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: GU-500 - Guam CoC

1A-2. Collaborative Applicant Name: Guam Housing & Urban Renewal Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Salvation Army

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	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)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	0
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organzation(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	0
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	No	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
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	0
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.	Division of Homelessness Assistance & Poverty Prevention (DHAPP)	Yes	1
47.	Guam Interagency Council on Homelessness	Yes	0

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 Guam Homeless Coalition (GHC), Guam's Continuum of Care (CoC), maintains an open and transparent process to invite new members at least annually. The invitation is publicly communicated through multiple platforms, including the GHC website, where membership information and application materials are available to organizations and individuals throughout Guam. The GHC also promotes membership opportunities through public presentations, outreach activities, and radio and television interviews. Announcements are made during Interagency Council on Homelessness meetings, which are livestreamed on the government's Facebook page. Personal invitations are also sent to local organizations and groups by email, with follow-up outreach to encourage participation.

The CoC promotes accessible participation for persons with disabilities. Since 2020, GHC meetings have been offered virtually or in a hybrid format, allowing participants to attend in person or through Zoom. Live captions are provided during Zoom meetings, and meeting minutes are distributed electronically in accessible formats that support screen readers and other assistive technologies. The GHC website also includes accessibility tools.

The CoC uses targeted outreach to promote equitable representation of communities experiencing homelessness. Invitations are sent by email and followed by direct outreach to encourage participation and ensure these organizations have opportunities to contribute their perspectives and expertise to the CoC.

Through its website, public meetings, media outreach, accessible meeting formats, and direct organizational outreach, the GHC ensures that the opportunity to join the CoC is transparent, publicly available throughout Guam, and communicated at least annually.

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)

The Guam Homeless Coalition (GHC), Guam's Continuum of Care (CoC), maintains an ongoing, transparent process for receiving and considering community input on CoC performance, strategies, and priorities. Monthly GHC meetings provide a forum to discuss system performance, emerging needs, outreach, and priorities. The GHC Board has a representative on the Lieutenant Governor's Interagency Council on Homeless Programs, connecting the CoC to the broader governmental response to homelessness. These meetings are livestreamed on the Governor's Facebook page, providing public access and opportunities for community and media engagement.
The CoC solicits perspectives from a broad range of stakeholders, including homeless service providers, government agencies, village mayors, community organizations, individuals with lived experience, and others with knowledge of or an interest in preventing and ending homelessness. GHC maintains communication with village mayors to identify local needs and concerns across Guam. The CoC also considers issues identified through local news and social media and can convene partners to discuss appropriate responses.
CoC partners bring information and practices from conferences, trainings, and other learning opportunities back to GHC for discussion and consideration of their applicability to Guam. The CoC also uses its communications committee, social media, and YouTube channel to share information and broaden community awareness.
The annual GHC summit provides an additional opportunity for partners to review progress, identify gaps, and establish future priorities. The 2023 summit produced action items and a five-year plan with one-, three-, and five-year goals to strengthen GHC effectiveness and community engagement.
To support broad participation, the CoC provides live captions during virtual meetings, distributes meeting minutes and information electronically, and maintains accessibility tools on the GHC website. These processes ensure that diverse stakeholders throughout Guam can provide input that informs CoC strategies, performance discussions, and priority setting.

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)

Guam Continuum of Care, The Guam Homeless Coalition (GHC), uses a transparent and inclusive process to provide organizations with an opportunity to submit and have their project proposals considered for CoC Program funding, including organizations that have not previously received CoC Program funding and faith-based organizations.

The Collaborative Applicant announced a call for project abstracts during a GHC General Membership Meeting and distributed the announcement through the GHC listserv to ensure that member organizations and other interested community partners were aware of the opportunity. The call for abstracts was made for both renewal and new projects and was issued prior to the availability of project applications in e-snaps. This early outreach provided organizations with an opportunity to develop and communicate project concepts in advance of the formal application period.

The Collaborative Applicant accepted project abstracts from organizations regardless of whether they had previously received CoC Program funding. Faith-based organizations were also eligible to participate in the process, provided that proposed projects met applicable CoC Program requirements.

During the FY 2026 NOFO process, the Collaborative Applicant received a project abstract from a community organization that had not previously received CoC Program funding. The organization proposed a Supportive Services Only (SSO) project. Following submission of its abstract, the organization determined that it would not proceed with a full CoC Program application due to the compressed timeframe associated with the FY 2026 NOFO and the time needed to develop a complete application. The organization was nevertheless provided an opportunity to present its project concept through the same outreach process available to other organizations.

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 Guam CoC incorporates comprehensive strategies to reduce homelessness through an action framework established in 2023 that enables annual assessment and recalibration of system gaps using PIT data, HMIS performance, and stakeholder input gathered through monthly membership meetings, strategic planning sessions, and the Annual Housing and Homelessness Summit. To address identified gaps, the CoC implements targeted interventions through the mini-grant funds from the Department of Public Health and Social Services (DPHSS) designated to address feeding, shelter and medical care. The mini-grant funds were made available to the CoC membership to implement and facilitate pilot programs or support for specific subpopulations or focus on emerging subpopulations with unmet needs, flexible funding to prevent evictions and support rapid housing placement. The CoC continues to implement the interventions outlined in 42 U.S.C. 11386b(d) by funding permanent supportive housing for chronically homeless individuals and families, rapid rehousing for homeless families, and supportive services focused on income growth and housing stability. These strategies are strengthened through leveraged resources from mainstream family-service systems administered by DPHSS. The CoC also operates two RRH and PSH projects dedicated to survivors of domestic violence, addressing a critical gap in housing options for this subpopulation.
Through ongoing review at monthly meetings and the annual summit, the CoC evaluates emerging needs and determines additional interventions required to address gaps in the homelessness system, ensuring a coordinated, comprehensive, and data-driven approach to reducing homelessness across Guam.

1B-5a	Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	0%

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)

GU-500 is not a Rural CoC as determined by HUD.

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 partners with behavioral health providers to ensure individuals and families experiencing homelessness have access to mental health and substance use disorder treatment, appropriate levels of care, medication management, suicide prevention, and recovery supports. CoC member The Salvation Army's Lighthouse Recovery Center (LRC) provides treatment for substance use and co-occurring disorders through Withdrawal Management, residential, Level 1 Outpatient, Level II Intensive Outpatient, Level 0.7 Social Support, and Safe Haven services. Services include individualized treatment planning, evidence-based and trauma-informed interventions, individual and group counseling, family education, and case management addressing housing, employment, education, and other stability needs.

The CoC's Housing First Rental Assistance project partners with Guam Behavioral Health and Wellness Center's New Beginnings program to provide supportive services that promote housing stability, including case management, community support services, and access to psychiatrists, medical providers, and nurses for behavioral health care and medication management.

The CoC also partners with TOHGE Guam to provide peer recovery support for individuals experiencing mental health, substance use, and co-occurring disorders. Services emphasize lived experience, self-advocacy, personal choice, recovery planning, and independence.

CoC member Sanctuary provides crisis response and recovery supports for youth through Guam's dedicated 24-hour crisis hotline and emergency youth shelter. Licensed and certified staff provide assessment, crisis intervention, peer recovery, suicide prevention, and medication management.

CoC member WestCare provides outpatient, intensive outpatient, and counseling services through its Uplift program for youth, individuals, and families, including suicide prevention and recovery supports. Evidence-based assessments determine appropriate levels of care, while WestCare's referral network connects participants to medication management and residential treatment. Together, these partnerships provide a coordinated continuum of behavioral health services supporting recovery, housing stability, and community integration.

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 leverages its member organizations to provide peer support, recovery navigation, and connections to treatment and recovery resources for individuals experiencing homelessness and housing instability.
CoC member Tohge' provides peer recovery and navigation services, including peer support mentoring, peer recovery training and certification, Recovery-Oriented Systems of Care (ROSC) and Recovery Support and Alternatives to Treatment (RSAT), a Warmline, prevention and outreach, inpatient support, opioid education, transportation, and justice-involved support. Tohge' also offers wellness, family, financial assistance, and temporary emergency shelter services to address barriers to recovery and stability.
CoC member The Salvation Army's LRC supports peer recovery through a weekly Narcotics Anonymous (NA) group, providing an accessible setting for peer connection and ongoing recovery support.
CoC member WestCare Pacific Islands integrates peer support and recovery navigation into permanent supportive housing through Manhale', SSVF, and Project Hatsa. Its wraparound approach connects participants to housing stability, recovery resources, and supportive services. WestCare's Sanctuary program also provides peer recovery support and navigation through residential, outpatient, and intensive outpatient services, including support groups, peer engagement, and community activities.
CoC member GBHWC provides NA meetings, peer listening, education, tutoring, mentoring, and mediation. Trained peers provide active listening, problem-solving, education, mentoring, positive role modeling, and conflict-resolution support.
Together, these CoC member organizations expand access to peer-based recovery support and navigation, strengthen connections to treatment and community resources, and help participants build supportive relationships that promote recovery and housing stability.

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

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

(limit 2,500 characters)

The CoC uses local policies and HMIS practices to support information sharing, promote community safety, and comply with the Sex Offender Registry and Notification Act (SORNA). The CoC-funded Housing First Rental Assistance Program Policy, Section D, “Denial of Admission and Eviction for Violent Criminal Activity or Drug Abuse by Household Members,” requires all household members age 18 and older to consent to a criminal background check before eligibility is determined. The policy authorizes local law enforcement and state registration entities to release criminal conviction and sex offender registration records to the Housing First Program, providing a framework for obtaining and considering this information during intake.

The policy also creates a restrictive effect by requiring a three-year exclusion from admission following certain violent, drug-related, or other qualifying convictions. While supporting community safety, this requirement can delay housing placement for individuals with recent qualifying convictions, including those subject to sex offender registration requirements.

The CoC mitigates these barriers through coordinated information sharing and service access. All CoC-funded projects participate in HMIS, providing a common system for documenting and sharing participant information among authorized users. HMIS includes an alert function to identify safety concerns, including sex offender registry status, allowing authorized users to communicate critical information while coordinating services.

The CoC also incorporates registry screening into housing placement. Catholic Social Services staff check the applicable sex offender registry before placing participants into housing, providing an additional safeguard for community safety.

The CoC will continue leveraging these practices through background and registry checks, HMIS alerts, coordinated case management, and communication among authorized providers and government entities. When eligibility restrictions delay access to a particular housing program, the CoC will identify alternative housing and supportive services and maintain connections to services while pursuing appropriate housing opportunities.

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 Guam Continuum of Care member organizations that partners with the adult drug courts are Guam Behavioral Health and Wellness Center, Public Defender Service Corporation, and The Salvation Army (TSA). Guam currently doesn’t have a mental health court.

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 Guam Continuum of Care (CoC) coordinates directly with the Judiciary of Guam's Adult Drug Court (ADC), Guam Behavioral Health and Wellness Center (GBHWC) New Beginnings Program, and The Salvation Army's Lighthouse Recovery Center (LRC) to integrate treatment mandates with supportive housing pathways that ensure long-term stability and self-sufficiency.
Coordination & Housing Stability: Through the Coordinated Entry System (CES), CoC street outreach and case managers work alongside ADC probation officers and court coordinators to identify housing needs at the time of program intake. Participants needing residential treatment enter LRC or GBHWC programs, where CoC housing navigation begins concurrently with clinical stabilization to ensure seamless transition into permanent supportive or transitional housing upon discharge.
Leveraging Court Orders: The CoC leverages court-ordered compliance and judicial monitoring as a supportive framework to maintain program engagement. Judicial status hearings reinforce participant commitment to individualized recovery and housing stability plans. Rather than punitive eviction, court-monitored progress allows case managers and treatment providers to address relapse risks or lease compliance issues proactively, preventing returns to homelessness.
Movement Towards Independence: To foster independence, PDSC assists participants in resolving legal barriers and securing expungements, removing major employment and tenant-screening obstacles. Concurrently, CoC case managers partner with GBHWC and community resources to provide life skills training, job placement assistance, and financial literacy, guiding participants from subsidized supportive housing toward independent, self-sustained permanent housing.

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

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

(limit 500 characters)

The CoC partners with Guam Behavioral Health and Wellness Center (GBHWC) to connect individuals experiencing or at risk of homelessness to Guam's crisis system. GBHWC provides access to 988, crisis screening and response, mobile crisis services, and 24-hour adult and children's crisis stabilization. The partnership supports timely crisis intervention, referrals, discharge planning, and linkage to behavioral health, housing, and community services.

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.	0

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 Guam Behavioral Health and Wellness Center (GBHWC), an active Guam CoC member organization, is a current SAMHSA Projects for Assistance in Transition from Homelessness (PATH) recipient. GBHWC maintains a formal partnership via contract with Guma' Mami, Inc., a non-profit organization and fellow Guam CoC member, to deliver PATH street outreach and supportive mental health services across the continuum.

