

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: AL-501 - Mobile City & County/Baldwin County CoC

1A-2. Collaborative Applicant Name: HOPE for ALL Gulf Coast

1A-3. CoC Designation: CA

1A-4. HMIS Lead: HOPE for ALL Gulf Coast

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	
-------	--	--

In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	7
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	6
26.	Public Housing Agencies	No	
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	4
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Nonexistent	
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	6
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	2
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC holds two well-advertised public meetings, annually. The spring meeting provides the public with information about the CoC, presents its annual report, educates the public on its mission to end homelessness, and solicits new members. The second meeting is open to the public to present and explain the CoC NOFO Competition process, solicit new CoC members, and encourage project proposals. Invitations and agendas for both meetings are distributed in a community-wide mass email that includes hundreds of individuals/stakeholders from area agencies, local businesses, and faith-based organizations. In addition to the solicitation of new members at the public and annual meetings, CoC membership information remains posted on the CoC's website throughout the year. Additionally, CoC Board members regularly attend public events hosted by local government, institutions, businesses and industries, and workforce development organizations to inform the public and potential new members about the CoC's work and to invite potential members to attend CoC meetings. The CoC also has a Board Development Committee whose primary function is to solicit new members from the community. Further, the CoC can communicate with persons with disabilities via the Internet, electronic mail, or the disabled person's personal communication device. The CoC also partners with agencies that specialize in providing resources for persons with disabilities who can assist with effective communication for these individuals (i.e.: interpreters, sign language, assistance with language proficiency) to ensure all access for prospective new members.

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

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

(limit 2,500 characters)

(1) Annually, the CoC holds two well-advertised public meetings and routine committee/subcommittee meetings where member agencies are encouraged to attend to share new information and identify current issues, goals, or needs within the CoC's geographic area. CoC Board Members and representatives from organizations and partner agencies are encouraged to serve on CoC committees. Committees actively engage with community stakeholders and service providers seeking input for the CoC's strategies for preventing and ending homelessness. CoC members are solicited year round and the CoC Board members leverage their influence in their respective spheres to solicit new members throughout the year. Additionally, CoC membership information remains posted on the CoC's website. The CoC's Executive Board and Membership are comprised of a broad array of stakeholders. The board is currently comprised of two elected officials, law enforcement 4 local government officials from the City of Mobile and County, A CCBHC and AOT provider who is also the Director of Crisis and Justice Services. the CoC's Director for Healthcare for the Homeless, educators, attorney, homeless provider agencies, former veteran who is an educator pastor, and author whose business model includes education and workforce solutions for organizations. The CA's CEO, Outreach Dir., and Dir. of PR vigilantly promote the mission of ending homelessness by maintaining a heavy presence in the community. Collectively, they attend dozens of events, together and separately, to convey the hard facts of the homeless crisis in our community. These public events/outreach opportunities are used as a platform for educating the public on the severity of homelessness and to continue the efforts of preventing and ending homelessness in our service area. Also, the CoC can communicate with persons with disabilities via the Internet, email, or personal communication devices and also partners with agencies that provide resources for persons with disabilities and assist with effective communication (ie: interpreters, sign language) to promote an all access approach. The CoC collaborates with dozens of agencies that provide assistance & services to individuals/families in need to address strategies to prevent and end homelessness in our community.

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

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

A community notice regarding the NOFO competition, RFP, and the deadline was sent out via mass Email to over 400 community members/partner agencies, businesses, and organizations on 5 June 2026 in addition to postings on the CA's social media platforms. On June 8, 2026, the NOFO, information regarding the CoC's local competition and Request for Proposals (RFP), and local competition deadline were posted on the CoC's website on the NOFO landing page. Prospective applicants had until July 24, 2026 to submit new project proposals. (2) The blast email with the community notice and RFP directed prospective applicants to the CoC's website where detailed instructions were posted with the RFP and deadline on the NOFO landing page. The CA's Grants Administrator's contact information was published for questions and one on one assistance. The NOFO was also discussed at the CoC's annual meeting and a Zoom meeting/webinar regarding the NOFO was held and open to the public. The public was notified of the NOFO Zoom webinar via mass community email notification wherein the link was provided. The process for submitting proposals and the local competition deadline for submissions were extensively covered during the NOFO Zoom webinar with a question/answer opportunity at the end of the presentation. Further, The NOFO rules and CoC Competition schedule (deadline for submitting project proposals) were discussed in detail along with ranking and scoring criteria. Additionally, these materials were posted on the CoC's website. The collaborative applicant also held scheduled office hours to assist prospective project applicant's with their proposals and questions on a one on one basis. Competition rules and threshold requirements were covered during the NOFO Zoom meeting and this information was also provided on the CoC's website. Additional links to helpful resources were provided in both the community mass email and request for proposals document. The CoC has strategies in place to communicate with persons with disabilities via the Internet, email, or personal communication device(s). The CoC also partners with agencies that specialize in providing resources for persons with disabilities who can assist with effective communication with these individuals (ie: interpreters, sign language, assistance with language proficiency) to ensure everyone has access to this information.

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

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

(limit 2,500 characters)

The CoC's strategies for reducing homeless include a data-driven, community-wide implementation that combines proven homelessness interventions with targeted projects designed around the needs of specific subpopulations including community-level planning, measurable outcomes, and coordinated resources. The CoC continuously assesses gaps in services through collaboration with stakeholders, homeless providers, local government and lived experience feedback. Identified gaps are connected to appropriate interventions such as PSH, RRH, TH, Outreach Prevention, employment or specialized services. The CoC analyzes data and input to address subpopulations such as chronic homelessness, families, youth, veterans, survivors of domestic violence, persons with disabilities and other unsheltered individuals as applicable. The CoC will use HMIS data, Point-in-Time and Housing Inventory Counts, Coordinated Entry data, project performance information, and input from persons with lived experience and community stakeholders to identify unmet needs and determine where additional resources and targeted projects are necessary. Proven interventions consistent with 42 U.S.C. § 11386b(d) include interventions that address homelessness among individuals and families, including permanent supportive housing for persons experiencing chronic homelessness, rapid rehousing, flexible housing assistance, supportive services, and strategies that increase access to employment and mainstream benefits. The CoC will ensure that interventions are matched to the level of need through Coordinated Entry and individual assessments. The CoC coordinates with public housing agencies, behavioral health providers, healthcare organizations, workforce development agencies veterans' service organizations, domestic violence providers, schools, landlords, faith-based organizations, and other community partners to leverage resources and eliminate service gaps. The CoC's Coordinated Entry System serves as the primary mechanism for identifying needs, prioritizing households for available resources, and connecting participants with the intervention most appropriate to their circumstances. HMIS and other reliable data are reviewed regularly to determine whether strategies are achieving intended results via system performance measures that track goals such as length of time homeless, first time homelessness, reduction in homelessness and exits to permanent housing.

1B-5a Confirmation of Plan Coverage.

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

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

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
---	-----

1C. Coordination and Engagement

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

- 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

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?	22%

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)

Not applicable.

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 has a formal partnership with AltaPointe Health Systems, Inc., a CCBHC and designated PATH provider, to provide treatment for mental health and substance disorders. Altapointe is also a current subrecipient grantee of two CoC-funded grants, a rental assistance project awarded to the Alabama Department of Mental Health serving persons with serious mental illness and a permanent supportive housing project awarded to the collaborative applicant for chronically homeless persons. Also, participants enrolled in other PSH, RRH and TH CoC projects receive wraparound supportive services to address the each client's individual needs. Clients are referred to partner AltaPointe for outpatient treatment for mental health and substance use disorders. AltaPointe has an intensive outpatient clinic for substance abuse including medication-assisted treatment, counseling, treatment for co-occurring disorders, and a full continuum of recovery support in addition to its mental health services and psychosocial interventions. The CoC provides coordinated entry intakes for individuals and families identified by AltaPointe's PATH team, provides referrals of homeless individuals and those housed in CoC programs to AltaPointe's programs and services, maintains open and ongoing communication with AltaPointe and provides suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes.

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

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

(limit 2,500 characters)

The CoC has a formal partnership with AltaPointe Health Systems, Inc., a CCBHC and designated PATH provider with multiple locations. AltaPointe is also a subrecipient of two CoC-funded projects that provide housing assistance and supportive services to persons with serious mental illness and chronically homeless persons. The Director of AltaPointe's Crisis and Justice-Involved Services and member of AltaPointe's Executive Leadership serves as Vice-Chair of the CoC Board and Chair of the Discharge Planning Committee. AltaPointe's CCBHC clinics provide a wide range of mental health and substance disorder services including Peer Support and Recovery Navigation. All clients in CoC-funded projects receive appropriate referrals to address the unique needs of each client. Clients enrolled in CoC projects are referred to partner AltaPointe for treatment for mental health and substance use disorders. In addition to its intensive outpatient treatment programs, AltaPointe has a full continuum of recovery support.

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)

All persons seeking assistance through the CoC's Coordinated Entry System complete prescreening, intake and assessment utilizing the CoC's standardized assessment tool. Intake and assessment includes gathering pertinent information from an applicant at which time health information is obtained. While an applicant may verbally disclose a disability, all SMI's must be documented and diagnosed by a licensed professional. Participants presenting with an SMI would be referred for the appropriate level of care. The CoC has a formal partnership with AltaPointe who currently administers two projects serving persons with SMI. AltaPointe is a CCBHC and designated PATH provider with an Assertive Community Treatment Program. The CoC also partners with the CoC's local Healthcare for the Homeless provider. Further, AltaPointe is a partner in the Mobile Justice and Mental Health Collaborative, an initiative designed to improve access to mental health services for individuals living with serious mental illness while strengthening public safety across the community. The collaboration brings together mental health professionals and law enforcement to respond more effectively and compassionately to mental health crises. The shared goal is to divert individuals with serious mental illness away from jail and emergency departments whenever possible and connect them to appropriate treatment and ongoing support. This is a tiered approach that includes: (a) Crisis Response Training for Law Enforcement, (b) Co-responder Pilot Program -pairs a mental health clinician with law enforcement during mental-health related calls, (c) Stepping Up Initiative which is a national effort focused on reducing the number of people with serious mental illness in local jails by bringing mental health providers together, law enforcement and justice partners together for a team approach to improve long-term outcomes, (d) In-Home Wraparound Services - teams address contributing factors to repeat arrests such as lack of income, housing stability or substance use; and, (e) Connecting Individuals to Ongoing Care - individuals receive ongoing care through AltaPointe's Adult Outpatient Services for timely, ongoing treatment and support needed to build stability.

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

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

(limit 500 characters)

The CoC partners with AltaPointe Health Systems, a CCBHC with a robust Assisted outpatient Treatment (AOT program) that started in 2016. AltaPointe partners with Mobile County Circuit Court and Mobile County Community Corrections to engage individuals in diversionary courts including Drug Court and Mental Health Court. AltaPointe is the state designated receiving center for involuntary commitments in the CoC's service area.

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 partners with AltaPointe Health to insure individuals, with mental health issues or co-occurring substance use issues, within the housing continuum, either those unhoused on the coordinated entry list, or those currently in housing, remain stable through referrals to AltaPointe's outpatient teams supporting individuals in housing, case management, or crisis response. This may be as simple as helping someone access medication assistance or appointments, to immediate voluntarily stabilization at AltaPointe's 24-hour Behavioral Health Crisis Center, up to filing a petition for involuntary commitment for stabilization. The goal of this partnership is to insure that individuals in housing remain stable through supports and have easy access to resources available to them in our community. AltaPointe also partners with Mobile County Circuit Court and Mobile County Community Corrections to engage individuals in diversionary courts including Drug Court and Mental Health Court. AltaPointe is also the state designated receiving center for involuntary commitments through civil court in Mobile, Baldwin, and Washington County. Designated clinicians from AltaPointe serve as Community Mental Health Officers, appointed by the Judge of Probate for Mobile County to perform emergency involuntary commitments after hours and on weekends to support law enforcement and divert individuals into care, when appropriate, rather than into the criminal justice system.

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 has a formal partnership with AltaPointe Health Systems, Inc., a CCBHC with multiple locations. AltaPointe is also a subrecipient of two CoC-funded projects that provide housing assistance and supportive services to persons with serious mental illness and chronically homeless persons. AltaPointe is a designated 988 call center within the CoC's geographical area.

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.

10

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 has a formal partnership with AltaPointe Health Systems, Inc., a CCBHC and PATH provide with multiple locations. AltaPointe is also a subrecipient of two CoC-funded projects. The Director of AltaPointe's Crisis and Justice-Involved Services and member of AltaPointe's Executive Leadership serves as Vice-Chair of the CoC Board and Chair of the Discharge Planning Committee. The clinics provide a wide range of mental health and substance use disorder services including 24/7 crisis services.

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

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

(limit 500 characters)

The CoC is submitting a project application (#235386) for substance use disorders. The project will provide housing assistance in a house designated for sober living with wrap around supportive services including referrals to partner agency AltaPointe Health Systems, Inc., a CCBHC. The project's occupancy and/or supportive service agreement will include a sober living clause to which project participants will be required to adhere.

