

## Before Starting the Project Listings for the CoC Priority Listing

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

The CoC Priority Listing includes:

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

- Project Listings:

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

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

- Attachment Requirement

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

Things to Remember:

- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.

- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

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

# 1. Continuum of Care (CoC) Identification

**Collaborative Applicant Name:** Guam Housing & Urban Renewal Authority

## 2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects? No

## Continuum of Care (CoC) New Project Listing

### Instructions:

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

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

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

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

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

| Project Name         | Date Submitted       | Comp Type | Applicant Name       | Budget Amount | Grant Term | Funding Type | Transition Grant | Expansion | Rank | PSH/RRH |
|----------------------|----------------------|-----------|----------------------|---------------|------------|--------------|------------------|-----------|------|---------|
| Manhali' Project ... | 2026-09-28 11:57:... | PH        | Guam Housing & Ur... | \$59,181      | 1 Year     | Bonus        | No               | Yes       | E7   | PSH     |

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

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

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

☐

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

| Project Name         | Date Submitted       | Grant Term | Applicant Name       | Budget Amount | Consolidation | Accepted? | Comp Type | Rank | Expansion | PSH/RRH | Consolidation Type |
|----------------------|----------------------|------------|----------------------|---------------|---------------|-----------|-----------|------|-----------|---------|--------------------|
| Anchor of Hope       | 2026-08-02 19:27:... | 1 Year     | Guam Housing & Ur... | \$224,086     |               | Yes       | PH        | 3    |           | PSH     |                    |
| HMIS                 | 2026-08-04 02:54:... | 1 Year     | Guam Housing & Ur... | \$131,135     |               | Yes       | HMIS      | 1    |           |         |                    |
| Manhala Project      | 2026-08-04 11:24:... | 1 Year     | Guam Housing & Ur... | \$240,596     |               | Yes       | PH        | 5    | Expansion | PSH     |                    |
| Coordinated Entry... | 2026-08-04 02:54:... | 1 Year     | Guam Housing & Ur... | \$59,146      |               | Yes       | SSO       | 2    |           |         |                    |
| DV HARBORS           | 2026-08-04 01:27:... | 1 Year     | Guam Housing & Ur... | \$389,808     |               | Yes       | PH        | 6    |           | RRH     |                    |
| Housing First Ren... | 2026-08-03 04:12:... | 1 Year     | Guam Housing & Ur... | \$216,797     |               | Yes       | PH        | 4    |           | PSH     |                    |

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

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

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

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

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

| Project Name         | Date Submitted       | Grant Term | Applicant Name       | Budget Amount | Accepted? |
|----------------------|----------------------|------------|----------------------|---------------|-----------|
| GU-500 CoC Planni... | 2026-09-27 23:11:... | 1 Year     | Guam Housing & Ur... | \$129,990     | Yes       |

## Continuum of Care (CoC) YHDP Renewal Project Listing

### Instructions:

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

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

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

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☐

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☐

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

☒

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

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

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

### Instructions:

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

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

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

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

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

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

## 4. Consolidation & Expansion

### Instructions:

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

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

### Alert:

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

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

## 4B. Expansion

### Instructions

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

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Expansion(s). ☒

The Collaborative Applicant certifies the accuracy of all the individual project applications related to this expansion request(s) ☒

The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed ☒

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

|                | Applicant Name                | Stand Alone Renewal Expansion Project Pin: | Stand Alone New Expansion Application (1) esnaps Project Number | Stand Alone New Expansion Application (2) esnaps Project Number |
|----------------|-------------------------------|--------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| Expansion #1:  | WestCare Pacific Islands, Inc | GU0045                                     | 232179                                                          |                                                                 |
| Expansion #2:  |                               |                                            |                                                                 |                                                                 |
| Expansion #3:  |                               |                                            |                                                                 |                                                                 |
| Expansion #4:  |                               |                                            |                                                                 |                                                                 |
| Expansion #5:  |                               |                                            |                                                                 |                                                                 |
| Expansion #6:  |                               |                                            |                                                                 |                                                                 |
| Expansion #7:  |                               |                                            |                                                                 |                                                                 |
| Expansion #8:  |                               |                                            |                                                                 |                                                                 |
| Expansion #9:  |                               |                                            |                                                                 |                                                                 |
| Expansion #10: |                               |                                            |                                                                 |                                                                 |