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 Guam Continuum of Care does not currently have a new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

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 Guam Homeless Coalition (GHC), Guam's Continuum of Care (CoC), coordinates with the programs and systems identified in Questions 1C-1a through 1C-1i to facilitate connections to housing and supportive services and reduce the risk of homelessness. CoC member organizations maintain working relationships with government agencies, behavioral health and substance use providers, law enforcement, re-entry programs, and other community partners to identify individuals who may need housing assistance or supportive services. When an individual is identified as being at risk of homelessness or transitioning from another system, partner organizations communicate with appropriate CoC and service providers to connect the individual with available housing resources and supportive services. CoC members use direct communication and referrals between providers to support warm hand-offs and reduce the likelihood that individuals must navigate the service system without assistance.
The CoC also coordinates with behavioral health and substance use providers to support continuity of care. For example, CoC partners can connect individuals experiencing behavioral health or substance use concerns with appropriate treatment and recovery resources, while housing providers remain available to coordinate services and respond to emerging needs.
The CoC will continue strengthening relationships among referring agencies, housing providers, and supportive-service organizations to improve communication, facilitate direct referrals, and identify housing resources before an individual loses housing or exits another system without a stable housing option. This cross-system coordination supports timely connections to housing and services while reducing gaps in care that can contribute to homelessness.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$1,261,568
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.	$375,718
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	30%
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.	$192,611
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).	45%

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)?	75.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The Guam Homeless Coalition (GHC), Guam's Continuum of Care, consults directly with the Guam Housing and Urban Renewal Authority (GHURA), the ESG recipient, regarding the planning and allocation of ESG funds. This consultation occurs through ongoing coordination with GHURA and through GHURA's Annual Action Plan and citizen participation processes.
GHURA is an active member of the GHC and regularly participates in monthly GHC meetings, where the CoC and GHURA discuss community needs, service gaps, target populations, referrals, outcomes, and priorities affecting persons experiencing or at risk of homelessness. The CoC provides GHURA with information regarding unmet needs, gaps in housing and services, population priorities, and performance outcomes to help inform the effective use of ESG resources. GHURA uses community input and performance information in its planning, allocation, performance standards, and evaluation of ESG-funded activities.
Both organizations currently serving as ESG subrecipients are also active GHC member organizations. Their participation provides an additional avenue for the CoC to receive ongoing project-level information regarding service needs, gaps, referrals, outcomes, and emerging priorities. This input complements, but does not replace, the CoC's direct consultation with GHURA as the ESG recipient.
GHURA's Annual Action Plan process also provides opportunities for CoC and community input. Guam conducts a 65-day application period followed by a 32-day consultation period. Proposed projects are publicly advertised and made available on the GHURA website, stakeholders were notified and invited to participate in a public briefing, and technical assistance and one-on-one consultation opportunities were provided to nonprofit and government stakeholders and other interested community members.
The GHC and GHURA will continue this consultation through regular GHC meetings, participation in GHURA's Annual Action Plan and citizen participation processes, sharing of community needs and performance data, and ongoing discussion of ESG priorities, funding needs, service gaps, and outcomes. This coordinated process helps align ESG resources with identified community needs and CoC priorities and supports a coordinated response to homelessness throughout Guam.

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 coordinates with shelter providers through its Coordinated Entry System (CES) to connect individuals and families experiencing homelessness with emergency shelter and other CoC assistance. Following intake and assessment, the CES Navigator refers eligible individuals and families to Guma San Jose (GSJ), Guam's emergency shelter, based on eligibility and available capacity.

Both the CES and Guma San Jose are operated by Catholic Social Service (CSS), a CoC member. This shared organizational structure supports communication and coordination between the coordinated entry and shelter functions, allowing client information and service needs identified through the CES process to be carried forward into shelter placement and case management.

When a client is eligible for shelter and a bed is available, GSJ completes admission and assigns the individual or family to a Social Worker who develops an individualized or family service plan. If no shelter bed is immediately available, the individual or family is placed on a waitlist and remains connected to the coordinated entry process for follow-up and available resources.

Once admitted, GSJ provides case management and connects clients to resources based on their identified needs. Services include assistance accessing public benefits, housing assistance, medical and behavioral health services, employment assistance, transportation, food and clothing, and other supportive services. GSJ also provides basic needs and drop-in services, including meals, showers, and laundry, as well as educational workshops addressing nutrition, fire safety, parenting, financial literacy, budgeting, and literacy.

The standard shelter stay is up to 60 days, with extensions of up to 120 days available for individuals actively participating in employment development and financial management activities. During the shelter stay, case management focuses on addressing barriers to housing stability and connecting clients with appropriate longer-term housing and community resources.

Through the coordination of CES, Guma San Jose, and other CoC providers, the CoC seeks to ensure that shelter is not an isolated intervention but part of a broader pathway from assessment and emergency shelter to supportive services, housing assistance, and greater housing stability.

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)

Deidentified and unduplicated Point in time (PIT) count and Housing Inventory Count (HIC) data is compiled by the Homeless Management Information System (HMIS) team of the Salvation Army Guam. The compiled PIT and HIC data is reviewed by the Continuum of Care's (CoC) Data Committee, which is composed of the members of the CoC. The data is entered into the US Department of Housing and Urban Development's (HUD) Homeless Data Exchange (HDX) by the HMIS team. Upon final data review and acceptance by HUD, the report is made available to the CoC, the local housing authority, Guam Housing and Urban Renewal Authority (GHURA) and other community partners. PIT and HIC information is generally made available online via GHURA and the Guam Homeless Coalition's (GHC) websites. Information for past PIT and HIC information for the Continuum of Care dating from 2007 through 2025 that was submitted is made available by HUD at this website; https://www.huduser.gov/portal/datasets/ahar/2025-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html. This link will be located in GHURA's and the GHC's websites. PIT reports other than the required HUD household tables and populations and sub-populations are made available to CoC and governmental partners on an as needed basis.
Reports such as the Longitudinal System Analysis (LSA) and System Performance Measures (SPM) report are generated from HMIS data. Upon review and approval from the CoC's Data Committee, the reports are submitted to the HDX. Access to the HDX is limited at this time to HUD Technical Assistance (TA) providers, certain CoC and GHURA employees. However, for the SPM specifically, data from 2015 through 2024 can be viewed for the CoC publicly via the link, https://www.hudexchange.info/programs/coc/system-performance-measures/#data The link for past and recent SPMS will be linked to the GHURA and GHC websites.
Deidentified aggregate data from the HMIS is made available to the CoC or other community partners or governmental organizations as needed. Furthermore, local HMIS data per local privacy policy is not turned over to a national database.

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 utilizes multiple data sources alongside HMIS to strengthen care coordination, identify service gaps, inform program design, and improve outcomes for individuals and families experiencing or at risk of homelessness. Sources include Point-in-Time (PIT) Count data; Annual Passport to Services data capturing demographics, geographic areas, and other registration information; and data maintained by CoC-funded and partner organizations. Because HMIS participation can be cost-prohibitive for some smaller organizations, some grantees maintain their own client and service data systems. CoC mini-grant awardees collect monthly data on access to housing, shelter, food, and medical services. These data help identify emerging needs, barriers to services, and gaps in the local response system.
The CoC also uses data from public and community systems. The CoC-funded DV HARBORS project, operated by the Guam Department of Public Health and Social Services (DPHSS), uses applicable DPHSS records to support service coordination. The CoC incorporates self-reported information from schools, including youth behavioral surveillance data administered by the Guam Department of Education, as well as information and verification from the SNAP office and Mayors' Offices. When applicable, the CoC collaborates with members that maintain specialized data, including Veterans data from WestCare Pacific Islands' SSVF program and foster youth data from WestCare Pacific Islands' Sanctuary program and Catholic Social Service's Alee Shelter.
The Coordinated Entry System supports data-informed care by asking during intake whether a participant has previously been admitted to or served by another program. When appropriate, staff make referrals to available services to reduce duplication and improve connections to care.
The CoC uses these combined data sources to inform program and practice changes, resource allocation, service coordination, and system improvement. Members share information through program updates and collaboration outside formal membership meetings. WestCare Pacific Islands' Sanctuary program also conducts environmental scans during the PIT Count and street outreach focused on children, youth, and young adults, along with needs assessments. These activities provide a broader understanding of community needs and guide improvements to the local homeless response system.

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 Guam CoC partners with GDOL, the Guam Workforce Development Board, and Guam's State Workforce Agency under WIOA. Through formal agreements and coordinated policies, the American Job Center integrates employment readiness, apprenticeships, youth work-based learning, and supportive services with housing initiatives via resources sharing and co-enrollment, per Guam's Unified Strategic Workforce Development Plan (2024-2027). Programs: WIOA Youth/Adult/DW, Employment Services, SCSEP, DVOP.

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 Division of Homelessness Assistance and Poverty Prevention (DHAPP) within the Guam Department of Public Health and Social Services (DPHSS) serves as the government office responsible for homelessness response in Guam and maintains direct lines of communication with law enforcement and crisis response teams. This coordination allows DHAPP to respond when individuals experiencing homelessness are encountered by first responders and supports positive, service-focused interactions.

For outreach in public spaces and encampments, DHAPP is contacted to participate in initial outreach and engagement whenever possible. Having DHAPP involved helps ensure a trauma-informed approach, particularly when individuals are known to DHAPP or have previously engaged with homelessness services. Rather than relying solely on enforcement-based responses, first responders can connect individuals with DHAPP staff who are familiar with available resources and can facilitate appropriate service engagement.

In public parks, Park Patrol officers carry DHAPP informational pamphlets and provide individuals with information about available homelessness services and DHAPP contact information. This creates an opportunity for individuals to learn about resources directly from first responders and provides a pathway for voluntary connection to services.

Following outreach or intake by DHAPP, the CoC is engaged as appropriate for collaborative case management, referrals, and wraparound services. This coordination helps connect individuals from the initial first-responder encounter to housing and supportive services while reducing barriers to engagement.

Through ongoing communication among DHAPP, law enforcement, crisis response teams, and CoC partners, the community's response emphasizes respectful engagement, service connection, and pathways toward housing and stability.

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 and its partner agencies support family and support-network reunification through case management, permanency planning, housing assistance, and coordination with community partners. Given Guam's strong and extensive family networks, identifying and reconnecting individuals and families with relatives and other natural supports is an important component of the CoC's homelessness response.
WestCare Pacific Islands' Sanctuary youth shelter works closely with Child Protective Services (CPS) on family reunification, permanency planning, and case management for youth experiencing homelessness. Staff coordinate with CPS and other appropriate partners to identify safe and appropriate family or support-network connections and develop plans that promote stable housing and well-being.
WestCare Pacific Islands' Supportive Services for Veteran Families (SSVF) program, a CoC member, assists eligible Veterans with reconnecting with family members, including reunification with family members located off-island when appropriate. Case management and housing-focused assistance help Veterans determine whether relocation to an established support network can provide greater stability and access to appropriate housing and services.
The CoC also collaborates with Guam's Mayors' Offices to identify and reconnect individuals and families with their communities of origin. When outreach teams encounter individuals experiencing homelessness, staff ask about their village of origin and family or community connections and use this information to explore appropriate supports and referrals.
The Guam Housing and Urban Renewal Authority (GHURA), the public housing agency serving the CoC's jurisdiction and the CoC's Collaborative Applicant, also supports reunification through its Section 8 Housing Choice Voucher program. GHURA partners with Child Protective Services through the Family Unification Program (FUP), which connects eligible families and youth involved with the child welfare system to housing assistance.
Through these partnerships, the CoC uses case management, housing resources, family and community connections, and cross-agency coordination to support safe reunification when appropriate and promote long-term housing stability.

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

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

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

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

(limit 2,500 characters)

The CoC cooperates with local efforts to address homelessness and encampments through a coordinated, service-focused approach that supports public safety while prioritizing engagement and connection to appropriate services. When law enforcement identifies an encampment or location where individuals experiencing homelessness may be present, law enforcement contacts the Department of Public Health and Social Services' Department of Homeless Assistance and Poverty Prevention (DHAPP). DHAPP then coordinates with appropriate service partners and law enforcement to establish a designated time and location to jointly approach the site.
DHAPP and participating service partners lead the engagement and outreach effort, while law enforcement accompanies the team to provide safety support and monitor for situations that may require law enforcement intervention. This approach allows outreach and service providers to focus on engaging individuals, assessing their needs, and connecting them with available resources while maintaining a safe environment for all parties.
During encampment response activities, DHAPP and service partners assess the site for safety concerns and potential hazards. If illegal activity, dangerous conditions, or other circumstances requiring law enforcement intervention are identified, DHAPP and its partners communicate those concerns to law enforcement for appropriate action. This coordinated process helps ensure that public safety responsibilities and homeless services responsibilities are appropriately distinguished while allowing both systems to work collaboratively.
Through this partnership, the CoC does not interfere with or impede local efforts to address public safety concerns or other community objectives. Instead, the CoC works collaboratively with law enforcement and other local partners to promote a coordinated response that facilitates access to services and supports individuals experiencing homelessness while assisting first responders in safely carrying out their responsibilities.

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)

Guam's ability to quickly resolve encampments and connect people experiencing unsheltered homelessness to services is shaped by property-rights requirements and expanding government capacity. On private property, the Government of Guam cannot simply enter and remove individuals without appropriate legal authority and coordination with the property owner. These requirements can delay encampment resolution when ownership is unclear or a private landowner has not requested government assistance. The CoC will mitigate this through a coordinated response protocol with mayors' offices, property owners, law enforcement, and outreach providers to confirm authorization, assess safety concerns, and identify available housing and services before an intervention.

Guam also has beneficial policies and practices that the CoC can leverage. Executive Order 2025-01 established the Division of Homelessness Assistance and Poverty Prevention (DHAPP) within the Department of Public Health and Social Services, creating a government structure to coordinate homelessness assistance with nonprofit organizations, government agencies, and the Mayors' Council. DHAPP provides navigation assistance, housing-stability assessments, shelter referrals, and connections to community resources. The CoC will continue using DHAPP as a central coordination point for outreach, referrals, documentation, and follow-up before and during encampment resolution.

The CoC will also leverage government-controlled shelter capacity. The Government of Guam has acquired facilities intended to provide shelter, including a bed-for-the-night facility for people experiencing chronic unsheltered homelessness. This inventory provides an opportunity to reduce reliance on fluctuating private-market availability and pair encampment resolution with an immediate shelter and service pathway.