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)

The CoC has a designated Discharge Planning Committee critical to the continuity of care. The CoC uses a Coordinated Entry System (CES) and the Homeless Information Management System (HMIS) where real-time data is updated to reduce referral lag. Coordinated Entry will refer the client to the appropriate housing provider. Key steps taken to facilitate a warm handoff include coordination with the current or closing case manager/peer support navigator and the incoming housing provider to share essential referral documentation such as identification and income documentation. A warm handoff may also require overlapping case management while the client transitions to the permanent housing program in which case the client will continue to receive support from crisis services as well as case management from the housing provider. An intake and assessment of needs should be completed by the housing provider and the assigned case manager should devise an individualized case plan that addresses the specific needs of the client. Warm handoff protocols are coordinated by case managers, discharge planning and clinical teams to ensure continuous care during transition. While warm handoff protocol can vary between programs and services, plans may include risk factors, behavioral plans, and medical history. Discharge planning comprehensively assess a client/patient's external barriers such as housing instability or lack of transportation.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$5,253,298
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.	\$2,135,027
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	41%
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.	\$0
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).	41%

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)

(1) The CoC coordinates with three ESG recipients: the City of Mobile, the Mobile County Commission, and the State of Alabama Department of Economic and Community Affairs (ADECA). The City and County have representatives on the CoC Board. In 2014 the CoC met with the ESG recipients to coordinate the allocation process for ESG funding from each jurisdiction to ensure funding is equitably allocated. The CoC then designated the CA to meet annually with the jurisdictions to discuss funding allocations. The CA participates in each jurisdiction's Consolidation Plan. ESG-CV allocations were coordinated with the state's assistance and guidelines. The program activities were allotted to best fit the geographical need. The HMIS Lead provides aggregate data to funders and stakeholders to promote a data-driven understanding of the community's needs and inform planning efforts to promote a strong homeless response system.

The CoC also adopted updated prioritization and referral practices in the local CE to ensure new (ex. ESG-CV) and existing homelessness prevention funding is allocated to households most vulnerable to the adverse effects of COVID-19.

(2) The HMIS lead provides PIT and HIC data to the Consolidated Plan jurisdictions and HMIS partner agencies, annually, to complete CAPERs and meet reporting requirements for ESG-funded projects. A representative from the city jurisdiction chairs the CoC's Project Monitoring Committee to ensure collaboration between the monitoring of ESG and CoC-funded projects. The CoC's collaborative applicant provides required expenditure, activity detail, and match reports due annually. The HMIS Lead coordinates with ESG recipients to provide support and assistance for accurate and timely reporting.

The HMIS Lead additionally generates and submits required quarterly reporting bundles on behalf of ESG sub-recipients in the CoC.

(3) The HMIS lead provides PIT and HIC data to the Consolidated Plan jurisdictions on an annual basis for use in their jurisdictions and HMIS partner agencies to complete CAPERs and meet other reporting requirements as requested for ESG-funded projects.

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)

The CoC runs a Coordinated Entry System (CES) that acts as the "front door" for anyone seeking help. Emergency shelters (service providers and other referring organizations) are encouraged to facilitate linkage with the CoC's CES and actively support successful client outcomes throughout the assessment and referral process by working collaboratively with the CES staff and client. Households, individuals and families ("persons") who are homeless should be referred to the CES for assessment, unless a domestic violence situation indicating imminent danger that should be referred directly to one of the CoC's victim service providers. If the individual or head of household is unable to reach the CES due to a disability or lack of transportation, a CES outreach staff member can coordinate with the shelter to provide assistance. Referrals are not required for the provision of crisis or emergency supports including emergency shelter. Intake for persons fleeing or attempting to flee is completed confidentially and can occur over the phone or at a shelter. The CES case managers can coordinate with the shelter to ensure the safety of the client. Requests for outreach can be made by contacting the CES via phone or email. Services are provided at the CES's service delivery location; however, intake and services can also be available at alternate remote locations such as the shelter, via phone, or virtually by request. The CoC's street outreach team can complete a prescreening and diversion assessment in the field for immediate linkage with emergency services. The CoC also collaborates with shelters during the CoC's annual PIT Count and shelters participate in the collaborative applicant's annual service fair, Project Homeless Connect, where homeless persons have access to numerous resources and services including free medical screenings, legal services, and state-issued IDs.

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 has always shared PIT and HIC data with the City of Mobile and all requested reporting de-identified data with local governments, stakeholders, and applicable partners as well as the community at large. Data is also discussed at the CoC board meetings and Coordinated Entry/HMIS committee meetings - Three city of Mobile officials serve on the CoC board in addition to one county official. Data is presented at the annual CoC meeting where stakeholders, local government and community members are invited to attend. A monthly coordinated entry census is presented at each CoC board meeting by the Director of Information & Analysis who administers and oversees the CoC's HMIS and CES. Also, The data obtained and compiled from the PIT and HIC by the HMIS Lead is provided to the Consolidated Plan Jurisdictions on an annual basis to meet reporting requirements for ESG-funded projects and for use in their jurisdiction, planning and completion of CAPERs by HMIS partner agencies.

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 receives data from the VA VASH project for reporting and planning purposes. Data is also shared during CoC Board meetings and CoC Committee meetings (Ex. Discharge Planning Committee) who routinely meet and subsequently provide reports at each CoC board meeting. The Discharge Planning Committee is made up of several CoC board members who represent AltaPointe Health System, a CCBHC and designated PATH provider, with whom the CoC has a formal partnership and Franklin Primary Healthcare for the Homeless. The CoC also coordinates with victim service providers to obtain de-identified data from comparable data bases. Additionally, the CoC coordinates and collaborates with the City of Mobile's Homeless Outreach team. The CoC board is comprised of a diverse group of individuals representing local government, crisis response and justice services, law enforcement, shelters, outreach and a variety of other community stakeholders and organizations that bring a wealth of information to the CoC to be shared and utilized for the purpose of improving the CoC's homeless response system. The CoC Board is diverse and represents local government, law enforcement elected officials, homeless service providers, and healthcare providers to name a few. Board members often share data from there respective fields that is relevant and useful to the CoC's homeless response system and strategies for improving same in addition to identifying unmet needs.

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 has partnerships with the three American Job Centers located within its geographical service area (previously established for a workforce development initiative), Bishop State Community College (workforce development, technical training, GED), Victory Professional Development (CNA, Medical Assistant, Phlebotomy, etc. training programs), Austal Shipbuilding (welding and other related training programs), and The Family Center (GED, promote career training and employment initiatives through a variety of family support services). These partnerships are built into the employment initiative and workforce development components of both CoC funded projects and non CoC projects. These initiatives are encouraged by project case managers and included in client case plans (when applicable) to promote housing stability and self sufficiency. The CoC's collaborative applicant has a full time employment specialist on staff to work clients enrolled in these programs. Workforce development and employment is encouraged in all CoC and non CoC programs.

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 collaborative applicant, HOPE for ALL Gulf Coast (HOPE) has a dedicated street outreach team. HOPE's street outreach team also engages in collaborative and responsive outreach. The City of Mobile's Homeless Outreach Team will contact HOPE to request joint service calls on selected homeless encampments within CoC's service area. HOPE's Street Outreach team will then provide "in the field" Coordinated Entry services, including access to CoC Case Management, Homeless Housing Programs and other Supportive Services. In reverse situations, HOPE may call upon first responders and/or law enforcement in situations requiring the experience and skills of law enforcement in addition to engaging CoC partner AltaPointe (a CCBHC) for crisis response assistance. HOPE's outreach team has implemented the use of Outreach Grid software. Outreach Grid is a collaborative software platform designed for cities, counties, law enforcement and agencies to coordinate data to combat homelessness. The software is a tool allowing real-time tracking of street outreach, interactions and client locations. Further, the City of Mobile's Homeless Outreach Director serves on the CoC Board in addition to two members of the law enforcement community.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC's Coordinated Entry System links crises response systems with mainstream and community based resources to evaluate if youth or families can safely return home or exit homelessness quickly through targeted family interventions. The CES has diversion and prevention strategies in place to resolve housing crises before individuals or families enter emergency shelters by facilitating safe connections with family networks or supports. Partner agencies within the CoC provide wraparound supportive services such as case management, housing location, mental health care and mediation to ensure reunified networks remain stable and sustainable long-term. Information regarding a client's support network is addressed at intake and at each annual review and is included in the client's case plan at the client's request (some clients do not wish to address this issue). If a client wishes to locate and/or reunite with family or someone in their support network, the assigned case manager will assist with researching and finding family support or otherwise and will arrange transportation to reunite with them as well as provide assistance with moving. The client's case manager will also coordinate with a CoC or Housing Authority in another area when a client chooses to relocate.

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 City of Mobile's Homeless Outreach Director, Kendell Young, is a current member of the local CoC board of directors, and former Director of Community Outreach for Hope for All Gulf Coast, AL501's CoC collaborative applicant. Additionally, the City of Mobile's Homeless Outreach Director reports directly to the City's Director of Public Safety, a former member of HOPE for ALL Gulf Coast board of directors. This cross collaboration among key Public Safety officials and CoC board member promotes alignment and unifying relationship between local law enforcement and our local CoC. The CoC's outreach team provides both collaborative and responsive assistance when needed and requested. At the request of HOPE's outreach team, The City of Mobile's Police Department also assists with the CoC's annual Point-In-Time count providing escort services to encampment areas or areas where a breach of safety may be encountered to ensure the safety of both unsheltered individuals and PIT Count volunteers.

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

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

(limit 2,500 characters)

The City utilizes a coordinated encampment response that combines street outreach, engagement, service referrals, public safety, sanitation, and site coordination. The City's Homeless Outreach Team engages individuals before and during encampment closures, when feasible, to assess needs and connect individuals to shelter, housing, healthcare, transportation, benefits, and other supportive services. Local practices supporting this work include encampment identification and monitoring, coordinated response among City departments and law enforcement, emergency weather sheltering, and partnerships with local homeless-service providers and nonprofit organizations. Encampment closures are addressed based on health, safety, sanitation, environmental, and property-use concerns, with an emphasis on connecting affected individuals to available resources. The City continues to monitor previously addressed locations and emerging areas of unsheltered homelessness to support timely outreach, coordinated intervention, and connection to housing and supportive services. The CoC's street outreach team engages in collaborative and responsive outreach with the City to assist in its efforts however needed.

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 City is currently aware of around 9 encampment locations where unhoused individuals reside. The City's Homeless Outreach Team routinely visits these locations to conduct outreach, build relationships, assess needs, and connect individuals with available housing, shelter, healthcare, food, and supportive services. These efforts are ongoing and focus on engagement, voluntary service connection, and coordinated assistance with community partners. The City continues to monitor known locations and respond to emerging encampments as they are identified.

Over the past 12 months, the City of Mobile has closed five (5) identified homeless encampments located within ZIP codes 36618, 36605, 36603, 36695, and 36609. These locations are geographically dispersed throughout the City, reflecting the transient and changing nature of unsheltered homelessness. The City utilizes a coordinated encampment response that combines street outreach, engagement, service referrals, public safety, sanitation, and site coordination. The City's dedicated Homeless Outreach Team engages individuals before and during encampment closures, when feasible, to assess needs and connect individuals to shelter, housing, healthcare, transportation, benefits, and other supportive services. Local practices supporting this work include encampment identification and monitoring, coordinated response among City departments and law enforcement, emergency weather sheltering, and partnerships with local homeless-service providers and nonprofit organizations. Encampment closures are addressed based on health, safety, sanitation, environmental, and property-use concerns, with an emphasis on connecting affected individuals to available resources. The City continues to monitor previously addressed locations and emerging areas of unsheltered homelessness to support timely outreach, coordinated intervention, and connection to housing and supportive services.

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

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

(limit 2,500 characters)

The public use of illicit drugs in Alabama is unlawful. Alabama Code sections prohibiting drug use, possession, distribution, and paraphernalia are located at 13A-12-201 to 361. The City of Mobile's Homeless Outreach Team, a division of Mobile's Public Safety Department and the CoC's Outreach Team currently engage in collaborative and responsive outreach to work together to address homeless individuals encountered in public who appear to be suffering from a mental health and/or substance use disorder. The CoC's outreach team can complete prescreening and intake in the field to connect individuals to the appropriate services by utilizing partnerships such as the formal partnership with AltaPointe Health System, a CCBHC, that offers crisis and justice services.

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 can only rely upon data published from credible agencies and the data is not limited to overdoses and illicit drug use in public spaces. Baldwin County coroners office shows 36 overdose deaths for fiscal year 25. The Alabama Opioid Overdose and Addiction Council's 2025 report says Alabama had an estimated 12,545 overdose cases requiring an ED visit in 2024, and at least 1,151 confirmed fatal overdoses. That works out to roughly 11 emergency department overdose visits per death. Keep in mind that this covers all drugs, not just opioids. Opioids made up approximately 24 percent of those ED cases. Emergency department data also misses overdoses reversed in the field with naloxone that never reach a hospital, so the true ratio is higher. An estimate based on the data obtained is that Baldwin had 396 non-fatal overdoses.

