

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-501 - Tampa/Hillsborough County CoC

1A-2. Collaborative Applicant Name: Tampa Hillsborough Homeless Initiative

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Tampa Hillsborough Homeless Initiative

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

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

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

(limit 2,500 characters)

1) Year-round open membership. CoC membership is free and open to any person or organization in Hillsborough County. The membership invitation is included in emails to anyone that contacts THHI for non-services needs and online application are posted on the Continuum of Care page of thhi.org, where anyone can find them at any time.

2) Annual public invitation. At least once a year THHI issues a formal invitation to join the CoC. It is posted on thhi.org, sent through the CoC's monthly email newsletter (more than 3,500 subscribers), shared on THHI's social media accounts, and announced at the monthly CoC general meeting, which is open to the public. Every newsletter also closes with a standing invitation to join and a link to the application.

3) Recruiting partners who are not already at the table. THHI's Board of Directors, executive staff, and the CoC Executive Planning Committee are charged with recruiting organizations that do not usually attend homelessness meetings. This past year that included law enforcement, hospitals and health centers, the courts, workforce agencies, businesses, and congregations through Faith in Housing, the faith network that is part of The Right Door: 5-Year Strategic Plan on Homelessness.

4) Getting involved. New members are introduced at the next general meeting and invited to join one of the CoC's standing committees. Under the CoC Governance Charter, a member becomes an Active Member by attending at least 80% of monthly CoC meetings and 80% of a committee's meetings, and active participation counts in our local project scoring.

5) Access for people with disabilities. Meetings can be attended in person or online. Agendas and meeting materials are posted as accessible PDFs, and recordings are kept. The website uses the accessible accessibility tool, and anyone can ask to join by phone, email, or in person if an online form does not work for them.

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

(limit 2,500 characters)

1) Who we hear from. The CoC takes input from local, state, and federal agencies, nonprofits, faith organizations, businesses, law enforcement, health care providers, and people with lived experience of homelessness. The main forum is the monthly CoC general meeting, which is open to the public and includes time for comment. The CoC's standing committees, which includes the YAB and Lived/Consumer Advisory Committees, and the By-Name List workgroups add more detailed input.

2) Sharing performance data in public. THHI presents System Performance Measures, PIT and HIC results, and HMIS dashboards at CoC meetings and posts them on thhi.org, so comments on CoC performance are based on current numbers. THHI staff also present to the Hillsborough County Board of County Commissioners, Tampa City Council, and community town halls and bring comments from those meetings back to the CoC.

3) Priority setting in the open. The local competition rules, scoring tools, and ranking strategy are published on thhi.org. For FY2026, THHI released the 2026 Universal RFP Addendum #1 on June 29, 2026, updated it publicly on July 23, 2026, and held two open technical assistance workshops on June 30, 2026.

4) Surveys and direct feedback. The Service Delivery and Consumer Advisory Committees survey people currently experiencing homelessness, and outreach staff gather feedback one on one.

5) What changed because of what we heard. Community input shaped The Right Door: 5-Year Strategic Plan on Homelessness. Providers and residents told us the wait between a housing referral and move-in was too long, so the CoC added Speed Leasing and master leasing. They told us people leaving the streets needed treatment and a job path, not just a unit, so the FY2026 competition funded new transitional housing and supportive services projects built around recovery and employment. Business owners and law enforcement asked for faster response to people sleeping in public, which led to the online outreach reporting tool used by deputies.

6) Access for people with disabilities. Comments can be given in person, online, by phone, or by email. Materials are posted as accessible PDFs, meetings are recorded, and the website uses the accessible tool.

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

(limit 2,500 characters)

The CoC has an open door for new applicants. THHI, the Collaborative Applicant, issues a Universal Request for Proposals (RFP) that any eligible organization can respond to, including faith-based organizations and agencies that have never received CoC Program funds. For FY2026, THHI released the 2025 Universal RFP on November 26, 2025 and the 2026 Universal RFP on April 1, 2026. Both were posted on the CoC website, sent through the CoC newsletter email lists which has a distribution to nearly 1400 people from all types of entities, announced at CoC meetings, and shared on social media. Each RFP states that organizations new to CoC funding are eligible and strongly encouraged to apply.

Each RFP explains eligible project types, required content, and the submission method and deadline. CoC Collaborative Applicant staff hold open virtual workshops approximately one week after an RFP is released to review and answer questions, and then has a period of written Q&A while under a “cone of silence.”

Every proposal was scored with the same new project tool, worth 106 points: system and project performance (28), treatment and service delivery (36), budget and organizational capacity (15), lived experience (9), agency compliance (7), and CoC participation including HMIS (11). Proposals scoring 72% or higher moved to a second review against HUD's requirements for the project type, such as service participation and treatment connections for transitional housing, and cooperation with law enforcement for street outreach. They were then checked against HUD's new project rating factors.

THHI received 21 proposals that aligned with HUD's NOFO including twelve from entities new and/or not currently receiving CoC funding in our CoC. Twelve new projects were selected to be included in the FY2026 Application. This included three faith-based organizations (Catholic Charities Diocese of St. Petersburg, St. Vincent de Paul CARES, and Metropolitan Ministries) and three organizations new to CoC Program funding (Metropolitan Ministries, St. Vincent de Paul CARES, and WellBuilt Cities). Each project applicant was assigned a THHI staff liaison, and THHI hired a consultant to help new agencies complete e-snaps, so smaller and first-time organizations had opportunities for technical assistance to strengthen their applications.

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

(limit 2,500 characters)

1) The gap. The Right Door, our 5-Year Strategic Plan, sets three priorities: system-wide support, subpopulations, and housing development. We had almost no transitional housing (TH) and too few projects that tie housing to treatment and work. Our FY25 SPMs report shows 3,430 people homeless for the first time and an average of 95.6 days homeless. Providers and people with lived experience said those leaving the street or treatment need to stabilize with services and a job plan.

2) Strategies. CoC: We reallocated 30% of ARD (\$3,526,349.50) and added CoC and DV Bonus to request 12 new projects: nine TH (\$6,693,344) and three supportive services (\$1,460,835). They serve people in recovery (ACTS, Salvation Army), families (Dawning), youth (Catholic Charities), DV survivors (The Spring), trafficking survivors (Survivor Ventures), unsheltered people (Metropolitan Ministries outreach, WellBuilt Cities drop in center), and job seekers (SVdP CARES). All TH require treatment and employment services. Elderly: The 2026 PIT counted 508 people 55+, up 11% from 2025. Our CoC Builds project, Robles Park Village Parcel E, adds 36 PSH for seniors w/ disabilities, with a Veterans preference. SVdP CARES and Senior Connections Center link them to health and aging services.

Local and state: Through our Universal RFP, THHI awards about \$1.83M in State ESG, State Challenge, County ESG, and City ESG for shelter, prevention, and rapid rehousing, plus \$400,000 in County CDBG for coordinated entry access points. More CDBG for acquisition and rehab is expected. The Right Door adds Workforce for All (250 people a year into jobs or SSI/SSDI), Housing IS Healthcare (120 chronically homeless people with medical needs), Speed Leasing (move-in under 21 days), Operation REVEILLE (50 veterans a year), and The BEACH House.

3) Measures. By 9/30/2028: 80% of TH leavers exit to permanent housing; 40% of adults increase earned income; returns within 12 months under 10%; average time homeless under 85 days.

4) Timeline. Awards by 12/1/2026; agreements in 60 days; leases and staff in place within 90 days; full occupancy in six months; quarterly reviews start the first full quarter.

5) Funding. CoC Bonus, DV Bonus, reallocated funds, CoC Builds, ESG, Challenge, CDBG, 25% subrecipient match, and County in-kind health care match.

6) Oversight. THHI monitors all projects. The Ranking and Review Committee reviews HMIS data quarterly, and the THHI Board approves corrective action or reallocation.

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

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

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

1C. Coordination and Engagement

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

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

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

(limit 2,500 characters)

Not applicable. FL-501 is not a rural CoC.

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)

Our CoC provides outpatient mental health and substance use treatment to participants in two ways: (1) treatment agencies are the recipients or subrecipients of several CoC-funded projects; and (2) the other CoC projects have a strong relationship with treatment agencies, including an effective referral path to those agencies.

1) Treatment agencies that operate CoC housing. The Agency for Community Treatment Services (ACTS) provides outpatient and residential substance use and mental health treatment and operates two CoC PSH projects plus the new ACTS Transitional Housing Program. In addition, Ibis, formed in July '25 when Gracepoint and Cove Behavioral Health merged, provides outpatient therapy, psychiatry and medication management, medication-assisted treatment, residential and outpatient substance use treatment, crisis stabilization; Ibis also provides primary care as a Federally Qualified Health Center. Ibis operates the CoC-funded HOME3-PHAME PSH project. Participants in these projects move between levels of care within the agency to be responsive to changing needs.

2) Referral paths for all other projects. Other CoC projects refer participants to ACTS, Ibis, and Aspire Health Partners, Tampa Family Health Centers, Central FL Behavioral Health (HHS funded) for assessment and treatment. Uninsured participants are enrolled in the Hillsborough Co. Health Care Plan, which covers primary and behavioral health care, and CoC projects help w/ Medicaid applications.

3) Levels of care and psychosocial services. The range of available services includes outpatient counseling and group therapy, as well as intensive outpatient, residential treatment, detox, and inpatient care. Case managers link participants to psychosocial rehabilitation, life skills, and supported employment.

4) Suicide prevention. The Crisis Center of Tampa Bay answers 988 and 211 for Hillsborough Co. CoC project staff are trained to screen for suicide risk and connect people to 988 or the Ibis Mobile Crisis Response Team.

5) Recovery supports. Participants have access to peer recovery specialists, recovery community meetings, and SOAR-assisted benefits applications. In the FY2026 CoC funding competition, the new transitional housing projects were selected in part based on their connections to treatment providers.

6) Hillsborough Co. Health Care Services Dept. funds community-based treatment at local nonprofits, supporting more than 200 treatment beds countywide for indigent people unhoused.

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)

Our CoC has a network of behavioral health, detox, treatment, and recovery providers to ensure individuals in need of these services have timely access to care, including peer specialists to support recovery directly from those with lived experience with substance use and mental health recovery. Some are directly provided within CoC funded projects while others are community-based services with referral partnerships with CoC funded projects. Peer support directly within CoC funded projects include CoC projects operated by organizations that support treatment and recovery. THHI also has an MOU with Central FL Behavior Health, with HHS funding components and referrals can flow bidirectionally. ACTS employs peer specialists across their continuum of services and provide valuable lived-experience support to individuals pursuing recovery. Through recovery coaching and ongoing engagement, peer specialists help individuals navigate life challenges that may create barriers to long-term recovery, including housing, employment, income, benefits, relationships, and wellness. Catholic Charities provides access to peer support and recovery navigation by actively hiring persons w/ lived experience and utilizing peer mentors within our housing and addiction recovery programs. Peers deliver essential peer-to-peer guidance, assist clients in navigating recovery, and serve as a vital link back to program management by identifying systemic access barriers. Ibis Healthcare employs certified recovery peer specialists who work with CoC participants in outpatient, residential, and housing programs. Peers help with appointments, recovery planning, and staying engaged after a move-in. Empath Partners in Care runs the YHDP Youth HUB, where unaccompanied YYA are assisted w/ peer support from staff with lived experience. WellBuilt Cities, through its navigation center, provides peer support and recovery navigation through staff and Guest Partners w/ lived experience, who help build trust, support engagement, and connect participants to appropriate services. The CoC encourages people w/ lived experience to earn the FL Certification Board's Certified Recovery Peer Specialist credential. CoC member agencies host certification trainings and hire graduates. Members of the Lived Experience Advisory Board receive stipends and leadership training, and several have moved into paid peer roles. People in recovery are members of CoC committees and help strengthen peer support throughout the CoC.

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)

1) Identifying people with Serious Mental Illness (SMI). Outreach teams, shelters, and CE access points use the CoC's standard Coordinated Entry assessment, the VI-SPDAT series, and HMIS data element 3.08, which records the presence and severity of a mental health condition. Ibis Healthcare's PATH-funded street outreach team works with unsheltered adults who have SMI or co-occurring disorders. The Hillsborough County Sheriff's Office Behavioral Resource Unit pairs deputies with social workers and refers the people it meets to the CoC. Anyone brought to the county's designated behavioral health receiving facility at Ibis is screened for homelessness before discharge.

2) Connecting people to treatment. When an assessment flags a serious mental health condition, case managers and outreach workers refer the person to providers in our area, including Ibis Healthcare, ACTS, Northpoint, and Windsor Mental Health. Referrals also go to the Central Florida Behavioral Health Network, to Hillsborough County Healthcare Services so the person can obtain the insurance coverage treatment requires, and to Tampa Family Health Centers and other affordable treatment sites.

3) Assertive outreach and intensive treatment. Adults with SMI who are not engaging in office-based care are referred to Florida Assertive Community Treatment (FACT) through its established referral process. FACT brings psychiatry, nursing, case management, and peer support to the person rather than waiting for the person to come in. PATH outreach staff stay in contact until that link to ongoing treatment holds.

4) Housing with the right level of support. Ibis's HOME3-PHAME PSH project and ACTS HEART PSH serve people with serious mental illness and pair case management with treatment. CE case conferencing every two weeks reviews high-need individuals on the By-Name List so outreach, treatment, and housing staff coordinate collectively.

5) Legal tools when needed. If a person is a danger to themselves or others, the case manager works with law enforcement to initiate involuntary examination under Florida's Baker Act (ch. 394, F.S.), which can lead to court-ordered inpatient or outpatient services. CoC staff coordinate with the treatment team so a housing plan is ready at discharge.

6) Stability after housing. Case managers coordinate medication management, benefits through SOAR, and primary care so participants maintain both their treatment and their housing.

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

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

(limit 500 characters)

The CoC partners with the 13th Judicial Circuit Problem-Solving Courts. CoC funding supports Ibis Healthcare, treatment liaison for the Adult Mental Health Treatment Court (AMHTC), and ACTS and Phoenix House. All three are AMHTC treatment providers and also serve the Marchman Act Drug Treatment Court (Division Z) and Mental Health Court. Assistant Public Defender Marie Marino, who directs the Forensic Behavioral Health Intervention Unit, serves on the CoC's Board and Executive Planning Committee.

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 Adult Mental Health Treatment Court (AMHTC) connects clients who have been arrested and are experiencing both homelessness and mental health or substance abuse issues with ACTS, Ibis, and Phoenix House. This provides participants with both a shelter bed and the treatment needed to overcome their health issues as part of their court-mandated diversion program. These providers use HMIS to track length of stay, exit destination, coordinated entry participation/status and other HMIS data elements.

Once the client is stable, Ibis and ACTS can use CoC and local funds to house individuals through the CoC's established coordinated entry system, in transitional housing, rapid rehousing or permanent supportive housing as needed and requested by the client.

While providing services and shelter to these participants, Ibis and ACTS remain in contact with the AMHTC when there is a need to report back on client progress or challenges. The court-ordered mandated treatment and services are leveraged by the provider agencies to help incentivize participants to comply with the court orders and remain on a successful track toward recovery and stability.

Hillsborough Co. Health Care Services Dept. also funds community-based treatment at local nonprofits, supporting more than 200 treatment beds countywide for indigent people unhoused.

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: (1) Crisis Center of Tampa Bay, the 988 and 211 contact center for Hillsborough County; and (2) Ibis Healthcare, which runs a 24/7 Mobile Crisis Response Team, adult crisis stabilization, and the county's designated behavioral health receiving facility; and (3) the Hillsborough County Sheriff's Office Behavioral Resource Unit, which pairs deputies with social workers. Hillsborough Co. Health Care Services Dept. funds 200 community-based treatment beds

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.	116

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)

Ibis Healthcare, formed in July '25 from the merger of Gracepoint and Cove , is the CoC's SAMHSA PATH provider. Its PATH outreach team identifies unsheltered adults with serious mental illness or co-occurring disorders and connects them to CE & treatment. Ibis is also a Federally Qualified Health Center and operates the CoC HOME3-PHAME project. THHI has an MOU with Hillsborough Co. Health Services for funding with 200 treatment beds for treatment. MOU w/ Central FL Behavioral Health for referral.

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)

Within the CoC geographic area, none of the CoC Program-funded projects explicitly operate or market programs designated as "sober housing" under the 24 CFR 578.93(b)(5) regulatory exception.

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)

Every partner named in 1C-1a through 1C-1i, including ACTS, Ibis Healthcare, the Crisis Center of Tampa Bay, the court teams, and our outreach and shelter providers, can initiate a Coordinated Entry assessment in HMIS or by calling a CE access point. The person is placed on the By-Name List before leaving treatment or custody.

1) Planning before discharge from institutions or residential settings. When someone in detox, residential treatment, crisis stabilization, or inpatient care has no safe place to go, the facility's discharge planner contacts CE ahead of the discharge date. CE staff and the treatment team choose the best option, whether a shelter bed, transitional housing, rapid rehousing, PSH, or a return to family or other support networks, and establish a move date.

2) A real hand-off, not a phone number. Hillsborough Co. Health Care Services funds more than 200 community treatment beds. The receiving case manager at the housing program meets the person at the facility or joins by video before discharge. With written consent, the treatment provider shares the aftercare plan, and the housing program schedules the first appointment.

3) HMIS carries the hand-off. Clarity Human Services supports direct program-to-program referrals, referral status tracking, case manager messaging, client contact and location information, shared forms and notes, alerts for clients we cannot locate, and a client portal. Case managers see in real time where a referral stands, so none are missed or quietly dropped.

4) Housing tied to treatment. The new FY 2026 transitional housing projects submitted by THHI and operated by subrecipients by ACTS, Catholic Charities, Dawning Family Services, and The Spring of Tampa Bay, selected in part due to their established partnerships with treatment providers, so people leaving treatment move into service-rich housing.

5) Keeping housing when it exists. Where the person still has a place to stay, CE problem-solving conversations and prevention funds help them keep it or return to family, and SOAR specialists file SSI and SSDI applications so income is in place.

6) Speed. THHI's Speed Leasing and master leasing work under the CoC's "The Right Door" plan keeps a pool of units identified, inspected, and available, so a hand-off does not stall while someone works to locate a unit.

7) Follow-up. By-Name List case conferencing tracks each hand-off until the person is housed, and HMIS reflects any returns to homelessness.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$11,794,827
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.	\$6,096,413
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	52%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,015,112
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).	60%

1C-3.

Participation Requirements for Supportive Services.

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?

100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

In our CoC, Hillsborough County and the City of Tampa receive ESG as entitlement jurisdictions. In addition, the State of Florida awards ESG through the Department of Children and Families (DCF) Office on Homelessness. THHI, as CoC Lead Agency, consults and serves as a subrecipient with all three.

1) Planning. THHI takes part in the County's and City's Consolidated Plan and Annual Action Plan consultations each year and provides those jurisdictions with current PIT, HIC, System Performance, and HMIS data. That data is used to describe homelessness in the Consolidated Plans and to establish ESG priorities.

2) Allocation. Before each ESG cycle, THHI meets with City and County staff to review system gaps and recommends how ESG should be split among street outreach, emergency shelter, prevention, rapid rehousing, and HMIS. [City 4/29/26, 8/18/26; County 7/1/26, 9/1/26] For state ESG, THHI coordinates the local application and ranking based on CoC priorities.

3) Shared standards. ESG and CoC projects follow the same written standards, use CE, and enter data in HMIS (UNITY), so ESG-funded shelter and rapid rehousing feed directly into CoC housing.

4) Performance. THHI pulls ESG CAPER data and project performance from HMIS and reviews it with the recipients. Results are shared at CoC meetings and inform the following year's allocations.

5) Going forward. THHI will continue meeting with each ESG recipient at least annually before allocations are set, provide data for every Consolidated Plan update, and invite ESG staff to the CoC's funding and performance committees.

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)

- 1) Every shelter is a door into the CoC. All emergency shelters in HMIS serve as Coordinated Entry access points, and shelter staff complete the CE assessment at or soon after entry, which places the household on the By-Name List for CoC housing and services.
- 2) Our CoC provides a centralized coordinated entry system. Shelters enter data in UNITY, the CoC's HMIS, so CoC housing and services providers can see shelter stays, assessments, and documents without asking people to repeat their story. Victim service shelters use a comparable database and refer through a confidential process.
- 3) Case conferencing. Shelter case managers attend By-Name List case conferencing with CoC housing and service providers to match households to openings and resolve barriers such as missing documents or income.
- 4) Moving people out quickly. Shelters with Rapid Exit funds help households move out quickly. Speed Leasing and master-leased units give shelter residents faster access to a unit once they are matched to Rapid Rehousing or PSH. The new FY2026 transitional housing projects add an option for shelter guests who need treatment, job training, or other services before entering permanent housing.
- 5) Non-congregate shelter and outreach. The CoC funds or partners with non-congregate shelter for people who cannot use congregate shelter, and outreach teams coordinate bed availability with shelters daily.
- 6) Shared standards. Shelters funded by ESG and local dollars follow the CoC written standards and are monitored by THHI, and shelter providers take part in CoC committees that set policy.

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)

1) THHI, as HMIS Lead, shares PIT, HIC, HMIS, and System Performance data with the Hillsborough County Board of County Commissioners and County staff, the City of Tampa, the City of Temple Terrace, the City of Plant City, and the Florida Department of Children and Families (DCF) Office on Homelessness.

2) What is shared and when. PIT and HIC results are provided to the County, City, and DCF each year after HUD submission and are used in the Consolidated Plans and state homelessness reports. System Performance Measures and Longitudinal Systems Analysis results are shared annually. HMIS project and system reports are shared with funders monthly or quarterly for projects they fund.

3) Public dashboards. THHI posts PIT results, System Performance data, and HMIS dashboards on the CoC website so ensure that local officials and the public are provided the same information and that the CoC is fully transparent. The CoC's "The Right Door" plan calls for real-time dashboards on placements and system flow, which THHI is currently building in UNITY and on our website.

