	Committee Consensus Score	Committee Recommendation	Final Rank
INCOMP	0		
	0		
	0		
Reviewe	Date	Committee Chair Signature	Date
	0		

Not Eligible / Incomplete

MISSISSIPPI BALANCE OF STAYING POWER RENEWAL PROJECT

Collaborative Applicant: Mississippi United to End Homelessness

Project Name	Rapid Re-Housing	Agency
Reviewer Name		Review Date
Conflict of Interest?	No	Reviewer Total

THRESHOLD REQUIREMENTS — PASS / FAIL

#	Requirement
1	Active SAM.gov registration
2	Valid UEI number
3	Nonprofit documentation
4	Not debarred and otherwise federally qualified
5	Financial capacity and sufficient financial management system
6	Code of Conduct on file with HUD
7	HMIS participation or comparable database
8	Use of qualified housing types
9	Housing with supportive services implementation
10	Required minimum match
11	Nondiscriminatory access policies
12	Prohibited drug activity certification

THRESHOLD DETERMINATION

SCORING CRITERIA — 10

Max	Criterion	Description
4	Housing with Supportive Services	The agency demonstrates or will demonstrate implementation of Housing with Supportive Services principles through written policies, procedures, and project operations. Project policies require supportive services consistent with 24 CFR 578.75(h), and sampled records demonstrate individualized planning, documented service delivery, required assessments, and follow-up.
4	Program Services	The agency demonstrates or will demonstrate that participants receive appropriate assessments, case management, housing stability services, and referrals or linkages consistent with program requirements

4 Healthcare/Behavioral Health Partnership	The agency demonstrates or will demonstrate formal coordination with healthcare and/or behavioral health providers through a current executed agreement or active documented partnership
4 On-Site Treatment Availability	The agency demonstrates or will demonstrate access to on-site substance use treatment or a formal partnership with a licensed provider that delivers services on-site, as applicable to the project type
4 Public Safety Partnership	The agency demonstrates or will demonstrate active coordination with law enforcement and/or emergency response agencies through documented partnerships, shared protocols, regular communication, or joint engagement activities, as applicable to the project type.

Program Effectiveness Subtotal

Program Effectiveness Comments

15 Housing Stability	Percentage of participants who remain housed in the project or exit to a permanent housing destination.
10 Exits to Permanent Housing — Unsubsidized	Percentage of leavers who exit to permanent housing without an ongoing rental subsidy, demonstrating increased housing independence
5 Total Income Growth	Percentage of adults who increased or maintained total cash income from all sources during the reporting period.
5 Employment Income Growth	Percentage of adults who increased earned income from employment during the reporting period.
8 Returns to Homelessness	Percentage of project leavers who return to homelessness within 24 months.
5 HMIS Data Quality: Timeliness	HMIS records are timely and accurate across required universal, program-specific, income, housing, and personally identifying data elements
5 HMIS Data Quality: Completeness	HMIS records are complete across required universal, program-specific, income, housing, and personally identifying data elements
3 Noncash Benefits	Percentage of adults who increased or maintained noncash benefits during the reporting period.

Performance Measures Subtotal

4 Audits	The agency's most recent independent audit does not identify unresolved material findings affecting the project or the agency's capacity to administer federal funds.
2 Federal/CoC Monitoring Findings	The project has no unresolved HUD, Collaborative Applicant, or other funder monitoring findings and has completed required corrective actions.
2 Grant Drawdowns	The project consistently draws funds at least quarterly and is on track to expend all awarded funds within the grant term.
2 Internal Controls	Written internal controls provide appropriate segregation of duties, approval authority, procurement, cost allocation, record retention, and safeguards for federal funds.

Performance & Monitoring Subtotal

Performance & Monitoring Comments

2 Chronically Homeless	The project serves persons or households meeting the applicable definition of chronic homelessness.
1 Highest Needs Population	The percentage of participants with more than one disability at entry meets the applicable project-type benchmark.

Populations Served Subtotal

Populations Served Comments

2 Prior Unsheltered Habitation	The percentage of participants entering from an unsheltered ...
1 Zero Income at Entry	The percentage of participants with zero income at entry meets the applicable project-type benchmark.

Severity of Needs Subtotal

Severity of Needs Comments

- | | |
|-----------------------------------|--|
| 2 2026 PIT Count Participation | At least one representative from the agency actively participated in the official 2026 Point-in-Time Count. |
| 2 Coordinated Entry Participation | The agency participates in Coordinated Entry by making client requests or referrals and attending or actively participating in meetings. |
| 2 Regional Coalition Meetings | The agency regularly attends and participates in Regional Coalition meetings in its service area. |

CoC Participation Subtotal

CoC Participation Comments

- | | |
|-------------------------------|--|
| 2 Opportunity Zone Activities | The project carries out qualifying proposed activities within a designated Opportunity Zone. |
|-------------------------------|--|

Bonus Factors Subtotal

Bonus Factors Comments

SCORING SUMMARY

Section

Program Effectiveness

Performance Measures

Performance & Monitoring

Populations Served

Severity of Needs

CoC Participation

Bonus Factors

FINAL REVIEWER SCORE		
	0	
Eligibility	Committee Consensus Score	Committee Recommendation
ELIGIBLE	0	
	0	
	0	
Reviewer Signature	Date	Committee Chair Signature
	0	

Not Eligible / Incomplete

STATE CONTINUUM OF CARE

SCORING FORM

and Homelessness (MUTEH) | FY 2026-2027

Bolivar County Community Action Agency	Project Type	RRH
7/16/26	HUD Grant Number	MS0060L4G012410
81	Threshold Status	ELIGIBLE

Response	Reviewer Notes
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
ELIGIBLE	

100 POINTS MAXIMUM		
Scoring Guidance	Reviewer	Reviewer Notes
4 = Fully demonstrated; 2 = Partially demonstrated or minor gaps; 0 = Not demonstrated.	4	
4 = Complete and consistent evidence; 2 = Partial or inconsistent evidence; 0 = Not demonstrated.	4	

4 = Current active formal partnership; 2 = Incomplete, informal, or limited partnership; 0 = No documented partnership.

2

4 = On-site licensed services or current formal on-site partnership; 2 = Partial arrangement; 0 = Not demonstrated.

2

4 = Active documented coordination; 2 = Limited coordination; 0 = No documented coordination.

2

14 Maximum 20 points

15 = 90%+; 12 = 85–89%; 10 = 80–84%; 5 = 70–79%; 0 = Below 70%.

15

10 = 70%+; 8 = 60–69%; 6 = 50–59%; 4 = 40–49%; 2 = 30–39%; 0 = Below 30%.

10

5 = 50%+; 4 = 40–49%; 3 = 30–39%; 2 = 20–29%; 0 = Below 20%.

2

5 = 25%+; 4 = 20–24%; 3 = 19–23%; 2 = 15–19%; 0 = Below 14%.

3

8 = 0–5%; 5 = 6–10%; 2 = 11–15%; 0 = More than 15%.

8

5 = 0–9%; 4 = 10–19%; 3 = 20–29%; 2 = 30–39%; 0 = 40% or above.

0

5 = 0–2%; 4 = 3–5%; 3 = 6–8%; 2 = 9–10%; 0 = 11% or above.