In a report published by the State of Alabama Syndromic Events and Overdose Deaths, Mobile reports 1006 (overdoses that don't result in death, and the number of deaths, 76. It is from <https://mh.alabama.gov/wp-content/uploads/2026/01/Alabama-Opioid-Overdose-and-Addiction-Council-Report-2025.pdf>

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)

Under Alabama Code § 22-52-10.3, local probate courts can mandate involuntary outpatient treatment if a designated mental health facility consents. This legal mechanism provides a structured, less-coercive alternative to institutionalization, allowing the CoC to support vulnerable individuals while they remain in community-based settings. Further, in order to overcome the high evidentiary standard required by Mobile County Probate Court, the CoC will embed legal advocates and psychiatric clinicians directly within street outreach groups. These teams will meticulously document behavioral deterioration, medication non-compliance, and specific instances of self-neglect to build solid, legally admissible evidence, expediting court review when a safety intervention becomes necessary. Alabama Civil Commitment Standards require real, present, and clear proof of a threat of substantial harm, paired with an inability to make a rational treatment decision. This high evidentiary threshold is strictly applied using the Alabama Rules of Evidence, making it difficult to intervene proactively before an individual decompensates into an active public safety crisis. Alabama law permits a temporary 72-hour emergency psychiatric detention (excluding weekends and legal holidays) for individuals displaying immediate danger. This critical window gives outreach workers and clinicians time to stabilize an individual in a secure environment and assemble evidence for probate proceedings.

AltaPointe, a CCBHC and CoC partner is a partner in the Mobile Justice and Mental Health Collaborative, an initiative designed to improve access to mental health services for individuals living with serious mental illness while strengthening public safety across the community. The collaboration brings together mental health professionals and law enforcement to respond more effectively and compassionately to mental health crises. The shared goal is to divert individuals with serious mental illness away from jail and emergency departments whenever possible and connect them to appropriate treatment and ongoing support. This is a tiered approach that includes: (a) Crisis Response Training for Law Enforcement, (b) Co-responder Pilot Program -pairs a mental health clinician with law enforcement during mental-health related calls, (c) Stepping Up Initiative (d) In-Home Wraparound Services (e) Connecting Individuals to Ongoing Support.

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)

Neither the City of Mobile nor Mobile County passes its own independent local SORNA ordinances; instead, they strictly enforce and execute Alabama's statewide SORNA law.

Because Alabama's state-level rules are already among the strictest in the country, individual municipalities generally rely on state statutes rather than creating a patchwork of local city codes. However, state law explicitly outlines unique notification rules and operational procedures that specifically apply to the Mobile Police Department and the Mobile County Sheriff's Office:

1. Striking "1,000-Foot" Direct Notification Rule

While the standard statewide boundary for residential exclusion is 2,000 feet, Alabama Code § 15-20A-21 singles out the state's largest cities—specifically naming Mobile, Birmingham, Huntsville, and Montgomery.

- In Mobile, the Chief of Police is legally required to directly notify every single resident living within 1,000 feet of an adult sex offender's established home.
- The Chief must also notify all schools and childcare facilities located within a three-mile radius of that home.

2. County Check-In Infrastructure

Because tracking is managed at the local level, the Mobile County Sheriff's Office oversees the ongoing check-ins for the hundreds of registered offenders living in the county. To streamline state compliance, Mobile County utilizes specialized electronic check-in kiosks at the Sheriff's Office where registrants must physically report quarterly to verify their details.

As for CoC practices: A CCN intake will determine whether a person is in the sex offender database, and programs run background checks to determine appropriate housing placement.

Alabama has some of the strictest SORNA laws in the nation, so restrictive laws are not an issue for our CoC.

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)

(1) The CoC's Community Outreach Department engages in a variety of outreach activities in the community to assist persons experiencing homelessness. These include Street Outreach, Responsive Outreach, and Collaborative Outreach. Street Outreach is the process of meeting individuals and families at their locations. This may include visiting a homeless encampment, bridge underpass, abandoned building, vehicle, or emergency shelter. Responsive Outreach is the process of responding to calls from partner agencies, law enforcement, or concerned citizens regarding a homeless individual or family who is in need of assistance. A member of the department will respond as quickly as possible and, in many cases, immediately. This may be in person or by speaking directly to them via teleconference. Collaborative Outreach is a partnership with a variety of partner agencies, municipalities, churches, schools, and law enforcement in the community to educate, advocate, and develop resources for those experiencing homelessness. Outreach is also conducted at events targeting the homeless such as food pantries and meal service centers, shelters, local churches, known encampments, and city recreational centers. The CoC's Outreach Department is also utilizing Outreach Grid Software (2) The CoC's Street Outreach covers 100 percent of the geographic area and is conducted daily. (3) Clients aren't required to enter a central site to gain access to our services. Outreach also coordinate with partner agencies who often interact with persons experiencing homelessness ensures information concerning services is readily available. Regular outreach to areas with a high concentration of persons experiencing homelessness cultivates relationships and builds trust. These are two critical components of engaging homeless persons who are reluctant to request assistance. Outreach utilizes its relationships with school systems and McKinney-Vento liaisons seek to connect homeless families who are reluctant to access the system. The implementation of Outreach Grid tracking software will further enhance and expand the CoC's Outreach Department's efforts.

HMIS data reflects an 81.6% increase in successful exits from street outreach in a year over year comparison of 2024 (26.92%) and 2025 (48.91%) {SPM Measure 7/Metric 7a1}

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

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

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

8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Gulf Coast Family Center - Formal MOU	Yes

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

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

Section 4.8 of the CoC's Policies and Procedures Manual states, "The CoC requires its recipients and sub-recipients to designate a staff person to be responsible for ensuring that children being served in CoC-funded programs 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 programs authorized under subtitle B of title VII of the HEARTH Act." It is important to the CoC that this action is carried out to eliminate disruption of a child's education and livelihood.

Further, the CoC has long partnered with the Mobile County Public School System who is committed to serving homeless and at-risk youth in Mobile County. MCPSS and the CoC's coordinate housing and supportive services referrals through the CoC's coordinated entry system. MCPSS's homeless liaison provides case management and counseling to homeless youth as well as coordinate referrals.

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 has a formal referral system built into the CoC's Coordinated Entry System with established partnerships and data driven measures that identify children, youth and families at risk of or experiencing homelessness. The CoC's Coordinated Entry System has a rank and referral system designed to prioritize the most vulnerable. Engagement efforts are undertaken to encourage use of CCN by law enforcement, hospitals, mental health agencies, welfare programs and correctional institutions. Referral protocols in place ensure that youth aging out of foster care, families involved in child welfare, and children and young adults experiencing housing instability are connected with the appropriate resources such as emergency shelters, TH, RRH, etc. based on the assessed needs and eligibility. The CoC will work with child welfare agencies and independent living programs to begin housing planning before youth exit foster care. This planning may include obtaining identification and vital documents, securing income and employment, developing budgeting and life-skills skills, identifying affordable housing, establishing landlord relationships, and connecting youth to ongoing supportive services. The CoC will also coordinate with child welfare providers to support families involved in the child welfare system who are experiencing homelessness or are at risk of losing housing. Where appropriate, housing providers and case managers will work collaboratively with child welfare professionals to develop individualized housing stability plans that address housing, transportation, employment, childcare, health care, education, and other barriers that could affect family stability. To protect participant privacy and comply with applicable confidentiality requirements, agencies will establish appropriate information-sharing procedures and obtain required releases of information before exchanging personally identifiable information.

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)

Data within our CoC reflects very few individuals who fall into the Runaway and Homeless Youth population. RHY providers are integrated into the CoC's Coordinated Entry System and the CoC coordinated with Runaway and Homeless Youth (RHY)-funded providers, including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes, when such programs operate within the CoC's geographic area. The CoC recognizes RHY providers as important partners in identifying and serving youth and young adults experiencing or at risk of homelessness and incorporates their expertise into the community's coordinated homeless response system. The CoC maintains referral relationships with RHY providers to ensure that youth identified through street outreach, emergency services, schools, child welfare agencies, law enforcement, health-care providers, and other community partners can be connected to appropriate housing and supportive services. RHY providers participate, as appropriate, in CoC planning, Coordinated Entry activities, case conferencing, community outreach, and efforts to identify gaps in services for youth. Street Outreach Programs serve as an important access point for youth who are unsheltered or disconnected from traditional services. The CoC works with outreach providers to identify youth experiencing homelessness, establish trust, assess housing and service needs, and connect eligible youth to emergency shelter, Basic Center Programs, Transitional Living Programs, rapid rehousing, permanent housing, and other appropriate resources when applicable. RHY providers are connected to the CoC's Coordinated Entry system to the extent appropriate and permitted by program requirements.

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)

The CoC has a Youth and Family Focus Project (# 230190) and Promise of Hope Project (#235391) are dedicated to primarily serving families with children. Eligible program participants will receive housing assistance and wraparound supportive services with an individualized case plan to promote housing stability and self sufficiency. The collaborative applicant also operates a Day 1 Families TH and RRH program solely serving families with children.

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

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

(limit 2,500 characters)

The projects identified above will provide a comprehensive case management plan that will address each participant's individualized needs through an array of supportive services. Program participants will be required to adhere to the project's (and CoC's) Supportive Services Agreement. All projects have an employment initiative/workforce development component to them and the CoC's collaborative applicant has a full-time employment specialist/cm on staff. The CoC also partners with the area's three American Job Centers, Bishop State Community College, Victory Health Professionals and other community partners who promote career/job readiness training, GED completion and other related services designed to promote employment and income opportunity. The project participants will complete an Individual Employment Plan (IEP) to determine job readiness, credentials, skills, etc. Participants will work with the case manager and employment specialist to coordinate and implement the IEP. Case plans will include strategies to remove barriers to income and employment. Further, the CoC has partnerships with two agencies providing family support services (The Family Center and Gulf Regional Early Child Services).

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)

A case manager will devise a service plan for the program participant through evaluation and assessment of needs. The case manager will implement a plan for the delivery of individualized services to meet the specific needs of the program participant including component services and activities for obtaining all available or applicable mainstream benefits). The CoC's collaborative applicant has SOAR certified case managers who can assist with these benefits and services. CoC-funded projects establish referral and coordination procedures with local TANF agencies and other public benefit programs so eligible households can access cash assistance, employment services, child care assistance, transportation, job training, and other supports that reduce barriers to obtaining and maintaining permanent housing. Project staff screen participants for potential eligibility for TANF and other mainstream benefits during intake and ongoing case management. When appropriate, staff assist participants with applications, documentation, and referrals to TANF providers and workforce partners. TANF-funded employment and supportive services are coordinated with the participant's housing and service plan to avoid duplication and ensure that available resources are used effectively. For families with children, projects coordinate with TANF providers, child welfare agencies, workforce development programs, and community-based family service organizations to address employment, income, child care, transportation, and other barriers to housing stability. TANF resources may complement CoC assistance by supporting activities that are not eligible for CoC funding but are essential to achieving self-sufficiency. Coordinated entry and case conferencing are instrumental in identifying households' unmet needs and connecting them with appropriate mainstream resources. Outcomes and referrals are documented in HMIS, when permitted, and monitored through case management to ensure participants successfully access and retain benefits. By leveraging TANF and other mainstream resources, CoC projects maximize available funding, strengthen cross-system partnerships, reduce reliance on homelessness-specific assistance, and improve participants' ability to obtain and retain permanent housing.

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

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

(limit 2,500 characters)

The CoC has formal partnerships with The Family Center and Gulf Regional Early Childhood Services. These partner agencies provide a variety of family support services such as childcare, parenting, pregnancy, healthcare, and education while maintaining stable housing. An individualized case plan will integrate housing with family support services to address the households unmet needs and barrier(s) to housing stability. CoC projects assess each household's needs at intake and develop an individualized housing and service plan. Families with children are connected to childcare assistance and early childhood programs, including Head Start, Early Head Start, and other local childcare providers, to ensure parents can participate in employment, education, and housing stabilization activities. Transportation assistance and referrals are provided when transportation is a barrier to accessing childcare.

Projects also connect parents with parenting education and family-strengthening services, including home-visiting programs, family counseling, parenting classes, and other community-based supports. Pregnant participants are referred to prenatal care, pregnancy-related healthcare, nutrition assistance, and maternal health programs, while children are connected to pediatric care, immunizations, behavioral health services (formal partnership with AltaPointe), dental care, and other appropriate healthcare resources. When available, projects coordinate with Medicaid, CHIP, local health departments, Federally Qualified Health Centers (formal partnership with AltaPointe), and other healthcare providers.

Education can be incorporated into the family's self-sufficiency plan through referrals to public schools, adult education, GED programs, vocational training, community colleges, and workforce development programs. School-age children are connected to appropriate educational services, including transportation and school-based supports when needed.

These services are coordinated around the family's housing goals rather than requiring the family to navigate multiple systems independently. Using this integrated approach helps stabilize the household, supports healthy child development, increases parents' ability to pursue employment or education, and reduces the likelihood of returning to homelessness

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 collaborative applicant operates a Supportive Services for Veterans and Families program (SSVF) providing homeless prevention and rapid-rehousing assistance with wraparound supportive services. Thus, the CoC collaborates with its SSVF program and additional area veteran serving organizations, Vets Recover and VOA Southeast (Veterans Transitional Housing Community). The CoC's Board is also represented by a veteran.

&nbsp;nbsp;

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

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

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

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

(limit 500 characters)

The CoC has partnership with the CoC's lead victim service provider who provides annual training to the CoC's membership. The CoC currently has a joint TH-RRH program administered by one of the CoC's victim service providers and a RRH program administered by the CoC's collaborative applicant, both dedicated to serving individuals and families experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

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)

The CoC partners with MAIC, a local non-profit providing re-entry housing assistance and services for individuals exiting incarceration. Also, a deputy warden and representative of the Mobile Metro Jail and Mobile County Sheriffs Department serves on the CoC Board. His knowledge and expertise adds immense value to our CoC.