4) Uses. This information is used to allocate homelessness funds; and law enforcement and code enforcement use outreach data to plan joint responses.

5) Protecting privacy. Per our Notice of Uses and Disclosures and Privacy Notice, data is shared in aggregate and client-level data is never shared out to the general public. All sharing follows the UNITY Privacy Policy, HUD HMIS standards, HIPAA where it applies, and VAWA protections. Victim service providers are never required to share client-level data.

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)

1) Law enforcement data. THHI built an online homeless outreach form for Hillsborough County Sheriff's Office deputies. When officers encounter someone who is unsheltered, they submit the location and basic information; this then flows to outreach teams in HMIS. Some law enforcement staff also have HMIS access so they can check whether a person is already connected to a provider.

2) Housing vacancy data. Landlords and developers report open units through a landlord vacancy form on THHI's website and/or a quarterly report submitted to THHI, which THHI uses to match households to units through Speed Leasing, master leasing and other housing initiatives.

3) Health care data. Hospital-funded or behavioral health-funded facility beds can connect clients with CE when a patient has no housing, and the patient is added to the By-Name List before discharge.

4) Mental Health data. Our CoC connects people experiencing mental health issues with shelters and supportive services via the Florida 13th Circuit Court Adult Mental Health Treatment Court (AMHTC). Outreach workers also connect with the AMHTC when they have a client experiencing legal troubles due to untreated mental illness. We also have a PATH project (run by Ibis Healthcare) that is fully integrated in HMIS, giving our CoC and the Central Florida Behavioral Health Network (CFBHN as the managing entity of behavioral health funding and providers) a shared data set for unsheltered homelessness from which to work.

5) School data. Hillsborough County Public Schools shares counts of students identified as homeless under McKinney-Vento for the purposes of the PIT count.

6) How it improves care. Combining these sources with HMIS helps us find people sooner, avoids discharges to the street, and offers case conferencing to match households to units faster. All data sharing follows written agreements, privacy policies, laws, and client consent.

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)

1) CareerSource Tampa Bay. Our main workforce partner is CareerSource Tampa Bay, the Local Workforce Development Board and American Job Center operator for Hillsborough County. The CoC/THHI and CareerSource signed a Workforce Development System Partnership MOU, written in response to the HUD and DOL notice "Strengthening Pathways to Employment for People Exiting Homelessness," and both parties review it annually. CoC case managers refer participants for job search help, resume writing, training scholarships, and job placement. CareerSource also operates Florida's TANF Welfare Transition employment program, which our family projects use.

2) What the MOU requires of each partner. CareerSource attends CoC general meetings, serves on at least one CoC committee, helps CoC-referred clients complete a full Employ Florida registration so WIOA and Wagner-Peyser services open up, notifies THHI of recruitments and job fairs, and shares performance outcome data. THHI provides HMIS viewership so the two systems can coordinate, co-hosts Second Chance Job Fairs with CareerSource for jobseekers whose criminal history is a barrier, holds joint planning meetings, schedules cross-trainings so staff on both sides understand each other's programs, promotes CareerSource services to CoC partners, and attends CareerSource quarterly partner meetings.

3) Education and training. Hillsborough Community College and local adult education programs offer GED classes and short-term certificate training that CoC participants use to move into better-paying work.

4) Reentry employment. Abe Brown Ministries and other reentry partners help people leaving jail or prison find employment..

5) New CoC projects focused on work. In FY 2026 the CoC selected St. Vincent de Paul CARES Supportive Services Only, a project centered on employment, along with nine Transitional Housing projects that were scored in part based for their employment focus.

6) Scoring that rewards employment. Our renewal scoring gives points when adults increase earned income, measured by APR questions 19a1 and 19a2, so projects have a direct reason to connect participants to the workforce system.

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)

1) Joint outreach. CoC outreach teams, including Ibis Healthcare's PATH team and the new Metropolitan Ministries BrigADe mobile outreach project, work alongside the Hillsborough County Sheriff's Office (HCSO) and the Tampa Police Department (TPD). They hold joint outreach events and respond together to engage people who are unsheltered.

2) Co-response. HCSO's Behavioral Resource Unit pairs deputies with social workers. When deputies meet someone in a mental health or substance use crisis, the co-response team links the person to treatment or CE instead of jail when the law allows.

3) Referral tools. Sheriff's deputies and other law enforcement officers use THHI's online homeless outreach form to report people who are unsheltered, and the referrals go straight to outreach teams in HMIS. Some law enforcement staff also have HMIS access to see whether a person is already working with a provider.

4) Better interactions, more engagement. When officers can call outreach and get a response, they have an option other than arrest, and people are more willing to accept shelter, treatment, and CE. Outreach staff give officers resource cards and shelter availability, and officers bring people to access points.

5) Planning together. HCSO and TPD are CoC members and take part in the Outreach Committee, where outreach and law enforcement review data and plan responses. Both agencies provided letters of support for this application.

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)

Housing problem solving begins at first contact with CE staff and outreach workers that start with a problem-solving conversation. This conversation includes trying to identify and reconnect the person with safe, appropriate family members or other natural supports who may provide housing or contribute to long-term housing stability. If family or supportive persons are identified, staff work with the participant to identify and contact supportive individuals, assess available resources, and coordinate the steps necessary for reunification.

This may include assistance with communication, documentation, transportation planning, and coordination with service providers or supports in another geographic area. Within our CoC, travel costs may be provided through community resources such as reunification-specific funding through Metropolitan Ministries' BrigAIDe outreach project and the City of Tampa or both. Providers also use ESG, local, and private dollars to purchase bus tickets and other travel when a confirmed housing option exists in another area. Reunification efforts are individualized and pursued when they support the participant's stability and are appropriate to the participant's circumstances and goals.

If a reunification option is not initially identified and the person enters an emergency shelter or CoC funding housing, case management staff work collaboratively with participants to continue the conversation around reunification. With the participant's consent and direction, case management staff assist in facilitating communication, strengthening relationships, and cultivating supportive connections that can contribute to the participant's long-term stability and success through reunification.

As part of any reunification plan, staff work to help set up connections to services a participant may need – such as connection to VA services, workforce development or treatment options – after reunification and/or relocation. Staff follow up 30 days after the reunification move and record the result in HMIS so data on the outcome of the reunification intervention can be documented.

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)

- 1) Law enforcement sits at the table. Representatives from the Tampa Police Department and the Hillsborough County Sheriff's Office (HCSO) Behavioral Resource Unit (BRU) serve on the CoC Outreach Committee and work directly with outreach teams. All outreach events, including the Community Targeted Area outreaches hosted by the County, are held with local officers who know the unhoused individuals in the area and help notify the community that the event is coming.
- 2) Officers know the resources. LEOs are trained in HMIS and briefed on available resources, so they can assess a person's needs on scene and connect them to a provider. THHI maintains the Street Survival Guide, a directory of homeless resources in the CoC distributes it to law enforcement agencies.
- 3) Outreach responds with officers. Officers routinely bring outreach teams, including BrigADe Mobile Outreach, into on-scene engagements and resource days so housing and support services are immediately accessible. Outreach staff often arrive alongside law enforcement, shortening the time between first contact and a safe next step.
- 4) Two-way referrals. HCSO deputies and TPD officers send referrals through THHI's online outreach form, and HCSO shares location information so outreach can plan where to go. BRU responds with outreach staff to people in crisis rather than leaving a behavioral health call to enforcement alone.
- 5) Encampments. When the County or a municipality plans to clear an encampment, the CoC does not obstruct the operation. Outreach teams work the site ahead of the date, complete CE assessments, and line up shelter or housing so people have somewhere to go, then return afterward to reengage anyone missed.
- 6) Public drug use. Outreach and CE staff connect people using drugs in public to ACTS and other treatment providers, including detox and residential care, and support officer-initiated referrals to treatment instead of a cycle of arrests.
- 7) Danger to self or others. Where a person is a danger to themselves or others, case managers and outreach staff work with officers on involuntary examination under Florida's Baker Act, and coordinate with the treatment team so a housing plan is ready at discharge.
- 8) Information sharing. CoC and HMIS policies follow state and federal law, including the Sex Offender Registration and Notification Act, and nothing in our policies withholds from law enforcement information the law requires be shared.

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)

While our CoC has 0 known encampments at this time, Our CoC has a plan to address any encampments that may come up in the future.

Florida Statute 125.0231 prohibits counties and municipalities from authorizing public encampments. Outreach teams work closely with law enforcement and local government officials to identify high need areas and individuals and connect them to shelter.

The City of Tampa funds a joint shelter-outreach hybrid project known as Tampa Hope; administered by Catholic Charities (a faith-based organization) and designed to quickly engage and shelter the unsheltered individuals. City of Tampa Outreach staff engage the unsheltered and immediately offer them the services of Tampa Hope, taking them off the streets while they work to find a permanent solution. Tampa HOPE is a sober campus and requires participation from its clients.

THHI maintains constant communication with the Public Defender's Office to monitor the impact of laws directed towards unhoused individuals in the community. Outreach staff then use this data to inform their response to unsheltered homelessness and work with individuals in the criminal justice system as a result of these policies.

THHI also works closely with Hillsborough County Code Enforcement to flag specific sites before they become possible encampments, and outreach teams are then dispatched accordingly; there are no local policies restricting the CoC from collaborating with law enforcement to address homelessness.

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)

There are currently zero known encampments in Hillsborough County. The status of tents and encampments is monitored by the CoC's street outreach teams, the Tampa Police Department, and the Hillsborough County Sheriff's Office (HCSO) Behavioral Resource Unit (BRU), as well as annually during the Point in Time count.

Catholic Charities (a faith-based organization) operates Tampa HOPE, a shelter/outreach project hybrid that currently operates a collection of tents and shelter beds to directly connects unhoused individuals with resources with the mission of reducing unsanctioned encampments in the community, in partnership with the City of Tampa and their outreach team. Tampa HOPE is a sober campus and requires participation from its clients.

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

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

(limit 2,500 characters)

The State of Florida's Marchman Act helps the CoC's ability to decrease the public use of drugs by allowing for involuntary admissions and involuntary assessment, stabilization, and treatment of adults and youth who are severely impaired due to substance use. Ibis Healthcare is a CoC-funded organization that also operates crisis response and residential programs and serves as an intake center for individuals entering under the Marchman Act.

Hillsborough County is dedicated to establishing safe and easily accessible detox and rehabilitation facilities to protect individuals struggling with substance abuse as well as public safety. Phoenix House offers outpatient and residential treatment in several locations across Tampa Bay, and accepts referrals directly from outreach teams, immediately connecting individuals struggling with addiction to recovery services.

There are no local policies that prohibit the CoC from collaborating with law enforcement. The CoC's plan to address illicit drugs include:

- 1) Prohibiting the use of CoC dollars to purchase Narcan.
- 2) Prohibiting the use of CoC dollars to purchase or fund what may be labelled as "harm reduction."
- 3) Prohibiting drug use on housing sites funded with CoC dollars.
- 4) Prohibiting the use of CoC dollars to fund "safe" consumption sites.
- 5) Continuing to report all known all drug activity to the appropriate law enforcement agency as allowed by the Marchman Act.

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)

According to the FLHealthCharts Substance Use Dashboard, there were 5,364 emergency medical service responses to drug overdoses in Hillsborough County in 2025. In 2024, there were 351 fatal overdoses recorded. There is no information on the housing status of these overdoses. Further, there is no information available on the incidence of illicit drug use in public spaces.

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)

There are State Statutes and local policies that are beneficial in helping the CoC and law enforcement act when a person is a danger to themselves or others. There are no restrictive laws, ordinances, or policies. The beneficial laws and policies include the following.

- 1) The Florida Mental Health Act, also known as the Baker Act (ch. 394, F.S.), allows involuntary examination of a person who, because of mental illness, is a danger to self or others or is self-neglectful, and allows courts to order involuntary inpatient placement or involuntary outpatient services at a receiving facility.
- 2) The Marchman Act (ch. 397, F.S.) allows protective custody, involuntary assessment, and court-ordered treatment for people with substance use disorders who are a danger to themselves or others. Florida updated both laws in 2024 to streamline petitions and court procedures.
- 3) Hillsborough County has a designated behavioral health receiving facility at Ibis Healthcare, a 24/7 Mobile Crisis Response Team, and the Hillsborough County Sheriff's Office Behavioral Resource Unit.

Agencies that serve as receiving facilities through the Baker Act are a part of the Continuum of Care, allowing individuals to be connected to housing services as well as additional wraparound resources once their health and safety have been addressed.

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)

1) Laws that help. Florida's SORNA statutes with the SMART Office, Sections 775.21 and 943.0435, F.S. require sexual predators and offenders to register with the Sheriff's Office and to report a transient residence in person every 30 days, and the Florida Department of Law Enforcement (FDLE) publishes the registry online so it is publicly available. Those reporting duties apply to people experiencing homelessness as well as to those who are housed.

2) What hinders us. Section 794.065, F.S. and local ordinances limit where some registrants can live, which shrinks the housing stock available to those individuals, and increases the likelihood that some registrants will become homeless. It is more difficult for law enforcement, the courts, and the public to locate and/or track those persons.

3) How the CoC cooperates. CoC projects do not interfere with registration or address verification. Shelter and housing providers check the FDLE registry when screening, follow residency restrictions, and share location information with HCSO as allowed by law when a registrant is enrolled. The CoC's HMIS privacy notice tells participants that information may be disclosed to law enforcement when required by law.

4) Plan. The CoC will adopt a written protocol with HCSO for: (a) confirming registrant status at shelter or housing entry, (b) notifying HCSO of address changes for registrants in CoC-funded housing as permitted by law, and (c) helping registrants find housing that complies with residency restrictions so they stay registered and trackable.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

1) CoC-funded and partner outreach teams cover the entire geographic area of the CoC. Teams reach 89% of the geography on foot or by vehicle. The other 11% is water (2.29%) and undeveloped land preserve (8.71%) where no one is living. Anyone in the county can also call a designated Coordinated Entry access point.

2) Teams go where people are instead of waiting for them. Outreach runs Monday through Friday on a set schedule at meal sites, food pantries, libraries, parks, and wooded areas. THHI adds monthly events in community target areas with the Hillsborough County Sheriff's Office and the county Office of Homeless and Community Services, picked from HMIS data and community referrals. Our outreach committee chair, who has lived experience, helps choose the spots where people are least likely to ask for help. Teams include Ibis Healthcare's PATH team and Metropolitan Ministries' BrigADe mobile project. WellBuilt Cities' new drop-in center, The Drop, gives unsheltered people a daytime place to meet outreach and CE staff.

3) HCSO deputies and Tampa Police officers send referrals through THHI's online outreach form, and HCSO shares location data for planning. HCSO's Behavioral Resources Unit responds with outreach to people in crisis. Faith-based partners also help engage people and meet basic needs.

4) Healthcare partners extend the reach. Teams work with Tampa Family Health Centers, USF Street Medicine, and Ibis Healthcare's FQHC, so people who come only for medical care are offered housing help too.

5) Subpopulations have their own routes. Hillsborough County Public Schools homeless education staff refer families and unaccompanied youth, the YHDP Youth HUB at EPIC reaches youth, VA and SSVF teams reach veterans, and The Spring of Tampa Bay's hotline reaches survivors confidentially.

6) Outreach staff are trained in motivational interviewing, mental health first aid, and trauma-informed care, so engagement follows the person's own choices. Printed materials use plain language and readable type. Toll-free numbers serve people who need translation or cannot use printed materials, and providers are trained through the Florida Department of Children and Families to serve people who are deaf or hard of hearing.

Every outreach worker can complete a CE assessment in the field. Contacts are entered in the HMIS Outreach Module and people are added to the By-Name List for case conferencing.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	No
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	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.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	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 CoC's written policies that address educational rights are the Coordinated Entry Policies and Procedures, the CoC and ESG Written Standards, and the Service Delivery policies. They require the following:

- 1) At intake. Every CoC and ESG project serving families or unaccompanied youth experiencing homelessness must tell households about their rights and eligibility for educational services under the McKinney-Vento Act at program entry, including immediate school enrollment without records, transportation to the school of origin, free school meals, and fee waivers. Staff note in HMIS that this was done.
- 2) School liaison contact. Every CoC and ESG project staff must inform individuals and families of their eligibility for educational services and connect each family with school-age children to the Hillsborough County Public Schools homeless education program, which serves as the district's McKinney-Vento liaison, and help with enrollment, transportation, and uniforms.
- 3) Early childhood. Families with children under age 5 are informed about educational services and referred to the Early Learning Coalition of Hillsborough County for school readiness child care, and to Head Start and Early Head Start.
- 4) Designated staff. Each project serving families must name a staff person responsible for education connections to inform individuals and families who become homeless of their eligibility for educational services.
- 5) Training and updates. District homeless education staff present at CoC meetings to update providers about educational services eligibility for individuals and family experiencing homelessness, and the CoC's Coordinated Entry brochure explains educational rights in plain language.
- 6) Monitoring. THHI checks for these efforts during project monitoring.

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)

- 1) Child welfare lead agency. Children's Network of Hillsborough is the community-based care lead agency in our CoC which is under contract with the Florida Department of Children and Families. Its independent living staff work with the CoC when a youth aging out of foster care has no stable housing plan.
- 2) Planning before a youth leaves care. Independent living case managers can refer youth ages 17 and older to CE before they exit care, so a housing option is lined up. Florida lets youth remain in extended foster care until age 21 (22 with a disability), and the CoC encourages youth to use it when it fits.
- 3) YHDP housing and services. The CoC's Youth Homelessness Demonstration Program projects give youth leaving care several options: Catholic Charities' YHDP transitional housing, rapid rehousing, and PSH, plus the EPIC Youth HUB. The Youth Action Board helps shape these services.
- 4) Prioritization. Coordinated Entry policies prioritize youth transitioning from foster care or juvenile justice for youth-dedicated housing.
- 5) Other public systems. The CoC also works with the Department of Juvenile Justice and the Juvenile Mental Health Court so youth leaving those systems are not discharged to homelessness.
- 6) Ongoing coordination. Child welfare staff attend the CoC's youth committee, and youth services data is reviewed together.

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)

There are no HHS RHY-funded projects in the FL-501 CoC catchment area. If an RHY-funded provider begins operating in the county, the CoC will invite it to join the CoC and CE and to use HMIS.

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)

There are eight TH and one RRH projects that primarily or exclusively services families with children experience homelessness: Pathways Transitional Housing, Family Stability Transitional Housing Program, UAY Transitional Housing, DV TH Project, DV TH North County, DV TH South County, YHDP Transitional Housing, YHDP Transitional Housing 2, and YHDP - Rapid Rehousing.

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

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

(limit 2,500 characters)

The Family Stability Transitional Housing (FSTH) project, operated by subrecipient Dawning Family Services, focuses on increasing employment and earned income as core components. Adults participate in our Work for Success program, where the Employment Specialist helps parents develop employment plans to include resume building, job search coaching, interview preparation, transportation support, and skill-building. Participants are connected to employers with established hiring pathways, community workforce development and job training partners to help families secure employment, advance in their careers, increase earnings, and achieve long-term financial stability. The goal is for families to exit FSTH with lasting housing stability, higher income, and the skills needed for long-term self-sufficiency.

The Pathways TH, UAY TH, YHDP TH, YHDP TH 2 projects, operated by subrecipient Catholic Charities, assist in increasing earned income and maintain rent payments, with services that provide direct employment assistance, job placement support, and connections to local vocational and educational resources. Case managers assist participants with enrolling in mainstream benefits and offer practical life skills training including budgeting and money management. These services ensure participants build the steady income and financial skills necessary to transition into and maintain permanent housing independently.

The new TH projects for survivors of DV, operated by subrecipient The Spring, will utilize their established unique on-site Economic Empowerment programs, as part of the service requirement to engage in job skills training courses and financial stability practices. Participants will complete a partner-led program through the economic empowerment and job skills course offered by Future Career Academy. Participants will be required to participate in the Suncoast Credit Union's financial support courses and resources, established through The Spring's partnership. Life skills, financial literacy, and budgeting, parenting support, child development services, and linkage to childcare, benefits assistance (SNAP, Medicaid, TANF, SSI/SSDI), transportation support will be provided to increase income and self-sufficiency.

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)

In the Family Stability Transitional Housing Program project, operated by subrecipient Dawning Family Services, case managers assist with SNAP, Medicaid, TANF, and other mainstream supports, helping families stabilize their income while working toward long-term employment and economic independence. Families are also assessed for potential SSI/SSDI eligibility, and referrals are made directly to trained SOAR specialists who guide applicants through the expedited process to secure disability income when eligible.

The Pathways TH, UAY TH, YHDP TH, YHDP TH 2 projects, operated by subrecipient Catholic Charities, will utilize case managers to guide participants through pre-screening, documentation gathering, application submission, and recertification requirements to minimize barriers and benefit drop-offs. This includes coordinating TANF cash assistance and supportive services (such as childcare subsidies and transportation vouchers) alongside internal programming to stabilize household finances while participants work toward long-term employment.

The three TH projects for survivors of DV, operated by subrecipient The Spring, will have program staff responsible for connecting participants to multiple economic empowerment resources, healthcare resources, employment programs and financial support programs such as assisting with economic stability applications for Medicare, Medicaid, SSI, TANF and SNAP benefits. The Spring collaborates with Vocational Rehabilitation and HELP care services department through Hillsborough County and provides referrals to survivors of domestic violence to those agencies in support of their access to social security benefits for eligible adults/children.

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 Family Stability Transitional Housing Program, combines housing assistance with connections to services that support the needs of the entire family. They work with the Early Learning Coalition to connect eligible families with childcare assistance and refer families to community-based parenting supports as needed. Case managers work with families to ensure children and parents are connected to a primary care provider and receiving appropriate medical services, including pregnancy-related and pediatric care. Educational needs are addressed through coordination with schools and community resources to support enrollment, attendance, and educational stability for children.