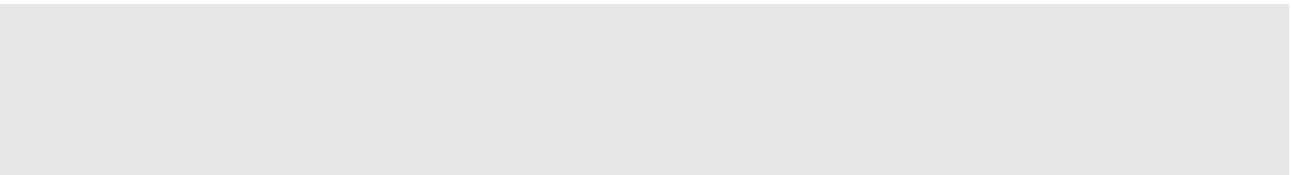
5

3 = 60%+; 2 = 50–59%; 1 = 40–49%; 0 = Below 40%.

3

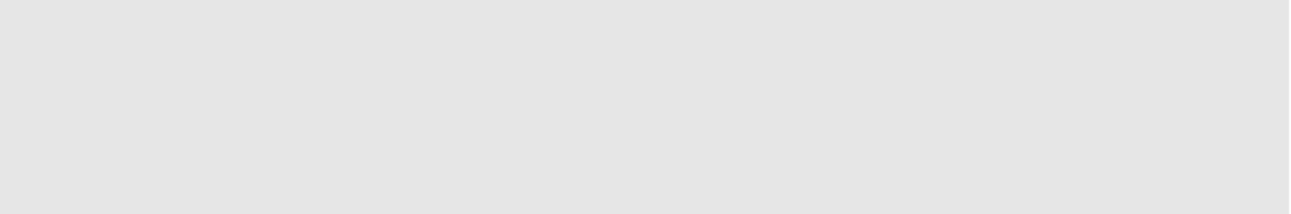
46 Maximum 56 points

4 = No material findings; 2 = Findings resolved timely; 0 = Unresolved material findings.	4	
2 = No findings or all closed timely; 1 = Corrective action in progress; 0 = Unresolved or overdue findings.	2	
2 = Timely drawdowns and no material concerns; 1 = Minor concerns; 0 = Significant concerns or undrawn condition.	2	
2 = Controls complete and operating; 1 = Minor gaps; 0 = Significant gaps.	2	
10 Maximum 10 points		
2 = 50% or more served; 0 = Below 50% served.	0	
1 = 50% or more served; 0 = Below 50% served.	0	
0 Maximum 3 points		
2 = 50% or more served; 0 = Below 50% served.	2	
1 = 40% or more served; 0 = Below 40% served.	1	
3 Maximum 3 points		



2 = At least one agency representative participated; 0 = No agency participation.	2	
2 = Requests/referrals as applicable and 75%+ call participation; 1 = Limited participation; 0 = No participation.	2	
2 = 75%+ attendance; 1 = 50–74%; 0 = Below 50%.	2	

6 Maximum 6 points



2 = Qualifying activities documented; 0 = Not demonstrated.	2	
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2 Maximum 2 points

SUMMARY

Score	Maximum
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14 20

46 56

10

10

0

3

3

3

6

6

2

2

81

100

Final Rank

Date

Not Eligible / Incomplete

2026 NEW TH, RRH, AND PSH PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N MUTEH Fresh Air
 Agency MUTEH
 Project T TH
 Reviewer Cindy Cheeks
 Review D 08/06/2026

Threshold Status **ELIGIBLE**

SCORED CRITERIA — 100 POINTS						
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
Project Design						
5	Project Design	Service Provision and Linkages	The agency has a clear plan to link clientele with appropriate services to support housing self-sufficiency and retention.	5 = Detailed, feasible, individualized plan with clear linkages; 3 = Generally adequate but missing detail; 1 = Limited plan; 0 = Not addressed.	5	
10	Project Design	Required Services / TH and DV Design	The agency demonstrates that the proposed project will require program participants to take part in services and will offer connections to treatment facilities, employment, and childcare facilities to facilitate employment. TH projects address the 20-hour service or employment expectation and the goal that at least 50% of participants exit with employment income. DV Bonus projects incorporate survivor-centered best practices and demonstrate expertise in VAWA regulations, safety planning, and survivor-specific networks and services.	10 = Fully addresses all applicable project-type requirements; 7 = Substantially addresses requirements with minor gaps; 4 = Partially addresses requirements; 0 = Does not address applicable requirements.	10	
7	Project Design	In-House and Partner Services	The plan details services to be provided in-house versus those provided through referral to partners, with consideration for transportation logistics. Substance use treatment services will be provided on-site when possible.	7 = Comprehensive and operational; 5 = Strong with minor gaps; 3 = Partial plan; 0 = Inadequate or absent.	7	
8	Project Design	Healthcare Leveraging	The program description identifies whether the project will leverage healthcare resources, supported by a written commitment from a healthcare organization that will provide substance use treatment or recovery services to all interested program participants who qualify, or provide services equal in value to at least 25% of the funds being requested.	8 = Qualifying written commitment and clear implementation; 5 = Commitment present with minor gaps; 2 = Preliminary or weak commitment; 0 = Absent.	8	
5	Project Design	Housing Design and Appropriateness	Housing where participants will reside is identified, accessible, and appropriate to the program design proposed. The type, scale, quality, and location fit the needs of the proposed client population.	5 = Fully identified and appropriate; 3 = Generally appropriate with unresolved details; 1 = Significant concerns; 0 = Not demonstrated.	5	
10	Project Design	Housing Retention and Permanent Housing Exits	Returns to Homelessness: The agency has a clear plan to ensure housing retention or exits to permanent housing. TH projects must demonstrate a plan to ensure at least 50% of program participants exit to permanent housing within 24 months.	10 = Measurable and credible plan; 7 = Strong plan with minor gaps; 4 = Partial plan; 0 = Inadequate or absent.	10	
Project Design Subtotal					45	Maximum 45 points
Mainstream Resources						
5	Mainstream Resources	Screening and Connection	Program design ensures incoming clients are screened for eligibility and connected to mainstream resources. Staff are trained on available mainstream resources for which clients may qualify.	5 = Comprehensive screening, connection, and staff training; 3 = Adequate process; 1 = Limited process; 0 = Absent.	5	

2026 NEW TH, RRH, AND PSH PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N MUTEH Fresh Air
 Agency MUTEH
 Project T TH
 Reviewer Cindy Cheeks
 Review D 08/06/2026