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)

The CoC has partnerships with AltaPointe Health Systems (mental health and substance use disorders), Franklin Primary Healthcare for the Homeless (specialized medical and support services to individuals with high levels of medical needs), and AgeSouth (health and wellness classes, Medicare and prescription assistance, disability resources) for aging adults ages 60 years and older.

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)

The CoC has a formal partnership with Franklin Primary Healthcare for the Homeless (discharge planning and specialized medical and support services to individuals with high levels of medical needs), and the Waterfront Rescue Mission who provides medical respite care for homeless individuals.

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

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

(limit 500 characters)

The CoC's Permanent Housing Chronic Homeless project prioritizes individuals experiencing chronic homelessness. AltaPointe Health System, Inc. operates the project and is a CCBHC and designated PATH provider. AltaPointe is also a designated 988 crisis call center. AltaPointe has on-site behavioral care.

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)

AltaPointe's PHCH is a Permanent Supportive Housing (PSH) housing intervention for individuals experiencing chronic homelessness who have significant behavioral health and/or other support needs. The program provides long-term, affordable housing paired with individualized supportive services, without requiring individuals to achieve or maintain housing readiness as a condition of tenancy. In this model, a Certified Community Behavioral Health Clinic (CCBHC)/community mental health center provides or coordinates behavioral health services on-site, allowing residents to access services where they live. Services may include case management, behavioral health treatment, medication management, crisis intervention, rehabilitation, assistance with daily living skills, and connections to employment, benefits, healthcare, and other community resources. The goal is to promote housing stability, recovery, independence, community integration, and overall wellness while reducing barriers that can contribute to repeated homelessness or institutionalization.

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)

AltaPointe's PHCH program continuously assesses each resident's level of need to determine whether the current level of support remains appropriate or whether a higher level of care may be necessary. Assessment is based on the individual's functioning, behavioral health needs, ability to maintain housing safely, medical needs, risk factors, and ability to engage in the services necessary to support stability in the community. The interdisciplinary team monitors changes in the individual's presentation and functioning through routine contact, case management, behavioral health services, treatment team meetings, crisis episodes, hospitalizations, and other available clinical information. Indicators that may prompt consideration of a higher level of care include significant changes in mental or physical health, increased frequency or severity of psychiatric symptoms, inability to meet basic needs, repeated crises or hospitalizations, significant safety concerns, inability to maintain housing despite intensive supports, or a need for services that cannot be safely or effectively provided within the current housing model. When concerns are identified, the team collaborates with the individual and appropriate clinical providers to complete a more comprehensive assessment and determine the least restrictive and most appropriate level of care. This may include increasing community-based supports, adding or modifying behavioral health services, coordinating crisis services, or making a referral for a more intensive level of care when clinically indicated.

The goal is to provide the individual with the appropriate level of support while maintaining community-based housing whenever it can be done safely and effectively. Decisions regarding a higher level of care are individualized and based on documented needs rather than housing status alone.

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)

AltaPointe's PHCH program assesses each resident's readiness for "moving on" to more independent housing on an individualized basis. The assessment focuses on the resident's ability to maintain housing stability and manage daily living needs with a reduced level of supportive services. The interdisciplinary team considers factors such as the individual's ability to maintain their current housing, manage daily living activities, follow a budget and meet financial obligations, access and manage benefits, maintain appointments and medications as appropriate, utilize community resources, respond appropriately to challenges or crises and demonstrate the ability to manage their behavioral health needs with less intensive support. The team also considers the individual's preferences, goals, natural supports, available community resources, income and rental assistance options, and the availability of affordable housing. Readiness is discussed with the resident as part of their person-centered service planning process, and the resident's choice regarding whether to pursue more independent housing is respected. When a resident demonstrates increased independence and expresses an interest in moving to less supported housing, the team works with the resident to develop a transition plan. This may include identifying affordable housing, applying for rental assistance, securing necessary benefits or income, developing a budget, strengthening independent living skills, and establishing appropriate community-based behavioral health and case management supports.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
--------	--	--

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
--	---	------------

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
--	---	------------

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
--	---	-----

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	
----	--	--

You must select a response for element 1 – if you select Yes, you must enter a date in element 2 in question 1D-2d.

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
--	---	------------

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

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

(limit 2,500 characters)

(1) The CoC considers projects for reallocation based on performance, grant spend-down and financial management/recaptured funds, and whether or not a project fills a service gap/need for a higher-priority project type and/or is there a need for increased funding in a higher-priority project type. Projects scoring more than 20% below higher-performing projects are automatically considered for reallocation during the CoC's project ranking meeting held by the CoC Board of Directors. Other considerations given are project compliance with the CoC's policies and procedures and/or applicable authorities and a project's alignment with its project application. Reallocation is at the discretion of the CoC Board. While a project may be reallocated for low performance or lack of need, another project that is performing satisfactorily but lower-ranked may be considered for reallocation or reduced to fill a service need/gap or serve a higher priority. The CoC Board also gives consideration to the number of persons served by a project and the project's budget.

(2) Yes.

(3) The CoC reallocated four projects that were approved to apply for transition grants to address unmet needs in the CoC and align with the priorities and strategies of the NOFO.

(4) Not Applicable.

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

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

2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Well Sky
--	---	----------

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
--	--	---------------

2A-3.	PIT Count—Methodology Change.	
-------	-------------------------------	--

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. None.
2. No changes were made in the CoC's unsheltered PIT count implementation.

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 City of Mobile's Homeless Outreach (Mobile's Public Safety Division) utilizes a coordinated encampment response that combines street outreach, engagement, service referrals, public safety, sanitation, and site coordination. The City engages individuals before and during encampment closures, when feasible, to assess needs and connect individuals to shelter, housing, healthcare, transportation, benefits, and other supportive services. The CoC's outreach and homeless assistance providers serve as a valuable resource in this process. Local practices supporting this work include encampment identification and monitoring, coordinated response among City departments and law enforcement, emergency weather sheltering, and partnerships with local homeless-service providers and nonprofit organizations. Encampment closures are addressed based on health, safety, sanitation, environmental, and property-use concerns, with an emphasis on connecting affected individuals to available resources within the CoC. The CoC's collaborative applicant, HOPE for All Gulf Coast, has a dedicated street outreach team that services 100% of the CoC's geographical area. Street outreach canvasses the streets daily including known encampments to connect unsheltered individuals/families to resources for housing assistance and services including crisis response. The CoC's outreach team can complete prescreening/intake in the field which serves as an access point to the CoC's coordinated systems. The CoC also conducts collaborative and responsive outreach. In these instances, the CoC's outreach team may respond to calls by local law enforcement or the City of Mobile's Homeless Outreach to provide assistance with encounters with unsheltered individuals.

HMIS data does not track encampment data, specifically. Rather, current data standards use "Place Not Meant for Habitation" which is inclusive of all unsheltered homelessness without distinction. The CoC did see a reduction in unsheltered homelessness between 2024 and 2026 as follows:

2024 - 351

2025 - 179

2026 - 86

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	14
2. Enter the reduction in the number of encampments during your evaluation period.	5

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	56
--	----

2. Enter the reduction in the number of people in encampments during your evaluation period.	20
--	----

&nbsp;

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

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

(limit 2,500 characters)

The City of Mobile's Homeless Outreach Team have closed five encampments. The CoC and the City will their coordinated encampment response efforts as described in 2A-4 above.

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 Coordinated Entry (CE) System maintains client-level data concerning those who become homeless for the first time. The use of client-level data contains information pertinent to episodes of homelessness and aids in identifying risk factors for first-time homeless. The CoC has a crisis response system for persons who are at imminent risk of experiencing literal homelessness. Currently, homeless prevention supports and diversion strategies are built into the CE system, including collaborative efforts with programs offering prevention services (e.g., ESG, SSVF, nontraditional community support, etc.). Additionally, leveraging resources and non-CoC/ESG-funded programs to provide housing assistance and supportive services to low income households at risk of becoming homeless but do not meet the requirements of a HUD CoC-funded program. Community resource packets and rapid linkage with prevention programs are available for individuals or families presenting as at risk of becoming homeless. Additionally, clients may be referred to Legal Services for eviction prevention assistance. The CE staff also assists clients with problem-solving/diversion strategies to prevent loss of housing when possible. Further analysis of client-level data to determine the effectiveness of prevention strategies. A year-over-year analysis of relevant metrics is also considered to identify and implement strategies for overall system performance and improvement. The CoC did see a reduction in first time homeless in a year over year comparison between 2024 (1545) and 2025 (1400).

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 Director of Information and Analysis reviews project-level data to ensure both a reduction in LOT homelessness and a reduction in the LOT between project entry and permanent housing move-in. The CoC also utilizes EHVs, senior living, HCVs, and other income-based housing opportunities as a move-on strategy to free up PSH beds to facilitate rapid housing of chronically homeless persons still on the street. These metrics are integrated with the CoC's routine review of APR data as well as the annual project review and ranking for the local CoC competition. The CoC is continuously collaborating with partner agencies that provide housing services to homeless individuals and families to identify and address potential barriers and implement new reduction strategies. A year-over-year analysis of relevant metrics is also taken into account to identify and implement strategies for overall system performance and improvement in addition to the utilization of updated guidance and technical assistance available through HUD. Further, CE assessments seek to better understand the LOT persons who have experienced homelessness and subsequently provide rapid linkages with appropriate services in addition to identifying and utilizing additional resources that seek to reduce LOT of homeless. Further, those experiencing Chronic Homelessness receive top priority for project referral.

SPM Metric 1.2b shows a 6.4% reduction in the average length of time persons remain homeless in a year over year comparison between 2024 and 2025.

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?	56.70%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

A breakdown of data utilized to calculate the reported percentage includes the following: Staying or living with friends, permanent tenure: 25; Rental by client, no ongoing housing subsidy: 132; Owned by client, no ongoing housing subsidy: 9; Exits to Unsub PH: 228; Total Exits: 416; Persons exiting to destination that excluded them from calculation: 14; Adjusted Total Exits: 402. Percentage of Exit to Unsubsidized PH to Total Adjusted Exits: 56.70%

2025 7b1 Exits to PH: 35.24%

Collective Exits to Unsubsidized Housing from TH/ RRH/ PSH. Per guidance in instructions:

Universe of projects = all TH, RRH and PSH projects reported in the CoC's 2025 HIC and/ or 2026 HIC

CoC APR ran on above reporting group for period October 1, 2024 - September 30, 2025:

23c of the APR: Collective Exits to Unsub. PH = Staying or Living with family, permanent tenure + Exits to Staying or living with friends, permanent tenure + Rental by client, no ongoing + Owned by client, no ongoing;

23c of the APR: Total Exits minus exits excluded due to destination
Sum Total of Exits to Unsub. PH from 23c of the APR divided by Adjusted Total Exits from 23c of the APR = % of participants exited from TH/RRH/PSH collectively to unsubsidized housing;

% of participants exited from TH/RRH/PSH collectively to unsubsidized housing: 56.70%

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
--	---	------------

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

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
---	-----

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

Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	-----

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

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	154	66	220	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	170	28	198	100.00%
4. Rapid Re-Housing (RRH) beds	192	26	218	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. Not applicable - Bed coverage is 100%.
2. Not applicable - Bed coverage is 100%.

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?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
------	---

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

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f Projects an...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 AL-501 Suppo...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Evidence o...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Local Scori...	09/30/2026
06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Com...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/30/2026

08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1 HUD-2996 Cer...	09/30/2026
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP Policy to ...	09/30/2026
11. Other	No	MOUs	09/30/2026
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. Projects-On...	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No	3A-1 HUD 2996 Re...	09/30/2026

Attachment Details

Document Description: 1C-1f Projects and Units Requiring Treatment

Attachment Details

Document Description: 1C-3 AL-501 Supportive Services Agreement

Attachment Details

Document Description: 1C-10 Evidence of Coordination and Non-Interference

Attachment Details

Document Description: 1D-1 Local Scoring Competition Tools

Attachment Details

Document Description: 1D-2c. Local Competition Results

Attachment Details

Document Description: 2A-8b. FY 2026 HDX Competition Report

Attachment Details

Document Description: 3A-1 HUD-2996 Cert for Opportunity Zone

Attachment Details

Document Description: 3A-DP Policy to Advance Recovery

Attachment Details

Document Description: MOUs

Attachment Details

Document Description: 1C-1. Projects-On Site Treatment for Substance Use

Attachment Details

Document Description: 3A-1 HUD 2996 Re Opportunity Zone

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	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

1C-1f.

CoC Projects and Units Requiring Substance Abuse Treatment:

Project # 235386 - Horizon of Hope

Units: 10 / Beds: 20

Number of Persons reporting chronic substance use in the CoC’s

2026 PIT Count: 22

Date of PIT Count:

January 26, 2026

Go to HICSave RecordDiscard Changes

Type of Count Conducted This Year:

Both sheltered and unshelt...

Additional Homeless Populations	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	17	7	0	24	48
Adults with a Substance Use Disorder	6	5	0	11	22
Adults with HIV/AIDS	1	0	0	1	2
Adult Survivors of Domestic Violence (optional)	23	15	0	38	76

1C-3.

Language from Project Supportive Service Agreements

AL-501 Continuum of Care Supportive Services Agreement

Purpose: This agreement outlines the responsibilities of the **Program Participant** (client) and the **Housing Program** (staff) for a Continuum of Care (CoC) funded housing project. By signing this agreement, the participant agrees to take part in required supportive services while housed in the program, in compliance with program rules and federal requirements. The goal is to help you maintain stable housing and work toward self-sufficiency.