The Pathways TH, UAY TH, YHDP TH, YHDP TH 2 projects will have dedicated case managers work directly with each household to conduct initial assessments and co-create an individualized stability plan that incorporates both housing goals and family needs. Staff addresses physical and material needs by providing essential infant supplies and assists parents with enrollment in local subsidized childcare programs. To ensure health and educational stability for children, case managers guide parents through establishing permanent pediatric care, securing early intervention screenings, and coordinating with school district McKinney-Vento liaisons to maintain immediate, uninterrupted school enrollment and transportation. Through direct internal integration with the agency's Foundations of Life Pregnancy and Parenting Services, families receive access to free, confidential pregnancy testing, specialized prenatal/postpartum healthcare navigation, one-on-one mentoring, and parenting education.

The three TH projects for survivors of DV will offer a comprehensive range of services to meet the needs of families, specifically domestic violence survivors and their children including intensive case management, childcare support, healthcare and pregnancy-related services for families and children, and education such as employment readiness, job search assistance, and workforce connections. The program is designed to ensure that participants exit into stable, permanent housing with increased income, maintain stable income, increased life skills, and strengthened family functioning. Through structured services, accountability, and targeted support, participants will build the tools necessary to achieve long-term independence and prevent a return to homelessness.

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

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

(limit 500 characters)

Our CoC partners with the local Veteran's Affairs Office and The Society of St. Vincent de Paul d/b/a St. Vincent De Paul CARES (SVdP) to ensure veterans receive housing. The VA helps coordinate HUD VASH vouchers and SVdP coordinates SSVF funds in our community to provide housing, shelter, services, and veteran outreach.

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 Spring of Tampa Bay, Hillsborough County's certified domestic violence center, operates emergency shelter and CoC-funded DV housing and has three new DV transitional housing projects in FY2026. The Crisis Center of Tampa Bay is the county's certified rape crisis center.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners with the Hillsborough County Sheriff's Office, which operates the county jails, and with reentry providers such as Abe Brown Ministries so people leaving jail or prison have a housing plan before release. The State Attorney's Office Our CoC partners with a jail diversion program administered by ACTS and Ibis Healthcare. These programs ensure that individuals who are going through a court-ordered diversion program can receive the treatment services they need to sustain housing.

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)

Hillsborough County Health Care Services runs the Hillsborough County Health Care Plan for uninsured residents and partners with CoC projects on care for people with high medical needs, as well as provides funding for over 200 treatment beds. USF Street Medicine and Tampa Family Health Centers provide care on the street and in shelters, and Ibis Healthcare's FQHC offers integrated primary and behavioral health care.

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

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

(limit 500 characters)

The CoC's Senior Connection Taskforce brings together St. Vincent de Paul CARES, Senior Connection Center (the Area Agency on Aging), the Tampa Housing Authority, Hillsborough County Healthcare Services, Hillsborough County Homeless and Community Services, the Public Defender's Office, and Hillsborough County Aging Services to house older adults and connect them to in-home care and assisted living.

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)

80% (4 out of 5) of the PSH projects included in the FY 2026 application prioritizes individuals experiencing chronic homelessness and include FY26 ACTS HEART, FY26 ACTS Hillsborough Permanent Housing, Ibis Healthcare - HOME3 - PHAME, and TRA Collaborative 2004.

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)

60% of the PSH projects included in the FY 2026 application, representing 85% of all PSH units for chronically homeless individuals and families are operated by Behavioral Health and Substance Abuse providers. Participants have direct access to substance abuse and mental health services through the agency. The projects are FY26 ACTS HEART and FY26 ACTS Hillsborough Permanent Housing operated by the Agency for Community Treatment Services; and Ibis Healthcare - HOME3 - PHAME operated by Ibis Healthcare.

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)

All PSH projects included in the FY 2026 Application that prioritize chronically homeless individuals and families follow the CoC policy to regularly assess care needs through ongoing engagement with each household. This engagement includes at least monthly check-ins by a case manager that provide opportunity for ongoing assessment of needs and level of care needed. As applicable, if a case manager's assessment indicates a higher level of care may be needed, the case manager will involve other care providers, such as the person's primary care provider and/or behavioral health care provider, and work with the participant to develop a recommendation and plan for treatment and/or transition to best serve their health and safety needs.

When the plan is for treatment, the person will be assisted in selecting a residential 90-day treatment program and will not lose their PSH housing unit. If the participant is assessed to be unable to live independently in the program or has a decline in their health, a transition plan will be developed and may include, but not be limited to, moving in with family, assisted living facility, in home care and/or hospice care.

This process is utilized by the following PSH projects: FY26 ACTS HEART, FY26 ACTS Hillsborough Permanent Housing, Ibis Healthcare - HOME3 - PHAME, and TRA Collaborative 2004.

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)

Since 2019, FL-501 has maintained a CoC wide Move On policy that requires PSH clients enrolled for greater than 2 years be assessed if they still require the intensive case management under PSH. If determined they do not, case managers assist the household with identifying other permanent housing options for the households. All 4 of the PSH projects in the FY 2026 Application that prioritize chronically homeless households follow this CoC wide policy to include FY26 ACTS HEART, FY26 ACTS Hillsborough Permanent Housing, Ibis Healthcare - HOME3 - PHAME, and TRA Collaborative 2004.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1)The CoC reallocation written process is part of the CoC's Universal RFP process and states "Reallocation of HUD CoC funding provides CoC's with the opportunity to 1) reallocate excess funding and 2) to move funding from low performing projects to new projects with the intent that the new project(s) will be higher performing. Reallocation can be done either through voluntary reallocation or through forced reallocation based on a CoC's published reallocation process for low performing projects." The CoC lead agency uses the scoring and ranking process along with monitoring process to identify projects that are not expending CoC funding and/or are repeatedly falling into Tier 2 due to low-performance scores. The CoC currently relies on the written process for voluntary reallocation coupled with guidance to projects that are repeatedly scoring low and/or not expending all HUD CoC funding. The reallocation process was updated in April 2024 and discussed with the CoC's ranking and review committee and executive planning committee without objections.

2)The lead agency recognized that CoC funded projects were not expending 100% of the awarded funding, though most were expending 90-99% of the funds. By not expending all funding, the projects were under performing in this area. As such, a required 5% reallocation was put into place. These reallocated funds will be used to create new projects and expand the type of projects and services available within our CoC.

3)The CoC required a 5% reallocation of all CoC renewal projects except for critical system projects (HMIS, CE) and YHDP projects that have not completed their first grant term, based on projects not fully expending their award funding. Additionally, renewal projects were given an opportunity to voluntarily reallocate projects funds to create new transitional housing projects. In total, over \$3.5 million of our CoC ARD is being reallocated.

4)Not applicable as the CoC did reallocate from low performing projects based on low performance in expenditures.

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

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

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

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

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

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

(limit 2,500 characters)

Not Applicable.

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)

Our CoC actively searches for informal communities where those experiencing unsheltered homelessness gather to set up temporary structures, but, our active monitoring has identified 0 encampments in our CoC between the evaluation period of October 1, 2023 through September 30, 2024.

Actions taken during this period:

- 1) Daily street outreach across the full geography. CoC-funded and partner teams, including Ibis Healthcare's PATH team and BrigAIDe Mobile Outreach, work a set schedule at meal sites, food pantries, libraries, parks, and wooded areas, and follow up on every location reported to us. Every outreach worker can complete a Coordinated Entry assessment in the field.
- 2) Provided an Outreach Module for HMIS users to collect unsheltered and encampment data across time and add the unsheltered to our coordinated entry system.
- 3) An online reporting tool for the Hillsborough County Sheriff's Office. Deputies report contacts with people experiencing homelessness directly to THHI, and HCSO shares location information so outreach can verify a site quickly. Tampa Police officers use the same referral form.
- 4) Joint outreach events with law enforcement. Community Targeted Area outreaches hosted by the County bring outreach providers and officers to locations chosen from HMIS data and community referrals, which lets us check reported gathering places in person.
- 5) Funding the alternatives to a camp. The CoC funds and partners with outreach, emergency shelter, non-congregate shelter, transitional housing, and supportive services projects so people contacted outdoors have somewhere to go the same day.
- 6) Verification before the PIT count. Ahead of the Point-in-Time count, outreach teams, law enforcement, and volunteers canvass known gathering locations, a second check on whether any site has grown into an encampment.
- 7) Quarterly review. UNITY staff report outreach and unsheltered data to the Outreach Committee and the CoC Board each quarter, and the Outreach Committee chair is accountable for acting on any location showing repeat contacts.

Our measure of success for this period was keeping the encampment count at zero while still reaching people outdoors, and we met it.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

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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)

There was no reduction to report because our CoC identified 0 encampments during the evaluation period of October 1, 2023 through September 30, 2024. Our goal for FY 2027 is to keep that count at zero and to contact every person at any reported gathering location within seven days, with the Outreach Committee accountable and UNITY reporting results quarterly to the CoC Board.

- 1) Keep watching. Outreach teams canvass known gathering locations weekly, and the HMIS Outreach Module records every unsheltered contact and location so patterns surface early.
- 2) Keep the reporting channels open. HCSO deputies and Tampa Police officers report locations through THHI's online outreach form, and HCSO shares location data for planning. Residents, businesses, and the County also report sites, and every report is checked in person.
- 3) Respond as a team. When a site is reported, outreach staff go out, complete Coordinated Entry assessments, add people to the By-Name List, and bring the case to CE case conferencing so a specific shelter, transitional housing, rapid rehousing, or PSH option is identified for each person.
- 4) Add capacity that keeps sites from forming. This application requests 2 new street outreach projects and 3 new supportive services only projects totaling \$2,270,294.50, plus 6 new transitional housing projects totaling \$6,742,746.
- 5) Give people a daytime alternative. WellBuilt Cities' drop-in center, The Drop, gives unsheltered people a place to spend the day with outreach and CE staff present. Tampa HOPE also provides a daytime alternative, providing a campus for shelter and outreach services for those in need.
- 6) Shorten the wait for housing. Speed Leasing events and master leasing under THHI's Right Door plan keep a pool of units available so a person contacted outdoors is not waiting months for a unit.
- 7) Coordinate with local government. If and when the County or a municipality identifies a site on public property, the CoC does not obstruct the operation. Outreach works the location ahead of the date so people have somewhere to go, and returns afterward to reengage anyone missed.
- 8) Measure it. We track three numbers each quarter: reported locations, days from report to first contact, and the share of people contacted who are assessed and referred. Funding for these activities comes from CoC program funds, ESG, and county and city dollars.

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)

Per our HDX Competition Report, 3,430 individuals experienced homelessness for the first time in our CoC. Our target is a 10 percent reduction by FY 2027 System Performance Measures. The Coordinated Entry Committee owns the plan and UNITY reports progress to the CoC Board quarterly.

The plan to reduce the number of first time homelessness includes:

- 1) Prevention funding. We continue funding prevention with ESG dollars as available; the CoC currently uses \$102,859 in ESG funds for prevention, targeted to households facing eviction or the loss of a doubled-up arrangement.
- 2) Problem solving at the front door. CE staff and outreach workers open with a problem-solving conversation about whether the person can keep their current housing or stay safely with family or friends. Staff verify the arrangement, help set it up, and cover travel costs through partner reunification funds when the option is in another area.
- 3) Income and benefits. SOAR specialists in the Hillsborough County Healthcare Services department connect qualifying individuals to SSI and SSDI so income is in place before a housing loss, and help people obtain the insurance coverage treatment requires. The same department funds more than 200 community treatment beds for indigent residents who are homeless or at risk, which keeps people in care instead of losing housing during a health crisis.
- 4) Rapid resolution for veterans. Veteran providers continue using the rapid resolution model, which settles the housing crisis at first contact and keeps veterans out of the homeless system.
- 5) Employment. We work with CareerSource Tampa Bay, our Local Workforce Development Board and American Job Center operator, under an executed MOU, and with Abe Brown Ministries and other reentry partners. CareerSource also operates Florida's TANF Welfare Transition program, which our family projects use.
- 6) Institutional discharge. We coordinate with jail reentry partners, hospitals, the county behavioral health receiving facility at Ibis, treatment providers, and child welfare partners so people leaving those systems have a housing plan instead of a first episode of homelessness. Anyone brought to the receiving facility is screened for homelessness before discharge.
- 7) Watching the number. UNITY tracks first-time homelessness through System Performance Measure 5, so the CoC can move prevention resources toward where first-time entries are concentrated and adjust the plan at midyear if the trend does not bend.

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)

Per our HDX Competition Report, the average length of time of experiencing homelessness was 95.6 days, down from 99 days in FY24. Our target is 80 days or fewer in the FY 2027 System Performance Measures, with an interim milestone of 88 days at FY 2026.

The Coordinated Entry Committee owns the plan and UNITY reports progress to the CoC Board quarterly. The plan attacks the three causes of long stays: slow exits from shelter, too few units ready to lease, and cases that stall with no one watching.

In order to reduce the length of time that individuals and families remain homeless, our CoC will:

- 1) Pair the front door with an exit. Emergency shelter and outreach projects with rapid rehousing projects and transitional housing to ensure a rapid exit from shelter.
- 2) Add outreach and service capacity; the current application is requesting funding for 2 new outreach and 3 new SSO projects for a total of \$2,270,294.50.
- 3) Redirect funding to TH projects proven to help clients achieve self-sufficiency. The current application is requesting funding for new TH projects totaling \$6,742,746.
- 4) Partner with and fund projects that require service participation to ensure clients exit homelessness.
- 5) Continue to develop master leasing projects, which will reduce the time that housing providers spend searching for eligible landlords who will serve their clients.
- 6) Continue speed leasing events that introduce landlords to prospective tenants.
- 7) Continue to work with county and city affordable housing departments and our public housing authority to ensure that a portion of all affordable units are set-aside for people experiencing homelessness.
- 8) Continue to use state and local dollars to fund permanent housing solutions to increase housing availability where possible and appropriate.
- 9) Case conferencing. CE case conferencing tracks each household on the By-Name List until they are housed, so a stalled case is visible and reassigned rather than sitting.
- 10) Watching the measure. UNITY tracks length of time homeless through System Performance Measure 1 by project type and, so resources move toward the longest stays.

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?	59.21%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Our CoC calculated this response by using the Annual Performance Report (APR) from our HMIS. The client universe includes all clients who exited from transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH) between 10/1/2024 and 09/30/2025.

To calculate this number, our CoC took the following steps:

1) Added the total clients from "Staying or living with family, permanent tenure" (66), "Staying or living with friends, permanent tenure" (32), "Rental by client, no ongoing subsidy" (562), and "Owned by client, no ongoing subsidy" (2) lines from table 23c (Exit Destination) of the APR.

2) Divided this sum (662) by total exits as reported by table 23c (1,118), rounded it to the nearest 100th decimal place, and multiplied it by 100 to arrive at a percentage.

Our calculation looked like this:

$$((66+32+562+2)/1118)*100=59.21$$

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/26/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

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	978	84	1,062	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	64	35	99	100.00%
4. Rapid Re-Housing (RRH) beds	1,143	205	1,348	100.00%
5. Permanent Supportive Housing (PSH) beds	1,302	0	1,302	100.00%
6. Other Permanent Housing (OPH) beds	283	0	283	100.00%

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

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The bed coverage across all applicable project types was 100%. Our CoC had 0 safe haven beds, so we excluded this from our calculation.

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?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

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

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

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Evidence of...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/25/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/22/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/25/2026
11. Other	No		

Attachment Details

Document Description: 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10 Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

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

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/24/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

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

In FL 501's FY 2026 CoC Application there are 16 projects that fall into the category of Transitional Housing, Rapid Rehousing or Permanent Supportive Housing of which 13, or 81 percent, will utilize a scattered site model for the provision of housing assistance. The other 3 projects will utilize clustered apartments.

Projects that will utilize the scattered site model for TH, RRH or PSH will ensure connections to Substance Use Treatment services that provide onsite (in unit) services to include, but not limited to, the use of telehealth.

New and Renewal projects using the scattered site model for TH, RRH or PSH are:

- YHDP Transitional Housing 2 – New TH
- The Spring of Tampa Bay - DVTH North County (DV) – New TH
- Catholic Charities - UAY Transitional Housing – New TH
- Catholic Charities - Pathways Transitional Housing – New TH
- Dawning Family Services - Family Stability Transitional Housing Program – New TH
- The Spring of Tampa Bay - DVTH South County (DV) – New TH
- YHDP - Transitional Housing – Renewal TH
- YHDP - Rapid Rehousing – Renewal RRH
- TRA Collaborative 2004 – Renewal PSH
- FY26 ACTS HEART FL0449L4H012411 – Renewal PSH
- TRA Collaborative – Renewal PSH
- Ibis Healthcare - HOME3 – PHAME – Renewal PSH
- YHDP - Permanent Supportive Housing – Renewal PSH

New and Renewal projects that utilizing clustered apartments do not maintain offices at the site locations. As such, these projects will ensure connections to Substance Use Treatment services that provide on-site (in unit) services to include, but not limited to, the use of telehealth.

- ACTS Transitional Housing Program (ATHP) – New TH
- The Spring of Tampa Bay - TH Project (DV) – New TH
- FY26 ACTS Hillsborough Permanent Housing – Renewal PSH

Community-based substance abuse treatment providers for which projects can connect program participants to include The Agency for Community Treatment Services (ACTS), Ibis Health Care, Aspire Health Partners, Tampa Family Health Centers, and Sophros Recovery Tampa, Central Florida Behavior Health Network, which administers the HHS funding on behalf of the State of Florida, and Hillsborough County Health Care Services department funded non-profit organizations for the delivery of community based treatment services in a manner that reduces barriers to treatment, and supports pathways to permanent housing and self-sufficiency.

Attachment 1.C.1.f.

**List of CoC Program Projects and the Number of Units that require
Substance Abuse Treatment**

CoC Project name	Number of Units Requiring Substance Abuse Treatment
YHDP - Rapid Rehousing	5
YHDP - Permanent Supportive Housing	1
FY26 ACTS Hillsborough Permanent Housing	2
TRA Collaborative 2004	3
FY26 ACTS HEART	41
TRA Collaborative	4
Ibis Healthcare - HOME3 - PHAME	34
YHDP - Transitional Housing	1
YHDP Transitional Housing 2	1
The Spring of Tampa Bay - TH Project	3
ACTS Transitional Housing Program (ATHP)	2
The Spring of Tampa Bay - DVTH North County	4
Catholic Charities - UAY Transitional Housing	3
Catholic Charities - Pathways Transitional Housing	6
Dawning Family Services - Family Stability Transitional Housing Program	2
The Spring of Tampa Bay - DVTH South County	4
Total	116



SERVICE PARTICIPATION AGREEMENT

Family Stability Transitional Housing (FSTH) Program

This Service Participation Agreement outlines the expectations, responsibilities, and commitments for families entering the Family Stability Transitional Housing Program.

Participant Commitments

As a participant in the program, I agree to:

1. Weekly Participation Requirement

I will engage in a **minimum of 20 hours per week** of combined activities that support housing stability and self-sufficiency. Approved activities include:

- Employment (full or part-time)
- Job search or job readiness activities
- Education or training (GED, ESL, certification, college classes)
- Parenting programs
- Life skills workshops or financial coaching
- Mental health or substance-use treatment or recovery support (if applicable)
- Case management appointments
- Children's services coordination (IEP Meetings, CPS requirements, etc.)
- Other approved activities identified in my Housing Stability Plan

Note:

- The 20 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability.
-

2. Case Management Participation

- I will work with my case manager to create a weekly schedule and attend scheduled meetings. Failure to meet the weekly service participation requirement may result in loss of program eligibility and termination from services.
 - I will develop and follow a Housing Stability Plan which will include income goals, education/employment goals, child/family stability needs, and steps toward permanent housing.
 - I will work toward securing permanent housing.
 - I will partner with my case manager to identify support services needed and follow up with referrals made by case manager.
 - I will sign in at required groups or sessions
 - I will provide proof of job search activities.
 - I will participate in an annual assessment of service needs (as applicable).
-

3. Housing Expectations

- I will care for the unit and follow lease requirements.
 - I will allow monthly unit checks of my apartment and annual HUD habitability inspections (as applicable).
 - I will follow all safety and community expectations.
 - I will report maintenance issues.
 - I will have no unauthorized occupants in the apartment.
 - I will follow landlord rules and maintain compliance with the terms of the lease.
 - I will take my belongings when exiting the program. I understand that Dawning Family Services is not responsible for belongings and can dispose of any items that are left behind upon exiting the program.
-

4. Communication

- I will maintain regular contact with staff.
- I will report changes in my income, household composition, or safety concerns.

- I will provide documentation when requested.
 - I agree to data sharing for program tracking and reporting in compliance with HUD standards.
-

5. Program Conduct

- I will treat staff, neighbors, and other participants with respect.
 - I will ensure a safe environment for my children.
 - I will not smoke in apartment units.
 - I will not participate in violence, threats, or illegal activity.
 - I understand that some rules are so important that a single violation may result in my immediate dismissal from the program. These include
 - Violence, threats, or possession of weapons: If Dawning Family Services staff is notified of a violent incident, including threats, charges, or convictions, Dawning staff may dismiss the offending participant immediately. No weapons are allowed on the premises.
 - Possession, use, or sale of illegal drugs.
 - Disruptive Behavior: Dawning Family Services may immediately dismiss a participant from the program for any activities that unreasonably interfere with the comfort, safety, or enjoyment of other participants, staff, or neighbors, including theft, willful destruction of property, or any felonious activity.
-

Program Commitments

Dawning Family Services agrees to:

1. Provide safe, stable housing

Participants will be provided with a private apartment with essential furnishings and utilities included.