Threshold Status **ELIGIBLE**

SCORED CRITERIA — 100 POINTS						
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
5	Mainstream Resources	Individual Benefits Assistance	Program design provides that clients will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible.	5 = Direct individualized assistance with follow-through; 3 = Assistance described but limited; 1 = Referral-only approach; 0 = Absent.	5	
Mainstream Resources Subtotal					10	Maximum 10 points
Budget, Management, and Experience						
4	Budget, Management, and Experience	Budget Reasonableness and Staffing	Project budget balances robust, yet cost-effective expenses to support the proposal. No line items appear unnecessary or unjustified by the proposal. Staffing is sufficient to the scope of the program, with consideration for the clientele's unique needs.	4 = Fully reasonable, justified, and aligned; 2 = Minor concerns; 1 = Material concerns; 0 = Unreasonable or unsupported.	4	
3	Budget, Management, and Experience	Federal Grant Experience and Financial Capacity	The organization has experience with federal funds and demonstrates financial capacity to manage a federal grant.	3 = Strong experience and capacity; 2 = Adequate experience and capacity; 1 = Limited experience or capacity; 0 = Not demonstrated.	3	
3	Budget, Management, and Experience	Monitoring and Audit History	The organization has no unresolved findings and clean monitoring reports.	3 = No unresolved findings; 2 = Prior findings resolved timely; 1 = Minor unresolved issue with corrective action; 0 = Significant unresolved findings.	3	
5	Budget, Management, and Experience	Project-Type Experience	Project-Type Experience (5 points): The applicant demonstrates substantial experience successfully operating the proposed project type or serving the proposed target population. The application includes measurable outcomes, organizational capacity, and staffing experience that support successful implementation of the proposed project.	5 = Extensive directly relevant experience supported by measurable outcomes, organizational capacity, and qualified staff; 3 = Relevant experience with adequate capacity; 1 = Limited experience or weak evidence; 0 = No demonstrated experience.	5	
5	Budget, Management, and Experience	Employment Income Strategy	Employment Income: The agency can demonstrate experience serving the target population and has a plan to ensure permanent housing retention or exits and connections to increasing employment income.	5 = Strong measurable employment strategy; 3 = Adequate strategy; 1 = Limited strategy; 0 = Absent.	5	
10	Budget, Management, and Experience	Supportive Service Participation	Supportive Service Participation: Support services are required through some type of service agreement.	10 = Clearly required and operationalized; 7 = Substantially addressed; 4 = Partially addressed; 0 = Not addressed.	10	

2026 NEW TH, RRH, AND PSH PROJECT SCORING TOOL

Complete only after the Threshold Review is eligible.

Project N

MUTEH Fresh Air

Agency

MUTEH

Project T

TH

Reviewer

Cindy Cheeks

Review D

08/06/2026

Threshold Status

ELIGIBLE

SCORED CRITERIA — 100 POINTS						
Max	Section	Criterion	Description	Scoring Guidance	Reviewer Score	Reviewer Notes
2	Budget, Management, and Experience	Opportunity Zone Alignment	A majority of services are to be provided in an Opportunity Zone.	2 = Documented majority of services in a qualifying Opportunity Zone; 0 = Not documented.	2	
6	Budget, Management, and Experience	Non-CoC/ESG Housing or Healthcare Leverage	Non-CoC or ESG housing and/or healthcare funding accounts for at least 25% of the units or services included in the project overall.	6 = Documented leverage at or above 25%; 3 = Leverage documented but below 25% or incomplete; 0 = Not demonstrated.	3	MSDH healthcare leverage is documented, but below the %25 threshold
7	Budget, Management, and Experience	On-Site Substance Use Treatment	Substance use treatment will be available on-site.	7 = Documented on-site treatment; 4 = Formal on-site plan not yet operational; 0 = Not available on-site.	7	
Budget, Management, and Experience Subtotal					42	Maximum 45 points

FINAL REVIEWER SCORE

Maximum 100

97

Committee

Recommend for Funding

Proposed Rank

Reviewer

Date

MS-501 Mississippi Balance of State CoC — FY 2026 CoC Program Competition

Local Competition Results: Project Scores, Ranking, Status, Amount Requested from HUD, and Reallocated Funds. Collaborative Applicant: Mississippi United to End Homelessness. ARD \$4,191,531 | Tier 1 (60% of ARD) \$2,514,919 | CoC Bonus \$1,072,453 | CoC Reallocation \$1,676,612 | DV Bonus \$1,429,938

Rank	Tier	Score	Project Name	Applicant	Project Status	Amount Requested from HUD	Reallocated Funds +/-
TIER 1 – RENEWAL PROJECTS							
1	1	N/A*	HMIS I	MS United to End Homelessness (MUTEH)	Reduced – Reallocated	\$250,000	-\$38,903
2	1	N/A*	BoS CoC CES	MUTEH	Accepted	\$321,288	\$0
3	1	81	BCCAA Rapid Re-Housing	Bolivar County Community Action Agency	Reduced – Reallocated	\$400,000	-\$330,776
4	1	79	MUTEH Rapid Rehousing	MUTEH	Reduced – Reallocated	\$351,330	-\$351,331
5	1	55	Central MS Regional Coalition PSH	MUTEH	Accepted	\$131,461	\$0
6	1	53	CAPRICE Transitional Housing (DV)	Region Seven MH/ID Commission (CCS)	Accepted	\$176,948	\$0
7	1	84	IDS Project Recovery Rapid Rehousing	University of Southern Mississippi (IDS)	Accepted	\$417,669	\$0
8	1	64	A New Hope (TH-RRH, DV)	MUTEH	Accepted	\$337,279	\$0
9	1	73	CoC RRH	Region Seven MH/ID Commission (CCS)	Reduced – Reallocated	\$128,944	-\$29,981
			Total Tier 1			\$2,514,919	-\$750,991
RENEWAL PROJECTS FULLY REALLOCATED (ELIMINATED – NOT RANKED)							
—	—	N/A	Data Bridge to CES	MUTEH	Fully Reallocated	\$0	-\$249,165
—	—	N/A	Green Meadows PSH 2024 (ASC 227 Place)	AIDS Services Coalition	Fully Reallocated	\$0	-\$439,288
—	—	N/A	Bolivar Community Action PSH	Bolivar County Community Action Agency	Fully Reallocated	\$0	-\$237,168
			Total Fully Reallocated			—	-\$925,621
TIER 2 – NEW PROJECTS (CoC BONUS, REALLOCATION, DV BONUS)							
10	2	82	TH to Stability	MUTEH	Accepted – New (Reallocation)	\$500,000	+\$500,000
11	2	97	Fresh Air (TH)	MUTEH	Accepted – New (Bonus \$270,479 + Reallocation \$154,521)	\$425,000	+\$154,521
12	2	68	SAFE Pathways to Safety (DV-TH)	Shelter & Assistance in Family Emergencies (SAFE)	Accepted – Reduced from \$1,374,755 (DV Bonus)	\$699,674	\$0
13	2	80	Liberty Ministries (TH)	Christian Services	Accepted – New (CoC Bonus)	\$350,000	\$0
14	2	82	Bootstrap Program (SSO)	MUTEH	Accepted – New (Reallocation \$200,000)	\$200,000	+\$200,000
15	2	68	Transitional Housing	Sally Kate Winters Family Services	Accepted – New (Reallocation \$191,315)	\$191,315	+\$191,315
16	2	65	Transitional Housing Project 2027–2028	Bolivar County Community Action Agency	Accepted – New (Reallocation)	\$330,776	+\$330,776
17	2	80	ASC Green Meadows PSH to TH (transition)	AIDS Services Coalition	Accepted – Reduced from \$439,288 (Reallocation)	\$300,000	+\$300,000
18	2	77	Street Outreach & Stabilization Initiative (SSO)	Spirit of Refuge	Accepted – Reduced from \$400,087 (CoC Bonus)	\$200,000	\$0
19	2	69	ASC SSO	AIDS Services Coalition	Accepted – Reduced from \$433,356 (CoC Bonus)	\$125,000	\$0
20	2	66	SAFE Recovery Support Services (SSO)	SAFE	Accepted – Reduced from \$591,140 (CoC Bonus)	\$126,974	\$0
21	2	57	A New Dawn(TH)	MUTEH	Accepted – New (DV Bonus)	\$730,264	\$0
			Total Tier 2			\$4,179,003	+\$1,676,612
PROJECTS REJECTED (NOT RANKED)							
—	—	61	Mississippi Hub Complex (TH, 3-yr)	Diamond Excursions DBA Mississippi Hub Complex	Rejected – low score	\$623,064	\$0
—	—	74	SAFE Talbot Transitional Housing Program	SAFE	Rejected – geographic concentration of funding	\$299,640	\$0
—	—	69	Refuge Transitional Housing & Restoration Initiative	Spirit of Refuge	Rejected – insufficient housing experience	\$275,024	\$0
—	—	61	New THP 2027–2028	Bolivar County Community Action Agency	Rejected – low score	\$237,168	\$0
			Total Rejected (not submitted to HUD)			\$1,434,896	
			TOTAL REQUESTED FROM HUD (Tier 1 + Tier 2) Total reallocated from renewals: -\$1,676,612			\$6,693,922	