Participant Responsibilities (Your Commitments)

As a participant in this supportive housing program, I **agree** to the following requirements while I am housed:

1. **Meet Regularly with My Case Manager:** I will meet with my assigned case manager on a regular schedule to discuss my progress and needs. Together, we will work on a housing stability plan or service plan tailored to my goals such as finding employment, budgeting, or other personal goals.
2. **Participate in Supportive Services:** I will actively participate in the supportive services offered or referred by the program. This may include workshops, support groups, classes, or appointments that help me maintain housing and increase my income. I understand that the program is allowed to require me to take part in these supportive services as a condition of staying in the housing. If I am an individual in a Transitional Housing program who does not have a disability and is under the age of 62, I understand that I will be required to participate in **20 hours per week** of engagement in case management, services, activities, treatment, volunteering, job training, or employment.
3. **Engage in Treatment if Needed:** If I have serious challenges with mental health or substance use, I agree to engage in appropriate treatment or counseling services recommended by my case manager or required by the program. I understand that under current federal policy, housing programs must require participants with substance use disorders or serious mental illness to use available treatment services as a condition of program participation. My cooperation with such services is essential for continuing in this housing program.
4. **Follow House Rules and Lease Terms:** I will follow the rules of the housing property and the terms of my lease or occupancy agreement. This includes respecting quiet hours and neighbors, not causing safety hazards, and not engaging in illegal activities on the premises. I will also not allow unauthorized persons to live in my unit or have visitors for longer than permitted. I will keep my unit in good condition and allow staff to inspect the unit at reasonable times with proper notice.
5. **Pay Rent Contribution on Time (if applicable):** If I am required to pay a portion of the rent or program fee, I will pay it on time each month. If my income or household size changes, I will inform the program so my rent share can be adjusted.

6. **Notify Program of Absences:** I will not abandon my housing. I understand that leaving the unit for a long time without notice (for example, more than 30 days) could jeopardize my housing. I will stay in contact with my case manager, especially if issues arise that affect my housing stability.
7. **Behave Respectfully and Safely:** I will behave in a manner that is respectful to other tenants and staff. This means no harassment, hate speech, or disruption to the community. I will not engage in any behavior that threatens the health or safety of myself or others in the program.

By agreeing to these responsibilities, I understand that I am working in partnership with the program to achieve my housing stability. These requirements are designed to help me succeed in housing and are standard for CoC-funded supportive housing programs across the country under current federal guidelines.

Program Responsibilities (Our Commitments)

The **Housing Program (Provider)** also has responsibilities to help you remain stably housed:

- **Support and Case Management:** We will assign a case manager to work with you. Your case manager will meet with you regularly, help you create an individualized service plan, and connect you to resources. We are here to support you in meeting your goals while you are in the program.
- **Services Required and Encouraged:** Under HUD policy, we must ensure that those with serious substance use or mental health issues are connected to treatment as a condition of continuing assistance. We will also review your individual needs and encourage you to take advantage of additional voluntary services. We will work with you to make these services accessible and effective for you.
- **Fairness and Non-Discrimination:** We will follow all fair housing and equal opportunity laws. This means you will not be treated differently based on race, color, religion, sex, national origin, disability, or other protected characteristics. If you need a reasonable accommodation for a disability, please inform us and we will make necessary accommodations whenever possible.
- **Communication and Notices:** We will explain all program rules to you clearly and give you a written copy of this agreement and any house rules before you move in or start receiving assistance. If you are not following the agreement or rules, we will inform you of the problem and work with you to resolve it. You will receive warnings or notices in writing that explain any issues and what you need to do to stay in compliance.

Non-Compliance: Steps and Consequences

If I do not follow the program rules or my responsibilities, the program will use the steps below before ending my housing:

1. Verbal Warning & Problem-Solving

My case manager will talk with me about the issue, explain what needs to change, and help me find solutions. I will have a chance to explain and work on getting back on track.

2. Written Warning & Action Plan

If the issue continues, I will receive a written warning or action plan. This plan will list the problem, what I must do to fix it, and a timeline. I will work with my case manager to complete the steps in the plan.

3. Case Conference with Program Management

If problems continue, I will meet with my case manager and a supervisor. We will review the action plan, talk about why the issue is still happening, and discuss next steps. I will be told clearly that my housing is at risk if changes are not made.

4. Final Notice of Termination

If I still do not follow the program rules or the action plan, the program may end my housing assistance. I will receive a written notice explaining the decision. In situations involving safety or violence, I may be terminated from the program immediately, but I will still receive written notice afterward.

The program will use good judgment and try to resolve issues before ending housing. Termination is used only when problems cannot be solved through these steps.

Agreement and Acknowledgment

I have read (or have had explained to me) this Service Agreement and I understand it. I agree to follow these requirements as a condition of participating in this CoC-funded housing program. I also understand that the program will uphold my rights and treat me fairly, and that complying with these rules will help me remain housed and work toward my personal goals.

By signing below, I acknowledge that I understand this agreement and agree to its terms. I know I can talk to my case manager if I have any questions about this agreement or if I need help to meet these expectations.

Participant Name (Printed):

Participant Signature:

Date:

Case Manager Signature:

Date:

1C-10

Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

NOTE: The attached represents collaboration and coordination between the CoC's Street Outreach via Collaborative Applicant (HOPE for All Gulf Coast), The City of Mobile's Homeless Outreach and law Enforcement and AltaPointe – The area's lead CCBHC and Crisis and Justice Response Agency discussed throughout the CoC's Consolidated Application.

About HOPE

→ Collaborative
Applicant

It is our mission to end homelessness in southwest Alabama. It is our vision that everyone has a safe, affordable home as well as the resources to maintain it.

Our mission is to make safe, stable housing accessible to individuals and families experiencing homelessness, without unnecessary barriers or requirements. Once housed, we walk alongside them with personalized support services and community connections that strengthen stability and reduce the risk of returning to homelessness.

Beyond housing our organization provides, clients are able to engage in active case management that connects them to a number of supportive services such as job training, GED programs, financial literacy education, legal aid, life skills training, mental health and outpatient healthcare, and substance use treatment as needed.

What We Do

Helping end homelessness by connecting people to safe, affordable housing and the support they need to stay housed.

How We Do It

Help provide access to housing through coordinated supportive services and community-based assistance.



1D-1.

Local Competition Scoring Tool

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name:

Organization:

Subrecipient: N/A

Project Type:

Threshold Requirements Met

PERFORMANCE MEASURE	FACTOR /GOAL	DATA SOURCE	ACTIV E VALUE	COMPUTED SCORE*	POINTS AWARDED	MAX POINTS	NOTES
On average, participants spend 15 days from project entry to residential move-in.	15 Days	APR Q22c				20	out of
Minimum percent remaining in or move to permanent housing.	90%	APR Q5a/Q7a/Q23c				25	out of
Maximum percent of participants return to homelessness within 12 months of exit to permanent housing.	7%	APR Q23c 22-23 Term/ HMIS				15	out of
Minimum new or increased earned income for project stayers.	20%	APR Q19a1				2.5	out of
Minimum new or increased non-employment income for project stayers.	10%	APR Q19a1				2.5	out of
Minimum new or increased earned income for project leavers.	20%	APR Q19a2				2.5	out of
Minimum new or increased non-employment income for project leavers.	10%	APR Q19a2				2.5	out of
Minimum percent of participant entries from CE referral	100%	CE Data/CCN				10	out of
Percent of project leavers exiting to permanent housing.	100%	APR Q19a2				10	out of
Project has served the number of people listed in their grant application.	100%	APR/Project App				10	out of
Project has expended all of its grant funds for the previous grant year	100%	APR				10	out of
Monitoring report results – Are there any unresolved Final Monitoring Reports or Findings? (Yes/No)	No	Project Monitoring				10	out of
Evaluate the experience of the applicant in working with the proposed population, in providing the proposed housing, and in effectively managing federal or other public funds	8+ Years (10) 4-7 Years (7) 0-3 Years (4)					10	out of
Evaluate the continued need for the project type in the CoC, taking into account the project's service to participants with barriers such as substance abuse, history of domestic violence, disabilities, mental illness, criminal histories, etc.	Project serves a CoC prioritized population	Yes (10) No (0)				10	out of
Did the project require participants to participate in supportive services?	Yes	Supportive Service Agreement				10	out of
Does the grantee have unresolved audit findings or concerns with financial stability?	No	Grantee Financials or				10	out of
Does the project have unresolved, meritorious public complaints?	No	CoC Board Records				10	out of
TOTAL PROJECT SCORE:							0
170							100.00%

CoC Funding Requested:

Project Funding Expended Last Program Year

*COMPUTATION OF SCORES

Ex. 1: Project meets or exceeds the Factor/Goal - Max points are awarded

Ex. 2: If the goal is 15 days and the project's active value is 22 days the score is determined as follows: 15/22 = 0.68. 68% of 20 points possible is 13.6.

Ex. 3: If the goal is a minimum of 8% and the project's active value is 7% the score is determined as follows: 7/8 = 87.5%. 88% of 2.5 points possible is a score of 2.2.

Project Name: _____

NEW PROJECT SCORING

QUESTION	CLARIFICATION/ BREAKDOWN	MAX SCORE	ACTUAL SCORE
[Q1] Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)	10 points for case management 10 points for other supportive services such as workforce development or behavioral healthcare	20	
[Q2] The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.	10 points for 3+ years of experience 5 points for less than 3 years experience 0 points for no experience.	10	
[Q3] The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.	5 points for experience 5 points for plan	10	
[Q4] The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.	Max points for evidence of supplemental resources	10	
[Q5] Describe how the proposed project will: • assess the service needs of program participants,			

• and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement. Indicate that the proposed project will create service plans for each program participant that include: • the services to be provided, when and how often services will be provided, by whom all services will be provided; • program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.	10 points for description/plan meeting the 20 hours per week requirement 10 points for service plans	20	
[Q6] Organization's most recent financial audit had no material findings or exceptions to standard practices.	20 points for no material findings or exceptions -10 points for each material finding or exception	20	
[Q7] Demonstrate the average cost per household served for the project is reasonable.	Max. points for demonstration of reasonable costs	10	
TOTAL SCORE:		100	

Total Available Points: 100



Homeless Coalition of The Alabama Gulf Coast

279 N. Washington Ave. • Building B • Mobile, Alabama 36603

FY2026 CoC Program NOFO Project Ranking Criteria and Methodology

Project Eligibility and Threshold Requirements:

All projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in the NOFO or they will be rejected from consideration for funding. Project applicants must demonstrate the financial management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.

All projects must meet basic eligibility requirements as outlined in 24 CFR 578.

All projects must also meet all eligibility and threshold requirements as outlined in the FY2026 CoC Program Competition NOFO. New projects that do not meet all threshold requirements will be rejected. (See attached threshold requirement checklist)

Reallocation Process:

Renewal projects may voluntarily reallocate a portion of their funds by reducing the amount in their renewal project application. Renewal projects may be reallocated in part or in whole during the review and ranking process because of poor performance, unused budget amounts from previous years, or need for increased funding in a higher priority project type according to the CoC's local priorities. Lower performing projects that score more than 20% below higher performing projects will be automatically considered for reallocation by the CoC.

Ranking Process:

Project applications submitted to the CoC must be reviewed and either accepted/ranked or rejected by the CoC. All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order. Higher ranked projects will fall into Tier 1 and lower ranked projects will fall into Tier 2. NOFO Tier threshold information is not presented at the ranking meeting. CoC members will rank the approved projects in numerical order based on project score considering current CoC priorities.

Any COC Board Member associated with an agency that is applying for funding will not be a part of the ranking process.

Prior to the ranking meeting, project scoring forms are pre-scored based on the project application and on HMIS data in accordance with the CoC's approved scoring formula. Per HUD rules, the CoC planning grant is not scored or ranked, and therefore it is not presented at the ranking meeting.

New projects, and renewal projects operating for less than six months, will be scored and ranked using the New Project Rating Tool. Renewal projects will be scored and ranked using the Renewal Project Rating Tool.

If two or more projects' scores result in an identical rating, the tie will be broken according to the CoC's 2026 referral priorities.

CoC infrastructure projects – HMIS and Coordinated Entry – must be ranked in the top half of the approved and ranked projects.

The CoC reserves the right to adjust a project's ranking upward if the project fills a critical service gap and/or community need. Likewise, the CoC reserves the right to adjust a project's ranking downward if the project is deemed noncompliant with CoC Policies & Procedures, noncompliant with HUD regulations, fails to adhere to the Housing First Model of assistance, fails to expend its grant funds in a timely manner, no longer fills a critical service gap, or no longer serves an established priority population.

2026 CoC Priorities:

The AL-501 CoC requires participating projects to utilize Coordinated Entry for 100% of their program participant referrals. Using the VI-SPDAT, Coordinated Entry evaluates and refers participants according to the highest vulnerability and need. The CoC currently funds programs serving chronically homeless, homeless with disabilities including serious mental illness, families and youth, those fleeing domestic violence, and those exiting institutions and incarceration.