Guam's 2023 Micronesia Mall encampment response demonstrated that coordinated action among government agencies, the Mayors' Council, transportation partners, and service providers can connect people from encampments to services. The CoC will build on this experience by coordinating property authorization, outreach, transportation, shelter placement, and case management as one process. Guam's 2026 homelessness count identified more than 1,000 people experiencing homelessness, underscoring the need for a coordinated and scalable approach.

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)

During the evaluation period, the CoC experienced changes in the location and size of tents and encampments across Guam. At the beginning of the evaluation period, the CoC identified six encampments with an estimated 28 people residing in them. During the evaluation period, the number of encampments decreased by four, resulting in an estimated two remaining encampments, while the estimated number of people residing in encampments decreased by 20, to approximately eight individuals.
Guam also experienced two major typhoons during the past year, Typhoon Sinlaku and Typhoon Bavi. In preparation for these storms, individuals residing in encampments temporarily relocated or entered emergency shelters, causing some encampments to disperse. Following the storms, some individuals returned to their previous locations and encampments re-formed. As a result, the CoC recognizes that reductions in visible encampments may not always represent permanent exits from homelessness.
The emergency shelter response to the typhoons nevertheless created an important opportunity for the CoC to engage individuals who would normally remain unsheltered. Individuals who entered emergency shelters were interviewed and connected with outreach personnel, allowing the CoC to better identify people experiencing street homelessness and establish more accurate information about encampment locations. This information has strengthened the CoC’s ability to conduct targeted outreach and coordinate services.
The current status reflects both measurable progress and an ongoing need for sustained outreach and housing interventions. The reduction from six to two known encampments and from approximately 28 to eight people demonstrates progress during the evaluation period. However, the temporary nature of some storm-related relocations highlights the importance of continued engagement, housing navigation, shelter access, and follow-up to ensure that reductions in encampments result in permanent connections to housing and services rather than simply relocation.

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)

Guam leverages several helpful policies and practices to address public drug use among individuals experiencing homelessness. The Guam Behavioral Health and Wellness Center (GBHWC) operates the 988 Lifeline, granting access to crisis specialists who deploy the Mobile Crisis Response Team (MCRT) directly into encampments for on-site behavioral health intervention. Additionally, local Adult Drug Courts provide diversion pathways, and community partners expand specialized treatment capacity to address co-occurring disorders. This includes The Salvation Army's Lighthouse Recovery Center expanding residential treatment beds to serve women alongside men, as well as WestCare Pacific Islands (WCPI) leveraging dedicated grant funding to expand community-based substance use treatment programs.
However, restrictive policies and institutional hindrances persist. Overcrowding at the Department of Corrections (DOC) combined with strict prosecutorial policies from the Attorney General's Office often result in immediate release without coordinated re-entry housing or warm-handoff behavioral health plans. Furthermore, local drug use patterns lean heavily toward illicit methamphetamine use within private households or informal structures rather than open public spaces, making traditional public street outreach insufficient to identify and connect individuals to care.

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 Guam CoC continues to monitor and respond to overdose risks and illicit drug use in public spaces through coordinated outreach, provider observations, and available public health data. Guam faces ongoing drug-related public health and safety concerns. According to the Office of the Chief Medical Examiner, 37 methamphetamine-related overdose deaths occurred in 2023, and the Guam Police Department documented seven fentanyl-related overdose deaths over a four-year period in its FY2025–2029 strategic plan. These figures reflect island-wide trends but do not specify incidents occurring in public spaces or among individuals experiencing homelessness.

Within the homelessness system, CoC outreach providers report limited direct observation of illicit drug use in public spaces. Through street outreach activities, Mañe'lu's Project Akudi has rarely encountered visible drug use and has not documented any known overdose incidents among its clients. WestCare's outreach and housing teams engage individuals who may have unmet substance use or behavioral health needs, and staff treat any suspected overdose or drug use in public spaces as a health and safety concern requiring immediate assessment. Both providers note that substance use may contribute to challenges with engagement or follow-through, but outreach teams cannot reliably attribute these challenges to drug use without formal assessment.

The CoC recognizes limitations in provider-level data. Outreach teams do not conduct formal overdose assessments beyond basic intake questions and VI-SPDAT screening items, and staff are not clinically trained to diagnose substance use or overdose based solely on observation. As a result, provider observations may not fully capture the extent of drug use or overdose risk among unsheltered individuals.

Across the CoC, standard safety protocols guide staff responses to potentially dangerous situations. Outreach teams coordinate with emergency responders when urgent intervention is needed, including calling 911 for suspected overdoses or immediate emergencies and 988 for mental health or substance-use crises. Through ongoing outreach, engagement, and coordination with emergency services, CoC providers contribute real-time observations that help inform the CoC's understanding of homelessness, behavioral health needs, and public-space conditions across Guam.

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)

Guam's Continuum of Care (CoC) utilizes existing behavioral health, crisis response, law enforcement, and community-based resources to address individuals experiencing homelessness who may present a danger to themselves or others. Guam's involuntary commitment law permits an individual to be detained for evaluation and treatment for up to 72 hours, when admitted to a treatment facility based on a qualified health professional's determination that the individual is a danger to self, a danger to others, or gravely disabled as a result of a mental disorder. This provides an established pathway for individuals requiring immediate behavioral health intervention.
The CoC leverages Guam's 988 Mental Health Access Line, the Mobile Response Crisis Team, and the 24/7 intake team at the Guam Behavioral Health and Wellness Center, a CoC member, to facilitate timely crisis assessment and connection to behavioral health services. The CoC also works with The Salvation Army's Lighthouse Recovery Center, a CoC member, which responds when staff receive notification that a client has relapsed. Social workers engage the individual and utilize the facility's detoxification resources as appropriate. Toghe, another CoC member, provides peer support groups that offer ongoing community-based support.
All CoC member organizations have staff trained in Mental Health First Aid, suicide prevention, and identifying and responding to behavioral health crises encountered during outreach. These trainings strengthen the CoC's ability to recognize potential risks and connect individuals to appropriate resources. The Guam Police Department conducts welfare checks when requested or when circumstances warrant law enforcement involvement, and CoC organizations are aware that this resource is available. Park Police also carry DPHSS-DHAPP resource pamphlets to help connect individuals with available services.
A limitation in Guam is the absence of a dedicated mental health court or other specialized court-based pathway that could provide an alternative to traditional criminal justice involvement while connecting individuals with behavioral health treatment. To mitigate this gap, the CoC will continue strengthening coordination among behavioral health providers, crisis response teams, law enforcement, and homeless service providers; promote use of 988 and mobile crisis services; maintain staff training; and utilize welfare checks and existing involuntary commitment procedures when appropriate.

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

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

(limit 2,500 characters)

The CoC uses local policies and HMIS practices to support information sharing, promote community safety, and comply with the Sex Offender Registry and Notification Act (SORNA). The CoC-funded Housing First Rental Assistance Program Policy, Section D, “Denial of Admission and Eviction for Violent Criminal Activity or Drug Abuse by Household Members,” requires all household members age 18 and older to consent to a criminal background check before eligibility is determined. The policy authorizes local law enforcement and state registration entities to release criminal conviction and sex offender registration records to the Housing First Program, providing a framework for obtaining and considering this information during intake.

The policy also creates a restrictive effect by requiring a three-year exclusion from admission following certain violent, drug-related, or other qualifying convictions. While supporting community safety, this requirement can delay housing placement for individuals with recent qualifying convictions, including those subject to sex offender registration requirements.

The CoC mitigates these barriers through coordinated information sharing and service access. All CoC-funded projects participate in HMIS, providing a common system for documenting and sharing participant information among authorized users. HMIS includes an alert function to identify safety concerns, including sex offender registry status, allowing authorized users to communicate critical information while coordinating services.

The CoC also incorporates registry screening into housing placement. Catholic Social Services staff check the applicable sex offender registry before placing participants into housing, providing an additional safeguard for community safety.

The CoC will continue leveraging these practices through background and registry checks, HMIS alerts, coordinated case management, and communication among authorized providers and government entities. When eligibility restrictions delay access to a particular housing program, the CoC will identify alternative housing and supportive services and maintain connections to services while pursuing appropriate housing opportunities.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The Guam CoC employs a coordinated, year-round outreach strategy to engage individuals and families experiencing homelessness across the island. A central component is the annual Passport to Services event, which brings nonprofit and government providers to a high-need area to deliver on-site assistance to homeless individuals who often lack access or awareness of available services. Participants receive connections to rental assistance, substance use and mental health treatment, counseling, medical care, youth, elderly, disability and public welfare services, employment support, domestic violence resources, and basic needs such as haircuts.
Beyond this event, CoC partners conduct continuous outreach throughout the year. DHAPP maintains designated Mayor liaisons who regularly gather village-level information on encampments, unhoused residents, special cases, and outreach requests. DHAPP deploys outreach as needed and issues Verification of Housing Status letters that allow individuals to access SNAP, Medicaid, vital documents, and legal identification. This intake process ensures that those declared unhoused and seeking public benefits or documentation are immediately connected to service navigation and further assistance.
WestCare expands outreach coverage through its homelessness, veteran, behavioral health, and substance use programs. Staff engage individuals through direct outreach, partner referrals, and programs such as SSVF, Project Hatsa, and the Guam Youth Initiative. They assess safety and housing needs, connect households to shelter, food, treatment, benefits, and help eligible clients access Coordinated Entry. Manhåle' case managers then support housing search, rental assistance, and ongoing stabilization, maintaining contact with individuals who may be hesitant to engage.
Anchor of Hope provides community-based outreach through meal distribution, school supply distribution, and referrals with partner agencies. These activities help identify housing needs, connect individuals to AoH services, and link eligible households to partner programs. AoH offers rental assistance, utility support, employment search help, and other services that promote stability and healing, and participates in major outreach events.

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)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	

9.		

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	No
2.	School District(s)	No
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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

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

(limit 2,500 characters)

The Guam CoC projects' written policies and procedures inform individuals and families who become homeless of their eligibility for educational services. For instance, DHAPP social workers can create a multi-disciplinary group for cases that are presented. Conferencing with Guam Department of Education (GDOE) Social workers and Child Protective Services, the partners are able to determine best interventions for households and continuity of education for the children. At WestCare, upon enrollment, Manhale' participants receive a Letter of Enrollment, develop an individualized Housing Care Plan, and are connected with case management and community-based supportive services.
The Manhale' Client Handbook states that "once a household is deemed eligible for services, the Case Manager schedules an Intake appointment." During enrollment, "the participant receives a Letter of Enrollment, a profile is created in the CDS, and a Housing Care Plan is developed." The handbook further states that "regular follow-up meetings are scheduled, starting weekly and tapering to monthly as the participant's situation stabilizes." Participants are also "dually enrolled in other WPI programs to access services like substance use and mental health treatment, food assistance, or employment support." The Housing Care Plan further requires ongoing communication with the Case Manager and connections to community resources as part of the participant's housing-stability plan.
All Manhale' participants receive and acknowledge the Manhale' Client Handbook through the Participant Acknowledgement form. The handbook documents the program's provision of and expectation for engagement with case management and supportive-service coordination.
Under those written procedures, the Program Manager informs individuals and families with school-age children or youth of their eligibility for educational services intake. Staff provide an explanation of the policy and connect the household with the appropriate contact at the Guam Department of Education. WPI staff can reinforce this information during case management with families served by Manhåle'. In addition, AOH assigned staff, following the CoC written standards, informs individuals and families of their rights to educational services through the intake and assessment, program orientation, and case management sessions. Households are also informed about other training and educational opportunities available from community agencies.

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 coordinates with Guam's child welfare system to assist youth transitioning from foster care who are experiencing or at risk of homelessness. Both the Guam Housing and Urban Renewal Authority (GHURA) and the Department of Public Health and Social Services (DPHSS) are CoC members, with GHURA serving as the CoC's Collaborative Applicant. This structure supports direct coordination between the CoC, housing resources, and the child welfare system.

Through the Family Unification Program (FUP), GHURA partners with DPHSS's Division of Child Protective Services (CPS) to identify and assist eligible youth transitioning from foster care. FUP Youth assistance is available to eligible young adults ages 18 through 24 who have left foster care or are expected to leave foster care within 90 days in accordance with a transition plan under Section 475(5)(H) of the Social Security Act, and who are homeless or at risk of homelessness.

CPS is responsible for identifying and referring eligible youth to GHURA for housing assistance. When CPS makes a referral, GHURA determines whether the youth meets Housing Choice Voucher (HCV) program eligibility requirements. If a voucher is not immediately available, GHURA places the youth on the appropriate waiting list and completes all other processes related to voucher issuance and program administration.

Because GHURA and DPHSS/CPS are both active CoC members, this partnership provides an established pathway for identifying youth before or as they exit foster care and connecting them with housing resources. The CoC will continue to strengthen communication and coordination among CPS, GHURA, and homeless service providers to support timely referrals, housing navigation, and follow-up.

This coordinated approach leverages the existing child welfare and housing systems to help youth transition from foster care to stable housing and reduce their risk of entering or experiencing homelessness.

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

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

(limit 2,500 characters)

WestCare, a CoC member and RHY-funded provider, coordinates housing and supportive services for youth through its dedicated youth programs. When a young person requires a different level or type of housing or support, WestCare staff facilitate referrals and transition planning with youth-serving providers, consistent with consent and confidentiality requirements.

Through its Sanctuary site, WestCare operates an RHY-funded Basic Center Program (BCP) and aligns its youth shelter services with the CoC's broader youth homelessness response, including the Guam Youth Initiative. The BCP screens youth ages 12–17 for eligibility through coordinated referrals, communication, and collaboration with community partners, as well as through the HMIS Coordinated Entry System. The BCP provides emergency shelter, support services, and case management while coordinating with other providers to ensure youth receive appropriate resources, ongoing support, and safe transitions.