2. Provide supportive services

Dawning Family Services will provide case management, referrals, employment support, and life skills programming. All families are assessed for potential SSI/SSDI

eligibility, and referrals are made directly to trained SOAR specialists who guide applicants through the expedited process and help them secure disability income when eligible. Case managers also assist with SNAP, Medicaid, WIC, and other mainstream supports, helping families stabilize their income while working toward long-term employment and economic independence.

3. Assist with permanent housing placement

Case Managers will assist with housing navigation, landlord connections, and move-out support.

4. Treat all participants with dignity

Honoring trauma-informed care, cultural respect, and privacy.

5. Provide a Grievance Procedure

Participants may file a grievance at any time without retaliation by

1. Addressing your concern with your case manager to come up with a resolution.
2. If the agreed upon resolution does not solve the issue, you can file a grievance with the Program Supervisor. Please include:
 - The concern you have in detail
 - How you have tried to resolve this concern
 - What we can do to resolve this concern
3. The Program Supervisor will provide a response to the grievance within 3 business days.
4. If the grievance is not resolved to the client's satisfaction, the client can appeal to the Program Manager.
5. The Program Manager will provide a response within 5 business days.

Agreement Statement

By signing below, I acknowledge that I understand and agree to the expectations of Dawning Family Services Family Stability Transitional Housing Program. I understand that failure to follow this agreement will result in termination from the program.

Participant Name: _____

Signature: _____

Date: _____

Program Representative: _____

Signature: _____

Date: _____

Housing Program Participation Agreement

By Signing below, I _____ agree to the participation in The Spring of Tampa Bay's Housing program and agree to the following participation requirements as a condition of continued participation in the program (excluding supportive services that are not disability-related):

Initials

- _____ I consent to receive services from The Spring of Tampa Bay, Inc.
- _____ I will attend all case management meetings with my advocate, at minimum of once a week.
- _____ I will adhere to the 20 hour per week service requirement by providing 20 hours of service to The Spring in the form of the following:
- i. Case management support services attendance
 - ii. Support group and/or psychoeducational support group attendance
 - iii. Employment training
 - iv. Substance use disorder treatment (if applicable)
 - v. Mental health intervention services (if applicable)
 - vi. Other supportive services in line with the identified service plan
- _____ I understand that if I decide not to participate in the above listed activities I will be disqualified from receiving housing program services from The Spring.

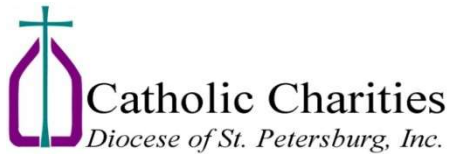
Participant Printed Name

Participant Signature

Date

Staff Signature

Date



Policy and Procedure Acknowledgement

___ All documentation in your file is subject to an annual review. Any falsification of information can result in fines, felony conviction and/or imprisonment. This may include unreported income, unreported persons residing in the residence and fraudulent documents.

___ Every 90 days your Individual service plan will be reviewed to determine if your assistance will be continued. Non-compliance with the program requirements, to include missing scheduled appointments, will result in discharge. Contact with your case manager every 30 days is required.

___ Self-Sufficiency is a goal but not a determining factor in continued services. Program expectations are a working relationship with the client towards self-sufficiency goals.

___ You may be required to provide documentation as requested by your case manager. The documentation may include verification of income or other household benefits, verification of job searches, resumes, registrations and grades for education, rejection letters and pending status letters.

___ Your case manager may provide resources and referrals for benefits. It is your responsibility to apply for these benefits. Examples include but are not limited to: child support, social services, and/or unemployment.

___ Rental assistance and utilities are the primary services provided. Additional services provided are limited to available funding.

___ Your case manager's information may be given to a social service agency but not to friends, relatives or acquaintances.

___ Any changes in contact information, household size, or income will be updated with the case manager within 10 business days.

___ Threatening behavior, vulgarity and dishonesty will not be tolerated and will result in discharge from the program.

___ You are required to engage in a minimum of 20 hours per week of approved activities that support housing stability and self-sufficiency, including employment, job search or readiness, education or training, parenting and life-skills programs, financial coaching, treatment or recovery support, case management, children's services coordination, and other activities identified in their Housing Stability Plan.

Client Name Printed

Date

Client Signature

Date

Case Manager

Date

Client ID Number

Client Unity Number

Staff Details Report

Hillsborough County Sheriff's Office Enrollment in HMIS

Hillsborough County (The County)

Agency Status: All Agencies

Staff Status(es): Active

Hillsborough County (The County) - Agency Status: Active

Username	Staff Name	Role	Email	Phone Number	Count of Additional Agencies	Status	Created Date	Last Updated Date
talston	Alston, Terrell	Read-Only	terrell.alston@hillsclerk.com		5	Active	04/30/2026 2:28 PM	09/04/2026 11:20 AM
dcaiati	Caiati, Dezeray	Agency Staff	dcaiati@teamhcso.com		0	Active	11/17/2022 12:46 PM	09/01/2026 10:41 AM
lechevarria	Echevarria, Lillian	Agency Staff	EchevarriaL@hcfl.gov		0	Active	01/06/2026 12:41 PM	07/29/2026 3:24 PM
beverett	Everett, Benjamin	Read-Only	benjamin.everett@hillsclerk.com		5	Active	04/30/2026 2:33 PM	09/23/2026 2:17 PM
severett	Everett, Sheila	Outreach and Reporting:	everetts@hillsboroughcounty.org		5	Active	11/17/2022 11:01 AM	09/03/2026 8:12 AM
chobbs	Hobbs, Candace	Outreach and Reporting:	hobbsc@hillsboroughcounty.org		6	Active	11/17/2022 10:51 AM	06/17/2026 9:35 AM
rmalcolm	Malcolm, Richardo	Read-Only	MalcolmR@hcfl.gov		0	Active	04/20/2026 10:19 AM	08/19/2026 12:49 PM
ynavarro	Navarro Colon, Yatshara	Outreach and Reporting:	navarroya@hcfl.gov		5	Active	08/04/2026 9:28 AM	08/11/2026 2:13 PM
robinsonz	Robinson, Zackia	Outreach and Reporting:	robinsonz@hillsboroughcounty.org		7	Active	02/09/2023 1:23 PM	06/24/2026 9:08 AM
dross	Ross, Debra	Outreach and Reporting:	rossde@hillsboroughcounty.org		6	Active	11/17/2022 10:53 AM	07/16/2026 9:59 AM
twaller	Waller, Takara	Outreach and Reporting:	WallerT@hcfl.gov		1	Active	05/26/2026 1:32 PM	09/03/2026 2:13 PM

Total Staff: 11

Note: * denotes Inactive Assigned Staff; ** denotes Deleted Assigned Staff



**Tampa/Hillsborough County Continuum of Care (CoC)
Executive Planning Committee Meeting
In-Person Meeting – C. Blythe Andrews, Jr. Public Library
2607 E Dr. Martin Luther King Jr. Blvd, Tampa, FL 33610
Wednesday, March 18, 2026 - 10:00 – 11:30 AM
Agenda**

Introductions: Antonio S. Byrd, Chief Operating Officer (THHI)

Minutes: Approval of Meeting Minutes
Antonio Byrd, THHI

YHDP Update
Sergio Santiago, THHI

YAB Update
Jazz Solomon, THHI

CoC Committee	Chair (*= Interim)
Executive Planning	Antonio Byrd (THHI), Alternate
Outreach	Cindy Walz (Community Advocate)
Consumer Advisory	Melanie DeCampos (Starting Right Now)
Youth Action Board	Angelique Young (YAB Chair)
Service Delivery	Vacant
Rank and Review	Stephanie Car (EPIC)
UNITY Advisory	Marcy Ivey (Dawning Family Services)
Coordinated Entry	Brenda Powell (Hope on the Horizon)
Veterans Leadership	Michael Raposa (SVDP CARES)
Point-In-Time Lead	Lonnie James (ACTS)
At-Large Member	Dr. Ronee Wilson (USF Public Health)
At-Large Member	Corporal Belinda Denbigh (HCSO BRU)
At-Large Member	Marie Marino (PD 13th Circuit)
At-Large Member	Quintiara Ford (CNHC)
At-Large Member	Jantel Thomas (Gulf Coast JFCS – Lives Uplifted)

Meeting Information
3rd Wednesday, 10:00 AM
2nd Monday, 9:00 AM
4th Thursday, 10:00 AM
1st & 3rd Tuesday, 3:00 PM
1st Tuesday, 10:00 AM
Quarterly 4th Thursday, 11:00am Apr, July, Oct
Every other Month on the 4th Tuesday, 2:00 PM
2nd Thurs., 11:00 AM
3rd Tuesday, 1:00 PM
3rd Tue., June-Dec., 10:00 AM

**Community
Announcements:**

Next Meeting: Wednesday – April 15th, 2026
Virtual Meeting
10:00am – 11:30am

“THHI and the Tampa/Hillsborough County CoC allow for organizations to share marketing material and information at the monthly CoC meetings as a gesture to help attendees learn about other resources that may be available in the community to assist their clients. THHI and the Tampa/Hillsborough County CoC does not expressly endorse or validate the entity or information shared/handed out unless the organization is presenting as a part of the published agenda.”

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www.THHI.org



**Tampa/Hillsborough County Continuum of Care (CoC)
Executive Planning Committee Meeting
Virtual Meeting
Wednesday, April 15th, 2026 - 10:00 – 11:30 AM
Agenda**

Introductions: Antonio S. Byrd, Chief Operating Officer (THHI)

Minutes: Approval of Meeting Minutes

MAP Assessment Pilot
Coordinated Entry (CE) Committee

2026 Universal RFP/HUD CoC Program NOFO Updates
Lesa Weikel, THHI

Continuum of Care (CoC) Framework Review
Antonio Byrd, THHI

CoC Committee	Chair (*= Interim)
Executive Planning	Antonio Byrd (THHI), Alternate
Outreach	Cindy Walz (Community Advocate)
Consumer Advisory	Melanie DeCampos (Starting Right Now)
Youth Action Board	Angelique Young (YAB Chair)
Service Delivery	Vacant
Rank and Review	Stephanie Car (EPIC)
UNITY Advisory	Marcy Ivey (Dawning Family Services)
Coordinated Entry	Brenda Powell (Hope on the Horizon)
Veterans Leadership	Michael Raposa (SVDP CARES)
Point-In-Time Lead	Lonnie James (ACTS)
At-Large Member	Dr. Ronee Wilson (USF Public Health)
At-Large Member	Corporal Kaylene Heiss (HCSO BRU)
At-Large Member	Marie Marino (PD 13th Circuit)
At-Large Member	Quintiara Ford (CNHC)
At-Large Member	Jantel Thomas (Gulf Coast JFCS – Lives Uplifted)

Meeting Information
3rd Wednesday, 10:00 AM
2nd Monday, 9:00 AM
4th Thursday, 10:00 AM
1st & 3rd Tuesday, 4:00 PM
1st Tuesday, 10:00 AM
Quarterly 4th Thursday, 11:00am Apr, July, Oct
Every other Month on the 4th Tuesday, 2:00 PM
2nd Thurs., 11:00 AM
3rd Tuesday, 1:00 PM
3rd Tue., June-Dec., 10:00 AM

**Community
Announcements:**

Next Meeting: **Wednesday - May 20th, 2026
Virtual Meeting
10:00am – 11:30am**

"THHI and the Tampa/Hillsborough County CoC allow for organizations to share marketing material and information at the monthly CoC meetings as a gesture to help attendees learn about other resources that may be available in the community to assist their clients. THHI and the Tampa/Hillsborough County CoC does not expressly endorse or validate the entity or information shared/handed out unless the organization is presenting as a part of the published agenda."

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**Tampa/Hillsborough County Continuum of Care (CoC)
Executive Planning Committee Meeting
Virtual Meeting
Wednesday, May 20th, 2026 - 10:00 – 11:30 AM
Agenda**

Introductions: Antonio S. Byrd, Chief Operating Officer (THHI)

Minutes: Approval of April Meeting Minutes
Antonio Byrd, THHI

Meaningful Tool
Melanie DeCampos, Starting Right Now

PIT Count Factsheet
Sergio Santiago, THHI

2026 Universal RFP Recap
Lesa Weikel, THHI

CoC Committee	Chair (*= Interim)	Meeting Information
Executive Planning	Antonio Byrd (THHI), Alternate	3 rd Wednesday, 10:00 AM
Outreach	Cindy Walz (Community Advocate)	2 nd Monday, 9:00 AM
Consumer Advisory	Melanie DeCampos (Starting Right Now)	4 th Thursday, 10:00 AM
Youth Action Board	Angelique Young (YAB Chair)	1 st & 3 rd Tuesday, 4:00 PM
Service Delivery	Dr. Dorcas Smith (Metropolitan Ministries)	1st Tuesday, 10:00 AM
Rank and Review	Stephanie Carr (EPIC)	Quarterly – 4 th Thurs, Jan., Apr., July, Oct., 11:00 AM
UNITY Advisory	Marcy Ivey (Dawning Family Services)	4th Tuesday, 2:00 PM
Coordinated Entry	Brenda Powell (Hope on the Horizon)	2nd Thurs., 11:00 AM
Veterans Leadership	Michael Raposa (St. Vincent De Paul CARES)	3rd Tuesday, 1:00 PM
Point-In-Time Lead	Lonnie James (ACTS)	3rd Tue., June-Dec., 10:00 AM
At Large Member	Dr. Ronee Wilson (USF Public Health)	
At Large Member	Corporal Kaylene Heiss (HCSO BRU)	
At Large Member	Marie Marino (PD 13 th Circuit)	
At Large Member	Quintiara Ford (Children’s Network of Hillsborough County)	
At Large Member	Jantel Thomas (Gulf Coast JFCS – Lives Uplifted)	

Community Announcements:

“THHI and the Tampa/Hillsborough County CoC allow for organizations to share marketing material and information at the monthly CoC meetings as a gesture to help attendees learn about other resources that may be available in the community to assist their clients. THHI and the Tampa/Hillsborough County CoC does not expressly endorse or validate the entity or information shared/handed out unless the organization is presenting as a part of the published agenda.”

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www.THHI.org



**Tampa/Hillsborough County Continuum of Care (CoC)
Executive Planning Committee Meeting
Virtual Meeting
Wednesday, July 17th, 2026 - 10:00 – 11:30 AM
Agenda**

Introductions: Antonio S. Byrd, Chief Operating Officer (THHI)

Minutes: Approval of Meeting Minutes
Antonio Byrd, THHI

FY 2026 HUD CoC and YHDP Program Competition Update
Lesa Weikel, THHI

Annual Review of the Governance Charter
Antonio Byrd, THHI

CoC Committee
Executive Planning
Outreach
Consumer Advisory
Youth Action Board
Service Delivery

Rank and Review
UNITY Advisory
Coordinated Entry
Veterans Leadership
Point-In-Time Lead
At-Large Member
At-Large Member
At-Large Member
At-Large Member
At-Large Member

Chair (*= Interim)
Antonio Byrd (THHI), Alternate
Cindy Walz (Community Advocate)
Melanie DeCampos (Starting Right Now)
Angelique Young (YAB Chair)
Dr. Dorcas Smith (Metropolitan
Ministries)
Stephanie Car (EPIC)
Marcy Ivey (Dawning Family Services)
Brenda Powell (Hope on the Horizon)
Michael Raposa (SVDP CARES)
Lonnie James (ACTS)
Dr. Ronee Wilson (USF Public Health)
Corporal Kaylene Heiss (HCSO BRU)
Marie Marino (PD 13th Circuit)
Quintiara Ford (CNHC)
Jantel Thomas (Gulf Coast JFCS – Lives
Uplifted)

Meeting Information
3rd Wednesday, 10:00 AM
2nd Monday, 9:00 AM
4th Thursday, 10:00 AM
1st & 3rd Tuesday, 3:00 PM
1st Tuesday, 10:00 AM

Quarterly 4th Thursday, 11:00am Apr, July, Oct
Every other Month on the 4th Tuesday, 2:00 PM
2nd Thurs., 11:00 AM
3rd Tuesday, 1:00 PM
3rd Tue., June-Dec., 10:00 AM

**Community
Announcements:**

Next Meeting: Wednesday – August 19th, 2026
Virtual Meeting
10:00am – 11:30am

"THHI and the Tampa/Hillsborough County CoC allow for organizations to share marketing material and information at the monthly CoC meetings as a gesture to help attendees learn about other resources that may be available in the community to assist their clients. THHI and the Tampa/Hillsborough County CoC does not expressly endorse or validate the entity or information shared/handed out unless the organization is presenting as a part of the published agenda."

PO Box 1110 • Tampa, FL • 33601-1110
O: (813) 223-6115 • F: (813) 223-6178 • E: info@THHI.org
www.THHI.org



**Tampa/Hillsborough County Continuum of Care (CoC)
Executive Planning Committee Meeting
Virtual Meeting
Wednesday, August 19th, 2026 - 10:00 – 11:30 AM
Agenda**

Introductions: Antonio S. Byrd, Chief Operating Officer (THHI)

Minutes: Approval of Meeting Minutes
Antonio Byrd, THHI

HUD FY 2026 Notice Of Funding Opportunity (NOFO) CoC Program Update
Lesa Weikel, THHI

THC CoC Drug Injection Sites Policy
Antonio Byrd, THHI

CoC Committee	Chair (*= Interim)	Meeting Information
Executive Planning	Antonio Byrd (THHI), Alternate	3 rd Wednesday, 10:00 AM
Outreach	Cindy Walz (Community Advocate)	2 nd Monday, 9:00 AM
Consumer Advisory	Melanie DeCampos (Starting Right Now)	4 th Thursday, 10:00 AM
Youth Action Board	Angelique Young (YAB Chair)	1 st & 3 rd Tuesday, 3:00 PM
Service Delivery	Dr. Dorcas Smith (Metropolitan Ministries)	1 st Tuesday, 10:00 AM
Rank and Review	Stephanie Car (EPIC)	Quarterly 4 th Thursday, 11:00am Apr, July, Oct
UNITY Advisory	Marcy Ivey (Dawning Family Services)	Every other Month on the 4 th Tuesday, 2:00 PM
Coordinated Entry	Brenda Powell (Hope on the Horizon)	2 nd Thurs., 11:00 AM
Veterans Leadership	Michael Raposa (SVDP CARES)	3 rd Tuesday, 1:00 PM
Point-In-Time Lead	Lonnie James (ACTS)	3 rd Tue., June-Dec., 10:00 AM
At-Large Member	Dr. Ronee Wilson (USF Public Health)	
At-Large Member	Corporal Kaylene Heiss (HCSO BRU)	
At-Large Member	Marie Marino (PD 13th Circuit)	
At-Large Member	Quintiara Ford (CNHC)	
At-Large Member	Jantel Thomas (Gulf Coast JFCS – Lives Uplifted)	

**Community
Announcements:**

Next Meeting: Wednesday – Sept 16th, 2026
IN-PERSON Meeting – Children’s Board of Hillsborough County
1002 E Palm Avenue - Tampa, FL 33605
09:30 – 11:30 AM

“THHI and the Tampa/Hillsborough County CoC allow for organizations to share marketing material and information at the monthly CoC meetings as a gesture to help attendees learn about other resources that may be available in the community to assist their clients. THHI and the Tampa/Hillsborough County CoC does not expressly endorse or validate the entity or information shared/handed out unless the organization is presenting as a part of the published agenda.”

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**Tampa/Hillsborough County Continuum of Care (CoC)
Executive Planning Committee Meeting
IN-PERSON Meeting – Children’s Board of Hillsborough County
1002 E Palm Avenue - Tampa, FL 33605
Wednesday, Sept. 16th, 2026 - 10:00 – 11:30 AM
Agenda**

Introductions: Antonio S. Byrd, Chief Operating Officer (THHI)

Minutes: Approval of Meeting Minutes

Antonio Byrd, THHI

YHDP Updates

Cristina & Noralis, THHI

Mosquito /Dengue Virus Protection in Florida

Antonio Byrd, THHI

Hillsborough County Dengue (Denv – 2) Cases Report

Antonio Byrd, THHI

CoC Committee
Executive Planning
Outreach
Consumer Advisory
Youth Action Board
Service Delivery
Rank and Review
UNITY Advisory
Coordinated Entry
Veterans Leadership
Point-In-Time Lead
At-Large Member
At-Large Member
At-Large Member
At-Large Member
At-Large Member

Chair (*= Interim)
Antonio Byrd (THHI), Alternate
Cindy Walz (Community Advocate)
Melanie DeCampos (Starting Right Now)
Angelique Young (YAB Chair)
Dr. Dorcas Smith (Metropolitan Ministry)
Stephanie Car (EPIC)
Marcy Ivey (Dawning Family Services)
Brenda Powell (Hope on the Horizon)
Michael Raposa (SVDP CARES)
Lonnie James (ACTS)
Dr. Ronee Wilson (USF Public Health)
Corporal Kaylene Heiss (HCSO BRU)
Marie Marino (PD 13th Circuit)
Quintara Ford (CNHC)
Jantel Thomas (Gulf Coast JFCS – Lives Uplifted)

Meeting Information
3rd Wednesday, 10:00 AM
2nd Monday, 9:00 AM
4th Thursday, 10:00 AM
1st & 3rd Tuesday, 3:00 PM
1st Tuesday, 10:00 AM
Quarterly 4th Thursday, 11:00am Apr, July, Oct
Every other Month on the 4th Tuesday, 2:00 PM
2nd Thurs., 11:00 AM
3rd Tuesday, 1:00 PM
3rd Tue., June-Dec., 10:00 AM

**Community
Announcements:**

Next Meeting: **Wednesday – October 21st, 2026
Virtual Meeting
10:00am – 11:30am**

“THHI and the Tampa/Hillsborough County CoC allow for organizations to share marketing material and information at the monthly CoC meetings as a gesture to help attendees learn about other resources that may be available in the community to assist their clients. THHI and the Tampa/Hillsborough County CoC does not expressly endorse or validate the entity or information shared/handed out unless the organization is presenting as a part of the published agenda.”