In conjunction with the VI-SPDAT, the CoC refers program participants based on the following referral priority listing (top is highest priority):



Chronically Homeless Households

(Head of household has been homeless 12 mo. or more AND has a documented disability)



Literally Homeless Unaccompanied Youth

(Head of household is between 18 - 24 years of age and there is no adult older than 24 years in the household)



Literally Homeless Households with Children



Literally Homeless Households with an Adult member who has a Disabling or Serious Medical Condition Worsened by Living Outdoors



Households Fleeing, or Attempting to Flee, Domestic Violence



Unsheltered, Literally Homeless Adults

(Sleeping outside, in a vehicle, or in another location not ordinarily designed for human habitation)



Sheltered, Literally Homeless Adults

(Sleeping in an Emergency Shelter or Transitional Housing)

NEW PROJECTS THRESHOLD REQUIREMENTS

Completed projects will be moved to the bottom of the list

Project Name:

Organization Name:

Project Type:

Project Identifier:

New Projects

Threshold Review Complete

0%

If you would like to change the project type, please do so in the LIST OF PROJECTS TO BE REVIEWED.

THRESHOLD REQUIREMENTS

YES/NO

For each threshold, select "Yes" if applicant has fulfilled the threshold requirement and is eligible to submit an application.

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative ☐ Yes to all

HUD THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information, and maintains an active SAM registration annually.
2. Applicant has Valid UEI (Unique Entity Identifier) Number.
3. CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
4. Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.
5. Certifications - Project applicants submit the required certifications specified in the NOFO.
6. Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.
7. HMIS Participation - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers use a comparable database that captures the required HMIS data in addition to meeting the needs of the local HMIS.
8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless.

a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or

b) Other arrangements satisfactory to HUD are made before the award of funds by HUD
9. Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.
10. Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIS), and the "Do Not Pay" website. HUD reserves the right to:

a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause;

b) Require the removal of any key individual from association with management or implementation of the award; and

c) Make provisions or revisions regarding the method of payment or financial reporting requirements

NEW PROJECTS THRESHOLD REQUIREMENTS

Completed projects will be moved to the bottom of the list

Project Name:

Organization Name:

Project Type:

Project Identifier:

New Projects

Threshold Review Complete

0%

If you would like to change the project type, please do so in the LIST OF PROJECTS TO BE REVIEWED.

THRESHOLD REQUIREMENTS

THRESHOLD REQUIREMENTS	YES/NO
11. Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings.	
12. False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.	
13. Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321, and S.C. 2313.)	
14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.	
15. Equal Participation of Faith-Based Organizations in HUD Programs and Activities - Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD's Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.	
16. Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.	

CoC THRESHOLD REQUIREMENTS

For each requirement, select "Yes" if the project has provided reasonable assurances that the project will meet the requirement, has been given an exception by the CoC or will request a waiver from HUD. Otherwise select "No."

Coordinated Entry Participation	
Housing First and/or Low Barrier Implementation	
Documented, secured minimum match	
Project has reasonable costs per permanent housing exit, as defined locally	
Project is financially feasible	
Applicant is active CoC participant	
Application is complete and data are consistent	

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name:

Organization Name:

Project Type:

Project Identifier:

Completed projects will be moved to the bottom of the list

New Projects

Threshold Review Complete

0%

THRESHOLD REQUIREMENTS	YES/NO
Data quality at or above 90%	
Bed/unit utilization rate at or above 90%	
Acceptable organizational audit/financial review	

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name: _____ Organization: _____
 Project Type: _____ Subrecipient: _____

THRESHOLD REQUIREMENTS

For each threshold, select "Yes" if applicant has fulfilled the threshold requirement and is eligible to submit an application.

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

HUD THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information, and maintains an active SAM registration annually.	Yes
2. Applicant has Valid UEI (Unique Entity Identifier) Number.	Yes
3. CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).	Yes
4. Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.	Yes
5. Certifications - Project applicants submit the required certifications specified in the NOFO.	Yes
6. Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.	Yes
7. HMIS Participation - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers use a comparable database that captures the required HMIS data in addition to meeting the needs of the local HMIS.	Yes
8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3203(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless.	Yes
a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or	Yes
b) Other arrangements satisfactory to HUD are made before the award of funds by HUD	Yes
9. Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.	Yes
10. Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIS), and the "Do Not Pay" website. HUD reserves the right to:	Yes
a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause;	
b) Require the removal of any key individual from association with management or implementation of the award; and	
c) Make provisions or revisions regarding the method of payment or financial reporting requirements	

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

THRESHOLD REQUIREMENTS	YES/NO
11. Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings.	Yes
12. False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.	Yes
13. Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321, and S.C. 2313.)	Yes
14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.	Yes
15. Equal Participation of Faith-Based Organizations in HUD Programs and Activities - Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD's Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.	Yes
16. Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.	Yes

CoC THRESHOLD REQUIREMENTS

For each requirement, select "Yes" if the project has provided verifiable assurances that the project will meet the requirement, has been given an exception by the CoC, or will request a waiver from HUD. Otherwise select "No."

Coordinated Entry Participation	Yes
Housing First and/or Low Barrier Implementation	Yes
Documented, secured minimum match	Yes
Project has reasonable costs per permanent housing exit, as defined locally	Yes
Project is financially feasible	Yes
Applicant is active CoC participant	Yes
Application is complete and data are consistent	Yes
Data quality at or above 90%	Yes
Bed/unit utilization rate at or above 90%	Yes

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

THRESHOLD REQUIREMENTS	YES/NO
Acceptable organizational audit/financial review	Yes

1D-2c.

Local Competition Selection Results

COC AL501 HUD PY2026 NOFO LOCAL COMPETITION RESULTS

NEW/RENEWAL		PROJECT	PROJECT SCORE	RANK	STATUS	FUNDS REQUESTED	REALLOCATED FUNDS
Renewal		Community Connections Network - CE/SSO	100%	1	Accepted	\$827,062	\$0
Renewal		Homeless Management Information System	100%	2	Accepted	\$192,069	\$0
Renewal		Community Housing Program - PSH	88.60%	3	Accepted	\$1,339,927	\$0
Renewal		Disabled Homeless Program - PSH	89.90%	4	Accepted	\$745,791	\$0
Transition/New		Youth and Family Focus TH Program (Formerly YFF RRH Program)*	100%	5	Accepted	\$590,025	\$590,025
Transition/New		*Youth and Family Focus Rapid Rehousing Program	N/A	Not Ranked	Fully Reallocated	\$0	-\$590,025
		Promise of Hope TH Program (Formerly Family Promise & Lighthouse)*	100%	6	Accepted	\$426,750	\$426,750
		*Family Promise of Baldwin County Rapid Rehousing Program	N/A	Not Ranked	Fully Reallocated	\$0	-\$247,652
		*The Lighthouse DV Joint TH-RRH Program	N/A	Not Ranked	Fully Reallocated	\$0	-\$179,098
Renewal		ADMH (Shelter + Care) Rental Assistance	80%	7	Accepted	\$345,396	\$0
Renewal		Permanent Housing Chronic Homeless - PSH	88.30%	8	Accepted	\$532,225	\$0
New		Pathway Forward TH (Workforce Development)	100%	9	Accepted	\$332,410	CoC Bonus Project
New		Horizon of Hope TH (Treatment & Recovery)	100%	10	Accepted	\$455,585	CoC Bonus Project
Transition/New		Fresh Start DV TH (Formerly Penelope House RRH Program)*	100%	11	Accepted	\$254,053	\$254,053
New		*Penelope House DV Rapid Rehousing Program	N/A	Not Ranked	Fully Reallocated	\$0	-\$254,053
		CoC Planning Grant	N/A	Not Ranked	Accepted	\$262,665	\$0

2A-8b.

FY 2026 HDX Competition Report

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

AL-501 - Mobile City & County/Baldwin County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25). **	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year

2) * This considers all extensions where they were provided.

3) ** "Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2026 Competition Report - LSA Summary & Usability Status

AL-501 - Mobile City & County/Baldwin County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	ESTAO	ESTAC	ESTCO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing;
PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons
in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average		Median	
		Homeless (bed nights)	LOT	Homeless (bed nights)	LOT
1.1 Persons in ES-EE, ES-NbN, and SH	1,538	40.8		10.0	
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,856	72.9		18.0	

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

2026 Competition Report - SPM Data

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric	Universe (Persons)	Average	Median
		Homeless LOT (bed nights)	Homeless LOT (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	1,744	340.9	103.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	2,036	350.5	123.0

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		Count	% of Returns	Count	% of Returns	Count	% of Returns		
Exit was from SO	12	0	0.0%	0	0.0%	5	41.7%	5	41.7%
Exit was from ES	336	23	6.9%	10	3.0%	16	4.8%	49	14.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Exit was from TH	151	10	6.6%	1	0.7%	4	2.7%	15	9.9%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	157	4	2.6%	2	1.3%	5	3.2%	11	7.0%
TOTAL Returns to Homelessness	656	37	5.6%	13	2.0%	30	4.6%	80	12.2%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,868
Emergency Shelter Total	1,550
Safe Haven Total	0
Transitional Housing Total	362

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	129
Number of adults with increased earned income	3
Percentage of adults who increased earned income	2.3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	129
Number of adults with increased non-employment cash income	61
Percentage of adults who increased non-employment cash income	47.3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric	Value
Universe: Number of adults (system stayers)	129
Number of adults with increased total income	63
Percentage of adults who increased total income	48.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	77
Number of adults who exited with increased earned income	3
Percentage of adults who increased earned income	3.9%

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	77

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Number of adults who exited with increased non-employment cash income	19
Percentage of adults who increased non-employment cash income	24.7%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	77
Number of adults who exited with increased total income	22
Percentage of adults who increased total income	28.6%

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
--------	-------

2025 HDX Competition Report

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,663
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	406
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,257

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,849

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	449
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,400

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
--------	-------

2025 HDX Competition Report

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Universe: Persons who exit Street Outreach	92
Of persons above, those who exited to temporary & some institutional destinations	38
Of the persons above, those who exited to permanent housing destinations	7
% Successful exits	48.9%

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,734
Of the persons above, those who exited to permanent housing destinations	611

2025 HDX Competition Report

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

% Successful exits	35.2%
--------------------	-------

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	226
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	211
% Successful exits/retention	93.4%

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
--------	------------	--------	--------------	---------	---------------------

2025 HDX Competition Report

2026 Competition Report - SPM Data

AL-501 - Mobile City & County/Baldwin County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Unduplicated Persons Served (HMIS)	1,554	362	248	439	79
Total Leavers (HMIS)	1,476	216	40	208	45
Destination of Don't Know, Refused, or Missing (HMIS)	0	15	1	2	2
Destination Error Rate (Calculated)	0.0%	6.9%	2.5%	1.0%	4.4%

2026 Competition Report - SPM Notes

AL-501 - Mobile City & County/Baldwin County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2026 Competition Report - HIC Summary
AL-501 - Mobile City & County/Baldwin County CoC
For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

ProjectType	Total Year- Round, Current Beds	Total Year- Round, Current Non-VSP Beds In HMIS or Comparable Database	Total Year- Round, Current, Non- VSP Beds Database	Removed From Denominator: OPH EHV* Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year- Round, Non- VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds	Total Year- Round, VSP Beds in an HMIS- Comparable Database	Total Year- Round, Current, VSP Beds	Removed From Denominator: OPH EHV* Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year- Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	220	154	154	0	154	100.0%	66	66	0	66	100.00%	220	220	100.00%
SH	0	0	0	0	0	NA	0	0	0	0	NA	0	0	NA
TH	198	170	170	0	170	100.0%	28	28	0	28	100.00%	198	198	100.00%
RRH	218	192	192	0	192	100.0%	26	26	0	26	100.00%	218	218	100.00%
PSH	308	308	308	0	308	100.0%	0	0	0	0	NA	308	308	100.00%
OPH	0	0	0	0	0	NA	0	0	0	0	NA	0	0	NA
Total	944	824	824	0	824	100.0%	120	120	0	120	100.00%	944	944	100.00%

2026 Competition Report - HIC Summary
AL-501 - Mobile City & County/Baldwin County CoC
For HIC conducted in January/February of 2026

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
- 5) Data included in these tables reflect what was entered into HDX 2.0.
- 6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("OV Beds") or Seasonal Beds ("Total Seasonal Beds").
- 7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 8) For historical data: Aggregated data from CoCs that merged are not displayed. If HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2026 Competition Report - PIT Summary
AL-501 - Mobile City & County/Baldwin County CoC
For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/26/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	167	170	249
Safe Haven Total	0	0	0
Transitional Housing Total	157	148	159
Total Sheltered Count	324	318	408
Total Unsheltered Count	351	179	86
Total Sheltered and Unsheltered Count*	675	497	494

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	19	15	38
Total Unsheltered Count	101	37	40
Total	120	52	78

3A-1.

HUD 2996 Certification for Opportunity Zone Preference Points

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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:HOPE for All Gulf Coast, Collaborative Applicant

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).

HUD FY2026 Continuum of Care Notice of Funding Opportunity (CPD-2600-DC-0025)

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."

01097001400, 01097003202, 01097003205, 01097003606

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 federal funding awarded 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."

CoC funding will be used to house homeless individuals in privately owned, scattered site units located within the above listed opportunity zones.

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: Mr. First Name: Derek Middle Initial: Last Name: Boulware Suffix:

Title: CEO Organization: HOPE for All Gulf Coast

Signature:  Date: 9-30-20

3A-DP.

AL-501 CoC Policy to Advance Recovery

AL-501 Continuum of Care Policy on Prohibiting Illicit Drug Enablement

- (1) CoC-funded housing projects are prohibited from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction;"
- (2) Projects that violate paragraph 1 will have their CoC grant rescinded and awarded to another CoC grantee that is in compliance with paragraph 1.
- (3) As an alternative to the actions described in paragraph 1, the provision of substance use disorder treatment and recovery housing within or outside of the CoC is encouraged
- (4) The CoC does not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578. Such requirement may be included in a project's supportive services agreement.