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)

DV HARBORS is a Rapid Rehousing (RRH) project that primarily serves families with children experiencing homelessness. While eligible households include those fleeing or attempting to flee domestic violence, the project leverages government-owned buildings with 2-bedroom, 1-bathroom units that are primarily suited to families with children. This housing model enables the CoC to provide stable housing and supportive services to families experiencing homelessness.

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)

DV HARBORS, operated by the Guam Department of Public Health and Social Services – Division of Homelessness Assistance and Poverty Prevention, is the CoC-funded Rapid Rehousing project identified in 1C-13 as primarily serving families with children experiencing homelessness. The project provides supportive services designed to help participants increase income, obtain employment, and achieve the financial stability needed to sustain permanent housing and pay rent.

Each DV HARBORS participant develops an individualized service plan with project staff that identifies employment and education goals and appropriate services to support progress toward those goals. Case management includes assistance with job searches, employment planning, and connections to community resources. When appropriate, participants are referred to the Guam Department of Labor for additional employment and workforce development services.

DV HARBORS also dedicates supportive service resources specifically to improving participants' education and employment opportunities. The project's supportive services budget includes $5,000 for these activities, with $3,000 designated for education and $2,000 for employment assistance. Funds may be used to address education or employment-related needs that can improve a participant's ability to obtain or retain employment.

The project may also assist participants with the cost of employment-related certificates or credentials needed to pursue jobs or become more competitive in the workforce. By combining individualized case management, employment assistance, education support, workforce referrals, and assistance with job-related certifications, DV HARBORS helps families experiencing homelessness build income and employment capacity. These services are intended to increase household income and strengthen participants' ability to meet ongoing rental costs and maintain housing stability.

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

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

(limit 2,500 characters)

The DV HARBORS Rapid Rehousing project, operated by the Guam Department of Public Health and Social Services (DPHSS), Division of Homelessness Assistance and Poverty Prevention (DHAPP), primarily serves families with children experiencing homelessness. The project leverages mainstream family service systems administered by DPHSS to connect participants with additional resources that support housing stability and family well-being.

Because DHAPP is housed within DPHSS, DV HARBORS participants have direct access to coordinated referrals and connections to key mainstream benefits and services. In particular, DHAPP can connect eligible households to the Temporary Assistance for Needy Families (TANF) program, which provides temporary financial assistance and supportive services to low-income families. Access to TANF can help eligible families address financial barriers and meet basic household needs while participating in Rapid Rehousing, complementing CoC-funded rental assistance and housing stabilization services.

DV HARBORS also benefits from DHAPP's ability to connect households with other DPHSS-administered nutrition and family assistance programs. These include the Supplemental Nutrition Assistance Program (SNAP), which helps eligible low-income households purchase food, and The Emergency Food Assistance Program (TEFAP), which provides emergency food assistance to low-income individuals and families. These mainstream resources can help reduce household financial pressures and allow families to better utilize their available income toward rent, utilities, transportation, and other costs associated with maintaining housing.

By operating DV HARBORS within DPHSS, DHAPP is able to facilitate in-house referrals and link families experiencing homelessness to multiple mainstream family assistance programs through an integrated service system. This coordination strengthens the project's Rapid Rehousing approach by pairing housing assistance with access to income, food, and other supports that can help families achieve and sustain housing stability after exiting homelessness.

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 DV HARBORS Rapid Rehousing project, operated by the Guam Department of Public Health and Social Services (DPHSS), Division of Homelessness Assistance and Poverty Prevention (DHAPP), primarily serves families with children experiencing homelessness. DV HARBORS combines housing assistance with supportive services and connections to childcare, parenting and family supports, healthcare, and education to address the broader needs of families and promote long-term housing stability.
DV HARBORS directly incorporates childcare assistance into its housing stabilization strategy. The project budget allocates $57,074.30 for childcare-related needs, which may include childcare vouchers, meals and snacks, and developmental activities. These resources are particularly important for families who do not qualify for the Child Care and Development Fund and help reduce barriers that could otherwise interfere with employment, education, appointments, or a family's ability to maintain stable housing.
Because DHAPP is housed within DPHSS, DV HARBORS families benefit from streamlined, in-house referrals and connections to public health and family support programs. Staff can connect eligible households to healthcare resources, including Medicaid, as well as other DPHSS services that support pregnancy-related healthcare, child healthcare, nutrition, and family well-being. These connections help families address health needs while receiving housing assistance and reduce barriers to maintaining housing stability.
The project also coordinates with education partners to address children's educational needs. DV HARBORS can connect families with Guam Department of Education (GDOE) counselors who monitor children with special needs and assist in addressing truancy and other educational concerns. This coordination helps ensure that housing instability does not prevent children from accessing appropriate educational supports and services.
Through this integrated approach, DV HARBORS pairs Rapid Rehousing assistance with practical childcare resources, connections to healthcare and family services, parenting and family supports, and educational coordination. Housing assistance is therefore complemented by services designed to address the needs of the entire family and support successful, sustained exits from 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)

WPI partners with the Department of Veterans Affairs through its Supportive Services for Veteran Families (SSVF) program. Staff connect veterans and their families to housing assistance, benefits, supportive services, and appropriate VA resources. Through Manhåle', the target population includes homeless veterans and their families. Eligible veterans who need ongoing permanent supportive housing may receive rental assistance and case management.

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 Guam CoC partners with DHAPP, Anchor of Hope, VARO, Catholic Social Service's Alee Shelter, and the Guam Coalition Against Sexual Assault and Family Violence to provide coordinated safety, shelter, housing, and supportive services for survivors of domestic violence, sexual assault, and stalking. Through crisis response, DV housing, referrals, and trauma-informed training, partners address needs and support safe housing paths.

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 Guam Homeless Coalition, Guam's Continuum of Care, partners with WestCare Pacific Islands, Inc. through a locally funded re-entry program that helps prevent homelessness among individuals transitioning from prisons, jails, or court-ordered programs. The partnership supports re-entry planning, connections to housing and supportive services, and resources to promote housing stability and successful community reintegration.

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 Guam CoC includes healthcare partners, including Guam Memorial Hospital Authority, Health Services of the Pacific, and the University of Guam Nursing Program. Through CoC participation and referral/care coordination, these partners collaborate with homeless service providers to connect individuals experiencing homelessness with significant or complex medical needs to healthcare and supportive services.

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 Guam CoC partners with Title III aging-services programs—including Case Management, In-Home Services, Adult Day Care, Elderly Nutrition, and the National Family Caregiver Support Program—to support elderly individuals experiencing homelessness through coordinated referrals, benefits assistance, housing navigation, nutrition and transportation support, care coordination, and connections to healthcare and residential care.

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

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

(limit 500 characters)

All Permanent Supportive Housing (PSH) projects operated by the Continuum of Care prioritize individuals experiencing chronic homelessness. These projects include Anchor of Hope, Housing First Rental Assistance Program, and Manhali Project.

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)

The projects identified in 1C-19, do not provide on-site behavioral healthcare. Guam's CoC permanent supportive housing projects that prioritize individuals experiencing chronic homelessness operate primarily through tenant-based rental assistance. Under this model, the CoC-funded project provides housing assistance while behavioral health and other supportive services are accessed through community-based partner organizations.
Historically, Guam's CoC has used a coordinated referral model in which housing providers connect participants to appropriate behavioral health and supportive services based on their individual needs. This approach allows participants to access specialized services through community providers rather than requiring behavioral healthcare to be delivered at the housing site.
Although on-site behavioral healthcare is not available through the project, project staff remain responsive to participant needs. When staff receive information indicating that a participant may be experiencing a behavioral health concern or may be at risk, the project can conduct a wellness check and coordinate with appropriate behavioral health or other service providers as needed.
The CoC will continue strengthening coordination between housing providers and community behavioral health partners to ensure participants have access to appropriate care and that emerging behavioral health needs are identified and addressed as quickly as possible.

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)

WestCare's Manhali PSH project uses a participant-centered process to identify when a household may need services or support beyond those provided through permanent supportive housing. Assessment begins at intake with the Housing Barriers Checklist, review of current service providers, and development of an individualized Housing Care Plan. The plan covers multiple life domains—including physical and mental health, housing, family, education, employment, and community support—and identifies strengths, natural supports, needs, goals, and action steps.

Case Managers and participants jointly review needs and develop action plans, with the participant guiding goals and decisions. The Housing Care Plan is updated at each meeting to document progress, reassess needs, and identify additional supports needed for housing stability. Manhali links households to community partners and mainstream health and social service programs. Participants may also be dually enrolled in other WestCare programs, such as SSVF or Håtsa, to access services addressing significant barriers, including substance use and mental health treatment.

When a participant's needs indicate that additional or more intensive services may be appropriate, Case Managers coordinate referrals to relevant community resources and service providers. This ongoing review allows staff to identify changing needs throughout program participation rather than relying solely on initial assessments. Before program exit, Case Managers and participants review the Housing Care Plan to ensure goals have been met and provide final referrals to community resources.

Manhali provides ongoing case management and assesses service needs at least semiannually, with additional contact when needs change. The Program Manager monitors whether current housing and community-based supports remain appropriate, including changes in health, functioning, safety, or substance use needs. When assessments suggest a need for more intensive support, staff discuss options with the participant and coordinate referrals to health, behavioral health, residential treatment, or other providers. Staff work with participants and providers on transition plans to ensure continuity of housing and services.

Through this participant-centered process, Manhali continually assesses needs and connects households with appropriate health, behavioral health, substance use, and other community-based services when additional supports are identified.

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)

WestCare's Manhali PSH project maintains a participant-centered process for assessing readiness to transition to unsubsidized or other permanent housing. Readiness is assessed throughout program participation through the individualized Housing Care Plan, which is developed collaboratively with each household and focuses on strengths, natural supports, needs, goals, and action steps related to housing stability. The plan addresses identified barriers and is designed to support sustainable housing, with goals that are Specific, Measurable, Attainable, Realistic, and Timely (SMART).

The Case Manager and participant review and update the Housing Care Plan at each meeting, documenting progress as goals and barriers are addressed. The plan may progress from immediate crisis resolution, to short- and long-term planning to prevent or resolve homelessness, and ultimately to follow-up or post-program planning. This ongoing process allows the Case Manager and household to identify when the participant has achieved greater housing stability and is prepared for the next stage of housing. Through ongoing case management, Manhali staff review each participant's housing stability, income and benefits, ability to meet housing costs, support network, and preference for a different housing arrangement. When a participant expresses interest in moving to unsubsidized or other permanent housing, staff work with them to assess affordability and identify any supports needed to sustain the move. This may include housing search, landlord coordination, benefits or employment connections, and a transition plan for continued services. The decision is individualized and made with the participant. This approach ensures that transition decisions are individualized, based on documented progress and housing stability, and developed in collaboration with the participant rather than relying on a one-time readiness determination.

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).	No

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.	09/28/2026

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.	09/28/2026

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?	No

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.	08/17/2026

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)

The Guam Homeless Coalition (GHC), Guam's CoC, uses its established review and ranking process to assess renewal projects and determine whether projects should continue to receive funding or be considered for reallocation. As part of the FY 2026 local competition, the GHC Strategic Planning Committee conducted a census of existing CoC-funded projects to determine their interest in seeking renewal funding. All existing projects indicated that they intended to apply for renewal.
Projects participating in the local competition were reviewed through the GHC Review and Ranking Committee (RRC). To ensure a fair and impartial process, the RRC consisted of GHC members representing organizations that do not receive CoC funding and have no financial interest in the projects under review. Each application was independently reviewed and scored by at least two RRC reviewers using the application, supporting documentation, project performance, and available community data. Review factors included project performance, organizational experience and commitment, relative need, project design and effectiveness, and financial management. Reviewers also considered HUD and local CoC priorities, identified community needs, and the effective use of available CoC resources.

The GHC did not identify any renewal project as sufficiently low-performing or less needed to warrant reallocation during the FY 2026 local competition. Accordingly, no projects were selected for reallocation.

Although the FY 2026 NOFO placed increased emphasis on transitional housing and projects with required treatment components, the GHC determined that reallocating existing renewal resources solely to pursue these funding priorities would not necessarily provide the best response to the documented needs of Guam's homeless population. The GHC's established local priorities include renewal Homeless Management Information System (HMIS) and Permanent Housing (PH) projects, including Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH). Based on the review of project performance, community need, and available data, the GHC determined that continued investment in the existing renewal portfolio was appropriate and that no reallocation was warranted.

Therefore, the GHC did not reallocate funding from any low-performing or less-needed project during this year's local competition.

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?	No

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)	Bitfocus Inc.

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

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

2A-3.	PIT Count–Methodology Change.	