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www.THHI.org

Risinger, Reed

Subject: Community Targeted Area Activity October 2025
Location: 2701 E Fletcher Ave, Tampa, FL 33612

Start: Wed 10/1/2025 8:00 AM
End: Wed 10/1/2025 2:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Wilson, Dwight
Required Attendees: Wilson, Dwight; John.Robson@walmart.com; Watkinson, Julie; Fikes, Lisa; Risinger, Reed; Santiago, Sergio; Blaylock, Cassandra; Rivera Espinoza, Jose; Jenkins, Josephus; Gross, Joe; PAUL PRAMBERGER; ROBERT CARR; TANNER M BARNES; Vanessa Philip; Robert Salgado; Jeremy Freeman; Stephanie Krager; Cindy Beach; mvking@usf.edu; Robert Salgado; Jeremy Freeman; Cindy Beach
Optional Attendees: Crosby-Rucker, Felicia; Rice, Laura; Mendoza, Olga; Hayes Triplett, Antoinette; Byrd, Antonio; Seemangal, Christina; Whittey, Tramaine; Watkins, Eric; TROY MORGAN; Maria O'Connor; JohnPaul Comas; darthur@teamhcso.com; Clarissa Grant; Ferguson, Jordyn; Wilkerson, William (Chris); Lauren Degrushe - l0d01ei.s02627; JohnPaul Comas; Robert Miloro; Scott Labuda; Stephanie Krager

The **Community Targeted Area Activity for October 2025** will be held at Walmart Supercenter located at 2701 E Fletcher Ave, Tampa, FL 33612.

You will need to bring everything allowing you to be self-sufficient including but not limited to tents, chairs, fans, small generators or power sources, extension cords/multi plugins, water, etc.

All of the core agencies have confirmed their participation and attendance.

Any questions or concerns, please contact me at **813-422-1444**.

Thank you for your understanding, cooperation and TEAM Work!

Agencies involved:

Hillsborough County Affordable Housing
Hillsborough County Codes
Hillsborough County Health Care
Hillsborough County Homeless and Community Services
Hillsborough County Real Estate
Hillsborough County Sheriff's Office- BRU
Hillsborough County Sheriff's Office-District 1
Metropolitan Ministries
Phoenix House
Saint Vincent de Paul
Tampa Hillsborough Homeless Initiative
University of South Florida Police Department

Date/Time

Overview

In 2021, the Hillsborough County Homeless and Community Services Department in collaboration with the Hillsborough County Sheriff's Office Behavioral Resource Unit created the Community Targeted Area activities (CTA) Initiative. The Initiative was created to address the persistent need for coordinated services for unhoused residents across Hillsborough County. The program represents a strategic shift away from broad, generalized outreach toward more focused, area-based interventions that directly remove barriers and deliver timely, coordinated services where they are most needed.

Rationale and Need

CTA was developed in response to resident complaints and concerns and feedback from the Hillsborough County Board of County Commissioners, the Hillsborough County Sheriff's Office, local businesses, and community members. While large-scale outreach efforts successfully convened multiple agencies and service providers, additional strategies were needed to address immediate, individualized barriers. As a result, many unsheltered residents continued to experience delays in housing access, unmet health needs, and difficulty navigating the systems of care.

Program Approach

CTA uses community-specific assessments to identify the exact barriers affecting unhoused individuals within defined geographic areas. Once identified, services are delivered directly to those locations. Interventions may include facilitating access to identification documents, bringing health care providers on-site to close critical care gaps, coordinating warm handoffs for housing and medical services, or resolving administrative and logistical barriers that prevent entry into temporary or permanent housing.

By bringing services to the community rather than requiring individuals to navigate complex systems independently, Community Targeted Area activities improve efficiency, accountability, and outcomes.

Impact and Community Benefit

The CTA model strengthens outcomes for individuals and the broader community by building trust with unhoused residents, improving engagement, and accelerating progress toward housing stability. The program enhances coordination among county departments, nonprofit partners, law enforcement, and local businesses, leading to more effective use of public resources and quicker responses to emerging issues.

Community Targeted Area activities provide elected officials with a results-oriented and accountable approach to addressing homelessness. By responding directly to constituent concerns, supporting public safety and quality of life, and maximizing the return on public investment through coordinated service delivery, CTA offers a scalable and adaptable framework that aligns compassion with measurable results.

Long-Term Goal

The long-term goal of CTA is to reduce barriers to care and housing, support successful transitions into permanent housing, and promote sustainable self-sufficiency for unhoused residents—ultimately strengthening community stability across Hillsborough County.

Risinger, Reed

Subject: Community Targeted Area Activity/Joe Chillura Courthouse Square Park
Location: 600 E Kennedy Blvd, Tampa, FL 33602

Start: Thu 10/16/2025 8:30 AM
End: Thu 10/16/2025 12:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Wilson, Dwight
Required Attendees: Wilson, Dwight; Watkinson, Julie; Fikes, Lisa; Risinger, Reed; Santiago, Sergio; WILLIAM O MENENDEZ; Jenkins, Josephus; Gross, Joe; Blaylock, Cassandra; Rivera Espinoza, Jose; Jeremy Freeman; Robert Miloro; Robert Salgado; Stephanie Krager; Melissa Gilyard; Melanee Gardner; Jasmine House; Anne Cronyn; Darrius Stallworth; Manuel Pelegri; Jeremy Freeman; Robert Salgado; Jasmine House; Anne Cronyn
Optional Attendees: Crosby-Rucker, Felicia; Hayes Triplett, Antoinette; Byrd, Antonio; TROY MORGAN; Alicia Dominguez; ROBERT CARR; PAUL PRAMBERGER; Whittey, Tramaine; Watkins, Eric; Alvarez, Alicia; JohnPaul Comas; Maria O'Connor; Vanessa Philip; Bryan Hill; jbrown@tampasdowntown.com; JohnPaul Comas; Ryan Edwards; Stephanie Krager; Ishmael Gantt; Julianne Hart; Lori Ford; Brandon Peebles; Tony McPherson; Daniel Taboada

The **Community Targeted Area Activity/Joe Chillura Courthouse Square Park** will be held at 600 East Kennedy Blvd, Tampa Florida 33602.

The optional personnel is an FYI for various reasons.

You will need to bring everything allowing you to be self-sufficient including but not limited to tents, chairs, fans, small generators or power sources, extension cords/multi plugins, water, etc.

All of the core agencies have confirmed their participation and attendance.

Any questions or concerns, please contact me at **813-422-1444**.

Thank you for your understanding, cooperation and TEAM Work!

Agencies involved:

Hillsborough County Affordable Housing
Hillsborough County Codes
Hillsborough County Health Care
Hillsborough County Homeless and Community Services
Hillsborough County Real Estate
Hillsborough County Sheriff's Office- BRU
Hillsborough County Sheriff's Court Services
Metropolitan Ministries
Phoenix House
Saint Vincent de Paul
Tampa Hillsborough Homeless Initiative

Risinger, Reed

Subject: November 2025 Community Targeted Area Activity
Location: Walmart (7011 W Waters Ave, Tampa, FL 33634)

Start: Wed 11/5/2025 8:00 AM
End: Wed 11/5/2025 2:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Wilson, Dwight

Required Attendees: Wilson, Dwight; Watkinson, Julie; Fikes, Lisa; Risinger, Reed; Santiago, Sergio; Jeremy Freeman; Gross, Joe; brusworn@teamhcso.com; Robert Salgado; Cindy Beach; Robert Miloro; Vanessa Philip; Blaylock, Cassandra; Jenkins, Josephus; Eric Marrero; Stephanie Krager; Lisa Beck; Kevin Bigelow - kwbigel.s01482; johnJohn.Robson@walmart.com; Everett, Shelia; hdavis@actsfl.org; vvelasquez@gracepointwellness.org

Optional Attendees: Crosby-Rucker, Felicia; Rice, Laura; Hayes Triplett, Antoinette; Byrd, Antonio; Seemangal, Christina; JohnPaul Comas; Lavandeira, Jon-Paul - CE; Maria O'Connor; Whittey, Tramaine; M/Deputy J. Footman; KOZIUK, PAUL V; Lori Ford; LASALLE, MICHAEL J; PAUL PRAMBERGER; PARMENTIER, C; BELINDA V DENBIGH; Leroy Wainwright; Valentina Velasquez; Stephanie Krager; Rivera Espinoza, Jose; Krysten Schenk; Nicole Prince; Keevis Johnson; Tony McPherson

The **Community Targeted Area Activity for November 2025** will be held at Walmart Supercenter located at 7011 W Waters Ave, Tampa, FL 33634.

You will need to bring everything allowing you to be self-sufficient including but not limited to tents, chairs, fans, small generators or power sources, extension cords/multi plugins, water, etc.

All of the core agencies have confirmed their participation and attendance.

Any questions or concerns, please contact me at **813-422-1444**.

Thank you for your understanding, cooperation and TEAM Work!

Agencies involved:

Hillsborough County Affordable Housing
Hillsborough County Codes
Hillsborough County Health Care
Hillsborough County Homeless and Community Services
Hillsborough County Sheriff's Office- BRU
Hillsborough County Sheriff's Office-District 3
Acts
Gracepoint
Metropolitan Ministries-BridAide
Phoenix House
Saint Vincent de Paul
Tampa Hillsborough Homeless Initiative (THHI)
Tampa Hope-Catholic Charities

Risinger, Reed

Subject: January 2026 Community Targeted Area Activity

Location: Walmart 2701 E Fletcher Ave, Tampa, FL 33612

Start: Wed 1/7/2026 8:00 AM

End: Wed 1/7/2026 2:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Wilson, Dwight

Required Attendees: Wilson, Dwight; Watkinson, Julie; Fikes, Lisa; Blaylock, Cassandra; Rivera Espinoza, Jose; PAUL PRAMBERGER; BELINDA V DENBIGH; Gross, Joe; Whittey, Tramaine; John Robson; Lauren Degrushe - l0d01ei.s02627; Robert Salgado; Stephanie Dodaro - s0d074r.s02627; Vanessa Philip; Jeremy Freeman; Risinger, Reed; Santiago, Sergio; Seemangal, Christina; LHaileyBrown@tfhc.org; Stephanie Krager; Cindy Beach; hdavis@actsfl.org; Eric Marrero; vvelasquez@ibishc.org

Optional Attendees: Crosby-Rucker, Felicia; Rice, Laura; TROY MORGAN; ROBERT CARR; croberts@teamhcso.com; GCharles; Maria O'Connor; JohnPaul Comas; Hayes Triplett, Antoinette; Byrd, Antonio; Bowen, Jordan; Ferguson, Jordyn; Lisa Beck; gclarke@fiu.edu; Jenkins, Josephus; Leroy Wainwright; d1publiccalendars@hcso.tampa.fl.us; tbellamy@teamhcso.com; Melani Pantaleon Mejia; Phillips, Sheryl

The **Community Targeted Area Activity for January 2026** will be held at Walmart Supercenter located at Walmart 2701 E Fletcher Ave, Tampa, FL 33612.

You will need to bring everything allowing you to be self-sufficient including but not limited to tents, chairs, fans, small generators or power sources, extension cords/multi plugins, water, etc.

All of the core agencies have confirmed their participation and attendance.

Any questions or concerns, please contact me at **813-422-1444**.

Thank you for your understanding, cooperation and TEAM Work!

Agencies involved:

Hillsborough County Affordable Housing

Hillsborough County Codes

Hillsborough County Health Care

Hillsborough County Homeless and Community Services

Hillsborough County Sheriff's Office- BRU

Hillsborough County Sheriff's Office-District 1

Acts

Gracepoint

Metropolitan Ministries-BridAide

Phoenix House

Saint Vincent de Paul

Tampa Hillsborough Homeless Initiative (THHI)

Risinger, Reed

Subject: March 2026 Community Targeted Area Activity
Location: Walmart Supercenter (2701 E Fletcher Ave, Tampa, FL 33612)

Start: Wed 3/4/2026 8:00 AM
End: Wed 3/4/2026 12:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Wilson, Dwight
Required Attendees: Wilson, Dwight; Watkinson, Julie; Jenkins, Josephus; Gross, Joe; Blaylock, Cassandra; Rivera Espinoza, Jose; PAUL PRAMBERGER; BELLAMY, TRECO T; Fikes, Lisa; John Robson; Lauren Degrushe - l0d01ei.s02627; Robert Salgado; Stephanie Dodaro - s0d074r.s02627; Vanessa Philip; Jeremy Freeman; Risinger, Reed; Santiago, Sergio; Seemangal, Christina; LHaileyBrown@tfhc.org; Stephanie Krager; Cindy Beach; hdavis@actsfl.org; Eric Marrero; vvelasquez@ibishc.org; Lisa Beck

Optional Attendees: Crosby-Rucker, Felicia; Rice, Laura; Whittey, Tramaine; ROBERT CARR; croberts@teamhcso.com; MOORE, MELISSA; JohnPaul Comas; Maria O'Connor; Hayes Triplett, Antoinette; Byrd, Antonio; TROY MORGAN; Clarissa Grant; Thomas Tman Brown; Phillips, Sheryl; McPhie, Ashley; Vanessa Philip; Tmorris@templeterrace.gov; Lori Ford; Brandonp@svdp.care; Julianne Hart; Leroy Wainwright

The **Community Targeted Area Activity for March 2026** will be held at Walmart Supercenter located at Walmart 2701 E Fletcher Ave, Tampa, FL 33612.

You will need to bring everything allowing you to be self-sufficient including but not limited to tents, chairs, fans, small generators or power sources, extension cords/multi plugins, water, etc.

All of the core agencies have confirmed their participation and attendance.

Any questions or concerns, please contact me at **813-422-1444**.

Thank you for your understanding, cooperation and TEAM Work!

Agencies involved:

Hillsborough County Affordable Housing
Hillsborough County Codes
Hillsborough County Health Care
Hillsborough County Homeless and Community Services
Hillsborough County Sheriff's Office- BRU
Hillsborough County Sheriff's Office-District 1
Acts
Gracepoint
Metropolitan Ministries-BridAide
Phoenix House
Saint Vincent de Paul
Tampa Hillsborough Homeless Initiative (THHI)
Tampa Hope-Catholic Charities

Risinger, Reed

Subject: May 2026 Community Targeted Area Activity
Location: Walmart Supercenter (9205 Gibsonton Dr, Gibsonton, FL 33534)

Start: Wed 5/6/2026 8:00 AM
End: Wed 5/6/2026 2:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Wilson, Dwight
Required Attendees: Wilson, Dwight; t0w0evf.s05300.us@wal-mart.com; Blaylock, Cassandra; Rivera Espinoza, Jose; Jeremy Freeman; Eric Marrero; vvelasquez@ibishc.org; Robert Salgado; Matthew Duffy; Vanessa Philip; Lisa Beck; Stephanie Krager; Hailey-Brown, Latiecea; Everett, Shelia; Gross, Joe; Lavandeira, Jon-Paul - CE; Jenkins, Josephus; Santiago, Sergio; Risinger, Reed; Seemangal, Christina; Paul Pramberger; HEISS, KAYLENE B; Cindy Beach; Hayward Davis

Optional Attendees: JohnPaul Comas; Maria O'Connor; brandonp@svdp.care; Whittey, Tramaine; Hayes Triplett, Antoinette; Byrd, Antonio; ROBERT CARR; MOORE, MELISSA; Rice, Laura; Crosby-Rucker, Felicia; kcasas@teamhcsco.com; Vanessa Philip; Bowen, Jordan; Neal, Grace; Lance, Jenna; Vega-Eugene, Jessica; Zodian Grey-Batiste; Leroy Wainwright

The **Community Targeted Area Activity for May 2026** will be held at Walmart Supercenter located at **9205 Gibsonton Dr, Gibsonton, FL 33534.**

- You will need to bring everything allowing you to be self-sufficient including but not limited to tents, chairs, fans, small generators or power sources, extension cords/multi plugins, water, etc.

All of the core agencies have confirmed their participation and attendance.

Any questions or concerns, please contact me at **813-422-1444**.

Thank you for your understanding, cooperation and TEAM Work!

Agencies involved:

Hillsborough County Affordable Housing
Hillsborough County Codes
Hillsborough County Health Care
Hillsborough County Homeless and Community Services
Hillsborough County Sheriff's Office- BRU
Hillsborough County Sheriff's Office-District 4
Acts
Gracepoint
Metropolitan Ministries-BridAide
Phoenix House
Saint Vincent de Paul
Tampa Hillsborough Homeless Initiative (THHI)
Tampa Hope-Catholic Charities

January Outreach Committee Attendance

1. Summary		
Meeting title	Outreach Committee Meeting	21
Attended participants		
Start time	1/12/26, 8:43:44 AM	
End time	1/12/26, 11:21:42 AM	
Meeting duration	2h 37m 58s	
Average attendance time	34m 33s	

2. Participants

Name	First Join	Last Leave	In-Meeting Duration	Email	Participant ID (UPN)	Role
Risinger, Reed	1/12/26, 8:56:10 AM	1/12/26, 9:29:18 AM	33m 8s	RisingerR@THHL.org	RisingerR@hillsboroughcounty.org	Organizer
Phillips, Sheryl	1/12/26, 8:51:55 AM	1/12/26, 9:29:11 AM	35m 51s	PhillipsSh@hctfl.gov	PhillipsSh@hillsboroughcounty.org	Presenter
Ben Langman LMHC HCSO (Unverified)	1/12/26, 8:56:21 AM	1/12/26, 9:29:15 AM	32m 54s			Presenter
Cindy Walz	1/12/26, 8:56:21 AM	1/12/26, 9:29:12 AM	32m 50s			Presenter
Anne Cronyn (External)	1/12/26, 8:56:22 AM	1/12/26, 9:29:12 AM	32m 49s	Anne.Cronyn@tampagov.net	Anne.Cronyn@tampagov.net	Presenter
Rivera Espinoza, Jose	1/12/26, 8:56:26 AM	1/12/26, 9:43:07 AM	39m 45s	RiveraJos@hctfl.gov	RiveraJos@hillsboroughcounty.org	Presenter
Gloria Hilton	1/12/26, 8:56:39 AM	1/12/26, 9:29:15 AM	32m 35s			Presenter
Shelley Thompson (External)	1/12/26, 8:56:50 AM	1/12/26, 9:29:19 AM	32m 28s	sthompson@ccdosp.org	sthompson@ccdosp.org	Presenter
Jeremy Freeman (External)	1/12/26, 8:57:35 AM	1/12/26, 9:29:15 AM	31m 40s	Jeremy.Freeman@metromin.org	Jeremy.Freeman@metromin.org	Presenter
Nathaly Garcia Suarez (External)	1/12/26, 8:57:48 AM	1/12/26, 9:29:20 AM	31m 32s	nathaly.garcia@ccdosp.org	nathaly.garcia@ccdosp.org	Presenter
Watkinson, Julie	1/12/26, 8:58:34 AM	1/12/26, 9:29:31 AM	30m 57s	WatkinsonJ@hctfl.gov	WatkinsonJ@hillsboroughcounty.org	Presenter
Sheena Williams (External)	1/12/26, 8:59:43 AM	1/12/26, 9:29:21 AM	29m 38s	Sheena.Williams@uss.salvationarmy.org	Sheena.Williams@uss.salvationarmy.org	Presenter
JohnPaul Comas (External)	1/12/26, 9:00:17 AM	1/12/26, 9:29:14 AM	28m 56s	JohnPaul.Comas@metromin.org	JohnPaul.Comas@metromin.org	Presenter
Blaylock, Cassandra	1/12/26, 9:00:29 AM	1/12/26, 11:21:42 AM	2h 21m 12s	BlaylockC@hctfl.gov	BlaylockC@HillsboroughCounty.ORG	Presenter
Fikes, Lisa	1/12/26, 9:01:01 AM	1/12/26, 9:29:51 AM	28m 49s	FikesL@hctfl.gov	FikesL@hillsboroughcounty.org	Presenter
Vee Rucker (External)	1/12/26, 9:01:14 AM	1/12/26, 9:29:03 AM	27m 48s	vrucker@ccdosp.org	vrucker@ccdosp.org	Presenter
Emeri Martinez (External)	1/12/26, 9:03:55 AM	1/12/26, 9:29:08 AM	25m 12s	emartinez@ccdosp.org	emartinez@ccdosp.org	Presenter
Misty Halsey-Selah Freedom (Unverified)	1/12/26, 9:05:02 AM	1/12/26, 9:29:13 AM	24m 10s			Presenter
Heidi Aspinwall (External)	1/12/26, 9:08:57 AM	1/12/26, 9:29:17 AM	20m 20s	haspinwall@hydeparkumc.org	haspinwall@hydeparkumc.org	Presenter
Ryan Edwards (External)	1/12/26, 9:12:37 AM	1/12/26, 9:29:07 AM	16m 30s	Ryan.Edwards@tampagov.net	Ryan.Edwards@tampagov.net	Presenter
Matthew Duffy (External)	1/12/26, 9:12:53 AM	1/12/26, 9:29:19 AM	16m 25s	mduffy@ccdosp.org	mduffy@ccdosp.org	Presenter