Notes: Reallocated Funds +/-: negative = funds reallocated away from a renewal project; positive = reallocated funds used by a new project. *HMIS and Coordinated Entry projects are not scored under the CoC's rating tool. New projects reduced from their original request show the original amount in Project Status. Rejected projects were notified in writing with the reason shown and were not ranked or submitted. CoC Planning is not ranked and is not shown. Sources: FY 2026 Tiering Tool, e-snaps Priority Listing, renewal project applications, and applicant acceptance/reduction/rejection notices.

**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: Mississippi Balance of State Continuum of Care

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 - CoC Program
CPD-2600-DC-0025 - Continuum of Care Homeless Assistance Competition

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."

28001000200, 28001000700, 28001000800, 28003950500, 28003950600, 28007060600, 28011950701, 28017950300, 28019950200, 28021950300, 28027950300, 28031950200, 28033070101, 28033070610, 28035000600, 28035000800, 28035010200, 28035010500, 28035010600, 28035010700, 28067950500, 28067950600, 28071950201, 28071950202, 28071950401, 28073020600, 28075000700, 28075010700, 28081950401, 28081950500, 28081950602, 28081950700, 28081951002, 28083950400, 28083950800, 28085950200, 28085950600, 28087000900, 28087001000, 28091950200, 28091950400, 28091950500, 28093950100, 28093950300, 28095950400, 28099940100, 28105950100, 28105950500, 28105950602, 28107950300, 28113950500, 28113950600, 28113950700, 28127950200, 28127950500, 28133950300, 28133950402, 28133950500, 28133950600, 28137950400, 28141950300, 28143950100, 28145950500, 28151000300, 28151000600, 28153950200, 28159950300, 28159950400

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."

The MS BoS CoC supports public and private investment in economically distressed communities, including qualified Opportunity Zones across 71 counties in Mississippi, by coordinating housing, supportive services, workforce development, and community partnerships that improve housing stability and economic mobility for individuals and families experiencing homelessness. The CoC leverages HUD funding with other public and private resources, including state and local resources, Medicaid, ESG, treatment and behavioral health services, and faith-based and community contributions. These partnerships strengthen the service infrastructure within distressed communities and maximize the impact of federal investment. Projects connect participants to permanent housing, employment, income, behavioral health treatment, and other services designed to increase long-term stability and self-sufficiency. The CoC also coordinates with service providers, local governments, community organizations, and other stakeholders to identify community needs, address service gaps, and leverage available resources. These activities complement the goals of qualified Opportunity Zones by helping create the conditions necessary for successful community investment. By reducing homelessness, improving housing stability, expanding access to employment and income, and coordinating public and private resources, the MS BoS CoC helps strengthen the workforce and overall economic stability of distressed communities.

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

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

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: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

MEMORANDUM OF UNDERSTANDING

Mississippi Balance of State Continuum of Care (MS-501) and Noxubee County School District Referral and Coordination Partnership for Children, Youth, and Families Experiencing Homelessness

1. Parties and Purpose

This Memorandum of Understanding (“MOU”) is entered into by the **Mississippi Balance of State Continuum of Care (MS-501)** (the “CoC”), acting through its Board and its Collaborative Applicant, MUTEH Inc., Jackson, MS, and the **Noxubee County School District** (the “District”), a Local Educational Agency (LEA), 37 Gandy-Tindal Road, Macon, MS 39341, acting through its Superintendent and McKinney-Vento Homeless Education Liaison (the “Liaison”).

The purpose of this MOU is to set up a two-way referral process between the District and the CoC’s Coordinated Entry System (CE). The goal is to connect Noxubee County children, youth, and families who are experiencing or at risk of homelessness to housing and services quickly, and to keep children served by the CoC enrolled in school. This MOU is the CoC’s formal partnership with an LEA, school district, and McKinney-Vento liaison under HUD’s FY 2026 CoC NOFO (CPD-2600-DC-0025), Section V.B, Rating Factor (16) “Children and Youth,” and CoC Application questions 1C-12a and 1C-12b.

The Parties recognize that the school definition of homelessness (42 U.S.C. 11434a(2)), which includes families doubled up due to loss of housing or economic hardship, is broader than HUD’s (24 CFR 578.3). The District may refer any student or family it identifies. The CoC will assess each referral and connect households that are not eligible for CoC housing to prevention, diversion, or other resources.

2. Responsibilities

The CoC (through MUTEH Inc. and CE access points) will:	The District (through the Liaison) will:
Contact: Name a CE point of contact for Noxubee County. Respond: Contact referred households within 3 business days and complete a CE assessment or diversion/prevention screening. Inform: Keep written policies in the CE Policies and Procedures and CoC Written Standards requiring that every household with school-age children or unaccompanied youth is told, verbally and in writing, of its McKinney-Vento education rights and offered a referral to the Liaison. Refer back: With consent, notify the Liaison within 3 business days when a household with NCSD students enters a CoC project. Staff: Require CoC projects serving families to designate a staff person to ensure children are enrolled in school. Close the loop: With consent, report each referral’s outcome to the Liaison within 10 business days. Train: Invite the Liaison to CoC and regional meetings and provide at least one training per year on CE and making referrals.	Contact: Name the Liaison as primary contact and notify the CoC of any change within 10 business days. Identify and refer: Identify students and families experiencing or at risk of homelessness, including unaccompanied youth, and refer them to CE with written consent. Urgent cases: Call the CoC contact the same day for unsheltered households or those losing housing within 72 hours; connect survivors of domestic violence to a victim service provider. Share information: Make CoC and CE information available to families through the Liaison, counselors, and front-office staff. Support stability: Upon a CoC referral, promptly arrange enrollment, school-of-origin decisions, transportation, and meals under the McKinney-Vento Act. Participate: Attend at least one CoC training and/or regional meeting per year and, where helpful, train CoC staff on education rights.

3. Referral Process

District to CoC: (1) Staff identify a student or family and inform the Liaison; (2) the Liaison obtains signed consent from the parent/guardian or unaccompanied youth; (3) the Liaison sends the referral (name, contact information, household size, living situation, urgent needs) to the CE contact by secure method; (4) CE contacts and assesses the household; (5) CE prioritizes, refers to a project, or connects the household to other resources; (6) CE reports the outcome to the Liaison. **CoC to District:** CE or project staff inform the household of its education rights and, with consent, send the Liaison the child's name, grade, school, and household contact information; the Liaison follows up to arrange enrollment and services. The points of contact may update these steps by written agreement (email is sufficient).