## Funding Summary

### Instructions

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

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

| Title                                     | Total Amount |
|-------------------------------------------|--------------|
| CoC Renewal Amount                        | \$1,261,568  |
| New CoC Bonus and CoC Reallocation Amount | \$59,181     |
| New DV Bonus Amount                       | \$0          |
| New DV Reallocation Amount                | \$0          |
| YHDP Renewal and Replacement Amount       | \$0          |
| YHDP Reallocation Amount                  | \$0          |
| CoC Planning Amount                       | \$129,990    |
| Rejected Amount                           | \$0          |
| Total Funding Request                     | \$1,450,739  |

## Attachments

| Document Type                                                      | Required? | Document Description | Date Attached |
|--------------------------------------------------------------------|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan (HUD-2991) | Yes       | FY2026 Guam HUD-2991 | 09/28/2026    |
| Other                                                              | No        |                      |               |
| Other                                                              | No        |                      |               |
| Project Rating and Ranking Tool (optional)                         | No        | FY2026 Guam Proje... | 09/28/2026    |

## Attachment Details

**Document Description:** FY2026 Guam HUD-2991

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** FY2026 Guam Project Review and Ranking Tool

## Submission Summary

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

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

| Page                                                       | Last Updated      |
|------------------------------------------------------------|-------------------|
| Before Starting                                            | No Input Required |
| 1. Collaborative Applicant                                 | 09/27/2026        |
| 2. Reallocation                                            | 09/27/2026        |
| 3A. CoC New Project Listing                                | 09/28/2026        |
| 3B. CoC Renewal Project Listing                            | 09/28/2026        |
| 3D. CoC Planning Project Listing                           | 09/28/2026        |
| 3E. YHDP Renewal Project Listing                           | No Input Required |
| 3F. YHDP Replacement and YHDP Reallocation Project Listing | No Input Required |
| 4. Consolidation & Expansion                               | 09/28/2026        |

|                              |         |            |
|------------------------------|---------|------------|
| Project Priority List FY2026 | Page 16 | 09/29/2026 |
|------------------------------|---------|------------|

|                           |                   |
|---------------------------|-------------------|
| <b>4B. Expansion</b>      | 09/28/2026        |
| <b>Funding Summary</b>    | No Input Required |
| <b>Attachments</b>        | 09/28/2026        |
| <b>Submission Summary</b> | No Input Required |

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. 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)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority - The Salvation Army

Project Name: Homeless Management Information System

Location of the Project: 155003 Corsair Road, Tiyan, GU 96921

Name of the Federal Program to which the applicant is applying:

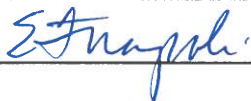
FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature: 

Date: 09/25/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority - Catholic Social Service

Project Name: Coordinated Entry System

Location of the Project: 234 US Army Juan C. Fejeran St., Barrigada, GU 96913

Name of the Federal Program to which the applicant is applying:

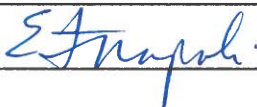
FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature: 

Date: 09/25/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority - First Church of God

Project Name: Anchor of Hope

Location of the Project: 449 Rt. #10 Veterans Highway, Barrigada, GU 96913

Name of the Federal Program to which the applicant is applying:

FY 2026 Continuum of Care Competition

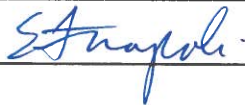
Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature:



Date:

09/25/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority

Project Name: Housing First Rental Assistance Program

Location of the Project: 117 Bien Venida Ave., Sinajana, GU 96910

Name of the Federal Program to which the applicant is applying:

FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature:



Date:

09/25/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. 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)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority - WestCare Pacific Islands, Inc.