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

(limit 2,500 characters)

(1)The CoC experienced volunteer turnout changes for the 2026 PIT Count. The CoC also counted in fewer or more areas of jurisdiction. (2)The success of GHC's PIT Count depends on its volunteers. The GHC hopes PIT training gives volunteers the confidence to collect data accurately. While training helps, some may naturally find homeless surveying more challenging than others. We have found that both new & experienced volunteers sometimes complete fewer surveys in areas with higher homeless populations. For the 2026 PIT, GHC recruited 228 volunteers. Of the 228 volunteers for the ‘26 PIT, 57% had prior experience. Notably, 52% had at least 3 years of prior experience. The 228 volunteers were assigned to 34 teams to cover 197 sites. A total of 311 households consisting of 904 people were surveyed. Volunteer turnout dipped slightly in ‘26. By comparison, the ‘25 PIT utilized 233 volunteers across 30+ teams & 197 sites. In ‘25, 57% of volunteers had prior PIT experience. 48% had 3+ years of volunteering experience. Volunteers for the ‘25 PIT surveyed a total of 274 households consisting of 779 people. There was a 14% increase in households surveyed from ‘25 to ‘26. Having more volunteers with experience contributed to obtaining a higher number of households surveyed in ‘26. For the ‘26 PIT, 197 sites were also surveyed. Over 34 teams covered these sites. There were 311 households totaling 904 people that were counted in 19 villages. This was a 14% increase in households from the ‘25 PIT, in which 274 households totaling 779 people were surveyed. There were 4 villages that had increases in households surveyed that impacted the ‘26 PIT. The villages were Agat, Dededo, Tamuning & Yona. One team surveyed Agat in ‘25 & ‘26, reaching 33 people in 11 households during the ‘26 survey. For the ‘25 PIT, there were 7 households totaling 18 people. This was a 57% increase from the ‘25 PIT. Dededo is the largest village. In ‘26, seven Dededo teams surveyed 70 households consisting of 227 people. In ‘25, 6 Dededo teams surveyed 34 households consisting of 90 people. This was a 106% increase in households from the ‘25 PIT. Tamuning had 3 teams in '26 & 2 in '25. In ‘26, teams surveyed 25 households consisting of 28 people. This was a 67% increase in households from ‘25, when 15 households totaling 18 people were surveyed. One team covered Yona in both ‘25 & ’26. In ‘26, 10 households (24 people) were surveyed. This represents a 67% increase from ‘25

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)

During the evaluation period of January 1–December 31, 2025, the Guam Homeless Coalition (GHC), Guam's community-wide CoC, used a coordinated, community-wide approach to reduce encampments and connect people residing in encampments to shelter, housing, and supportive services. The approach included prevention, planning, outreach, and direct intervention.
The Department of Public Health and Social Services (DPHSS), Division of Homelessness Assistance and Poverty Prevention (DHAPP), worked in collaboration with Manelu, the Office of the Attorney General, mayors' offices, park rangers, and other government partners to conduct outreach, coordinate encampment interventions, and assist individuals and households with relocation and connections to services.
Specific interventions during the period included the Attorney General's Office clearing the Harmon Loop Hotel encampment on January 24, 2025, and the Tamuning Mayor's Office clearing an encampment across from Onward on October 9, 2025, involving six households. These efforts were accompanied by outreach and coordination intended to connect affected individuals with available services and alternative arrangements.
The GHC also strengthened its overall encampment response. The GHC addressed encampments through its Annual Housing and Homelessness Summit, incorporated input from people with lived experience of encampments into planning, and partnered with the Government of Guam to provide mini-grants to CoC members serving individuals and households residing in encampments. These activities supported a coordinated strategy addressing prevention, planning, and intervention.
The GHC also maintains an outreach communication channel that provides an open line for rapid coordination and response to calls for assistance involving people experiencing homelessness. Community partners participate in this response network, helping the CoC identify encampments and respond to emerging needs.
Through these combined efforts, the CoC has moved toward a more coordinated and proactive system in which encampment resolution is paired with outreach, service connection, and planning for longer-term housing stability.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	6
2. Enter the reduction in the number of encampments during your evaluation period.	4

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.	28
2. Enter the reduction in the number of people in encampments during your evaluation period.	20

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)

N/A

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

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

(limit 2,500 characters)

The CoC plans to reduce the number of first-time homeless people in the following fashion. Data must be gathered on the number of clients being served in the CoC's Homeless Prevention and Street Outreach projects. Information from various HUD, HMIS, CES and Street Outreach project reports will be collected.
Using these reports the CoC will identify and focus on assisting clients and households that have the highest risk of entering into the homeless response system, such as large rental and utility arrears, unstable or long-term unemployment, substance abuse disorders, untreated mental health conditions and overcrowded housing arrangements. The data on risks factors, trends, and effectiveness of current strategies will be analyzed and reviewed by the CoC's strategic planning and IT/Data committees regularly.
HP projects case managers in addition to providing HP services and other diversion services such as landlord and family conflict mediation ideally will increase client follow-up wellness checks or provide information on seminars or training for employment, educational opportunities and mental health care for clients to help maintain or improve their current housing situations. This should also be extended to existing long-term clients in CoC PSH and RRH projects that may be prone to reenter the CoC's homeless response system.
In addition to increased case management, the CoC will increase the publicity of available homeless prevention service to the community. This will be accomplished via increased public service announcements, informational flyers/brochures distribution through partner service providers offices and websites and postings at other public locations. Further advertisement of available HP services will be accomplished through regular street outreach activities and HP provider participation in major events such as the annual PIT count, Passport to Services and Homeless Summit and targeted presentations to local realtor associations.
The island has a limited number of HP projects. To reduce first-time homelessness, the CoC must maintain existing prevention and outreach projects through ESG, SSVF, PATH, and other funding. Through the support of the current governor's administration, the CoC was granted money through the department of public health and social services. With the current administration coming to an end, the CoC must be able make its case to have more funds allocated to Guam's homeless response system.

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)

To reduce the length of time individuals and families remain homeless the CoC has continued to use the Housing First approach to rapidly re-house homeless clients. By using the Housing First approach the CoC aims to eliminate barriers to enter its housing assistance programs. The CoC actively engages in outreach to identify persons who are homeless and data collected are entered into the CES. Once entered into the CES, the placement timeline begins. The CES Coordinator/Navigator prioritizes follow up actions based on the assessment score and demographics. Outreach and partner staff may initiate emergency sheltering concurrently and will do the leg work to expeditiously get clients documents ready during the various program placements within the CoC. The VI-SPDAT tool is utilized to identify & prioritize individuals for housing assistance. Assessment is done prior to program participation. Chronic homeless individuals or families are prioritized for placement through available RRH and PSH projects. Persons in the emergency shelter are assisted to enroll in mainstream services, secure appropriate ID and links to employment, training or education such as ESL for migrants who have limited English proficiency. Staff upon assessment assist households determined eligible for RRH to locate housing. If a person has a disability, referrals are done to appropriate programs that provide housing to persons with disabilities and the organization that did the referral provides case management and support services. The goal is rapid placement of households with long-term homelessness. We not only have linked shelters to ESG RRH programs but also have stressed CoC funded programs to practice the Housing First approach to improve housing access. The Guam Homeless Coalition's Strategic Planning Committee and GHURA, the collaborative applicant, are responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless. Review of the CoC's strategy will be conducted regularly.

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?	34.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

An annual performance report (APR) for all permanent supportive housing (PSH), rapid rehousing (RRH), and transitional housing (TH) projects was generated in the Homeless Management Information System (HMIS) to calculate the percent of program participants that exited to unsubsidized housing.
The period of the APR report used was fiscal year October 1, 2024, through September 30, 2025. The APR generated data for the project types, households and total persons served, number of clients exited from the programs, and the exit destination types for those households.
As required by this section, the APR was able to generate exits to permanent housing destinations, specifically to those staying or living with family, permanent tenure, staying or living with friends, permanent tenure, rental by client, no ongoing housing subsidy, and those owned by client, no ongoing housing subsidy.
There were a total of five active PSH and four active RRH projects in the HMIS during this reporting period. The five PSH projects were Guma Hinemlo, Housing First, Manhale, HUD VASH and Y Jahame. The four RRH projects were Project Akudi RRH, ESG RRH, SSVF RRH and Guma Manhoben RRH.
In total there were 206 households consisting of 335 people served during the report period. The five PSH projects served a total of 130 households consisting of 175 people. The four RRH projects served a total of 76 households totaling 160 people. There were no clients served in TH projects. The CoC did not have any TH projects in operation during this period.
For this period, there were a total of 147 clients that exited the RRH and PSH projects. Based on Exit Destination data from the APR, of the 147 clients, 73% or 108 people exited to permanent situations. Of the 108 clients that exited to permanent destinations, 6% or 6 clients were staying or living with family, permanent tenure, 3% or 3 clients were staying or living with friends, permanent tenure, 26% or 28 clients were in a rental by client, no ongoing housing subsidy, and there were no clients exiting to a destination owned by client, no ongoing housing subsidy.
In total, 34% or 37 out of 108 clients exited to unsubsidized permanent housing, This was well over the 20% benchmark indicated in the NOFO Section V.B.1.b.(5).

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.	01/30/2026

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	91	39	67	51.54%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	0	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	73	9	82	100.00%
5. Permanent Supportive Housing (PSH) beds	262	17	279	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) Bed coverage rates below 84.99% occurred exclusively within emergency shelter projects. The CoC reported 130 current emergency shelter beds in the 2026 HIC. There were 4 projects not entering data into the CoC's information systems. Two were DV projects and two were non-DV projects. The two DV projects were VARO and the Alee Shelter. The two non-DV projects were Division of Homelessness Assistance and Poverty Prevention's (DHAPP) Shelter Assistance for Elderly (SAFE) project and Manelu's Rapid Response Shelter program. Over the next 12 months the CoC will take these steps to get these projects entering data. One, the CoC will resume conversations with the Alee Shelter about entering its clients and address possible ways to obtain funding for licenses, which was an obstacle in entering into the system. Also, intend to converse with VARO regarding licensing complications, present an updated license quote and try to persuade them to reconsider entering their data, which is required by their CoC funder. Another conversation to be had is with DHAPP regarding an unresolved financial issue with the HMIS/DV database vendor that is preventing its license from being issued for both data systems. Lastly, the HMIS Lead will meet with Manelu regarding its progress entering its project data into the mainstream database.

(2) VARO's, DHAPP's and Manelu's projects are funded by the Guam Homeless Coalition (GHC) and are required to enter data into the CoC's data systems. The HMIS Lead will follow-up with Bitfocus, regarding an updated license quote and will meet with VARO to revisit getting a license and entering its data into the DV database. We aim at accomplishing this by the end of October 2026. Manelu's project is already set up in the system. We anticipate Manelu to enter its data by the end of October 2026. DHAPP on the other hand, has an outstanding balance with the CoC's system vendor that needs to be addressed before it can enter data. Talks between members of GHURA, TSA, FCOG and DHAPP and Bitfocus are ongoing on how to resolve the financial issue. It will now be brought to GHC board's attention for financial assistance consideration by the end of October 2026. Also, on the agenda for the GHC Board in October of 2026, will be a discussion on the possibility of GHC funding licenses for DV wanting to enter data into the DV comparable database.

3A. Policy Initiatives

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

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

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

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

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

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

4A. Attachments Screen For All Application Questions

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

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

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

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

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

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	GU-500 FY2026 HDX...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Forms	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: List of Projects On-Site Substance Abuse Treatment

Attachment Details

Document Description: List of CoC Projects require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: GU-500 FY2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Forms

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

GU-500

1C-1f – List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment:

None

GU-500

1C-1f – List of CoC Program Projects and number of Units that require Substance Abuse Treatment:

None

Anchor of Hope 1C-3 Attachement

ANCHOR of HOPE CENTER
• GIVING FAMILIES HOPE •
HEBREWS 6:19

ANCHOR of HOPE REFUGE
FOR VICTIMS / SURVIVORS OF DOMESTIC VIOLENCE

DISCHARGE OF PROGRAM PARTICIPANT FROM PROGRAM

Discharge may occur when the program participant:

- Achieves his/her goals and is ready to discontinue service;
- No longer wants to stay at the shelter and receive service;
- Refuses to adhere to the policies and procedures of the program (e.g. violent behavior or weapon/drug possession);
- Has needs that exceed the resources and expertise of the program;
- Failure to participate in supportive services;
- Failure to make progress on a service plan;
- Loss of income or failure to improve income;
- Failure to pay rent or other payments when due
- Failure to pay utility bills when program participant is responsible for paying such bills directly to the supplier of utilities, and has resulted in disconnection of utilities.
- Is evicted from a unit assisted under AoH for a serious or repeated violation of the lease with the landlord and with AoH;
- And any household member that will be assisted with the program has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;
- And any household member is absent from the unit for more than 30 consecutive calendar days;
- And any household member that will be assisted with the program or guest is currently engaging in illegal drug use;
- And any household member that will be assisted with the program commits drug-related criminal activity or violent criminal activity;
- And any household member that will be assisted with the program or guest has engaged in or threatened abusive or violent behavior toward AoH personnel;
- And any household member that will be assisted with the program or guest has abuse or pattern of abuse of alcohol and threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises;
- And any household member that will be assisted with the program has misrepresented income, household members, or other reported information on or accompanying the application to the program;
- Has serious or repeated violations of the Lease Agreement Between AoH and client, and Lease Agreement between client and Landlord;
- Has violations of federal, state, or local law regarding your obligations for occupancy or use of the unit

Program Participant Name & Signature:

_____ ____ Date: _____

Staff Signature: _____ Date: _____

ANCHOR of HOPE CENTER
• GIVING FAMILIES HOPE •
HEBREWS 6:19

ANCHOR of HOPE REFUGE
FOR VICTIMS / SURVIVORS OF DOMESTIC VIOLENCE

PROGRAM PARTICIPANT RIGHTS AND RESPONSIBILITIES

The Anchor of Hope Refuge respects the rights and dignity of the client it services and treats them in a non-coercive manner. As participant of our program, you have the following rights and responsibilities:

RIGHTS

- The right to feel safe in the AoH and associated programs;
- The right to progress through the shelter programs at your own level of comfort and understanding;
- The right to be considered for accommodation and housing based on fair policies;
- The right to receive help finding and staying in suitable housing on a long-term basis;
- The right to be treated with respect regardless of race, status, gender, sexual orientation, age, religion, or beliefs;
- The right to be informed and included in the decisions made about you and your family
- The right to respect, dignity and privacy;
- The right to confidentiality in accordance with the Protection of Privacy Act;
- The right to receive help when applying for income assistance, employment, and health services, educational opportunities and other support services; and
- The right to make a complaint or appeal a decision he/she does not agree with and receive an answer that makes sense to him/her.