4. Confidentiality

No personally identifiable information from education records will be shared without written consent that meets the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g and 34 CFR part 99, unless a FERPA exception applies. Each Party will share only the minimum information needed, send personal information only by secure method, and follow applicable HMIS privacy standards and Violence Against Women Act confidentiality requirements. The District will not have HMIS access. Only aggregate, de-identified data will be shared for planning and HUD reporting. Nothing in this MOU changes either Party's mandatory child-abuse reporting duties.

5. Review and General Provisions

The CoC will share an aggregate summary of referrals and outcomes with the District annually, and the points of contact will meet at least once a year to review this MOU. The CoC may cite this MOU and aggregate data in its HUD CoC application. This MOU takes effect on the date of the last signature and runs through June 30, 2028 renewing automatically for one-year terms unless either Party gives 30 days' written notice. Either Party may terminate with 30 days' written notice. Amendments must be in writing and signed by both Parties. This is a no-cost agreement: no funds are exchanged, and each Party remains responsible for its own staff and programs. Each Party will comply with applicable federal and state law. This MOU may be signed in counterparts and electronically.

6. Points of Contact

CoC CE Contact: TBD	District Liaison: TBD
---------------------	-----------------------

7. Signatures

MS Balance of State CoC

Interim CoC Director

Signature: 
Printed name: Marika Baliko
Date: 9/24/26

MUTEH Inc., Collaborative Applicant

Executive Director

Signature: 
Printed name: Ledger Parker
Date: 9/24/26

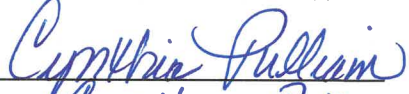
Noxubee County School District

Superintendent

Signature: 
Printed name: Washington Cole
Date: 9/24/2026

Noxubee County School District

McKinney-Vento Homeless Education Liaison

Signature: 
Printed name: Cynthia Pulliam
Date: 9/24/2026



**Bolivar County Community Action Agency, Inc.
Bolivar County Head Start Program**

190 N. Martin Luther King Drive –Cleveland, MS. 38732
Phone: 662.846.1491. Fax: 662.843.0173
Email:capdir@bolivarcaa.org - Website: www.bccaa-inc.org

Elnora F. Littleton
Executive Director

This is an Agreement of the Bolivar County Community Action Agency (BCCAA)

between

Bolivar County Council on Aging

I. Purpose and Scope

This memorandum of understanding is hereby entered into between these two parties for the October 1, 2027 – September 30, 2028 fiscal year. Under this agreement Bolivar County Council on Aging will perform the following:

Bolivar County Council on Aging provides transportation services to Bolivar County residents. It is located at 800 South Davis in Cleveland, Mississippi. The program hours of operation are from Monday to Friday 8:00 A.M. to 5:00 P.M.

II. MOU Term

The term of this MOU Agreement is that Bolivar County Council on Aging will provide transportation services and will make referrals to the agency for clients that may benefit from program services. The term commences October 1, 2027 and end on September 30, 2028.

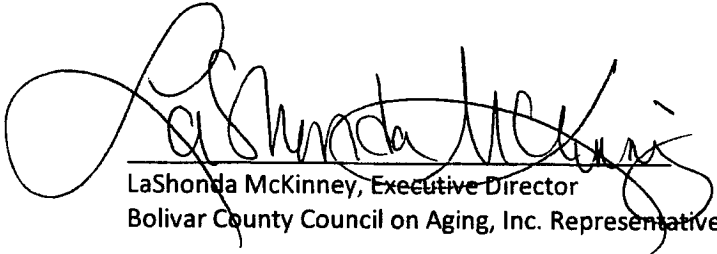
III. Bolivar County Community Action Agency

Both parties shall undertake the following activities during the duration of the MOU term.

1. Conduct program activities in compliance with all applicable Federal laws, rules, and regulations governing programs.
2. Provide training and technical assistance on agency practices, programmatic rules and regulations.
3. BCCAA will provide assistance to Bolivar County residents and make referrals for Rapid Re-Housing / Transition Housing participants that need transportation services.
4. Bolivar County Council on Aging will make referrals for clients that can benefit from agency services.

Effective Date and Signature

This MOU shall be effective upon the signature of Bolivar County Community Action Agency and Bolivar County Council on Aging authorized officials. It shall be in force from October 1, 2027 to September 30, 2028.



LaShonda McKinney, Executive Director
Bolivar County Council on Aging, Inc. Representative

7/30/2026
Date



BCCAA Inc. Executive Director

7/30/2026
Date



Mississippi Department of Employment Security

Tate Reeves
Governor

William J. Ashley, PhD
Executive Director

February 26, 2026

Elnora Littleton
Executive Director
Bolivar County Community Action Agency, Inc.
190 North Martin Luther King Drive
Cleveland, MS 38732

Reference: Bolivar County Community Action Agency and MDES

Dear Ms. Littleton:

Mississippi Department of Employment Security (MDES) is pleased to support the Bolivar County Community Action Agency. The partnership between Bolivar County Community Action Agency and the Mississippi Department of Employment Security will support the mission of MDES *Helping Mississippians Get Jobs*. The Mississippi Department of Employment Security will provide job search and job placement services for participants in the program. Specifically, MDES commits to the following:

- Job search and placement assistance.
- Priority of service for veterans.
- Help workers connect with employers.
- Provide support services, including soft skills training, resume preparation, resource room assistance and referrals for qualified individuals.
- Information on retraining programs.

Our services are available online at www.mdes.ms.gov, through our call center at 601-493-9427 or in any of our local offices throughout the state.

Sincerely,

Signed by:

William J. Ashley, Ph.D., M.B.A.

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William J. Ashley, Ph.D.
Executive Director

Helping Mississippians Get Jobs

Henry J. Kirksey Building • 1235 Echelon Parkway • Jackson, Mississippi 39213
Post Office Box 1699 • Jackson, Mississippi 39215-1699 • (601) 321-6000

MDES is an Equal Employment Opportunity Employer



Bolivar County Community Action Agency, Inc.
Bolivar County Head Start Program

190 North Street Martin Luther King, Cleveland, MS. 38732
Phone: 662.846.1491. Fax: 662.843.0173

Elnora F. Littleton
Executive Director

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into by and between: **Bolivar County Community Action Agency, Inc. (BCCAA) Rapid Re-Housing (RRH) Permanent Supportive (PSH), Home Arp- Programs and Cleveland School District.**

- A. **Purpose.** To collaborate with each other on what services have already been provided to the parent as well as those that may be needed for **HOMELESSNESS**.
- B. **Definitions.** The McKinney-Vento Act defines "homeless children and youth: as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes-
- Children and youth who are: -sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as double-up) living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; - living in emergency or transitional shelters; - abandoned in hospitals; or – awaiting foster care placement;
 - Children and youth who have a primary nighttime resident that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
 - Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and Migratory children who qualify as homeless because they are living in circumstances described above.
- C. **Definitions.** Bolivar County Community Action Agency, Inc. Rapid Re-Housing Program.
- Category 1 – Individual with a family who lacks a fixed. Regular and adequate nighttime residence, meaning the family:
- A. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - B. Is living in a public or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local governments programs); or
 - C. Is existing an institution where he or she has resided for 90 days or less and who resided in an emergency shelter or pace not meant for human habitation immediately prior to entering that institution.
- Category 4 – Any individual or family who:

- A. Is fleeing, or is attempting to flee domestic violence;
 - B. And has no other residence;
 - C. And lacks the resources or support networks to obtain other permanent housing.
- D. **Role and Responsibilities**

The district agrees to:

- Contact the Name to explain the information from the Homeless Intake Form to see if there is a need for referral.
- If there is a need for referrals, the district will collaborate with the Name on what services have already been provided to the parent as well as those that may be needed.
- Work together with the Name to meet basic needs of the client while promoting self-sufficiency and ending "HOMELESSNESS" for families with children in the district.
- Both parties will work together doing the Point-In-Time Count and available resources.