Approved on:



Tara Armbruster
AL-501 CoC Board Chair

MEMORANDUM OF UNDERSTANDING

And

Statement of Partnership

Between

Mobile Area Interfaith Conference

And

HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support individuals and families in the AL-501 Continuum of Care's projects and in the community as a whole by providing, housing, reentry services, and other supportive services as tailored to individual needs.

Parties

Mobile Area Interfaith Conference operates the Neighbor Center, established in 2016 by the Mobile Area Interfaith Conference (MAIC), which provides comprehensive, community-based reentry services for returning neighbors (former inmates from local, state, and federal correctional centers). Its mission is to transform the community by reducing recidivism and building a stronger, healthier neighborhood. MAIC is a CoC partner agency and has experience operating CoC grants.

HOPE for All Gulf Coast is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. Housing First, Inc. operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. Housing First, Inc. operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).

Agreements

Mobile Area Interfaith Conference agrees to:

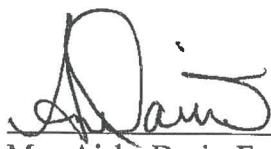
- Provide comprehensive reentry services to individuals in the AL-501 CoC's service area.
- Maintain open and ongoing communications with HOPE regarding CoC homeless reentry needs

HOPE for All Gulf Coast agrees to:

- Provide referrals of homeless individuals and those housed in CoC Programs to MAIC programs and services
- Maintain open and ongoing communications with MAIC programs
- Provide suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes

Legal

This MOU does not constitute a legal contract between the parties. Both parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be amended as needed by the written agreement of both parties.



Mrs. Aisha Davis, Executive Director
Mobile Area Interfaith Conference

9/28/2026
Date



Derek Boulware, CEO
HOPE for All Gulf Coast

9-28-26
Date



MEMORANDUM OF UNDERSTANDING

And
Statement of Partnership

Between
AgeSouth
And
HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support individuals and families in the AL-501 Continuum of Care's projects and in the community as a whole by providing, housing, aging services, and other supportive services as tailored to individual needs.

Parties

AgeSouth is a non-profit governmental agency serving local communities as a hub for information and services for older adults ages 60 and older, their caregivers, and persons with disabilities. AgeSouth provides various programs and services tailored to this population and funds local services for seniors and caregivers.

HOPE for All Gulf Coast is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. Housing First, Inc. operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. Housing First, Inc. operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).

Agreements

AgeSouth agrees to:

- Provide comprehensive services to individuals in the AL-501 CoC's service area who are over 60 years old
- Provide Aging and Disability resources, health and wellness classes, Medicare and prescription assistance and many other services to qualifying CoC program participants

- Maintain open and ongoing communications with HOPE regarding CoC homeless aging needs

HOPE for All Gulf Coast agrees to:

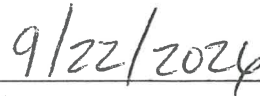
- Provide referrals of homeless individuals and those housed in CoC Programs to AgeSouth programs and services
- Maintain open and ongoing communications with AgeSouth programs
- Provide suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes

Legal

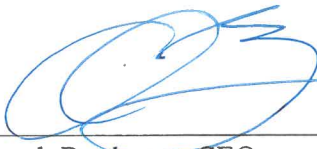
This MOU does not constitute a legal contract between the parties. Both parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be amended as needed by the written agreement of both parties.



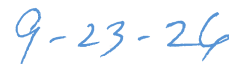
Mrs. Julie McGee, Executive Director
AgeSouth



Date



Derek Boulware, CEO
HOPE for All Gulf Coast



Date

MEMORANDUM OF UNDERSTANDING

And

Statement of Partnership

Between

AltaPointe Health

And

HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support individuals and families in the AL-501 Continuum of Care's projects and in the community as a whole by providing, housing, mental health care treatment, and other supportive services as tailored to individual needs.

Parties

AltaPointe Health provides mental healthcare treatment for families and individuals in the AL-501 CoC's geographic area (Mobile and Baldwin Counties). AltaPointe operates psychiatric hospitals which provide compassionate and comprehensive psychiatric inpatient care for children and adults. AltaPointe also operates a behavioral health crisis center and is a Certified Community Behavioral Health Clinic (CCBHC), meaning it provides a full range of mental health and substance use services, ensures 24/7 crisis care, and coordinates with primary care to support the whole person. Finally, AltaPointe operates a PATH team connecting people experiencing homelessness and serious mental illness to housing, healthcare, and mainstream supports.

HOPE for All Gulf Coast is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. HOPE for ALL Gulf Coast operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. HOPE for ALL Gulf Coast operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).

Agreements

AltaPointe Health agrees to:

- Provide mental healthcare to individuals and families in CoC programs in the AL-501 CoC's service area.
- Through its PATH team, identify and refer homeless individuals and families to Coordinated Entry
- Maintain open and ongoing communications with HOPE regarding CoC clients mental healthcare needs

HOPE for All Gulf Coast agrees to:

- Provide referrals of homeless individuals and those housed in CoC Programs to AltaPointe programs and services
- Provide Coordinated Entry intakes for individuals and families identified by AltaPointe's PATH team
- Maintain open and ongoing communications with AltaPointe programs
- Provide suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes

Legal

This MOU does not constitute a legal contract between the parties. Both parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be amended as needed by the written agreement of both parties.



Alicia Donoghue, Vice President & Chief of Staff
AltaPointe Health

9/28/26

Date



Derek Boulware, CEO
HOPE for All Gulf Coast

9-28-26

Date

BISHOP STATE

COMMUNITY COLLEGE

September 22, 2026

Mr. Derek Boulware
Chief Executive Officer
Hope for All Gulf Coast
107 St. Francis St.
Suite 1970
Mobile, AL 36602

RE: Partnership Agreement – Hope for All Gulf Coast

Dear Mr. Boulware,

Bishop State Community College, through its Workforce and Economic Development Division, and Hope for All Gulf Coast enter into this Partnership Agreement to establish a collaborative relationship that supports education, workforce development, and economic advancement opportunities for individuals served by Hope for All Gulf Coast. The purpose of this partnership is to increase access to high-quality technical education, industry-recognized credentials, career readiness training, and employment pathways that lead to sustainable careers and improved quality of life for program participants.

Under this agreement, Bishop State Community College will provide information, access, and enrollment opportunities for eligible Hope for All Gulf Coast participants within its workforce training programs. These opportunities may include technical training in high-demand industries, short-term credential programs, customized workforce initiatives, career exploration activities, and employability skills development. Bishop State's Workforce and Economic Development Division will leverage its expertise, instructional resources, industry partnerships, and career services to prepare participants for successful entry into the workforce and advancement within their chosen career fields.

Hope For All Gulf Coast will work collaboratively with Bishop State Community College to identify, recruit, support, and refer eligible participants who may benefit from workforce and technical training opportunities. Both organizations are committed to promoting economic mobility, reducing barriers to employment, and connecting participants with education and training pathways that lead to meaningful employment. Through this partnership, Bishop State Community College and Hope for All Gulf Coast seek to strengthen the regional workforce while empowering individuals with the skills, credentials, and opportunities necessary for long-term career success.

Sincerely,



Akareem Spears
Dean of Workforce and Economic Development
Bishop State Community College





FRANKLIN PRIMARY HEALTH CENTER INC

P. O. Box 2048 • Mobile, AL 36652
251-434-8177
www.franklinprimary.org

"Our Primary Concern Is You."

September 22, 2026

Derek Boulware, CEO
HOPE for All Gulf Coast
107 St. Francis Street, Ste 1970
Mobile, Alabama 36602

**RE: HOPE for All Gulf Coast and AL-501 Continuum of Care Projects
Letter of Partnership**

Dear Mr. Boulware,

Franklin Primary's Healthcare for the Homeless program is excited to partner with HOPE for All Gulf Coast and the AL-501 CoC to provide regular check-ups and preventative care for homeless individuals served by CoC funded programs. Franklin's Healthcare for the Homeless program delivers direct, specialized medical and support services to individuals experiencing or at risk of homelessness. Franklin also provides specialized care to individuals with high levels of medical needs.

HOPE for All Gulf Coast should make referrals to Franklin through Mrs. Sharon Brammer, who also serves as a CoC Board member. This vital partnership with your agency and the CoC will continue to ensure that a lack of healthcare is not a barrier to an individuals' housing and recovery.

Sincerely,

Charles White, CEO
Franklin Primary Health Center, Inc.
Healthcare for the Homeless



MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN
GULF REGIONAL EARLY CHILDHOOD SERVICES (GRECS)
HEAD START (HS) AND EARLY HEAD START (EHS)
AND
HOPE for All Gulf Coast

This Memorandum of Understanding (MOU) is between GRECS Head Start and Early Head Start and HOPE for All Gulf Coast.

DURATION OF AGREEMENT:

Effective: September 2026 – September 2030

RATIONALE OF AGREEMENT:

Gulf Regional Early Childhood Services HS/EHS's differentiated family support approach requires that our programs put in place a diverse range of community partnerships in order to meet the needs of the program's most vulnerable families, assure high quality evaluation and treatment, and continuing support for families of children with chronic health conditions and special needs as well as assist families with self-identified self-sufficiency goals and aspirations. The program works to establish Memoranda of Understandings (MOU) that allow community partners to provide on-site services or support, as well as to participate in shared case consultation for families who have existing service plans with other community agencies.

Community partnerships are also critical to assuring that Gulf Regional Early Childhood Services HS/EHS is able to recruit categorically eligible and other families in greatest need of HS/EHS educational programs for their children. Thus, our programs also enter into diverse partnerships, both formal and informal, with community-based organizations, faith-based organizations, local employers and businesses, neighborhood residents' associations to assist with our year-round recruitment efforts.

BACKGROUND:

GRECS HS/EHS:

GRECS mission statement is "Leading the way to a brighter future for children, families, and communities through early childhood education."

GRECS HS/EHS is committed to providing comprehensive and high-quality services to support healthy development for eligible infants, toddlers, preschoolers and their families. Developmentally appropriate experiences focus on social, emotional, cognitive, mental, and

physical growth. The program is responsive to each child's ethnic, cultural, and linguistic experience while enhancing competence and school readiness success.

Embracing the philosophy that parents are the primary educators of their children, the program works in partnership with parents in building strong family engagement relationships and interactions between the home and center, to facilitate the child's educational development during this critical stage of life.

Through the establishment of meaningful links with many local community organizations and agencies, HS/EHS ensures that children and families receive a variation of individualized services, and that community resources are used effectively to strengthen family members in their role as parents and empowered members of the community.

High-quality professional development is a cornerstone of the program. HS/EHS ensures that teachers maintain professional skills through staff development based on a continuous improvement cycle. Professional development opportunities are afforded to teachers in an effort to achieve and sustain high quality programming and to strengthen professionalism.

HOPE for All Gulf Coast:

HOPE for All Gulf Coast's mission statement is to secure resources and assets, which lead to community planning to end homelessness through advocacy and community collaboration. It is our vision that every man, woman, and child will have the opportunity to have suitable, safe, and adequate housing.

Today, HOPE for All Gulf Coast provides direct service to homeless clients through programs funded by the US Department of Housing and Urban Development (HUD), The Veterans Administration (VA), and private donors. The HOPE for All Gulf Coast programs focuses on four areas:

Outreach provides services to those experiencing homelessness on location, removing the barrier of transportation for those in need of assistance. Outreach workers conduct program eligibility assessments, provide diversion services, connect individuals to resources, and provide valuable supplies to the homeless in Mobile and Baldwin counties.

Coordinated Entry serves as a central hub for those in need of housing assistance in Mobile and Baldwin counties. Intake Specialists conduct program eligibility assessments while case managers work with individuals and families until they are referred to a housing program.

Community Housing Programs provide housing assistance to families with children, unaccompanied youth (18 – 24 years old), chronically homeless individuals, homeless individuals and families with a disability, and unaccompanied homeless individuals. These

programs provide assistance to help those experiencing homelessness, and provide stable housing and support to help them regain self-sufficiency.

Supportive Services for Veteran Families (SSVF) Program provides assistance to low-income veteran families that are experiencing homelessness, or are at risk of homelessness. This VA funded program links veterans to available resources, provides housing assistance, and case management tailored to their needs.

PURPOSE:

The purpose of this MOU is to provide a common understanding of the collaborative relationship between GRECS HS/EHS and HOPE for All Gulf Coast to **refer families experiencing immediate need, such as referrals for housing, food, energy assistance, and clothing**. A common understanding is essential to establish clear expectations, a consistent way of relating to one another, and a platform for cooperative endeavors as these organizations move into the future.

RESPONSIBILITIES OF EACH AGENCY:

Gulf Regional Early Childhood Services HS/EHS agrees to:

1. Refer families who are experiencing homelessness or who are on the verge of becoming homeless to HOPE for All Gulf Coast.
2. Regularly review program policies and procedures around the recruitment, selection, and enrollment of homeless families.
3. Arrange training opportunities to educate staff about HS/EHS terminology, goals, objectives, policies and services offered.
4. Arrange training opportunities on topics of mutual interest, such as the benefits of high-quality care and education, and the services available through HS/EHS.
5. Regularly communicate with agency staff about the developmental progress of, and services received by children in the HS/EHS program.
6. Provide opportunities for agency staff to become community representatives on the 1.) Policy Council, 2.) Governing Body, 3.) Health Services Advisory Committee (HSAC) or 4.) Other HS/EHS program advisory committees.