RESPONSIBILITIES:

- The responsibility to respect the rights of others to feel safe;
- The responsibility to respect the cultural backgrounds and privacy of others;
- The responsibility to follow schedules and rules of the AoH and its programs;
- The responsibility to comply with the rules and guidelines that govern your lease with the unit and landlord/property management;
- The responsibility to report changes in the family's income or composition to the AoH program in a timely manner;
- The responsibility to make him/herself available to meet with an Advocate at an agreed upon time to conduct periodic review of his/her housing and other personal goals;
- The responsibility to inform and Advocate in advance if he/she cannot attend a scheduled case management meeting or program event;
- The responsibility to have all school-aged children within the household attend school
- The responsibility to keep your unit reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas;
- The responsibility to follow Service Plan Agreement (Individual Service Plan);
- The responsibility to inform staff if you feel that any staff member has breached the code of ethics, confidentiality, or has treated him/her unfairly.

Program Participant Name & Signature:

_____ ____ Date: _____

Staff Signature: _____ Date: _____

Manhali’ 1C-3 Attachement

WESTCARE
PACIFIC ISLANDS

MANHÅLE'

CLIENT HANDBOOK v.2

WestCare's Mission, Vision and Guiding Principles

Mission: WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, co-workers, and communities.

Vision: WestCare devotes our best collective and individual efforts to uplift the human spirit by consistently improving, expanding, and strengthening the quality, efficacy and cost-effectiveness of everything we do.

Guiding Principles

Excellence, Dedication, Growth and Ethical Behavior

Our History

WestCare Foundation and its family of non-profit affiliates began in Las Vegas, Nevada in 1973 as a small organization called Fitzsimmons House which was renamed WestCare in 1988. The initial program served male heroin addicts and soon expanded to include services for men and women abusing alcohol and other drugs. Services and locations have continued to expand ever since and now encompass 18 States and three U.S. Territories. Much of this growth is the result of partnering with like-minded, community-oriented programs which focus on providing the highest level of service possible.

Our motto is **Uplifting the Human Spirit**. This is a lofty statement for any organization to promote as their objective, especially given the challenging world we live in today. However, we understand quality health and human services for individuals, families, and communities in need are a priceless resource. With over four decades of experience, WestCare has the necessary expertise to be that resource to the communities we serve. WestCare devotes our best collective and individual efforts toward "uplifting the human spirit" by consistently improving, expanding, and strengthening the quality, efficacy, and cost-effectiveness of everything we do in building for the future.

About Manhåle'

The Manhåle' Project, meaning "to be rooted," is designed to help individuals achieve and sustain permanent housing by fostering stability and growth. Implemented by WPI, this initiative integrates supportive permanent housing with existing homeless support programs—including Supportive Services for Veteran Families (SSVF) and Hatsa—that provide comprehensive wraparound and therapeutic services. The project targets homeless veterans, their families, and individuals seeking substance use and mental health treatment.

Through the Manhåle' Project, WPI will offer tenant-based rental assistance, supportive case management, and permanent supportive housing services. Eligible clients are identified from WPI's programs. Clients must meet HUD's definition of homelessness and have a qualifying disability to be enrolled.

Once enrolled, the case manager will assist clients with housing counseling, unit selection, lease negotiation, and move-in planning. Rent contributions will be calculated based on HUD standards, ensuring affordability and sustainability. Housing units will undergo habitability inspections, and lease agreements will be structured for up to one year with automatic renewals. The Manhåle' Project's comprehensive approach ensures long-term housing stability while addressing the broader needs of its clients.

MISSION

WestCare Pacific Islands (WPI) Manhåle' Project aims to provide assist individuals in obtaining and maintaining permanent housing by providing permanent supportive housing services to clients enrolled in any of our programs that work with those who are homeless, or at risk of homelessness. These programs include Supportive Services for Veteran Families (SSVF) and Hatsa. By being woven into these programs, they will be provided with wraparound and therapeutic support while Manhåle' provides supportive permanent housing services.

Welcome to Manhåle'

At Manhåle', our mission is to provide you with the highest level of care and support as you journey through our services. This handbook is designed to guide you through everything you need to know to make the most of your experience with us.

Our team is committed to your well-being and success, and we are here to support you every step of the way. Inside this handbook, you'll find important information about our program, policies, and resources that will help you navigate your time with us smoothly. We encourage you to read through it and reach out to us if you have any questions or need further assistance.

Thank you for choosing Manhåle'. We are honored to be part of your journey and look forward to helping you achieve your goals. Let's work together to create a positive and fulfilling experience!

Warm regards,

The Manhåle' Team

HOUSING FIRST MODEL

The Manhåle program follows the Housing First approach, which views housing as a basic human right. We aim to provide immediate access to permanent housing with minimal preconditions, regardless of challenges often linked to homelessness. This approach prioritizes individuals with the greatest needs and vulnerabilities and focuses on removing obstacles to housing entry and continued participation.

Key elements of the Housing First model include:

- **Immediate Housing Access**: Permanent housing is provided without requiring treatment or meeting behavioral standards upfront.
- **Voluntary Supportive Services**: Services are tailored to each participant's needs and goals, and participation is voluntary, particularly regarding disability-related services.
- **Minimal Barriers to Entry**: The program works to remove common obstacles such as poor credit, lack of income, criminal history, or past evictions.
- **Collaboration with Landlords**: The program actively works with landlords to ensure available housing units for participants, speeding up the process.
- **Personalized Housing Care Plan**: During intake, households are assessed for barriers to housing, and a care plan is created to address these barriers and stabilize housing.

The focus is on supporting individuals where they are and ensuring they have access to housing without unnecessary delays.

ELIGIBILITY AND PRE-SCREENING

To qualify for the Manhåle' program, individuals must meet several key criteria. First, participants need to be enrolled in one of the WestCare Pacific Islands programs, which include Supportive Services for Veteran Families (SSVF) or Hatsa. The individual must also meet the HUD definition of homelessness, which can fall into one of several categories. These include being literally homeless, meaning they lack a fixed or adequate night-time residence or fleeing domestic violence with no other housing options. Individuals who are chronically homeless, having experienced homelessness for at least 12 months or on multiple occasions while also having disabilities, also meet the criteria.

Moreover, participants must meet the HUD definition of disability, which encompasses physical, mental, emotional, or developmental impairments that hinder independent living and would benefit from supportive housing. To further qualify, participants must have exhausted resources from their primary program (SSVF or Hatsa) and require assistance related to permanent housing stability. The Manhåle' program, as part of the DedicatedPLUS Project, is specifically designed to assist individuals and families with disabilities, including those who are

- You don’t have to go through programs or treatment before getting housing.
- You can move into housing even if you’re not ready to accept services right away.
- We continue to offer support even if it takes time for you to feel ready.

We do our best to reach out and stay in touch with people who are living on the streets or in shelters. Our goal is to help you find safe, stable housing as soon as possible.

INTAKE AND ENROLLMENT

The Manhåle’ program ensures a smooth transition from eligibility determination to enrollment, prioritizing efficiency in scheduling and completing intake and enrollment to expedite access to services. The primary goal of the intake process is to assess the barriers an individual is facing, identify their strengths and support systems, and develop a Housing Care Plan to help them obtain and sustain housing.

Once eligibility is confirmed, the household will begin receiving case management services. The intake process involves scheduling an appointment where the Program Manager reviews and completes various forms, including the **Application for Services**, **HMIS Intake Form**, **Housing Barriers Checklist**, and the **Housing Care Plan**, among others. The Program Manager or assigned staff will establish a client profile and enters the data into the WestCare Client Data System (CDS), either by updating an existing profile or creating a new one for new clients.

The Administrative Assistant or designated staff will ensure the new participant is entered into both the **Master Case Log** and **Homeless Management Information System (HMIS)**. Following the intake, the Program Manager will provide the **Letter of Enrollment** to the Head of Household and share important program information, including rights, responsibilities, and expectations. Participants will receive a **Manhåle’ Client Handbook** and a business card with contact information. Additionally, an individualized Housing Care Plan will be developed, and connections to community resources will be made to address immediate needs.

VIOLENCE AGAINST WOMEN ACT (VAWA)

The Violence Against Women Act (VAWA) helps protect people who have experienced domestic violence, dating violence, sexual assault, or stalking from losing their housing. It applies to people in federally funded housing programs like the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs. VAWA's goal is to keep survivors safe and reduce their risk of becoming homeless. The VAWA Reauthorization Act of 2022 made these protections stronger and added new rules for CoC and ESG programs, such as helping survivors move to a safer place and keeping their information confidential.

Housing First Rental Assistance Program 1C-3 Attachement

Guam Behavioral Health and Wellness Center
Continuum of Care (COC) Housing First Rental Assistance Program

SUPPORTIVE SERVICES AGREEMENT

The Guam Behavioral Health and Wellness Center (GBHWC) is a service provider for the Housing First Rental Assistance Program. Housing First Rental Assistance Program is a Continuum of Care (COC) Program authorized by Title IV of the Stewart McKinney Homeless Assistance Act. Housing First Rental Assistance Program through the Guam Housing and Urban Renewal Authority (GHURA) gives rental assistance while GBHWC provides and/or makes available supportive services to qualified homeless adults (and their families) with disabilities.

The Housing First Rental Assistance Program's goals are to help program participants to:

1. Obtain and sustain stable housing;
2. Increase their work skills and income; and,
3. Increase their self-determination.

Participants in the Housing First Rental Assistance Program are required to adhere to the terms of this agreement.

GBHWC shall:

1. Assist the participant to obtain those services needed to maintain stable housing, increase their work skills and income, and support their self-determination.
2. As needed, provide case management and advocacy services.
3. Convene a treatment team with the participant (and significant others) to develop an Initial Service Plan.
4. Work with the Participant to insure that the Service Plan addresses the participant's goals regarding housing, skills and income, and self-determination.
5. Have weekly meetings with the Participant to monitor his/her adherence to and satisfaction with the Service Plan.
6. Provide crisis intervention services as needed.
   For life-threatening situations (e.g., fire or medical emergency) or to report a crime, **call 911**.

The Participant shall actively participate in the Program and will be suspended or discharged it is determined that such participation is less than satisfactory. Participants shall:

1. Actively engage in the development of the Initial and on-going Service Plans.
2. Engage in paid and/or volunteer work activities, classes and/or other training activities to increase skills and incomes.
3. Participate in treatment team meetings with assigned social worker and other relevant caregivers and service providers.
4. Meet weekly with assigned social worker to share his/her progress in the Service Plans, address service needs, and express his/her level of satisfaction or dissatisfaction with the services received.

5. Contact assigned social worker for assistance in crisis situations, e.g., problems with landlord, any problem which could negatively affect participant's physical and/or mental health, safety or well-being, including drug usage.

Accountability

1. A Participant's continued housing assistance under the Housing First Rental Assistance Program is dependent on his/her adherence to the terms of this Supportive Services Agreement.
2. The GBHWC Housing First Rental Assistance Program representative will inform a participant, in writing, of concerns regarding his/her non-participation or lack of progress with the Service Plans.
3. The assigned social worker will attempt to re-engage the participant in services.
4. If, however, after three (3) attempts and/or documented outreach, a participant refuses to engage him/herself in the Program, then the GBHWC Housing First Rental Assistance Program representative will forward a recommendation to the GBHWC treatment team that housing assistance to the Participant be suspended or discontinued. The treatment team shall make the final determination.
5. Termination for unsatisfactory participation in the Housing First Rental Assistance Program project will not prevent a person from future participation in the Program.

Grievance

1. A participant who is dissatisfied with the services being provided (or not provided) should follow these steps:
   a. First express dissatisfaction to his/her assigned social work;
   b. If not satisfied, then to the assigned social worker's supervisor;
   c. If not satisfied, file a grievance with the GBHWC Director;
   d. If still not satisfied, the Participant will have the opportunity to carry the grievance to the Office of Community Integration;
2. The Office of Community Integration shall be the final arbiter.

By signing below, I am stating that I have had the opportunity to read and ask questions about this agreement, that my questions have been answered to my satisfaction, and that I understand and will abide by this Supportive Services Agreement. I further understand that this Agreement will remain in effect for as long as I am receiving rental assistance under the Housing First Rental Assistance Program.

_____	_____	_____
Participant's Printed Name	Participant's Signature	Date

WITNESS

_____	_____	_____
Staff's Printed Name	Staff's Signature	Date

https://www.guampdn.com/news/government-clears-out-harmon-homeless-encampment-ag-starts-initiative-to-seek-out-illegal-panhandlers/article_cee25962-da08-11ef-bbaf-cfb1f5751050.html

Government clears out Harmon homeless encampment, AG starts initiative to seek out illegal panhandlers

By Jerick Sablan Pacific Daily News
Jan 24, 2025

A homeless encampment in Harmon across McDonald's on Jan. 10, 2025.

Julianne Hernandez/Pacific Daily News

The government of Guam cleared out a homeless encampment in Harmon on Thursday and the Office of the Attorney General started going out to intersections around the island to ticket those panhandling illegally.

These are the latest actions the government have taken in addressing what some officials have said are safety issues with the encampment close to the major highway and panhandlers being on busy intersections.

The "PanBuster" program is the AG's office initiative to seek out and ticket illegal panhandling. On Friday, the AG's office went live on YouTube showing criminal investigators going to various intersections giving out tickets to individuals who were panhandling and didn't have the proper paperwork.

Guam law allows panhandling by adults on some sidewalks and public easements, but only if the panhandler gives the police chief at least 24 hours written notice and safety measures are in place, including warning signs and reflective vests. Guam law makes it illegal to ask for money from vehicles in traffic or while on traffic medians.