Eligibility & Participation. Parent who has one of the following:

- Children and youth who are: -sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up); - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; - living in emergency or transitional shelters; - abandoned in hospitals; or – awaiting foster care placement;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory child who qualifies as homeless because they are living in circumstances described above.

- E. **Information Sharing.** The Federal Program Coordinator's Office and the BCCAA's Program Director's Office will be the only offices sharing information after a referral has been granted.
- F. **Evaluation.** The program will be evaluated from using the MDE Homeless Monitoring Indicator at the end of the school year by both parties.
- G. **Confidentiality.** *What are the confidentiality requirements? If this section is not applicable to MOU, this section can be deleted. BCCAA agrees to comply with all applicable local, state and federal confidentiality laws (HIPPA, FERPA, etc.) that may apply.*
- H. **Duration.** This MOU shall be in effect for (1) year.
Cancellation of, this agreement may be affected by either party by giving 30 days written notice to the other. No changes may be made to the condition of this agreement without the written consent of both parties.

Authorized Official: Florida McKay
Signature 09/3/2026

Florida McKay, Programs Director

Print Name & Title

Authorized Official: Elnora Littleton
Signature 9/3/26

Elnora Littleton, Executive Director

Print Name & Title

Address: 190 North Martin Luther King Jr. Drive Cleveland, MS 38732

Telephone(s): 662-846-1491

E-Mail Address: fmckay@bolivarcaa.org

Cleveland School District

Authorize Official: Nathan Towers
Signature 9-3-26

Board Chairman Nathan Towers

Print Name & Title

Address: 305 Merritt Drive, Cleveland, MS 38732

Telephone(s): 662-843-3529

E-Mail Address: obelcher@clevelandmssd.org



Bolivar County Community Action Agency, Inc.
190 North Martin Luther King Drive
Cleveland, MS 38732
Phone: 662-846-1491
Fax: 662-843-0173
Email: capdir@bolivarcaa.org

Elnora Littleton
Executive Director
Head Start/ Early Head Start Director

MEMORANDUM OF UNDERSTANDING BETWEEN

BOLIVAR COUNTY COMMUNITY ACTION AGENCY INC. (BCCAA) RAPID RE-HOUSING (RRH) PROGRAM

AND

COAHOMA OPPORTUNITIES, INC. HEAD START PROGRAM (COIHSP)

This memorandum of understanding is hereby entered into between these two parties for the September 1, 2027- August 31, 2028 fiscal year. Under this agreement Coahoma Opportunities, Inc. Head Start Program will perform the following:

- COI Head Start Program will serve a minimum of three (3) children of those families that are enrolled in the RRH Program. Those families identified as homeless will receive priority for enrollment. Homeless children mean the same as homeless children and youths as identified in Section 725(2) of the McKinney-Vento Homeless Assistance Act at 42 U.S.C. 11434a (2).
- COI Head Start Program will provide those RRH clients with age eligible children childcare services in safe and healthy learning environment overseen by an instructor holding at minimum an Associate Level degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Head Start Act.
- COI Head Start program provides all children to include those of RRH program participants with health screenings and nutritious meals.
- COI Head Start program will connect those enrolled RRH families with medical, dental, and mental health services to ensure children and families are receiving the care and attention they need.
- COI Head Start program will provide case management to RRH families through qualified Case Managers/Social Workers. Head Start requires as stated in 1302.91. (7) Family services staff qualification requirements. A program must ensure staff who work directly with families on the family partnership process

hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field.

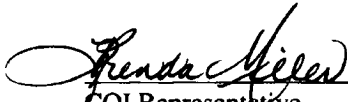
- For COI Head Start's 2027-2028 fiscal year, the budgetary cost per child is approximately \$10,533 for each Head Start child (\$878 per month). Therefore, the in-kind amount that will be provided to the RRH program with total $\$10,533 \times 1 = \$10,533.00$ for Head Start based on the enrollment of a minimum of one (1) child for the fiscal year.

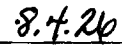
Duration

This MOU shall become effective upon signature by the authorized officials from BCCAA Rapid Re-Housing Program and Coahoma Opportunities, Inc. Head Start Program and will remain in effect for one year from the signing date of MOU or until modified or terminated by one of the partners by mutual consent.


BCCAA Rapid Re-Housing Program Representative


Date


COI Representative


Date

- COI Early Head Start program will provide case management to RRH families through qualified Case Managers/Social Workers. Early Head Start requires as stated in 1302.91. (7) *Family services staff qualification requirements*. A program must ensure staff who work directly with families on the family partnership process hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field.
- For COI Early Head Start's 2026-2027 fiscal year, the budgetary cost per child is approximately \$ 18,295.00 for each Early Head Start child (\$ 1,525.00 per month). Therefore, the in-kind amount that will be provided to the RRH program with total \$ 1,525.00 X 1 = \$ 1,525.00 for Head Start based on the enrollment of a minimum of one (1) child for the fiscal year.

Duration

This MOU shall become effective upon signature by the authorized officials from BCCAA Rapid Re-Housing Program and Coahoma Opportunities, Inc. Early Head Start Program and will remain in effect for one year from the signing date of MOU or until modified or terminated by one of the partners by mutual consent.

Florida McKay
BCCAA Rapid Rehousing Program Representative

8/4/26
Date

Ronda Miller
COI Representative

8.4.26
Date



Bolivar County Community Action Agency, Inc.