3. In-Meeting Activities

Name	Join Time	Leave Time	Duration	Email	Role
Risinger, Reed	1/12/26, 8:56:10 AM	1/12/26, 9:29:18 AM	33m 8s	RisingerR@THHL.org	Organizer
Phillips, Sheryl	1/12/26, 8:51:55 AM	1/12/26, 8:53:43 AM	1m 48s	PhillipsSh@hctfl.gov	Presenter
Phillips, Sheryl	1/12/26, 8:55:07 AM	1/12/26, 9:29:11 AM	34m 3s	PhillipsSh@hctfl.gov	Presenter
Ben Langman LMHC HCSO (Unverified)	1/12/26, 8:56:21 AM	1/12/26, 9:29:15 AM	32m 54s		Presenter
Cindy Walz	1/12/26, 8:56:21 AM	1/12/26, 9:29:12 AM	32m 50s		Presenter
Anne Cronyn (External)	1/12/26, 8:56:22 AM	1/12/26, 9:29:12 AM	32m 49s	Anne.Cronyn@tampagov.net	Presenter
Rivera Espinoza, Jose	1/12/26, 8:56:26 AM	1/12/26, 9:00:57 AM	4m 31s	RiveraJos@hctfl.gov	Presenter
Rivera Espinoza, Jose	1/12/26, 9:02:40 AM	1/12/26, 9:33:23 AM	30m 42s	RiveraJos@hctfl.gov	Presenter
Rivera Espinoza, Jose	1/12/26, 9:38:34 AM	1/12/26, 9:43:07 AM	4m 32s	RiveraJos@hctfl.gov	Presenter
Gloria Hilton	1/12/26, 8:56:39 AM	1/12/26, 9:29:15 AM	32m 35s		Presenter
Shelley Thompson (External)	1/12/26, 8:56:50 AM	1/12/26, 9:29:19 AM	32m 28s	sthompson@ccdosp.org	Presenter
Jeremy Freeman (External)	1/12/26, 8:57:35 AM	1/12/26, 9:29:15 AM	31m 40s	Jeremy.Freeman@metromin.org	Presenter
Nathaly Garcia Suarez (External)	1/12/26, 8:57:48 AM	1/12/26, 9:29:20 AM	31m 32s	nathaly.garcia@ccdosp.org	Presenter
Watkinson, Julie	1/12/26, 8:58:34 AM	1/12/26, 9:29:31 AM	30m 57s	WatkinsonJ@hctfl.gov	Presenter
Sheena Williams (External)	1/12/26, 8:59:43 AM	1/12/26, 9:29:21 AM	29m 38s	Sheena.Williams@uss.salvationarmy.org	Presenter
JohnPaul Comas (External)	1/12/26, 9:00:17 AM	1/12/26, 9:29:14 AM	28m 56s	JohnPaul.Comas@metromin.org	Presenter
Blaylock, Cassandra	1/12/26, 9:00:29 AM	1/12/26, 11:21:42 AM	2h 21m 12s	BlaylockC@hctfl.gov	Presenter
Fikes, Lisa	1/12/26, 9:01:01 AM	1/12/26, 9:29:51 AM	28m 49s	FikesL@hctfl.gov	Presenter
Vee Rucker (External)	1/12/26, 9:01:14 AM	1/12/26, 9:29:03 AM	27m 48s	vrucker@ccdosp.org	Presenter
Emeri Martinez (External)	1/12/26, 9:03:55 AM	1/12/26, 9:29:08 AM	25m 12s	emartinez@ccdosp.org	Presenter
Misty Halsey-Selah Freedom (Unverified)	1/12/26, 9:05:02 AM	1/12/26, 9:29:13 AM	24m 10s		Presenter
Heidi Aspinwall (External)	1/12/26, 9:08:57 AM	1/12/26, 9:29:17 AM	20m 20s	haspinwall@hydeparkumc.org	Presenter
Ryan Edwards (External)	1/12/26, 9:12:37 AM	1/12/26, 9:29:07 AM	16m 30s	Ryan.Edwards@tampagov.net	Presenter
Matthew Duffy (External)	1/12/26, 9:12:53 AM	1/12/26, 9:29:19 AM	16m 25s	mduffy@ccdosp.org	Presenter

February Outreach Committee Attendance



Outreach Committee Meeting

Mon, Feb 9, 2026

9:00 AM — 11:00 AM

Name	Email	Organization
Cindy L. 20117	Cindy.beane@cindy@aol.com	COC
Cassandra Blaylock	blaylockc@hcf1.gov	Healthcare SVCS
Sheryl Phillips	Phillipssh@hcf1.gov	Healthcare Services
Kevin P. Costa	KEV.COSTA@yahoo.com	STRENGTH the community
Jessie Prince	Jessie.Prince@hcf1.gov	Hillsborough County
Stephane Krager	skrager@phoenixfi.org	Phoenix
Jeremy Freeman	Jeremy.Freeman@metmin.org	Met Min Brigade
Ben Langman	blangman@tombhcsa.com	HCSO
Melissa Gilyard	melissa.gilyard@tampagov.net	City of Tampa
Tiffany Hannon	Thannon@actsfl.org	ACTS
Anne Cronyn	anne.cronyn@tampagov.net	City of Tampa
Ash Wallace	ash.wallace@tampagov.net	COT
Latoya Randolph	latoya.randolph@tampagov.net	COT
Elle Kane	EKane@childrenshomework.org	CHN
Halle Pell	hpell@tampaairport.com	TPA Police Dept
Emeri Martinez	EMartinez@ccdos.org	Catholic Charities
Shelley Thompson	Stthompson@ccdos.org	Catholic Charities
Nathaly Garcia	nathaly.garcia@ccdos.org	Catholic Charities
RYAN EDWARDS	RYAN.EDWARDS@TAMPAGOV.NET	CITY OF TAMPA

Tampa Hillsborough Homeless Initiative
Sign-in Sheet

Name	Organization	Email
CASS MURRAY Blaylock	Hillsborough County Health Care Services	blaylock@hccf.gov
Cindy Walz	Hills County COC	cindybeacheindy@aol.com
KEVIN COSTA	Sheltering the Homeless STUP	KEV.COSTA@YAHOO.COM
Ben Longman	HCSO	blongman@teamhcsa.com
José River	Hillsborough County Health Care	RiverJose@hccf.gov
June	Downtown Partnership	bjune@ronno@yahoo.com
ASHLEY CANNON	TAMPA DOWNTOWN PARTNERSHIP	ACANNON@TAMPADOWNTOWN.COM
Maria Jimenez	Family Healthcare Foundation	maria@familyhealthcarefla.org
Matt Duff	Tampa Hope	MDUFF@CCDOSP.org
Herdi Aspinwall	Hyde Park United Methodist	haspinwall@hydeparkumc.org
TERRI HANNIGAN	PLCTS	Thannigan@ACTSF1.org
APRIL McCullotts	The DROP	april@wellbuilt.citz
Valentina Velasquez	Ibis Healthcare	vvelasquez@ibishc.org
Michelle Buchanan	Manifestation Support and Family Resource Center	michellebuchanan@ manifestcity.org
Melissa Gizard	City of Tampa	melissa.gizard@tampagov.net
H. Hayes Triplett	TriplettA@TTHI.org	→ TTHI
Nathaly Garcia	Catholic Charities	nathaly.garcia@ccdosf.org
Emmeri Martinez	Catholic Charities	EMartinez@ccdosf.org
Kee Rucker	" "	VRucker@ccdosf.org
Manuel Pelegri	City of Tampa	Manuel.Pelegri@Tampagov.net

June Outreach Committee Attendance

Summary					
Meeting title	Outreach Committee Meeting				
Attended participants	26				
Start time	6/08/26, 8:54:43 AM				
End time	6/08/26, 10:02:41 AM				
Meeting duration	1h 7m 57s				
Average attendance time	53m 20s				
2. Participants					
Name	First Join	Last Leave	In-Meeting Duration	Email	Participant ID (UPN)
Risinger, Reed	6/08/26, 8:56:10 AM	6/08/26, 10:00:20 AM	1h 4m 9s	RisingerR@THHL.org	RisingerR@hillsboroughcounty.org
Phillips, Sheryl	6/08/26, 8:54:45 AM	6/08/26, 10:00:17 AM	1h 5m 32s	PhillipsSh@hcfcl.gov	PhillipsSh@hillsboroughcounty.org
Matthew Duffy (External)	6/08/26, 8:55:15 AM	6/08/26, 10:00:19 AM	1h 5m 4s	mduffy@ccdosp.org	mduffy@ccdosp.org
Shelley Thompson (External)	6/08/26, 8:56:17 AM	6/08/26, 10:00:18 AM	1h 4m 1s	sthompson@ccdosp.org	sthompson@ccdosp.org
Robert Salgado (External)	6/08/26, 8:56:56 AM	6/08/26, 10:00:17 AM	1h 3m 21s	roberts@svdpsp.org	roberts@svdp.care
Waller, Takara	6/08/26, 8:57:34 AM	6/08/26, 10:00:18 AM	1h 2m 44s	WallerT@hcfcl.gov	WallerT@hillsboroughcounty.org
Cindy Walz	6/08/26, 8:58:58 AM	6/08/26, 10:00:17 AM	1h 1m 19s		
Rivera Espinoza, Jose	6/08/26, 8:59:20 AM	6/08/26, 10:00:22 AM	1h 1m 1s	RiveraJos@hcfcl.gov	RiveraJos@hillsboroughcounty.org
Wilson, Dwight	6/08/26, 8:59:50 AM	6/08/26, 10:01:03 AM	1h 1m 13s	WilsonDD@hcfcl.gov	WilsonDD@hillsboroughcounty.org
Everett, Shelia	6/08/26, 9:00:01 AM	6/08/26, 9:54:31 AM	54m 30s	EverettS@hcfcl.gov	EverettS@Hillsboroughcounty.org
Jeremy Freeman (External)	6/08/26, 9:00:01 AM	6/08/26, 10:00:20 AM	1h 18s	Jeremy.Freeman@metromin.org	Jeremy.Freeman@metromin.org
Nathaly Garcia Suarez (External)	6/08/26, 9:00:26 AM	6/08/26, 10:00:27 AM	1h 1s	nathaly.garcia@ccdosp.org	nathaly.garcia@ccdosp.org
Melissa Gilyard (External)	6/08/26, 9:01:31 AM	6/08/26, 10:00:18 AM	58m 46s	Melissa.Gilyard@tampagov.net	Melissa.Gilyard@tampagov.net
Valentina Velasquez	6/08/26, 9:01:31 AM	6/08/26, 10:00:23 AM	56m 35s	vvelasquez@ibishc.org	vvelasquez@ibishc.org
Maria Jimenez-Family Healthcare Foundation (Unverified)	6/08/26, 9:01:32 AM	6/08/26, 10:00:18 AM	58m 46s		
The Drop (External)	6/08/26, 9:02:01 AM	6/08/26, 10:00:19 AM	58m 18s	TheDrop@Welltampa.onmicrosoft.com	TheDrop@Welltampa.onmicrosoft.com
Manuel Pelegri (External)	6/08/26, 9:02:43 AM	6/08/26, 10:00:20 AM	57m 37s	Manuel.Pelegri@tampagov.net	Manuel.Pelegri@tampagov.net
Lori Martin (Unverified)	6/08/26, 9:05:10 AM	6/08/26, 9:57:38 AM	52m 27s		
Gloria Hilton	6/08/26, 9:07:19 AM	6/08/26, 10:00:19 AM	53m		
Emeri Martinez (External)	6/08/26, 9:10:12 AM	6/08/26, 10:02:01 AM	51m 49s	emartinez@ccdosp.org	emartinez@ccdosp.org
Ben Langman HCSO (Unverified)	6/08/26, 9:10:31 AM	6/08/26, 10:00:15 AM	49m 43s		
Tiffani Hannigan (External)	6/08/26, 9:11:00 AM	6/08/26, 10:00:17 AM	49m 17s	THannigan@actsfl.org	THannigan@actsfl.org
18135539602 (Unverified)	6/08/26, 9:27:05 AM	6/08/26, 10:00:28 AM	33m 23s		
Ryan Edwards (External)	6/08/26, 9:31:34 AM	6/08/26, 10:00:17 AM	28m 43s	Ryan.Edwards@tampagov.net	Ryan.Edwards@tampagov.net
Gaby Revive & Restore (Unverified)	6/08/26, 9:33:39 AM	6/08/26, 9:41:08 AM	7m 28s		
Stephanie Krager (External)	6/08/26, 9:34:53 AM	6/08/26, 10:02:41 AM	27m 47s	skrager@PHOENIXFL.ORG	skrager@PHOENIXFL.ORG
3. In-Meeting Activities					
Name	Join Time	Leave Time	Duration	Email	Role
Risinger, Reed	6/08/26, 8:56:10 AM	6/08/26, 10:00:20 AM	1h 4m 9s	RisingerR@THHL.org	Organizer
Phillips, Sheryl	6/08/26, 8:54:45 AM	6/08/26, 10:00:17 AM	1h 5m 32s	PhillipsSh@hcfcl.gov	Presenter
Matthew Duffy (External)	6/08/26, 8:55:15 AM	6/08/26, 10:00:19 AM	1h 5m 4s	mduffy@ccdosp.org	Presenter
Shelley Thompson (External)	6/08/26, 8:56:17 AM	6/08/26, 10:00:18 AM	1h 4m 1s	sthompson@ccdosp.org	Presenter
Robert Salgado (External)	6/08/26, 8:56:56 AM	6/08/26, 10:00:17 AM	1h 3m 21s	roberts@svdpsp.org	Presenter
Waller, Takara	6/08/26, 8:57:34 AM	6/08/26, 10:00:18 AM	1h 2m 44s	WallerT@hcfcl.gov	Presenter
Cindy Walz	6/08/26, 8:58:58 AM	6/08/26, 10:00:17 AM	1h 1m 19s		Presenter
Rivera Espinoza, Jose	6/08/26, 8:59:20 AM	6/08/26, 10:00:22 AM	1h 1m 1s	RiveraJos@hcfcl.gov	Presenter
Wilson, Dwight	6/08/26, 8:59:50 AM	6/08/26, 10:01:03 AM	1h 1m 13s	WilsonDD@hcfcl.gov	Presenter
Everett, Shelia	6/08/26, 9:00:01 AM	6/08/26, 9:54:31 AM	54m 30s	EverettS@hcfcl.gov	Presenter
Jeremy Freeman (External)	6/08/26, 9:00:01 AM	6/08/26, 10:00:20 AM	1h 18s	Jeremy.Freeman@metromin.org	Presenter
Nathaly Garcia Suarez (External)	6/08/26, 9:00:26 AM	6/08/26, 10:00:27 AM	1h 1s	nathaly.garcia@ccdosp.org	Presenter
Melissa Gilyard (External)	6/08/26, 9:01:31 AM	6/08/26, 10:00:18 AM	58m 46s	Melissa.Gilyard@tampagov.net	Presenter
Valentina Velasquez	6/08/26, 9:01:31 AM	6/08/26, 9:03:25 AM	1m 54s	vvelasquez@ibishc.org	Presenter
Valentina Velasquez	6/08/26, 9:05:41 AM	6/08/26, 10:00:23 AM	54m 41s	vvelasquez@ibishc.org	Presenter
Maria Jimenez-Family Healthcare Foundation (Unverified)	6/08/26, 9:01:32 AM	6/08/26, 10:00:18 AM	58m 46s		Presenter
The Drop (External)	6/08/26, 9:02:01 AM	6/08/26, 10:00:19 AM	58m 18s	TheDrop@Welltampa.onmicrosoft.com	Presenter
Manuel Pelegri (External)	6/08/26, 9:02:43 AM	6/08/26, 10:00:20 AM	57m 37s	Manuel.Pelegri@tampagov.net	Presenter
Lori Martin (Unverified)	6/08/26, 9:05:10 AM	6/08/26, 9:57:38 AM	52m 27s		Presenter
Gloria Hilton	6/08/26, 9:07:19 AM	6/08/26, 10:00:19 AM	53m		Presenter
Emeri Martinez (External)	6/08/26, 9:10:12 AM	6/08/26, 10:02:01 AM	51m 49s	emartinez@ccdosp.org	Presenter
Ben Langman HCSO (Unverified)	6/08/26, 9:10:31 AM	6/08/26, 10:00:15 AM	49m 43s		Presenter
Tiffani Hannigan (External)	6/08/26, 9:11:00 AM	6/08/26, 10:00:17 AM	49m 17s	THannigan@actsfl.org	Presenter
18135539602 (Unverified)	6/08/26, 9:27:05 AM	6/08/26, 10:00:28 AM	33m 23s		Attendee
Ryan Edwards (External)	6/08/26, 9:31:34 AM	6/08/26, 10:00:17 AM	28m 43s	Ryan.Edwards@tampagov.net	Presenter
Gaby Revive & Restore (Unverified)	6/08/26, 9:33:39 AM	6/08/26, 9:41:08 AM	7m 28s		Presenter
Stephanie Krager (External)	6/08/26, 9:34:53 AM	6/08/26, 10:02:41 AM	27m 47s	skrager@PHOENIXFL.ORG	Presenter

July Outreach Committee Attendance

1. Summary

Meeting title	Outreach Committee Meeting
Attended participants	21
Start time	7/13/26, 8:55:43 AM
End time	7/13/26, 9:39:00 AM
Meeting duration	43m 17s
Average attendance time	34m 37s

2. Participants

Name	First Join	Last Leave	In-Meeting Duration	Email
Risinger, Reed	7/13/26, 9:00:05 AM	7/13/26, 9:38:53 AM	38m 47s	RisingerR@THHI.org
Blaylock, Cassandra	7/13/26, 8:55:45 AM	7/13/26, 9:38:51 AM	43m 6s	BlaylockC@hcfl.gov
June Brown (External)	7/13/26, 8:57:16 AM	7/13/26, 9:38:47 AM	41m 30s	jbrown@tampasdowntown.com
Ashley Cannon (External)	7/13/26, 8:57:25 AM	7/13/26, 9:38:50 AM	41m 25s	acannon@tampasdowntown.com
Anne Cronyn (External)	7/13/26, 8:57:35 AM	7/13/26, 9:38:49 AM	41m 13s	Anne.Cronyn@tampagov.net
Cindy Walz	7/13/26, 8:57:40 AM	7/13/26, 9:39:00 AM	41m 19s	
Wilson, Dwight	7/13/26, 8:58:28 AM	7/13/26, 9:38:50 AM	40m 21s	WilsonDD@hcfl.gov
Waller, Takara	7/13/26, 8:58:59 AM	7/13/26, 9:38:50 AM	39m 51s	WallerT@hcfl.gov
Tiffani Hannigan (External)	7/13/26, 8:59:37 AM	7/13/26, 9:38:53 AM	39m 15s	THannigan@actsfl.org
Maria Jimenez-Family Healthcare Foundation (L	7/13/26, 9:00:04 AM	7/13/26, 9:38:47 AM	38m 43s	
Rivera Espinoza, Jose	7/13/26, 9:02:06 AM	7/13/26, 9:38:55 AM	36m 49s	RiveraJos@hcfl.gov
Robert Salgado (External)	7/13/26, 9:02:13 AM	7/13/26, 9:38:50 AM	36m 37s	roberts@svdpsp.org
Gaby Rezex ★ Revive & Restore (Unverified)	7/13/26, 9:04:24 AM	7/13/26, 9:38:58 AM	34m 34s	
Matthew Duffy (External)	7/13/26, 9:05:03 AM	7/13/26, 9:38:59 AM	33m 55s	mduffy@ccdosp.org
Ben Langman LMHC HCSO (Unverified)	7/13/26, 9:08:42 AM	7/13/26, 9:38:48 AM	30m 6s	
Kevin Costa (External)	7/13/26, 9:08:55 AM	7/13/26, 9:38:52 AM	23m 40s	26691@carfsurveyor.org
Emeri Martinez (External)	7/13/26, 9:09:05 AM	7/13/26, 9:38:50 AM	29m 44s	emartinez@ccdosp.org
Ryan Edwards (External)	7/13/26, 9:09:10 AM	7/13/26, 9:38:46 AM	29m 35s	Ryan.Edwards@tampagov.net
Nathaly Garcia Suarez (External)	7/13/26, 9:15:07 AM	7/13/26, 9:38:55 AM	23m 47s	nathaly.garcia@ccdosp.org
Crystal Wharton (Unverified)	7/13/26, 9:18:44 AM	7/13/26, 9:38:55 AM	20m 10s	
Manuel Pelegri (External)		7/13/26, 9:38:54 AM	22m 35s	Manuel.Pelegri@tampagov.net

3. In-Meeting Activities

Name	Join Time	Leave Time	Duration	Email
Risinger, Reed	7/13/26, 9:00:05 AM	7/13/26, 9:38:53 AM	38m 47s	RisingerR@THHI.org
Blaylock, Cassandra	7/13/26, 8:55:45 AM	7/13/26, 9:38:51 AM	43m 6s	BlaylockC@hcfl.gov
June Brown (External)	7/13/26, 8:57:16 AM	7/13/26, 9:38:47 AM	41m 30s	jbrown@tampasdowntown.com
Ashley Cannon (External)	7/13/26, 8:57:25 AM	7/13/26, 9:38:50 AM	41m 25s	acannon@tampasdowntown.com
Anne Cronyn (External)	7/13/26, 8:57:35 AM	7/13/26, 9:38:49 AM	41m 13s	Anne.Cronyn@tampagov.net
Cindy Walz	7/13/26, 8:57:40 AM	7/13/26, 9:39:00 AM	41m 19s	
Wilson, Dwight	7/13/26, 8:58:28 AM	7/13/26, 9:38:50 AM	40m 21s	WilsonDD@hcfl.gov
Waller, Takara	7/13/26, 8:58:59 AM	7/13/26, 9:38:50 AM	39m 51s	WallerT@hcfl.gov
Tiffani Hannigan (External)	7/13/26, 8:59:37 AM	7/13/26, 9:38:53 AM	39m 15s	THannigan@actsfl.org
Maria Jimenez-Family Healthcare Foundation (L	7/13/26, 9:00:04 AM	7/13/26, 9:38:47 AM	38m 43s	
Rivera Espinoza, Jose	7/13/26, 9:02:06 AM	7/13/26, 9:38:55 AM	36m 49s	RiveraJos@hcfl.gov
Robert Salgado (External)	7/13/26, 9:02:13 AM	7/13/26, 9:38:50 AM	36m 37s	roberts@svdpsp.org
Gaby Rezex ★ Revive & Restore (Unverified)	7/13/26, 9:04:24 AM	7/13/26, 9:38:58 AM	34m 34s	
Matthew Duffy (External)	7/13/26, 9:05:03 AM	7/13/26, 9:38:59 AM	33m 55s	mduffy@ccdosp.org
Ben Langman LMHC HCSO (Unverified)	7/13/26, 9:08:42 AM	7/13/26, 9:38:48 AM	30m 6s	
Kevin Costa (External)	7/13/26, 9:08:55 AM	7/13/26, 9:27:44 AM	18m 49s	26691@carfsurveyor.org
Kevin Costa (External)	7/13/26, 9:34:00 AM	7/13/26, 9:38:52 AM	4m 51s	26691@carfsurveyor.org
Emeri Martinez (External)	7/13/26, 9:09:05 AM	7/13/26, 9:38:50 AM	29m 44s	emartinez@ccdosp.org
Ryan Edwards (External)	7/13/26, 9:09:10 AM	7/13/26, 9:38:46 AM	29m 35s	Ryan.Edwards@tampagov.net
Nathaly Garcia Suarez (External)	7/13/26, 9:15:07 AM	7/13/26, 9:38:55 AM	23m 47s	nathaly.garcia@ccdosp.org
Crystal Wharton (Unverified)	7/13/26, 9:18:44 AM	7/13/26, 9:38:55 AM	20m 10s	
Manuel Pelegri (External)		7/13/26, 9:16:19 AM		Manuel.Pelegri@tampagov.net
Manuel Pelegri (External)	7/13/26, 9:16:19 AM	7/13/26, 9:38:54 AM	22m 35s	Manuel.Pelegri@tampagov.net