Encampment

The Office of Homelessness Assistance and Poverty Prevention under the Office of the Governor, in collaboration with the Department of Public Works, Guam Police Department, and various GovGuam agencies and nonprofit organizations, conducted a coordinated cleanup and outreach event on Thursday targeting a homeless encampment along the busy Harmon highway, Adelup said in a release.

“We confirmed with the owners of the property that no one was authorized to be here. With our human services agencies, we are trying to connect these individuals with services and work towards getting them housed or reconnected back with family,” said OHAPP Director Rob San Agustin in a statement. “We recognize that each individual experiencing homelessness faces unique challenges, and we are dedicated to addressing those challenges while upholding the dignity and well-being of Guam’s most vulnerable community members.”

San Agustin, in a video posted by the Office of the Governor, said someone in the encampment was involved in an auto-pedestrian accident so it was an issue of public safety to clean it up.

A woman was hit by a car in Harmon on Jan. 13 on Route 16 near GU Storage. According to police, the woman sustained minor injuries from the crash.

The encampment could be seen from the highway with a tent and items on the sidewalk close to the road.

DPW crews cleaned the public easement, removing debris, trash, and hazardous materials from the site and making the area safer for residents and commuters, Adelup said.

Outreach teams worked alongside to provide individuals with information on available services and programs aimed at addressing housing insecurity and poverty, Adelup added.

Panhandling

The AG's office earlier this month installed billboards featuring an animated drawing of a panhandler as part of an ongoing campaign against illegal panhandling.

The billboards sparked strong reactions — including vandalism — from residents.

One of the billboards, located near the airport in Barrigada, was vandalized with the words "Housing is a human right" written across it. Another billboard, in the Paseo Loop in Hagåtña, was defaced with "Moylan hates poor PPL" scrawled on it.

Attorney General Douglas Moylan in response to the vandalism said it further highlighted the importance of his office's stance on prosecuting panhandlers at intersections.

He said while the graffiti could be removed, he directed his team not to do so.

"It shall remain as a stark symbol of the criminality plaguing our island community and a reminder to every law enforcement officer and law-abiding citizen why you have an attorney general, and why this AG intends to continue cleaning this place up," Moylan said.

The launch of the program signifies new action from the AG's office. Moylan has said that after two years of ineffective attempts to curb panhandling, enforcement will now seek out and ticket illegal panhandling activity at Guam's intersections.

The AG's office on Friday started Phase II of its initiative with the PanBuster Mobile which confronts panhandlers with a livestream broadcast, along with law enforcement officials at the AG's office to actively seek out panhandlers.

The livestream has a line across the screen that states, "All suspects are presumed innocent until proven guilty in a court of law." It also has a number 671-475-HELP (4357) which residents can send a WhatsApp message to report panhandlers.

Some officials can be seen wearing all white clothes with the animated drawing of the panhandler on their back and on their hats. The livestream shows AG officials driving around the island seeking people panhandling and showing the officials giving out the tickets to the individuals. The officials can be heard asking if the person has a permit to panhandle. Some interactions with the individuals were heated as the person would become upset over the ticket. One man could be heard yelling profanities at the officials.

One individual who was given a ticket could be heard on the livestream asking AG officials how she would pay for the ticket if she didn't have any money.

Citations are like traffic tickets which require panhandlers to appear at court to pay a fine. Otherwise they risk arrest for not paying their fines or appearing in court for their trial, the AG's office has said.

https://www.guampdn.com/news/mayors-office-clears-illegal-encampment-in-tamuning-over-unsafe-conditions-noise-concerns/article_f84bcb8a-74ad-4623-8bab-378e475e45e7.html

Mayor's office clears illegal encampment in Tamuning over 'unsafe conditions, noise' concerns

By Julianne Hernandez Pacific Daily News
Oct 9, 2025

1 of 4

The operator of a Department of Public Works backhoe clears makeshift shelters found at an illegal encampment in a residential section of Tamuning on Oct. 9,
Rick Cruz/Pacific Daily News

Tamuning Vice Mayor Albert Toves says safety and noise concerns prompted the Oct. 9, 2025 removal of an illegal encampment in the village.
Rick Cruz/Pacific Daily News

A long-standing illegal encampment along Tun Justo Dungca Street, next to Camp Watkins Road in Tamuning, was cleared on Thursday because of concerns about unsafe conditions and noise from the makeshift shelters.

Tamuning Vice Mayor Albert Toves, in an interview during the clearing of the makeshift homes, said what started as a blue tarp turned into something like a “subdivision.”

The illegal encampment, located near the road leading up to Guam Memorial Hospital, had grown significantly, the vice mayor said.

“This action responds to complaints from nearby residents about unsafe conditions, noise, and the presence of children and a baby inside the encampment,” Toves told the Pacific Daily News.

Toves confirmed that all individuals had been removed, along with their belongings.

Crews had to dismantle the remaining structures, he said.

Toves said he personally counted “six of them” moving out Thursday morning and identified “six structures right now.”

The illegal encampment had drawn repeated complaints from nearby residents. Arguments, unsafe behavior, and disruptive activity were among the issues reported, the vice mayor said.

One family with children living nearby said their children could not go outside to play because of conditions at the site.

“Their kids cannot even go out and play because of the attitudes and situations and the practices that the encampment is doing,” Toves said.

Toves added that complaints involved more than noise or behavior.

“Arguments coming out of the encampment, also just found out that we had kids involved in this encampment...there’s even a baby that’s involved here,” he said.

According to Toves, Department of Public Health and Social Services officials spoke to every individual in the area and provided them with information on available assistance services.

However, he admitted no actual assistance had been delivered.

Toves said he was unsure how many adults or children had been living at the encampment because of the transient nature of the site.

“We just want to clear up our municipality and keep it clean and keep it safe for everyone,” he added.

Contact reporter Julianne Hernandez at jhernandez@guampdn.com or (671) 483-1429.

Julianne Hernandez

Guam Homeless Coalition Selection Criteria
for Continuum of Care Homeless Assistance Programs
Ranking of Renewal Projects

Organization:
Project Name:
Project Type:
Reviewer:
Date Reviewed:

Category	Max Score	Project Score
Project Description		
Describes project, including main goals, services provided, type of housing provided, and target population	10	
Subtotal	***10***	***0***
Project Alignment with CoC Priorities		
Describes how the project meets documented CoC system needs.	5	
Project addresses chronic homelessness.	5	
Subtotal	***10***	***0***
Monitoring		
Any CoC or HUD monitoring findings and corrective action were minimal.	10	
Subtotal	***10***	***0***
Project Performance & Evaluation		
Time to Placement		
On average, time from project entry to residential placement was 15 days (RRH), 30 days (DV RRH), or 180 days (PSH & TH).	10	
Permanent Housing Placements		
≥20% of exited individuals moved to unsubsidized permanent housing.	10	
Data Quality		
Program entries were entered into HMIS within 2 days on average.	15	
≥90% of persons who exited, exited to known destinations.	15	
System Performance Measures		
Recidivism		
≤15% of individuals who exited to permanent housing returned to homelessness within 12 months of exit.	30	
New or Increased Income		
≥25% of adults increased or sustained employment income.	10	
≥30% of adults increased or sustained non-employment income.	10	
≥20% of adults increased employment income.	10	
≥20% of adults increased non-employment income.	10	
Cost-Effectiveness		
Costs per positive housing exit (total budget with match/#persons exited to positive locations or still in program) is reasonable for project type.	10	
Describes how the organization has assessed and will assess project outcomes.	5	
CoC Participation - Guam Homeless Coalition (GHC)		
Organization attends regular GHC meetings.	5	
Organization participates in GHC committees.	5	

Organization participates in GHC activities and events, such as the annual Point-In-Time (PIT) Count and Passport to Services	5	
Subtotal	***150***	***0***
Organization Financial Performance		
Organization did not return any funds for any CoC or HUD-funded projects in most recent performance period.	10	
Average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.	10	0
Subtotal	***20***	***0***
Total Score	**200**	**0**

Total Project Score (in Percentage) **0.00%**

Recommendation:

☐Maintain current funding

☐Reallocate funding

Reviewer Comments:

Reviewer Signature

Guam Homeless Coalition Selection Criteria
for Continuum of Care Homeless Assistance Programs
Ranking of HMIS Renewal Project

Organization:
Project Name:
Project Type:
Reviewer:
Date Reviewed:

Category	Max Score	Project Score
Project Description and Alignment with HUD HMIS Criteria		
Describes current HMIS activities within the CoC (e.g., training, monitoring and evaluation, data management, and reporting).	20	
Describes how funds will be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery.	15	
Describes HMIS's ability to produce HUD-required reports and to provide data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.	15	
Describes HMIS current data standards and abilities, including a description of data elements collected (e.g., Universal Data Elements as set forth in the HMIS Data Standards) and HMIS's ability to de-duplicate records.	15	
Describes how HMIS uses data to review performance for the entire CoC geographic area and to provide information to project subrecipients and applicants for needs analysis and funding priorities.	15	
Subtotal	***80***	***0***
Project Alignment with CoC Priorities		
Describes how the project meets documented CoC system needs.	5	
Project addresses chronic homelessness.	5	
Subtotal	***10***	***0***
Monitoring		
Any CoC or HUD monitoring findings and corrective action were minimal.	5	
Subtotal	***5***	***0***
Project Performance & Evaluation		
Describes how the agency evaluates the project to ensure a high quality HMIS using objective data.	45	
Explains how the project works with CES to ensure a high-quality system performance using objective data.	45	
Subtotal	***90***	***0***
Organization Financial Performance & Project Costs		
Organization did not return any funds for any CoC or HUD-funded projects in most recent performance period.	5	
Subtotal	***5***	***0***
Total Project Score	**190**	**0**

Total Project Score (in Percentage) **0.00%**

Recommendation:
☐Maintain current funding
☐Reallocate funding

Reviewer Comments:

Reviewer Signature

Guam Homeless Coalition Selection Criteria
for Continuum of Care Homeless Assistance Programs
Ranking of CES Renewal Project

Organization:
Project Name:
Project Type:
Reviewer:
Date Reviewed:

Category	Max Score	Project Score
Project Description and Alignment with HUD CES Criteria		
CES is easily available and reachable for all individuals and families seeking homeless services on Guam, including persons with disabilities.	10	
CES has a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs.	10	
CES has a standardized assessment used to direct individuals and families to appropriate housing to meet their needs.	10	
CES ensures individuals and families are matched to apporopriate housing and services that match their needs.	10	
CES has a process for prioritizing individuals and families most in need.	10	
CES has a process in place for serving clients who fall out of housing or who have unsuccessful referrals.	10	
CES has policies and procedures for serving individuals fleeing domestic violence.	10	
Describes how CES collaborates with stakeholders within and across the CoC.	10	
Subtotal	***80***	***0***
Project Alignment with CoC Priorities		
Describes how the project meets documented CoC system needs.	5	
Project addresses chronic homelessness.	5	
Subtotal	***10***	***0***
Monitoring		
Any CoC or HUD monitoring findings and corrective action were minimal.	10	
Subtotal	***10***	***0***
Project Performance & Evaluation		
CES regularly evaluates its process at a systems and programmatic level using objective data.	40	
Please explain how the project works with HMIS to ensure a high-quality system performance using objective data.	40	
CES has a robust data management system.	10	
Subtotal	***90***	***0***
Agency Financial Performance & Project Costs		
Organization did not return any funds for any CoC or HUD-funded projects in most recent performance period.	5	
Subtotal	***5***	***0***
Total Project Score	**195**	**0**
Total Project Score (in Percentage)	**0.00%**	

Recommendation:
☐Maintain current funding
☐Reallocate funding

Reviewer Comments:

Reviewer Signature

Guam Homeless Coalition Selection Criteria
for Continuum of Care Homeless Assistance Programs
Ranking of New Projects

Organization:
Project Name:
Project Type:
Reviewer:
Date Reviewed:

Category	Max Score	Project Score
Organizational Commitment		
Does the organization have knowledge of and experience with serving the homelessness population?	5	
Does the organization, its employees and partners (if applicable) have the necessary experience and knowledge to carry out the specific activities proposed?	5	
Does the organization participate in GHC activities and events such as the annual Point-In-Time (PIT) Count and Passport to Services?	5	
Does the organization attend regular GHC meeting?	5	
Does the organization participate in GHC subcommittees?	5	
For new Domestic Violence project applicants only: What is the applicant's previous performance in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes?	5	
Organizational Commitment of Domestic Violence Project Applicant Subtotal	***30***	***0***
Organizational Commitment of All Other Applicant Subtotal	***25***	***0***
Relative Need		
Is the project directly related to the critical needs of the homeless population?	5	
Does the organization explain how the project is consistent with the mission statement of the Continuum of Care?	5	
Is the project consistent with the Continuum of Care vision and the Gaps Analysis? • Does the project address one of the priority needs identified? • Does the applicant build a case for the need? • Is there any existing housing for this population? If so, is the need much greater than the current capacity?	5	
Subtotal	***15***	***0***
Project Design - The proposal should explain the population that will be served and how it meets their needs.		
Is the project narrative fully responsive to the question being asked? Does it meet all the criteria for that question?	5	
Is the target population clearly described? For example, a project that will serve homeless youth would define the age group to be served – homeless youth age 13 to 17.	5	
Are the type and scale of the housing or services proposed appropriate to the needs of the persons to be served?	5	
Is the project designed to help participants achieve self-sufficiency and not just meet emergency needs?	5	
Are transportation and community amenities available and accessible?	5	
Is there adequate supervision of the population to be served?	5	
Is there adequate supervision of direct service staff?	5	
Does the project show how it will help to increase stability for the homeless population by accessing mainstream services?	5	
Does the project show how it will help to increase skills for the homeless population?	5	
Does the project show how participants will be helped to access permanent housing and achieve self-sufficiency?	5	
Does the project specify how it will ensure timely and accurate data entry into HMIS or if a victim service provider or legal service provider, entry in a comparable database and provision of de-identified information to the CoC?	5	