Elnora Littleton

Executive Director

Head Start/ Early Head Start Director

190 North Martin Luther King Drive

Cleveland, MS 38732

Phone: 662-846-1491

Fax: 662-843-0173

Email: capdir@bolivarcaa.org

MEMORANDUM OF UNDERSTANDING BETWEEN

**BOLIVAR COUNTY COMMUNITY ACTION AGENCY INC.
(BCCAA) TRANSITIONAL PROGRAM**

AND

**WASHINGTON COUNTY OPPORTUNITIES, INC. HEAD
START PROGRAM (WCOIHSP)**

This memorandum of understanding is hereby entered into between these two parties for the September 01, 2027 - August 31, 2028 fiscal year. Under this agreement Washington County Opportunities, Inc. Program will perform the following:

- **WCOI Head Start Program will serve a minimum of one (1) child of those families that are enrolled in the Transitional Program. Those families identified as homeless will receive priority for enrollment. Homeless children mean the same as homeless children and youths as identified in Section 725(2) of the McKinney-Vento Homeless Assistance Act at 42 U.S.C. 11434a (2).**
- **WCOI Head Start Program will provide those Transitional clients with age eligible children childcare services in a safe and healthy learning environment overseen by an instructor holding at minimum an Associate Level degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Head Start Act.**
- **WCOI Head Start Program provides all children to include those of Transitional Program participants with health screenings and nutritious meals.**

- WCOI Head Start program will connect those enrolled Transitional families with medical, dental, and mental health services to ensure children and families are receiving the care and attention they need.
- WCOI Head Start program will provide case management to Transitional families through qualified Case Managers/Social Workers. Head Start requires as stated in 1302.91. (7) Family services staff qualification requirements. A program must ensure staff who work directly with families on the family partnership process hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field.
- For WCOI Head Start's 2027-2028 fiscal year, the budgetary cost per child is approximately \$12,250.70. Therefore, the in-kind amount that will be provided to the RRH program with total $\$3,062.68 \times 3 = \$9,180.02$ based on the enrollment of a minimum of three (3) children for the fiscal year.

Duration

This MOU shall become effective upon signature by the authorized officials from BCCAA Rapid Re-Housing Program and Bolivar County Head Start Program and will remain in effect for one year from the signing date of MOU or until modified or terminated by one of the partners by mutual consent.

Florida McKay

BCCAA Rapid Rehousing Program Representative

7-31-2026

Date

LaToya Addison

WCOIHSP Representative

7-31-26

Date



SERVICE AGREEMENT

RHY Basic Center Program Transitional Living Program

East Mississippi Community College- GED/ Gateway Program

March 2026-2027

Recognized as a service provider for Runaway and Homeless Youth in Mississippi, *Sally Kate Winters Family Services* is partnering with the EMCC to educate professional, identify resources available, and assist with the coordination of BCP services for the runaway and homeless youth representing the ages of 12-17 and/or the TLP services for youth ages 16-21. This service agreement reflects the partnership between the two agencies as follows:

- The *EMCC Representative* agrees to collaborate with Sally Kate Winters Family Services to ensure successful educational outcomes for youth identified as runaway and/or homeless;
- The *EMCC Representative* agrees to refer any identified runaway and/or homeless youth for services available through the RHY Basic Center Program and/or Transitional Living Program available through Sally Kate Winters Family Services;
- The *EMCC Representative* agrees to participate in the outreach efforts of the RHY Basic Center Program and the Transitional Living Program to assist with educating school professionals on McKinney Vento Laws and resources/services available through Sally Kate Winters Family Services;
- The *EMCC Representative* agrees to work collaboratively with Sally Kate Winters Family Services through the RHY Basic Center Program and/ or Transitional Living Program;
- The *EMCC Representative* agrees to assist with connecting services for runaway and/or homeless youth ages 16 to 21 through educational opportunities, recruiting, and job training retaining in preparation for the workforce.
- *Sally Kate Winters Family Services* will provide program information and outreach plans with the EMCC Representative on an annual basis;
- *Sally Kate Winters Family Services* will be available to provide resources for the EMCC Representative including presentations/workshop sessions at regional and statewide conferences;
- *Sally Kate Winters Family Services* will provide program structure, eligibility, contact information, and program changes with the EMCC Representative on an annual basis;
- *Sally Kate Winters Family Services* agrees to provide EMCC information and support for runaway and/or homeless youth involved with the RHY Basic Center Program and/or Transitional Living Program.

Sally Kate Winters Family Services identifies the goal of the RHY Basic Center Program to provide emergency shelter and support services for youth representing the ages of 12-17 identified as runaway, homeless, and/or at-risk of becoming homeless and coordination of TLP services for runaway and homeless youth ages 16-21. Service eligibility includes youth who have left home without permission of their parents or guardians; have been forced to leave their home; cannot live safely with a parent, legal guardian, or relative; have no other safe alternative living arrangement; or other homeless youth who might otherwise end up in contact with law enforcement or in the child welfare, mental health, or juvenile justice systems. The Basic Center Program will assist youth in crisis, reunite them with their families, strengthen family relations, and help youth transition to safe and stable living arrangements. The BCP objectives include: emergency shelter care; case management, gateway services, referral services, counseling services, education support, job training and placement assistance, socialization skills, life skills, family reunification, and aftercare services.

SKWFS Representative/Date

EMCC GED/Gateway Program Date



SERVICE AGREEMENT

RHY Basic Center Program

Transitional Living Program

MS United to End Homeless

April 2026-2027

Recognized as a service provider for Runaway and Homeless Youth in Mississippi, *Sally Kate Winters Family Services* is partnering with the MS United to End Homeless to educate professional, identify resources available, and assist with the coordination of BCP services for the runaway and homeless youth representing the ages of 12-17 and/or the TLP services for youth ages 16-21. This service agreement reflects the partnership between the two agencies as follows:

- The MS United to End Homeless *Representative* agrees to collaborate with Sally Kate Winters Family Services to ensure successful educational outcomes for youth identified as runaway and/or homeless;
- The MS United to End Homeless *Representative* agrees to refer any identified runaway and/or homeless youth for services available through the RHY Basic Center Program available through Sally Kate Winters Family Services;
- The MS United to End Homeless *Representative* agrees to work collaboratively with Sally Kate Winters Family Services through the RHY Basic Center Program and/ or Transitional Living Program;
- The MS United to End Homeless *Representative* agrees to assist with connecting services for runaway and/or homeless youth through local McKinney Vento designees within each school district;
- *Sally Kate Winters Family Services* will provide program information and outreach plans with the MS United to End Homeless *Representative* on an annual basis;
- *Sally Kate Winters Family Services* will be available to provide resources for the MS United to End Homeless *Representative* including presentations/workshop sessions at regional and statewide conferences;
- *Sally Kate Winters Family Services* will provide program structure, eligibility, contact information, and program changes with the MS United to End Homeless *Representative* on an annual basis;
- *Sally Kate Winters Family Services* agrees to provide MS United to End Homeless information and support for runaway and/or homeless youth involved with the RHY Basic Center Program and/or Transitional Living Program.

Sally Kate Winters Family Services identifies the goal of the RHY Basic Center Program to provide emergency shelter and support services for youth representing the ages of 12-17 identified as runaway, homeless, and/or at-risk of becoming homeless and coordination of TLP services for runaway and homeless youth ages 16-21. Service eligibility includes youth who have left home without permission of their parents or guardians; have been forced to leave their home; cannot live safely with a parent, legal guardian, or relative; have no other safe alternative living arrangement; or other homeless youth who might otherwise end up in contact with law enforcement or in the child welfare, mental health, or juvenile justice systems. The Basic Center Program will assist youth in crisis, reunite them with their families, strengthen family relations, and help youth transition to safe and stable living arrangements. The BCP objectives include: emergency shelter care; case management, gateway services, referral services, counseling services, education support, job training and placement assistance, socialization skills, life skills, family reunification, and aftercare services.