Project Name: Manhali' Project

Location of the Project: 402 E Marine Corps Drive Suite 200, Hagatña, GU 96910

Name of the Federal Program to which the applicant is applying:

FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature:



Date:

09/25/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority - Department of Public Health & Social Services

Project Name: DV HARBORS

Location of the Project: 306 Fr. Duenas Ave., Hagatña, GU 96910

Name of the Federal Program to which the applicant is applying:

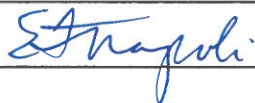
FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature: 

Date: 09/25/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. 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)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority - WestCare Pacific Islands, Inc.

Project Name: Manhali' Project Expansion

Location of the Project: 402 E Marine Corps Drive Suite 200, Hagatña, GU 96910

Name of the Federal Program to which the applicant is applying:

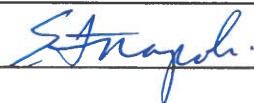
FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Guam

Certifying Official of the Jurisdiction

Name: Elizabeth F. Napoli

Title: Executive Director, Guam Housing and Urban Renewal Authority

Signature: 

Date: 09/25/2026

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>Project Description</b>                                                                                                                          |           |               |
| Describes project, including main goals, services provided, type of housing provided, and target population                                         | 10        |               |
| <b>Subtotal</b>                                                                                                                                     | <b>10</b> | <b>0</b>      |
| <b>Project Alignment with CoC Priorities</b>                                                                                                        |           |               |
| Describes how the project meets documented CoC system needs.                                                                                        | 5         |               |
| Project addresses chronic homelessness.                                                                                                             | 5         |               |
| <b>Subtotal</b>                                                                                                                                     | <b>10</b> | <b>0</b>      |
| <b>Monitoring</b>                                                                                                                                   |           |               |
| Any CoC or HUD monitoring findings and corrective action were minimal.                                                                              | 10        |               |
| <b>Subtotal</b>                                                                                                                                     | <b>10</b> | <b>0</b>      |
| <b>Project Performance &amp; Evaluation</b>                                                                                                         |           |               |
| <i>Time to Placement</i>                                                                                                                            |           |               |
| On average, time from project entry to residential placement was 15 days (RRH), 30 days (DV RRH), or 180 days (PSH & TH).                           | 10        |               |
| <i>Permanent Housing Placements</i>                                                                                                                 |           |               |
| ≥20% of exited individuals moved to unsubsidized permanent housing.                                                                                 | 10        |               |
| <i>Data Quality</i>                                                                                                                                 |           |               |
| Program entries were entered into HMIS within 2 days on average.                                                                                    | 15        |               |
| ≥90% of persons who exited, exited to known destinations.                                                                                           | 15        |               |
| <i>System Performance Measures</i>                                                                                                                  |           |               |
| <i>Recidivism</i>                                                                                                                                   |           |               |
| ≤15% of individuals who exited to permanent housing returned to homelessness within 12 months of exit.                                              | 30        |               |
| <i>New or Increased Income</i>                                                                                                                      |           |               |
| ≥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        |               |
| <i>Cost-Effectiveness</i>                                                                                                                           |           |               |
| 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         |               |
| <b>CoC Participation - Guam Homeless Coalition (GHC)</b>                                                                                            |           |               |
| 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          |          |
| <b>Subtotal</b>                                                                                                               | <b>150</b> | <b>0</b> |
| <b>Organization Financial Performance</b>                                                                                     |            |          |
| 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        |
| <b>Subtotal</b>                                                                                                               | <b>20</b>  | <b>0</b> |
| <b>Total Score</b>                                                                                                            | <b>200</b> | <b>0</b> |