HOPE for All Gulf Coast agrees to:

1. Regularly review processes for referral to HS/EHS to be used when making referrals of children.
2. Arrange training opportunities to educate HS/EHS staff about HOPE for All Gulf Coast services.
3. Arrange trainings opportunities on topics of mutual interest, such as working with high-need families (i.e. families with substance abuse concerns, criminal histories, and mental health diagnosis, etc.), impact of Adverse Childhood Experiences (also known as ACEs), etc.
4. Partner with HS/EHS Director and/or Coordinators to draft a letter for shelter guests 1.)



Gulf Regional Early Childhood Services

Emphasizing the importance of enrolling their children in high-quality early care and education programs such as HS/EHS, 2.) Explaining the comprehensive services available through HS/EHS, 3.) Advising them that homeless, foster, and children with disabilities are categorically eligible for services through HS/EHS, while addressing appropriate expectations about waiting lists, 4.) Alerting them that HS/EHS services are free, 5.) Providing them with instructions about how to apply for HS/EHS, and 6.) Providing assistance to families in the completion of the enrollment application into the HS/EHS program.

This agreement is in effect for the GRECS HS/EHS 2026-2030 program years (September 2026 – September 2030) and will be reviewed by each agency and updated as needed/requested.

SIGNATURES:

This MOU is not a contract, but rather an agreement between two parties that is not legally binding.

Each agency, by the signature below of its authorized representative, hereby acknowledges that he/she has read this agreement, understands it and agrees to the responsibilities as outlined. This agreement is executed on behalf of GRECS, INC. HS/EHS and HOPE for All Gulf Coast through the undersigned representatives on the dates indicated after their signatures.

Tammy L. Steiner

GRECS, INC. HS/EHS Representative's Name (Print)

Tammy L. Steiner

GRECS, INC. HS/EHS Representative's Signature

09/29/2026

Date

Derek Boulware, Chief Executive Officer

HOPE for All Gulf Coast Representative's Name (Print)

[Signature]

HOPE for All Gulf Coast Representative's Signature

September 29, 2026

Date

Memorandum of Understanding between HOPE for ALL Gulf Coast and Mobile Housing Authority for Homeless Preference

Goal

MHA endeavors to work with HOPE for All Gulf Coast to house individuals who are homeless or at risk of homelessness in the City/County of Mobile, AL. In partnership we will strive to achieve the following goals through use of MHA's affordable housing programs, including but not limited to the Non-Elderly Disabled (NED) and Mainstream Special Purpose Voucher programs to:

Accept referrals to waiting lists from AL-501 CoC Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing programs.

Homeless Preference

In its current Housing Choice Voucher (HCV) Administrative Plan, MHA has included an admission preference for homeless which may include a preference for formerly homeless households residing in units of housing for persons experiencing homelessness or at risk of homelessness. This may include individuals currently residing in transitional housing, rapid re-housing or permanent supportive housing programs currently administered by HOPE for All Gulf Coast (AL-501).

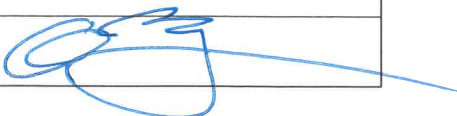
Coordinated Entry and Referral Process

Through the coordinated entry process MHA will provide the stipulations to HOPE for All Gulf Coast for determining eligibility for referral to MHA the Non-Elderly Disabled (NED) and Mainstream (MS) Special Purpose Vouchers and the preferences for which families may qualify for the HCV Vouchers. Through this referral process, these families will receive priority voucher issuance, helping to enable them to be housed faster.

Expanding Affordable Housing Opportunities and Mobility

MHA and HOPE for All Gulf Coast will collaborate to expand opportunities for affordable housing by seeking to secure agreements with property owners/managers to make units available for the families MHA and HOPE for All Gulf Coast collectively serve. This includes establishing rents for MHA families at these developments up to the HCV Payment Standard. For Low Income Housing Tax Credit properties, these rents could exceed the tax credit rents of the development, thereby incentivizing property owners/landlords to lease to families whom MHA and HOPE for All Gulf Coast are collectively serving through voucher management and case management.

Date: September 28, 2026

Agency	Signatory	Signature
Mobile Housing Authority (AL-002)	Casey Dickinson Interim Chief Executive Officer	<i>Casey Dickinson</i>
Hope for All Gulf Coast (AL-501)	Derek Boulware Chief Executive Officer	

MEMORANDUM OF UNDERSTANDING

And

Statement of Partnership

Between

Penelope House

And

HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support individuals and families in the AL-501 Continuum of Care's projects and in the community as a whole by providing, housing, domestic violence shelter, outreach, and other supportive services as tailored to individual needs.

Parties

Penelope House serves domestic violence victims, and its mission is to provide safety, protection, and support to the victims of Domestic Violence and their children through the provision of shelter, advocacy, and individual and community education. Penelope House is a CoC community partner and has experience operating CoC funded grants.

HOPE for All Gulf Coast is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. Housing First, Inc. operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. Housing First, Inc. operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).

Agreements

Penelope House agrees to:

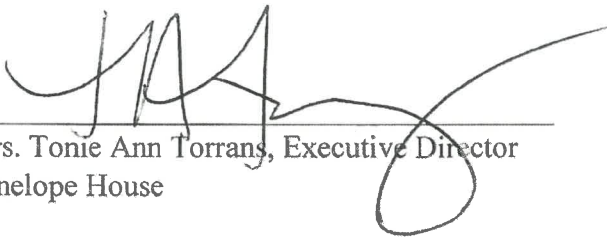
- Provide comprehensive domestic violence services to individuals in the AL-501 CoC's service area.
- Provide HOPE and the CoC with annual training regarding DV best practices
- Maintain open and ongoing communications with HOPE regarding CoC homeless DV needs

HOPE for All Gulf Coast agrees to:

- Provide referrals of homeless individuals and those housed in CoC Programs to Penelope House programs and services
- Receive annual domestic violence best practice training from Penelope House
- Maintain open and ongoing communications with Penelope House programs
- Provide suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes

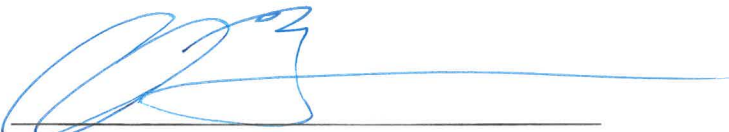
Legal

This MOU does not constitute a legal contract between the parties. Both parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be amended as needed by the written agreement of both parties.



Mrs. Tonie Ann Torrans, Executive Director
Penelope House

9/23/26
Date



Derek Boulware, CEO
HOPE for All Gulf Coast

9-23-26
Date

MEMORANDUM OF UNDERSTANDING

Between
The Family Center
And
HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support the housing, family support, job training, and employment of homeless families through HOPE for All Gulf Coast's Day 1 Families Program (D1FP).

Parties

The Family Center (GCFC) works to strengthen families and prevent child abuse by providing free and low cost education, training, and support to parents and caregivers in southwest Alabama. The GCFC is dedicated to helping residents be a community where every child is nurtured and supported to become a healthy, caring, responsible, financially thriving, and educated community member.

HOPE for All Gulf Coast ("HOPE") is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. HOPE for All Gulf Coast operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. HOPE for All Gulf Coast operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
8. Administration of the Day 1 Families Program (D1FP) to serve homeless families in Mobile and Baldwin Counties.

Agreements

The Gulf Coast Family Center agrees to:

- Promote the D1FP's job training and employment initiative through a variety of family support services
- Provide stipends to D1FP participants in accordance with GCFC's policies and capabilities
- Maintain open and ongoing communications with HOPE

- Keep HOPE's D1FP client information confidential, and only use such information as necessary to serve the families in accordance with this MOU

HOPE for All Gulf Coast agrees to:

- Support D1FP participants' family relationships, and promote GCFC's value to the community
- Maintain open and ongoing communications with GCFC
- Provide housing, job training, case management, and supportive services to participants in the D1FP project

Legal

The parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be terminated at any time by either party, and may amended as needed by the written agreement of both parties.

The Family Center

 5/5/2026
 Michon Trent, Executive Director Date

HOPE for All Gulf Coast

 5-5-26
 Derek Boulware, CEO Date

MEMORANDUM OF UNDERSTANDING

And

Statement of Partnership

Between

Victory Professional Development Center

And

HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support individuals and families in the AL-501 Continuum of Care's projects and in the community as a whole by providing, housing, workforce development, and other supportive services as tailored to individual needs.

Parties

Victory Professional Development Center provides workforce development programs and services with the goal of improving the professional lives of every student through quality education, enhanced critical thinking, and comprehensive training skills. Victory offers seven medical certification programs in multiple locations throughout southwest Alabama.

HOPE for All Gulf Coast is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. Housing First, Inc. operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. Housing First, Inc. operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).

Agreements

Victory Professional Development Center agrees to:

- Provide workforce development to individuals in CoC programs in the AL-501 CoC's service area.
- Maintain open and ongoing communications with HOPE regarding CoC clients employment training needs

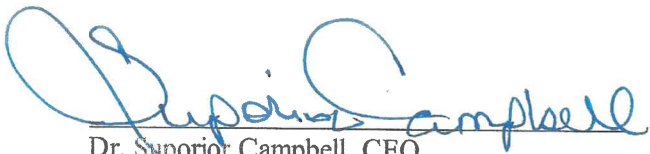
HOPE for All Gulf Coast agrees to:

- Provide referrals of homeless individuals and those housed in CoC Programs to Victory programs and services

- Maintain open and ongoing communications with Victory programs
- Provide suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes

Legal

This MOU does not constitute a legal contract between the parties. Both parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be amended as needed by the written agreement of both parties.



Dr. Superior Campbell, CEO
Victory Professional Development Center

09-23-2026

Date



Derek Boulware, CEO
HOPE for All Gulf Coast

9-23-26

Date

MEMORANDUM OF UNDERSTANDING

And

Statement of Partnership

Between

Waterfront Rescue Mission

And

HOPE for All Gulf Coast

Purpose

This MOU is entered into between the parties to provide an affirmative statement of each party's commitment to support individuals and families in the AL-501 Continuum of Care's projects and in the community as a whole by providing, housing, shelter, respite care, and other supportive services as tailored to individual needs.

Parties

Waterfront Rescue Mission is a non-profit organization providing shelter, recovery, and respite care to the homeless in southwest Alabama and the Florida panhandle. Waterfront Rescue Mission strives to demonstrate God's goodness by providing rescue and recovery services in Jesus' name.

HOPE for All Gulf Coast is an Alabama nonprofit corporation and IRS 501(c)(3) organization that serves the homeless and at-risk citizens of Mobile and Baldwin Counties by providing:

1. Research and development for addressing homelessness
2. Housing and services for disabled and chronic homeless and their families
3. Housing and services for homeless veterans and their families
4. Rapid rehousing and services for homeless families
5. Intervention and supportive services to end and prevent homelessness
6. Access and administration of HMIS ServicePoint, an online and confidential client database for case management and statistical reporting. HOPE operates the HMIS ServicePoint by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).
7. Access and administration of the Community Connection Network (CCN), which provides an assessment of each homeless individual or household in our community and utilizes a comprehensive database to prioritize and refer them to the appropriate service providers in the community. HOPE operates the CCN by authority of and on behalf of the Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC).

Agreements

Waterfront Rescue Mission agrees to:

- Provide comprehensive shelter, recovery, and respite services to individuals in the AL-501 CoC's service area
- Maintain open and ongoing communications with HOPE regarding CoC homeless needs

HOPE for All Gulf Coast agrees to:

- Provide referrals of homeless individuals and those housed in CoC Programs to Waterfront Rescue Mission programs and services
- Maintain open and ongoing communications with Waterfront Rescue Mission programs
- Provide suggestions when warranted and consultation as requested for improving the process for making referrals, case management and reporting outcomes

Legal

This MOU does not constitute a legal contract between the parties. Both parties retain their status as independent legal entities and are not subject to the policies or procedures of the other unless agreed upon in writing. This MOU does not constitute a legal partnership or joint venture between the parties, and neither party shall be liable for the actions of the other. This MOU may be amended as needed by the written agreement of both parties.


Clay Romano, President
Waterfront Rescue Mission

9/30/2026
Date


Derek Boulware, CEO
HOPE for All Gulf Coast

9-30-26
Date

1C-1

CoC Projects and Treatment Providers with On-Site Substance Abuse Treatment:

Project Application #231561 – AltaPointe Permanent Housing Chronic Homeless (FAIN: AL0034)

Project Application #235741 – ADMH/AltaPointe Rental Assistance (FAIN: AL0040)

3A-1.

HUD 2996 Certification for Opportunity Zone Preference Points

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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:HOPE for All Gulf Coast, Collaborative Applicant

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).

HUD FY2026 Continuum of Care Notice of Funding Opportunity (CPD-2600-DC-0025)

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."

01097001400, 01097003202, 01097003205, 01097003606

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 federal funding awarded 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."

CoC funding will be used to house homeless individuals in privately owned, scattered site units located within the above listed opportunity zones.

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: Mr. First Name: Derek Middle Initial: Last Name: Boulware Suffix:

Title: CEO Organization: HOPE for All Gulf Coast

Signature:  Date: 9-30-26