SKWFS Representative/Date

MS United to End Homeless Representative/Date



SERVICE AGREEMENT

Transitional Living Program

Vocational Rehab/Ability Works Services, Starkville - Mississippi
April 2026-2027

Recognized as a service provider for Runaway and Homeless Youth in Mississippi, *Sally Kate Winters Family Services* is partnering with Vocational Rehab Services to educate professional, identify resources available, and assist with the coordination of TLP services for runaway and homeless youth ages 16-21. This service agreement reflects the partnership between the two agencies as follows:

- The *Vocational Rehab Representative* agrees to collaborate with Sally Kate Winters Family Services to ensure successful outcomes for youth identified as runaway and/or homeless;
- The *Vocational Rehab Representative* agrees to refer any identified runaway and/or homeless youth for services available through the RHY Transitional Living Program available through Sally Kate Winters Family Services;
- The *Vocational Rehab representative* agrees to participate in the outreach efforts of the RHY Transitional Living Program to assist with educating individuals on resources/services available through Sally Kate Winters Family Services;
- The *Vocational Rehab Representative* agrees to work collaboratively with Sally Kate Winters Family Services to offer job training services for youth involved with the TLP program;
- The *Vocational Rehab Representative* agrees to assist with connecting services and volunteer opportunities for runaway and/or homeless youth involved with the TLP program;
- *Sally Kate Winters Family Services* will provide program information and outreach plans with the Vocational Rehab Representative on an annual basis;
- *Sally Kate Winters Family Services* will be available to provide resources for the Vocational Rehab Representative including presentations/workshop sessions at regional and statewide conferences;
- *Sally Kate Winters Family Services* will provide program structure, eligibility, contact information, and program changes with the Vocational Rehab Representative on an annual basis;
- *Sally Kate Winters Family Services* agrees to provide program and service information related to The Vocational Rehab in an effort of supporting runaway and/or homeless youth involved with the Transitional Living Program.

Sally Kate Winters Family Services identifies the goal of the Runaway and Homeless Youth Programs is to provide safe and stable housing and support services for youth identified as runaway, homeless, and/or at-risk of becoming homeless. Service eligibility includes youth who have left home without permission of their parents or guardians; have been forced to leave their home; cannot live safely with a parent, legal guardian, or relative; have no other safe alternative living arrangement; or other homeless youth who might otherwise end up in contact with law enforcement or in the child welfare, mental health, or juvenile justice systems. The TLP program objectives include: emergency shelter care; case management, gateway services, referral services, counseling services, education support, job training and placement assistance, socialization skills, life skills, permanent connections, and aftercare services.

SKWFS Representative/Date

Vocational Rehab Services Representative/Date



SERVICE AGREEMENT

Transitional Living Program

MOU with The Mission, West Point - Mississippi March 2026-2027

Recognized as a service provider for Runaway and Homeless Youth in Mississippi, *Sally Kate Winters Family Services* is partnering with The Mission to educate professional, identify resources available, and assist with the coordination of TLP services for runaway and homeless youth ages 16-21. This service agreement reflects the partnership between the two agencies as follows:

- The *Mission Representative* agrees to collaborate with Sally Kate Winters Family Services to ensure successful outcomes for youth identified as runaway and/or homeless;
- The *Mission Representative* agrees to refer any identified runaway and/or homeless youth for services available through the RHY Basic Center Program or RHY Transitional Living Program available through Sally Kate Winters Family Services;
- The *Mission representative* agrees to participate in the outreach efforts of the RHY Basic Center Program to assist with educating individuals on resources/services available through Sally Kate Winters Family Services;
- The *Mission Representative* agrees to work collaboratively with Sally Kate Winters Family Services to offer Celebrate Recovery services for identified addictions and service needs of youth involved with the TLP programs;
- The *Mission Representative* agrees to assist with connecting services and volunteer opportunities for runaway and/or homeless youth involved with the TLP programs;
- *Sally Kate Winters Family Services* will provide program information and outreach plans with the Mission Representative on an annual basis;
- *Sally Kate Winters Family Services* will be available to provide resources for the Mission Representative including presentations/workshop sessions at regional and statewide conferences;
- *Sally Kate Winters Family Services* will provide program structure, eligibility, contact information, and program changes with the Mission Representative on an annual basis;
- *Sally Kate Winters Family Services* agrees to provide program and service information related to The Mission in an effort of supporting runaway and/or homeless youth involved with the RHY Transitional Living Program.

Sally Kate Winters Family Services identifies the goal of the Runaway and Homeless Youth Programs is to provide safe and stable housing and support services for youth identified as runaway, homeless, and/or at-risk of becoming homeless. Service eligibility includes youth who have left home without permission of their parents or guardians; have been forced to leave their home; cannot live safely with a parent, legal guardian, or relative; have no other safe alternative living arrangement; or other homeless youth who might otherwise end up in contact with law enforcement or in the child welfare, mental health, or juvenile justice systems. The TLP program objectives include: emergency shelter care; case management, gateway services, referral services, counseling services, education support, job training and placement assistance, socialization skills, life skills, permanent connections, and aftercare services.

SKWFS Representative/Date

The Mission Representative/Date



SERVICE AGREEMENT

Transitional Living Program

Mississippi State University Health Promotion and Wellness -April 2026-2027

Recognized as a service provider for Runaway and Homeless Youth in Mississippi, *Sally Kate Winters Family Services* is partnering with the MSU Health Promotion and Wellness to educate professional, identify resources available, and assist with the coordination of TLP services for the runaway and homeless youth representing youth ages of 16-21. This service agreement reflects the partnership between the two agencies as follows:

- The MSU Health Promotion and Wellness *Representative* agrees to collaborate with Sally Kate Winters Family Services to ensure successful educational outcomes for youth identified as runaway and/or homeless;
- The MSU Health Promotion and Wellness *Representative* agrees to refer any identified runaway and/or homeless youth for services available through the Transitional Living Program available through Sally Kate Winters Family Services;
- The MSU Health Promotion and Wellness Center *Representative* agrees to work collaboratively with Sally Kate Winters Family Services through the Transitional Living Program;
- The MSU Health Promotion and Wellness *Representative* agrees to assist with connecting services for runaway and/or homeless youth ages 16 to 21 through educational opportunities, health and wellness and personal enrichment;
- *Sally Kate Winters Family Services* will provide program information and outreach plans with the MSU Health Promotion and Wellness Representative on an annual basis;
- *Sally Kate Winters Family Services* will be available to provide resources for the MSU Health Promotion and Wellness Representative including presentations/workshop sessions at regional and statewide conferences;
- *Sally Kate Winters Family Services* will provide program structure, eligibility, contact information, and program changes with the MSU Health Promotion and Wellness Representative on an annual basis;
- *Sally Kate Winters Family Services* agrees to provide MSU Health Promotion and Wellness information and support for runaway and/or homeless youth involved with the Transitional Living Program.

Sally Kate Winters Family Services identifies the goal of the Runaway and Homeless Youth Programs is to provide safe and stable housing and support services for youth identified as runaway, homeless, and/or at-risk of becoming homeless. Service eligibility includes youth who have left home without permission of their parents or guardians; have been forced to leave their home; cannot live safely with a parent, legal guardian, or relative; have no other safe alternative living arrangement; or other homeless youth who might otherwise end up in contact with law enforcement or in the child welfare, mental health, or juvenile justice systems. The TLP program objectives include: emergency shelter care; case management, gateway services, referral services, counseling services, education support, job training and placement assistance, socialization skills, life skills, permanent connections, and aftercare services.

SKWFS Representative/Date

MSU Health Promotion and Wellness Center
Representative/ Date