4. Meeting Engagement

Name	Engagement Type	Time
Risinger, Reed	Unmuted	7/13/26, 9:00:15 AM
Risinger, Reed	Turned on camera	7/13/26, 9:02:22 AM
Risinger, Reed	Unmuted	7/13/26, 9:03:47 AM

August Outreach Committee Attendance

1. Summary

Meeting title	Outreach Committee Meeting
Attended participants	28
Start time	8/10/26, 8:52:54 AM
End time	8/10/26, 10:26:18 AM
Meeting duration	1h 33m 23s
Average attendance time	37m 52s

2. Participants

Name	First Join	Last Leave	In-Meeting Duration	Email
Risinger, Reed	8/10/26, 8:58:22 AM	8/10/26, 9:44:27 AM	46m 5s	RisingerR@THHI.org
18135539602 (Unverified)	8/10/26, 8:53:08 AM	8/10/26, 9:25:12 AM	32m 3s	
Everett, Shelia	8/10/26, 8:53:16 AM	8/10/26, 9:44:27 AM	51m 10s	EverettS@hcfl.gov
Rivera Espinoza, Jose	8/10/26, 8:53:26 AM	8/10/26, 9:44:41 AM	46m 18s	RiveraJos@hcfl.gov
Phillips, Sheryl	8/10/26, 8:53:27 AM	8/10/26, 9:44:30 AM	51m 2s	PhillipsSh@hcfl.gov
Blaylock, Cassandra	8/10/26, 8:53:33 AM	8/10/26, 9:44:29 AM	50m 55s	BlaylockC@hcfl.gov
Cindy Walz	8/10/26, 8:53:42 AM	8/10/26, 9:44:22 AM	50m 39s	
Waller, Takara	8/10/26, 8:54:41 AM	8/10/26, 9:44:27 AM	49m 46s	WallerT@hcfl.gov
Shelley Thompson (External)	8/10/26, 8:54:55 AM	8/10/26, 9:44:32 AM	48m 30s	sthompson@ccdosp.org
Zandra Eardley	8/10/26, 8:55:02 AM	8/10/26, 10:26:18 AM	1h 31m 16s	
Craig & Sharon (Unverified)	8/10/26, 8:57:54 AM	8/10/26, 9:46:22 AM	48m 28s	
Heidi Aspinwall (External)	8/10/26, 8:59:48 AM	8/10/26, 9:44:24 AM	44m 35s	haspinwall@hydeparkumc.org
Wilson, Dwight	8/10/26, 9:00:14 AM	8/10/26, 9:44:33 AM	44m 19s	WilsonDD@hcfl.gov
Melissa Gilyard (External)	8/10/26, 9:02:04 AM	8/10/26, 9:44:22 AM	42m 18s	Melissa.Gilyard@tampagov.net
Maria Jimenez-Family Healthcare Foundation (Unv	8/10/26, 9:03:02 AM	8/10/26, 9:44:24 AM	41m 22s	
Jon Dengler (External)	8/10/26, 9:03:18 AM	8/10/26, 9:31:16 AM	27m 58s	Jon@Welltampa.onmicrosoft.com
Matthew Duffy (External)	8/10/26, 9:04:11 AM	8/10/26, 9:44:37 AM	40m 26s	mduffy@ccdosp.org
Emeri Martinez (External)	8/10/26, 9:05:20 AM	8/10/26, 9:44:27 AM	39m 7s	emartinez@ccdosp.org
Navarro Colon, Yatshara	8/10/26, 9:05:42 AM	8/10/26, 9:44:29 AM	38m 46s	NavarroYa@hcfl.gov
darrius (Unverified)	8/10/26, 9:10:22 AM	8/10/26, 9:20:32 AM	10m 9s	
Ben Langman HCSO (Unverified)	8/10/26, 9:12:44 AM	8/10/26, 9:44:21 AM	31m 36s	
Alfred (Unverified)	8/10/26, 9:14:37 AM	8/10/26, 9:44:28 AM	29m 51s	
Jeremy Freeman (External)	8/10/26, 9:15:50 AM	8/10/26, 9:44:45 AM	28m 55s	Jeremy.Freeman@metromin.org
Gabriella * Revive & Restore (Unverified)	8/10/26, 9:29:09 AM	8/10/26, 9:29:50 AM	40s	
April McCullohs (Unverified)	8/10/26, 9:30:08 AM	8/10/26, 9:44:23 AM	14m 14s	
Gabriella * Revive & Restore (Unverified)	8/10/26, 9:30:20 AM	8/10/26, 9:30:23 AM	2s	
Gabriella * Revive & Restore (Unverified)	8/10/26, 9:30:59 AM	8/10/26, 9:46:00 AM	15m 1s	
Nathaly Garcia Suarez (External)		8/10/26, 9:44:46 AM	44m 49s	nathaly.garcia@ccdosp.org

1D-1 - Local Competition Scoring Tool

New Projects

These resources can be found at <https://www.hudexchange.info/programs/coc/> and all project applicants are strongly encouraged to review these informational and resource materials.

NEW PROJECT FUNDING – REALLOCATION AND BONUS AMOUNTS

Funding for new projects is the total of the CoC Bonus, DV Bonus and reallocation of renewal project funding. All permanent housing renewal projects received a 5% reduction of renewal funding, if the project was moving forward into the application as a renewal project (excluding Youth Homelessness Demonstration Program projects).

- **Funding Available for New Projects - \$4,784,014.00**
 - CoC Bonus Amount
 - 5% reallocation of eligible renewal funding amount applied to all permanent housing projects, moving forward as renewal projects (excluding Youth Homelessness Demonstration Program projects)
 - Voluntary relocation by agencies to convert currently funded projects to Transitional Housing
- **Funding Available for New Domestic Violence (DV) Projects - \$3,398,125.00**
 - Domestic Violence (DV) Bonus amount
 - Voluntary reallocation by The Spring to convert currently funded projects to Transitional Housing
- **Total Reallocated Funding - \$3,526,349.50**
 - Includes 1 YHDP reallocation to replace Host Homes with Transitional Housing
 - 30% reallocation of our CoC's Annual Renewal Demand (ARD) is being reallocated to align with HUD's NOFO

NEW PROJECT APPLICATION SELECTION AND PROCESS

THHI received 21 new project proposals in response to the 2025 Universal Request for Proposals - November 2025 and 2026 Universal Request for Proposals that matched HUD's eligible project type for the FY 2026 CoC Program Competition. The new project proposal requirements were identical.

All new project proposals, submitted in response to the 2025 Universal Request for Proposals – November 2025 and the 2026 Universal Request for Proposals were scored using the same new project scoring criteria, and included:

- Proposed Exits to Permanent Housing Destinations
- Average Length of time from project enrollment to permanent housing placement
- Increase in Earned Income
- Supportive Services requirement for participants
- CoC Participation by grantee/sub-recipient of the project

While incorporating the System-wide Performance Measurements, the new project scoring criteria included the following sections:

New Projects		
A.	System Wide and Project Level Performance	Maximum Points = 28
B	Treatment and Service Delivery	Maximum Points = 36
C.	Budget (and Organization Capacity)	Maximum Points = 15
D.	Lived Experience	Maximum Points = 9
E.	Agency Compliance	Maximum Points = 7
F.	CoC Participation (including HMIS)	Maximum Points = 11
	Total Points Available	106

Projects proposals that received 72% or higher of the total available points in the New Project scoring process, moved forward for additional review and consideration. Nine (9) Transitional Housing Proposals, two (2) Street Outreach proposals and three (3) Supportive Services Only proposals moved forward.

Fourteen (14) new project proposals were then reviewed based on their application and alignment with HUD's programmatic requirements, as applicable to project type. For example:

- a. Transitional Housing proposals were reviewed for service participation requirements, required service hours, connections to treatment, employment focus
- b. Street Outreach proposals were reviewed for connections to recovery / treatment services, cooperation with law enforcement
- c. Supportive Services Only proposals were reviewed for focus on employment, connections to treatment services, service participation requirements

The project proposals were then scored using HUD's New Application Rating Factors outlined in the Notice of Funding Opportunity (NOFO) to ensure project application would pass HUD's New Application threshold.

The new project proposals, listed in the table below, were selected for inclusion in the FY 2026 HUD CoC and YHDP application as new projects. Projects are listed by project type, alphabetically. This is not a project priority or ranking list.

Applicant Agency	Project Name	Project Type	Project Funding Amount
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THHI – 2026 UNIVERSAL RFP – NEW PROJECT SCORING CRITERIA – GENERAL HOMELESS SERVICES

Project Applicant: _____ Name of Project: _____

- Type of Project: ☐ PH PSH – Scattered Site ☐ PH PSH – Project Based ☐ PH – RRH
☐ Emergency Bridge Housing (CHSC) ☐ Transitional Housing ☐ Street Outreach
☐ Services Only (SSO) ☐ Other: _____
- ☐ New Project ☐ Expanded Project ☐ Existing – (GAP Funding) ☐ Expanded Project ☐ Transition Grant

THRESHOLD REVIEW <i>(Completed by THHI Staff)</i>			
Any NO answer in the Threshold Review Section to a FATAL FLAW Item = ineligible to apply per FATAL FLAWS listed in the RFP			
Scoring Factor	Description of Scoring Factor	Points Available	Yes/No
A. Proposal was submitted to THHI by Sunday, May 3, 2026, 8:00 PM deadline	Ineligible to Apply - RFP clearly stated deadline and that no proposal submitted after the deadline would be considered	Yes = Continue to next factor No = Ineligible to apply	
B. Non-Profit Organization with 501(c) 3 status <i>(submitted with IRS letter)</i>	FATAL FLAW - RFP clearly states this is an eligibility to apply criteria	Yes = Continue to next factor No = Ineligible to apply	
C. Organization is in good standing in the State of Florida, Division of Corporations	FATAL FLAW - RFP clearly states this is an eligibility to apply criteria	Yes = Continue to next factor No = Ineligible to apply	
D. Organization is NOT listed on the “Excluded Parties List” / has no active exclusions (sam.gov) <i>(should, but not required, to demonstrate, at a minimum, that entity has registered/started registration process with sam.gov at time of proposal application)</i>	FATAL FLAW - RFP clearly stated this is an eligibility to apply criteria	Not Listed as Excluded / No Active Exclusions = Continue to next factor Listed as Excluded /Has Active Exclusions = Ineligible to apply	
ELIGIBLE to APPLY <i>(Circle by THHI staff and Signed by THHI Staff)</i>		YES NO	

Name of THHI Staff Member Completing Threshold Review: _____

Signature of THHI Staff Member Completing Threshold Review: _____

Date of Threshold Review _____

END of THRESHOLD REVIEW PORTION

PROJECT PROPOSAL SCORING

Please enter your score for each scoring criteria based on the project proposal. While most scoring factors are related to specific questions, reviewer may consider all elements of the proposal to determine score for each item. Please use only whole and half points.

Project Description

Total Points = 28

Scoring Factor	Scoring Description/Notes	Points Available	Points Given
1. Project proposal describes how the project will help improve the performance of the community's overall system, fills a gap/need within our system, <u>move the community forward, and prioritize treatment, recovery, and self-sufficiency for persons with substance abuse disorders, and</u> in achieving HUD and CoC priorities and goals to make homelessness rare, brief and non-recurring in our CoC.	Using the Project Description and all application content, the project addresses the needs of one or more of the identified priorities, goals and/or overall system performance	Clearly describes how the proposed project helps move the community forward to making homelessness rare, brief and non-recurring by achieving HUD and CoC priorities and goals. = 8 pts. Somewhat describes how the proposed project helps move the community forward to making homelessness rare, brief and non-recurring by achieving HUD and CoC priorities and goals = 4 pts. Does not or vaguely describes how the proposed project helps move the community forward to making homelessness rare, brief and non-recurring by achieving HUD and CoC priorities and goals = 0 pts.	
2. Proposed Project is <u>innovative, "outside the box"</u>	Using the Project Description and all proposal content, the project is innovative, 'outside of the box,' and uses demonstrative effective practices and/or 'next practices'	Clearly and in detail described an innovative project utilizing proven and effective practices = 5 pts. Touches on some innovative ideas and effective practices, but lacks detail = 3 pts. Not innovative and/or does not utilize proven effective practices = 0 pts.	

3. Project Description – Overview: Describes the overall scope of the project including the clients to be served, which services will be provided and how they will be provided, which partnerships you have to help your clients, and process for quickly assisting clients into permanent housing		Clearly and in detail describes the overall scope of the project including the clients to be served, which services will be provided and how they will be provided, and process for quickly assisting clients into permanent housing = 5 pts. Describes, but lacks important details, the overall scope of the project including the clients to be served, which services will be provided and how they will be provided, and process for quickly assisting clients into permanent housing = 3 pts. Vaguely or inadequately describes, the overall scope of the project including the clients to be served, which services will be provided and how they will be provided, and process for quickly assisting clients into permanent housing = 0 pts.	
4. Project Description – Client Demographics/Focus Populations: Describes the project’s proposed populations to be served, including identifying focus(es), and information demonstrating an understanding of the needs of the clients they propose to serve.	Focus = serve at least 75 percent of the household type / sub-populations they indicate are the project’s “focus”	Clearly defines the focus demographics of the individuals/households to be served with details that demonstrates an understanding of the needs of those they propose to serve = 5 pts Adequately defines the focus demographic, but lacks some detail to demonstrate a full understanding of the needs of those they propose to serve = 3 pts. Vaguely defines the focus demographic, does not demonstrate an understanding of the needs of those they propose to serve = 0 pts	
5. Project Description – Project Performance Outcomes: Outcomes are the primary way for projects to demonstrate effectiveness and impact in effectible ending homelessness.	Outcomes based on client accomplishments; not on the number of services/activities provided; demonstrate a positive impact on overall system performance. • <i>Percent of participants/households that will exit to a permanent housing situation (80%)</i> • <i>20% of positive program exits will be to renting/owning without subsidy</i> • <i>Average Length of time from project enrollment to permanent housing placement (60 days or less)</i> • <i>Percent of adult participants that have increased Earned Income from entry to exit, or entry to end of grant term (50%)</i>	Outcomes are concise, identified and measurable outcomes that can positively impact overall system performance and are not based on number of activities/services = 5 pts Outcomes are adequate, but not concise, included some that are based on number of activities/services, and adequately shows positive impact on overall system performance = 3 pts Outcomes are all based on number of services/activities provided, outcomes are vague, and/or do not demonstrate a positive impact on overall system performance = 0 pts	

	• <i>Percent of adult participants that have Increased Total Income from entry to exit, or entry to end of grant term (25%)</i> • Percent of unsheltered persons served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or positive housing destinations (SO) • Percent of unsheltered persons encountered in street outreach projects that will become engaged (agree to housing plan) (SO)		
Treatment and Service Delivery			
Total Points: 36			
6. Requirement to Participate in Services	HUD has placed a priority on programs that mandate their clients to participate in services.	Project clearly describes and demonstrates how clients will be required to participate in services, as evidenced by the existence of a service agreement between client and project. = 10 points Project's description is adequate but not thorough, or there is no articulated plan to implement service agreements. = 5 points Project will not require participation in services. = 0 points	
7. Treatment and Recovery: Describe on how your project will prioritize treatment, recovery, and self-sufficiency for persons with substance abuse disorder.	HUD has placed a priority on programs that prioritize recovery, treatment, and self-sufficiency.	Project clearly describes and demonstrates how project will prioritize recovery, treatment, and self-sufficiency. = 10 points Project's description is adequate, but not thorough. = 5 points Project does not describe or demonstrate how project will prioritize recovery, treatment, and self-sufficiency. = 0 points	
8. Organizational Partnerships with Treatment and recovery Services: Please describe any formal partnerships, MOUs, and access to detox facilities, treatment and recovery services and sober living housing that will be incorporated with this project.	HUD has placed a priority on programs that prioritize recovery, treatment, and self-sufficiency.	Project clearly describes and demonstrates project's relationship/MOUs with/access to detox facilities, treatment and recovery services and sober living housing that will be incorporated with this project = 2 points Project's description is adequate, but not thorough. = 1 point Project does not describe or demonstrate project's relationship/MOUs with/access to detox facilities, treatment	

		and recovery services and sober living housing that will be incorporated with this project = 0 points	
9. Housing and Healthcare Partnerships. Describe any partnerships your project will leverage to connect service recipients to any healthcare resources.	HUD has placed a priority on programs that prioritize recovery, treatment, and self-sufficiency.	Project clearly describes and demonstrates project's partnerships with health care providers and services. = 2 points Project's description is adequate, but not thorough. = 1 point Project does not describe or demonstrate project's partnerships with health care providers and services. = 0 points	
10. Encampments (SO Projects). Describe how your project will reduce encampments, including partnerships with law enforcement.	HUD has prioritized street outreach, partnerships with law enforcement agencies, and public safety (if not a SO project – Award Full Points).	Project clearly describes and demonstrates project's approach to reducing encampments and partnering with law enforcement. = 10 points Project's description is adequate, but not thorough. = 5 points Project does not describe or demonstrate project's approach to reducing encampments and partnering with law enforcement. = 0 points	
11. Prioritization of Elderly and Physically Disabled (PSH Only). Describe how your project will prioritize the elderly and the physically disabled. (PSH Projects)	HUD has placed a priority on serving the elderly and physically disabled in PH projects. (if not a PSH project – Award Full Points).	Project clearly describes and demonstrates project's prioritization of the elderly and physically disabled. = 2 points Project's description is adequate, but not thorough. = 1 point Project does not describe or demonstrate project's prioritization of elderly and the physically disabled. = 0 points	
Budget			
Total Points: 15			

12. Budget	The Budget Summary and Detailed Narrative describes/explains the Project's funding request including costs in appropriate eligible categories, quantity and description details are thorough, and project is feasible.	Budget Information is detailed, clear and complete; aligns with the project descriptions, presents a feasible project = 5 pts. Budget Information adequately provides necessary information for eligible costs, adequately aligns with the project descriptions, adequately presents a feasible project = 3 pts. Budget information includes ineligible costs, vague details, missing key information to support project description and/or does not present a feasible project = 0 pts.	
13. Match Commitment	All funding sources require some percentage of match, therefore applicant needs to have both an understanding of match and the ability to provide required match	Detailed, clear and complete indicating the applicant understands match and will be able to provide required project match = 3 pts. Demonstrates a basic understanding of match, however the applicant's may have difficulty providing necessary match = 3 pts. Vague, missing key information and/or does not demonstrate an understanding of match and/or the ability to provide required project match = 0 pts.	
14. Organization's Capacity and Experience: History of addressing the needs of and providing services to low-income households who are homeless, formerly homeless or at risk of becoming homeless, including historically marginalized groups. <i>(Capacity may be demonstrated through the organization itself or through formal partnership with established provider)</i>	Extensive or high history/experience is defined as 8+ years Some History/experience is defined as 4 to 7 years Minimum or No History/Experience is defined as less than 3 years	Extensive history in addressing the needs of and providing services to low-income households who are homeless, formerly homeless or at risk of becoming homeless, including historically marginalized groups. = 3 pts. Some history in addressing the needs of and providing services to low-income households who are homeless, formerly homeless or at risk of becoming homeless, including historically marginalized groups = 3 pts. Minimum history in addressing the needs of and providing services to low-income households who are homeless, formerly homeless or at risk of becoming homeless, including historically marginalized groups = 1 pts.	