Subtotal	***55***	***0***
Readiness to Proceed		
Does the organization have the essential staff with the required knowledge and experience to implement the program?	5	
Does the organization have an implementation plan that includes the position descriptions and a timeline to hire staff?	5	
Does the organization have site control of the property where the project will take place?	5	
Does the organization have the ability to provide sound programmatic and fiscal oversight?	5	
Subtotal	***20***	***0***
Financial Management		
Does the application provide clear information that addresses sustainability and a budget that supports the project design?	5	
Do the project costs, including costs associated with operations, and administrations, reflect the norm for the type of structure of kind of activity?	5	
Is there a financial management system in place that is able to properly account for expenditure of federal funds?	5	
Does the application specify appropriate financial leverage and document secured matching funds?	5	
Subtotal	***20***	***0***
Domestic Violence Applicant Only Total Project Score	**140**	**0**
All Other Applicants Total Project Score	**135**	**0**

Total Domestic Violence Applicant Only Project Score (in Percentage)	**0.00%**
Total All Other Applicant Project Score (in Percentage)	**0.00%**

Reviewer Comments:

Reviewer Signature

GUAM HOMELESS COALITION

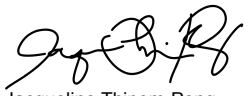
FY2026 CoC Competition - Ranking Summary

							Reviewer 1		Reviewer 2	
Rank	Type	Organization	Program	Final Project Score	RRC Recommendation	Max Points	Project Score	Percentage	Project Score	Percentage
1	RENEWAL HMIS	The Salvation Army	HMIS	91.05%	maintain current funding	190	173	91.05%	173	91.05%
2	RENEWAL CES	Catholic Social Service	Coordinated Entry System	81.79%	maintain current funding	195	157	80.51%	162	83.08%
3	RENEWAL	First Church of God	Anchor of Hope	81.25%	maintain current funding	200	172	86.00%	153	76.50%
4	RENEWAL	Guam Housing and Urban Renewal Authority	Housing First Rental Assistance	78.25%	maintain current funding	200	157	78.50%	156	78.00%
5	RENEWAL	Westcare Pacific Islands	Manhali'	76.50%	maintain current funding	200	158	79.00%	148	74.00%
6	RENEWAL	DPHSS - Division of Homelessness Assistance and Poverty Prevention	DV Harbors	48.75%	maintain current funding	200	82	41.00%	113	56.50%
7	NEW	Westcare Pacific Islands	Manhali' (Expansion)	90.74%	approved at requested funding	135	116	85.93%	129	95.56%

DATA CERTIFICATION

Review and Ranking Committee for 2026 CoC Competition

Reviewer:

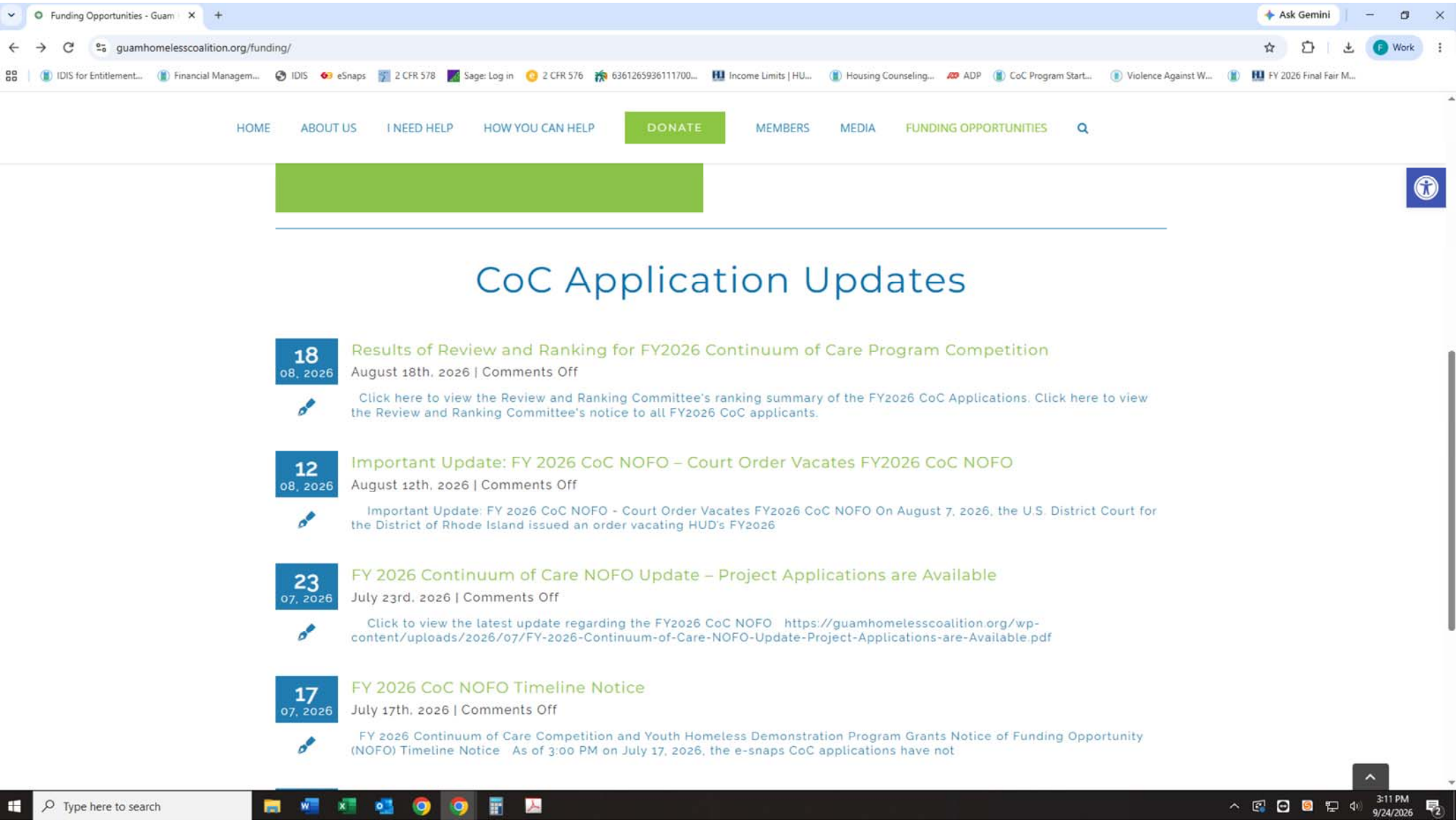


Jacqueline Thinom-Pong
Mane'lu/ Micronesian Resource Center One-Stop Shop
GHC Review & Ranking Committee Chairperson

Reviewer:

Corrine T. Buendicho

Corrine Buendicho
Department of Youth Affairs (DYA)
GHC Review & Ranking Committee Member


Funding Opportunities - Guam
Ask Gemini
guamhomelesscoalition.org/funding/
Work
IDIS for Entitlement...
Financial Managem...
IDIS
eSnaps
2 CFR 578
Sage: Log in
2 CFR 576
6361265936111700...
Income Limits | HU...
Housing Counseling...
ADP
CoC Program Start...
Violence Against W...
FY 2026 Final Fair M...
HOME
ABOUT US
I NEED HELP
HOW YOU CAN HELP
DONATE
MEMBERS
MEDIA
FUNDING OPPORTUNITIES
CoC Application Updates
18 08, 2026
Results of Review and Ranking for FY2026 Continuum of Care Program Competition
August 18th, 2026 | Comments Off
Click here to view the Review and Ranking Committee's ranking summary of the FY2026 CoC Applications. Click here to view the Review and Ranking Committee's notice to all FY2026 CoC applicants.
12 08, 2026
Important Update: FY 2026 CoC NOFO – Court Order Vacates FY2026 CoC NOFO
August 12th, 2026 | Comments Off
Important Update: FY 2026 CoC NOFO - Court Order Vacates FY2026 CoC NOFO On August 7, 2026, the U.S. District Court for the District of Rhode Island issued an order vacating HUD's FY2026
23 07, 2026
FY 2026 Continuum of Care NOFO Update – Project Applications are Available
July 23rd, 2026 | Comments Off
Click to view the latest update regarding the FY2026 CoC NOFO https://guamhomelesscoalition.org/wp-content/uploads/2026/07/FY-2026-Continuum-of-Care-NOFO-Update-Project-Applications-are-Available.pdf
17 07, 2026
FY 2026 CoC NOFO Timeline Notice
July 17th, 2026 | Comments Off
FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants Notice of Funding Opportunity (NOFO) Timeline Notice As of 3:00 PM on July 17, 2026, the e-snaps CoC applications have not
Type here to search
3:11 PM
9/24/2026

August 17, 2026

To: FY 2026 Continuum of Care Program Applicants
From: GHC Review & Ranking Committee Chairperson
Subject: Results of Review and Ranking for FY2026 Continuum of Care Program Competition

On behalf of the Guam Homeless Coalition (GHC) and the Review and Ranking Committee (RRC), thank you for submitting an application for consideration under the FY 2026 Continuum of Care (CoC) Program Competition. The RRC has completed its review and ranking of the applications submitted for this year's competition and is pleased to present our results.

Rank	Type	Organization	Programs	Totals	RRC Recommendation
1	RENEWAL HMIS	The Salvation Army	HMIS	91.05%	maintain current funding
2	RENEWAL CES	Catholic Social Service	Coordinated Entry System	81.79%	maintain current funding
3	RENEWAL	First Church of God	Anchor of Hope	81.25%	maintain current funding
4	RENEWAL	Guam Housing and Urban Renewal Authority	Housing First Rental Assistance	78.25%	maintain current funding
5	RENEWAL	WestCare Pacific Islands	Manhali'	76.50%	maintain current funding
6	RENEWAL	DPHSS - Division of Homelessness Assistance and Poverty Prevention	DV Harbors	48.75%	maintain current funding
7	NEW	WestCare Pacific Islands	Manhali' (Expansion)	90.74%	approved at requested funding

The CoC Program supports a coordinated community response to homelessness by funding programs that help individuals and families quickly obtain and maintain stable housing, access mainstream services and benefits, and achieve greater self-sufficiency. This includes assistance for individuals, families, youth, and persons fleeing domestic violence or other unsafe situations.

To ensure a fair and impartial process, the RRC was composed of GHC members representing organizations that do not receive CoC funding and have no financial interest in the projects under review. Each application was independently reviewed and scored by at least two RRC reviewers based on the application, supporting documentation, project performance, and available community data. Projects were evaluated on project performance, experience and organizational commitment, relative need, project design and effectiveness, and financial management. Reviewers also considered HUD and local CoC priorities, identified community needs, and the effective use of available CoC resources.

Final ranking also considered HUD and local CoC priorities, identified community needs, available CoC resources, and the Guam Homeless Coalition Policy and Procedure for Review and Ranking of Continuum of Care Homeless Assistance Programs, which prioritizes renewal Homeless Management Information System (HMIS) and Permanent Housing (PH) projects, including Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH). Please note that final project selections and funding levels are determined by HUD.

If you have any questions or concerns regarding the review and ranking results, please contact me at 671-789-1265 or executive@manelu.org. The RRC appreciates the time and effort invested by each applicant. On behalf of the Guam Homeless Coalition, thank you for your continued partnership and commitment to addressing homelessness throughout Guam.

Respectfully,

Jacqueline Thinom-Pong

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

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

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

Applicant Organization: Guam Housing and Urban Renewal Authority

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

14.267 -- Continuum of Care Program

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

66010950300;66010950401;66010950402;66010950501;66010950502;66010950900;66010951000;66010951600;66010951800;
66010951901;66010951902;66010952400;66010952800;66010952900;66010953000;66010953300;66010953400;66010953900;
66010954400;66010954800;66010955300;66010955400;66010955600;66010955700;66010956000

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

☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.

☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.

☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

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

Estimated Funding Allocations

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

☒ 76% - 100%

☐ 51% - 75%

☐ 26% - 50%

☐ 11% - 25%

☐ 1% - 10%

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

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

Guam is a small island in the Western Pacific, an insular area of the United States, population 153,000. Guam's 25 Opportunity Zones extend across every one of its 19 villages (or towns). This geographic reach creates a unique opportunity to use OZ investments as a coordinated, place-based strategy to strengthen communities, expand opportunity, and improve outcomes for individuals and families experiencing housing instability, homelessness, and poverty.
All 7 projects included in this Consolidated Application will serve individuals and families residing in one or more of Guam's 25 OZs. 3 projects expand access to affordable housing and all 7 connect residents to the essential supports that promote long-term stability, including healthy food, education, employment and job training, health services, and other wraparound assistance. Housing stability is a critical foundation for economic mobility and self-sufficiency. When individuals and families have safe and stable housing, they are better positioned to pursue education, employment, health, and other opportunities.
The investments will also strengthen the organizations serving Guam's OZ communities. Two projects provide training, technical assistance, and capacity-building to participating organizations as they provide data management and service delivery by the CoC. This enhances operational resilience, improves service delivery, and strengthens their roles as community-based partners and leaders.

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

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

Certification of Authorized Representative for the Applicant:

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

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

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

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

Prefix:		First Name:	Elizabeth	Middle Name:	F.
Last Name:	Napoli			Suffix:	

Title:	Executive Director
Organization:	Guam Housing and Urban Renewal Authority
Signature:	
Date:	09/28/2026