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| <b>Project Description and Alignment with HUD HMIS Criteria</b>                                                                                                                                                             |            |               |
| 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         |               |
| <b>Subtotal</b>                                                                                                                                                                                                             | <b>80</b>  | <b>0</b>      |
| <b>Project Alignment with CoC Priorities</b>                                                                                                                                                                                |            |               |
| Describes how the project meets documented CoC system needs.                                                                                                                                                                | 5          |               |
| Project addresses chronic homelessness.                                                                                                                                                                                     | 5          |               |
| <b>Subtotal</b>                                                                                                                                                                                                             | <b>10</b>  | <b>0</b>      |
| <b>Monitoring</b>                                                                                                                                                                                                           |            |               |
| Any CoC or HUD monitoring findings and corrective action were minimal.                                                                                                                                                      | 5          |               |
| <b>Subtotal</b>                                                                                                                                                                                                             | <b>5</b>   | <b>0</b>      |
| <b>Project Performance &amp; Evaluation</b>                                                                                                                                                                                 |            |               |
| 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         |               |
| <b>Subtotal</b>                                                                                                                                                                                                             | <b>90</b>  | <b>0</b>      |
| <b>Organization Financial Performance &amp; Project Costs</b>                                                                                                                                                               |            |               |
| Organization did not return any funds for any CoC or HUD-funded projects in most recent performance period.                                                                                                                 | 5          |               |
| <b>Subtotal</b>                                                                                                                                                                                                             | <b>5</b>   | <b>0</b>      |
| <b>Total Project Score</b>                                                                                                                                                                                                  | <b>190</b> | <b>0</b>      |

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>Project Description and Alignment with HUD CES Criteria</b>                                                                                 |           |               |
| 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 appropriate 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        |               |
| <b>Subtotal</b>                                                                                                                                | <b>80</b> | <b>0</b>      |
| <b>Project Alignment with CoC Priorities</b>                                                                                                   |           |               |
| Describes how the project meets documented CoC system needs.                                                                                   | 5         |               |
| Project addresses chronic homelessness.                                                                                                        | 5         |               |
| <b>Subtotal</b>                                                                                                                                | <b>10</b> | <b>0</b>      |
| <b>Monitoring</b>                                                                                                                              |           |               |
| Any CoC or HUD monitoring findings and corrective action were minimal.                                                                         | 10        |               |
| <b>Subtotal</b>                                                                                                                                | <b>10</b> | <b>0</b>      |
| <b>Project Performance &amp; Evaluation</b>                                                                                                    |           |               |
| 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        |               |
| <b>Subtotal</b>                                                                                                                                | <b>90</b> | <b>0</b>      |
| <b>Agency Financial Performance &amp; Project Costs</b>                                                                                        |           |               |
| Organization did not return any funds for any CoC or HUD-funded projects in most recent performance period.                                    | 5         |               |
| <b>Subtotal</b>                                                                                                                                | <b>5</b>  | <b>0</b>      |

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>Organizational Commitment</b>                                                                                                                                                                                                                                                                                                                                                           |           |               |
| 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         |               |
| <b>For new Domestic Violence project applicants only:</b>                                                                                                                                                                                                                                                                                                                                  |           |               |
| 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         |               |
| <b>Organizational Commitment of Domestic Violence Project Applicant Subtotal</b>                                                                                                                                                                                                                                                                                                           | <b>30</b> | <b>0</b>      |
| <b>Organizational Commitment of All Other Applicant Subtotal</b>                                                                                                                                                                                                                                                                                                                           | <b>25</b> | <b>0</b>      |
| <b>Relative Need</b>                                                                                                                                                                                                                                                                                                                                                                       |           |               |
| 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?<br><ul style="list-style-type: none"> <li>• Does the project address one of the priority needs identified?</li> <li>• Does the applicant build a case for the need?</li> <li>• Is there any existing housing for this population? If so, is the need much greater than the current capacity?</li> </ul> | 5         |               |
| <b>Subtotal</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>15</b> | <b>0</b>      |
| <b>Project Design - The proposal should explain the population that will be served and how it meets their needs.</b>                                                                                                                                                                                                                                                                       |           |               |
| 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         |               |

|                                                                                                                                                        |            |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>Subtotal</b>                                                                                                                                        | <b>55</b>  | <b>0</b> |
| <b>Readiness to Proceed</b>                                                                                                                            |            |          |
| 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          |          |
| <b>Subtotal</b>                                                                                                                                        | <b>20</b>  | <b>0</b> |
| <b>Financial Management</b>                                                                                                                            |            |          |
| 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          |          |
| <b>Subtotal</b>                                                                                                                                        | <b>20</b>  | <b>0</b> |
| <b>Domestic Violence Applicant Only Total Project Score</b>                                                                                            | <b>140</b> | <b>0</b> |
| <b>All Other Applicants Total Project Score</b>                                                                                                        | <b>135</b> | <b>0</b> |

**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**