15. Organization's Capacity and Experience: Experience of operating at least similar projects, including performance outcome data from similar programs operated by the organization that shows the effects of the services provided <i>(Capacity may be demonstrated through the organization itself or through formal partnership with established provider)</i>	Extensive or high history/experience is defined as 8+ years Some History/experience is defined as 4 to 7 years Minimum or No History/Experience is defined as less than 3 years	Extensive experience with operating similar projects, with documented data performance outcomes to substantiate high performance positive outcomes = 2 pts. Some experience with operating similar projects with documented data performance outcomes, however outcomes are below average = 1 pt. Minimum little experience in operating similar projects and/or does not have data documenting positive outcomes and/or data outcomes indicate poor performance = 1 pts.	
16. Organization's Capacity and Experience: Federal, state, and/or local government grant experience and capacity of the organization and each person responsible for grant administration including program regulations and requirements, financial processing and billing, and data accuracy and reporting. <i>(Capacity may be demonstrated through the organization itself or through formal partnership with established provider)</i>	Extensive or high history/experience is defined as 8+ years Some History/experience is defined as 4 to 7 years Minimum or No History/Experience is defined as less than 3 years	Extensive experience with government grants with high staff experience in project administration and compliance requirements = 2 pts. Some experience with government grants with some staff experience in project administration and compliance requirements = 1 pt. Minimum or no experience with government grants and staff has minimum/no experience in project administration and compliance requirements = 0 pts.	
Lived Experience			
Total Points: 9			
17. Persons with Lived Experience	- Representation on the organizations Board of Director's or other decision-making board - Client / Consumer Advisory Board - Emphasis on hiring Persons with Lived Experience - Use of Peer Mentors that provide feedback Satisfaction surveys / comment cards	Give 1 point for each of ways (listed in Scoring Description/Notes column) the agency describes/demonstrates utilizing for inclusion of Persons with Lived Experience in their structure, decision making and quality improvement efforts. (Max points = 5)	Separately Scored by Consumer Advisory

18. Persons with Lived Experience	Describe how your organization incorporates the inclusion of input and experience of Persons with Lived Experience in your organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided	Detailed information describing the inclusion of Persons with Lived Experience in the organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided = 2 pts. Adequate information describing the inclusion of Persons with Lived Experience in the organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided = 1 pt. Minimum or no description of the inclusion of Persons with Lived Experience in the organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided = 0 pts	Separately Scored by Consumer Advisory
19. Persons with Lived Experience	Demonstrate how your organization incorporates the inclusion of input and experience of Persons with Lived Experience in your organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided	Detailed information demonstrates the inclusion of Persons with Lived Experience in the organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided = 2 pts. Adequate information demonstrating the inclusion of Persons with Lived Experience in the organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided = 1 pt. Minimum or no information demonstrating the inclusion of Persons with Lived Experience in the organizational structure, decision making, quality improvement efforts and program design, related to homeless services provided = 0 pts	Separately Scored by Consumer Advisory
Agency Compliance			
Total Points: 7			

20. Agency Compliance <i>(THHI Finance Staff will review submitted Audit and provide data/info for this scoring criteria)</i>	Using the provided Financial Audit including Supplementary Information and Other Reports and The Management Letter	No deficiencies = 3 pts. Technical/Corrected = 2 pts. 1 unresolved finding = 1 pt. 2+ unresolved findings = 0 pt.	
21. Cost Allocation Plan	Applicant will be asked to utilize cost allocation in relation to items such as building usage, admin expenses	Clearly indicates and details how the applicant will allocate costs between other projects within their organization that share costs = 2 pts. Indicates how the applicant will allocate costs between other projects within their organization that share costs, but lack sufficient detail = 1 pts. Does not clearly indicates how the applicant will allocate costs between other projects within their organization that share costs and/or indicates the use of an indirect rate = 0 pts	
22. Financial Health and Capacity	Utilizing the Budget Narrative, Organizational Capacity, Organization Budget, submitted IRS 990 and/or Audit material, to demonstrate adequate financial health, processes and/or cash flow to continue operations while reimbursement is processed	Applicant has strong financial health = 2 pts. Applicant has adequate financial health = 1 pts. Applicant does not have adequate financial health = 0 pts.	

CoC Participation			
Total Points: 11			
23. Overall proposal Presentation	The overall presentation of the proposal – formatting, content, flow of narratives, adherence to RFP instructions – demonstrates attention to detail and quality	Presented in a detailed, concise organized manner that was easy to understand and review = 1 pt. Lacked attention to detail and overall organization of information making it difficult for the reviewer(s) to locate information needed to complete scoring = 0 pts.	
24. Agency attended the Pre-Proposal Workshop – Held on Tuesday, April 7, 2026 at 2:00 PM	A representative of the Applicant participated in the virtual pre-proposal meeting as evidence by signing in	Yes – 4 points No – 0 points	
25. Applicant is an “Active” Member of the Continuum of Care as defined in the Tampa/Hillsborough County CoC Governance Charter by attending at least 80% of CoC monthly meetings held in the past 12 months <u>AND</u> attending at least 80% of a CoC Committee meeting in the past 12 months (or THHI Board Member)	THHI will provide a List of “Active members” based on attendance records at the CoC monthly meetings and CoC Committees for the past 12 months (April 1, 2025 – March 31, 2026)	Yes = 2 pt. No = 0 pt.	
26. Applicant has at least 1 staff member <u>regularly participating</u> (at least <u>50% attendance</u>) on a CoC Committee	THHI will provide CoC Committee Attendance tracking for the past 12 months (April 1, 2025 – March 31, 2026)	Yes = 1 pt. No = 0 pt.	
27. Applicant agency has a leadership role in the CoC as evidence by at least 1 of the agency’s paid staff serving as chair, Co-Chair or secretary of a CoC Committee; or on THHI’s Board of Directors	THHI will provide a list of all CoC Committee Chairs and Co-Chairs with their corresponding agency for the past 12 months (April 1, 2025 – March 31, 2026)	Applicant Staff Member Has a CoC Leadership Role = 1 pt. Applicant Staff member does NOT have a CoC Leadership Role = 0 pts.	
28. Applicant’s HMIS participation <i>THHI staff will provide list of agency’s actively entering data.</i>	Applicant agency actively enters data into HMIS as defined as having entered data within the past 90 days (from date of RFP Release) and inclusive of any/all of applicant’s projects using HMIS	Applicant actively enters data in HMIS - 2 pts. Applicant is an HMIS partner agency but is not actively entering data - 1 pt.	

	<i>DV providers prohibited from entering into HMIS will receive maximum points</i>	Applicant is a non-DV provider and is not a current HMIS partner - 0 pts.	
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Project Applicant: _____ **Name of Project:** _____

Maximum Points Possible: 106 **Points Awarded:** _____

Failure to upload the following documents and/or uploading any of the following required documents will result in a 1-point deduction, per missing or incorrect document, from the proposal's awarded points stated above.

Evidence of Organization's Establishment - Articles of Incorporation	Organization's Excluded Parties List System (EPLS) Status (sam.gov printout) (fatal flaw)	Current List of Board of Directors
Evidence of 501(c)3 Status or equivalent for faith-based organizations (fatal flaw)	Most Recent Financial Audit including Supplementary Information and Other Reports and The Management Letter	Current Organizational Chart
Evidence of Good Standing with the State of Florida (sunbiz) (fatal flow)	Most Recently Submitted (IRS) Federal Form 990	Current Organizational Budget

Reviewer's Overall Observations/Concerns:

Reviewer's Name: _____ **Reviewer's Signature:** _____ **Date Reviewed:** _____



1D-1 - Local Competition Scoring Tool

Renewal Projects

All renewal projects, except for critical systems and YHDP projects, will be scored using the Renewal Project Performance ScoreCard. See Attachment 1 for the Renewal Project Performance Scoring Rubric.

Total points available on the Project Performance ScoreCard are **67 points and are based on objective criteria and system performance outcomes.**

Criteria	Number of Points	Percent of Total Points
Based on System Performance	59	88%
Objective Criteria	67	100%

Renewal projects will be scored using the following information / documents. **There are no documents required by the agency to be submitted for the Renewal Project Performance Scoring.**

- SAGE, to include uploaded HMIS APR and the Performance Spotlight Section for project's most recently ended grant term, defined as the last APR completed and submitted to HUD via SAGE. THHI staff will download the data from SAGE and provide to the Ranking and Review Committee.

The following elements will direct use the APR data, including HUD's calculations, from Sage for renewal project scoring:

- Utilization Rate
- Percentage of awarded funds expended
- Length of Time to Housing (APR Q 22C)
- Housing Move In Percentage (APR Q7a)
- Percent of Positive Housing Destinations (APR Q 23c)
- Percent of adults who increased Earned Income as of latest update (stayers) (APR Q 19a1)
- Percent of adults who increased Earned Income as of exit date (leavers) (APR Q 19a2)
- Timeliness of draw downs
- HMIS HUD System Performance Measures Report, using project's most recently ended grant term and Measure 2 – returns to homelessness (Recidivism). These reports will be generated by THHI HMIS staff and provided to the Ranking and Review Committee for Scoring. Agency may ask for a copy of their report.
- CoC Participation data (April 1, 2025 – March 31, 2026) (Attachment 2)
- Agency's Most Recent Financial Audit on file with THHI

Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

A. SAGE Performance Outcomes			
Performance Measurement	Rationale for Measurement	Data Source and Calculation	Performance Scale
Utilization Rate	High utilization rate indicates a project is efficient and effective in ensuring open units/beds are filled quickly and timely.	<u>Source and Calc: Auto-calculated by SAGE for the latest year available</u>	90%+ = 5 pts 80%-89% = 4 pts 70%-79% = 3 pts 60%-69% = 2 pts 50%-59% = 1 pt < 50% = 0 pts
In the project's most recently ended grant year, what percentage of awarded funds were expended and drawn down from HUD?	Projects not fully using awarded funds leave resources unused; and not effectively using resources	<u>Source: SAGE for the latest available year</u> <u>Calc: Using the ‘% expended column” give points based on percentage of funding expended</u>	100% =5 pts 90-99%=4 pts 85-89%=3 pts 80-84%=2 pts 75-79%=1 pt < 75%=0 pts

Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

B. Project Performance			
Performance Measurement	Rationale for Measurement	Data Source and Calculation	Performance Scale
Recidivism	This is a standard HUD Measurement for Project Performance and System Performance	<u>System Performance Measure Report for this Project</u>	< 5% = 10 pts 5% - 9.99% = 7 pt 10% - 17.99% = 5 pt >= 18% = 0 pts
Length of Time to Housing: Average number of days between Project Enrollment Date and Housing Move-in Date	This is a standard HUD Measurement for Project Performance and System Performance	<u>Source: CoC APR as last submitted in SAGE– 22c of from last submitted APR in SAGE.</u> <u>Calc: Enter “Average length of time to housing” from the “Total” column from Table 22c.</u>	< 30 days = 3 pts 31-60 days = 2 pt 61-90 days = 1 pt 91+ days = 0 pts
Housing Move In Percentage: - % of persons who were enrolled in PH project and moved into housing	This is a standard HUD Measurement for Project Performance and System Performance	<u>Source: CoC APR as last submitted in SAGE– 7a from last submitted APR in SAGE.</u> <u>Calc: Divide “For PSH and RRH – the total persons served who moved into housing” by “Total” from 7a.</u>	90% + = 10 pts 80% -89% = 8 pts 75% - 79% = 5 pts < 75% = 0 pts

Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

Positive Housing destination: % of persons who exited to a positive housing destination.	This is a standard HUD Measurement for Project Performance and System Performance	<u>Source: CoC APR as last submitted in SAGE- 23c:</u> <u>Calc: Enter “Percentage of persons exiting to positive housing destinations” in 23c.</u>	90% + = 10 pts 80% -89% = 8 pts 75% - 79% = 5 pts < 75% = 0 pts
Income - Earned: % of adults who increased their earned income as of the latest update for stayers.	This is a standard HUD Measurement for Project Performance System Performance. Per HUD’s SAGE Performance Spotlight, at least 20% should have increased earned income	<u>Source: CoC APR as last submitted in SAGE- 19a1:</u> <u>Calc: See percentage in Row “Number of Adults with Earned Income (i.e., Employment Income)” and Column “Performance Measure: Percent of Persons who Accomplished this Measure”</u>	40% + = 3 pts 30% - 39% = 2 pts 20% - 29% = 1 pts < 20% = 0 pts
Income - Earned: % of adults who increased their earned income as of the exit date for leavers.	This is a standard HUD Measurement for Project Performance and System Performance. Per HUD’s SAGE Performance Spotlight, at least 25% should have increased earned income	<u>Source: CoC APR as last submitted in SAGE- 19a2:</u> <u>Calc: See percentage in Row “Number of Adults with Earned Income (i.e., Employment Income)” and Column “Performance Measure: Percent of Persons who Accomplished this Measure”</u>	40% + = 3 pts 30% - 39% = 2 pts 20% - 29% = 1 pts < 20% = 0 pts

Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

Living Situation at Project Entry: % of Participants admitted directly from homeless situations.	HUD requires CoC funding to be to assist eligible participants experiencing homeless situations (including those fleeing DV) and project entry data demonstrates project's adherence to this requirement.	<u>Source: CoC APR as last submitted in SAGE– 15/5a:</u> <u>Calc: From the “Homeless Situations” section in Q15, take the “Subtotal” and divide by the total Number of adults” from Q5a.</u>	50% + = 5 pts 40% -49% = 3 pts 30% - 39% = 2 pts < 29% = 0 pts
Exits to Homelessness: Less than 5% of program exits will be to another homeless destination	Homeless Assistance goal is to end a participant's homelessness, so few participants should exit these programs to another homeless situation; aligns with HUD's system performance measurement related to returns to homelessness	<u>Source: CoC APR as last submitted in SAGE- 23c:</u> <u>Calc: Subtract “Percentage of persons exiting to positive housing destinations” in 23c from “100%”</u>	5% or less = 5 pts 6% - 10% = 3 pts 11% - 24% = 2 pts > 25% = 0 pts

Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

C. CoC Participation			
CoC Active Member - Applicant is an “Active” Member of the Continuum of Care as defined in the Tampa /Hillsborough County CoC Governance Charter by attending at least 80% of CoC monthly meetings held in the past 12 months AND attending at least 80% of a CoC Committee meeting in the past 12 months (or THHI Board Member)	HUD expects that all CoC-funded projects actively participate within the CoC	<u>Source: CoC Agency Attendance at Monthly CoC Meetings and Committee Meetings</u> (April 1, 2025 to March 31, 2026) <u>Calc: Enter Yes if project applicant is listed “Active Member”</u>	Yes = 2 pt No = 0 pts
CoC Committee - Applicant has at least 1 staff member attending 50% of at least 1 of the CoC Committees	HUD expects that all CoC-funded projects will actively participate within the CoC	<u>Source: CoC Agency Attendance at Monthly CoC Meetings and Committee Meetings</u> (April 1, 2025 to March 31, 2026) <u>Calc: Enter Yes if project applicant is listed as having staff participating 50% on any of the CoC Committees</u>	Yes = 1 pt No = 0 pt.

Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

CoC Leadership: Applicant agency has a leadership role in the CoC as evidence by at least 1 of the agency's paid staff serving as chair or Co-Chair of a CoC Committee; or on THHI's Board of Directors	HUD expects that all CoC-funded projects will actively participate within the CoC	<u>Source: CoC Agency Attendance at Monthly CoC Meetings and Committee Meetings</u> <u>(April 1, 2025 to March 31, 2026)</u> <u>Calc: Enter Yes if applicant is listed as having staff that chairs / co-chairs a CoC Committee / serves on THHI Board</u>	Applicant Staff Member Chairs or Co-Chairs a Committee = 1 pt Applicant Staff member does NOT Chair or Co-Chair a committee = 0 pts
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Attachment #1 - FY2026 HUD COC and YHDP Competition -Renewal Project Performance Scoring Criteria (FL 501)

D. Financial Management			
Did the project draw down funds from eLOCCS at least quarterly during the most recently ended grant term?	Timeliness of drawdowns is specifically stated in HUD FY 2026 CoC Program Comp. NOFO; defined as at least quarterly.	<u>Source: SAGE – Performance Spotlight – Pace of Draws and HUD’s uploaded draw dates for most recently ended grant term.</u> <u>Calc: Based on the project’s most recently completed grant term, was a draw down completed at least once every quarter</u>	Yes = 1 pt No = 0 pts
1. Agency Compliance (THHI Finance Staff will review submitted Audit and provide data/info for this scoring criteria)	HUD monitors the capacity for grantees and subgrantees to manage funds responsibly	<u>Using the Financial Audit provided including Supplementary Information and Other Reports and The Management Letter</u>	No deficiencies = 3 pts. Technical/Corrected = 2 pts. 1 unresolved finding = 1 pt. 2+ unresolved findings = 0 pt.
		Total Points:	67

FY 2026 HUD CoC Program Competition
FL-501 - Local Competition Selection Results

Project Name	Score % of Points	Status	Rank	Requested Funding	Reallocated Funds
FL-501 CoC Planning Project Application FY2026	N/A	Accepted	Not Ranked	\$690,050.00	\$0.00
UNITY Information Network	N/A	Accepted	1	\$269,293.00	\$0.00
Tampa-Hillsborough County Coordinated Entry	N/A	Accepted	2	\$87,696.00	\$0.00
YHDP HMIS	N/A	Accepted	3	\$98,901.00	\$0.00
YHDP Coordinated Entry	N/A	Accepted	4	\$80,500.00	\$0.00
YHDP - Rapid Rehousing	N/A	Accepted	5	\$1,117,231.00	\$0.00
YHDP - Permanent Supportive Housing	N/A	Accepted	6	\$207,929.00	\$0.00
FY26 ACTS Hillsborough Permanent Housing FL0011L4H012417	89.55%	Reduced Reallocated	7	\$192,907.00	(\$10,153.00)
TRA Collaborative 2004	74.63%	Reduced Reallocated	8	\$292,985.00	(\$15,420.00)
FY26 ACTS HEART FL0449L4H012411	65.67%	Reduced Reallocated	9	\$2,728,247.00	(\$143,592.00)
TRA Collaborative	61.19%	Reduced Reallocated	10	\$594,544.00	(\$31,292.00)
Ibis Healthcare - HOME3 - PHAME	61.19%	Reduced Reallocated	11	\$1,941,907.00	(\$102,206.00)
YHDP - Transitional Housing	N/A	Accepted	12	\$196,442.00	\$0.00
YHDP - Youth Hub	N/A	Accepted	13	\$459,896.00	\$0.00
YHDP Transitional Housing 2	N/A	Accepted	14	\$174,564.00	\$0.00
The Spring of Tampa Bay - TH Project	80.50%	Accepted	15	\$637,923.00	\$637,923.00
Metropolitan Ministries - BrigAIDe Mobile Street Outreach	94.34%	Accepted	16	\$469,200.00	\$457,729.00
ACTS Transitional Housing Program (ATHP)	94.03%	Accepted	17	\$633,838.00	\$633,838.00
The Spring of Tampa Bay - DVTH North County	92.45%	Accepted	18	\$1,321,059.00	\$0.00
Catholic Charities - UAY Transitional Housing	91.51%	Accepted	19	\$559,343.00	\$559,343.00
Catholic Charities - Pathways Transitional Housing	91.51%	Accepted	20	\$1,431,626.00	\$0.00
SVdP CARES Forever Young	87.42%	Accepted	21	\$539,581.00	\$539,581.00
Dawning Family Services - Family Stability Transitional Housing Program	77.99%	Accepted	22	\$523,372.00	\$523,372.00
WellBuilt Cities - The Drop	72.33%	Accepted	23	\$627,054.00	\$0.00
The Spring of Tampa Bay - DVTH South County	92.45%	Accepted	24	\$1,439,142.00	\$0.00
A Path for Families		Fully Reallocated	Not Ranked	\$0.00	(\$571,257.00)
Pathways Rapid Rehousing Program		Fully Reallocated	Not Ranked	\$0.00	(\$646,762.00)
More HEART		Fully Reallocated	Not Ranked	\$0.00	(\$633,838.00)
Hillsborough Pathways for Youth		Fully Reallocated	Not Ranked	\$0.00	(\$559,343.00)
The Spring of Tampa Bay - Rapid Rehousing		Fully Reallocated	Not Ranked	\$0.00	(\$637,923.00)
YHDP - Host Home		Fully Reallocated	Not Ranked	\$0.00	(\$174,563.50)
Just Initiative Inc	85.53%	Rejected	Not Ranked	\$0.00	\$0.00
Specially Fit Foundation	82.86%	Rejected	Not Ranked	\$0.00	\$0.00
The Salvation Army Tampa/Hillsborough County	72.64%	Rejected	Not Ranked	\$0.00	\$0.00
Survivor Ventures	72.01%	Rejected	Not Ranked	\$0.00	\$0.00
The Caring About Living Individuals Project	58.81%	Rejected	Not Ranked	\$0.00	\$0.00
Recovery Epicenter Foundation	51.57%	Rejected	Not Ranked	\$0.00	\$0.00
Dream Catchers Community Development Corporation	50.16%	Rejected	Not Ranked	\$0.00	\$0.00
Jubilee Freedom, Inc	38.99%	Rejected	Not Ranked	\$0.00	\$0.00
Staff of Life of Tampa Bay	30.50%	Rejected	Not Ranked	\$0.00	\$0.00

FL-501 - TAMPA/HILLSBOROUGH COUNTY CONTINUUM OF CARE
Policy to Promote Substance Use Recovery and Reduce Drug Enablement

CoC Policy to Promote Substance Use Recovery and Reduce Drug Enablement

- (1) The CoC prohibits HUD CoC-funded housing projects (including Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Safe Havens) from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction."
- (2) If a CoC-funded housing project is determined to be in violation of the policy enumerated in (1) above, the organization administering the project will be placed on a Corrective Action Plan (CAP) requiring the project to revise its policies and procedures appropriately and in a timely manner. If, upon follow-up after the CAP, it is determined that the project remains in violation of this policy, the CoC may reallocate HUD CoC funding from that project.
- (3) The CoC encourages the provision of substance use disorder treatment and recovery housing within or outside of the CoC.
- (4) The CoC will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.
- (5) It should be noted that none of the above constitute a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement, although those practices may be allowable under 24 CFR 578.

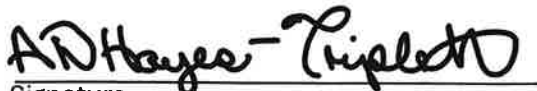
CERTIFICATION OF RATIFICATION

This is to certify that the Tampa/Hillsborough County CoC formally ratify and adopt this *Policy to Promote Substance Use Recovery and Reduce Drug Enablement* on the date specified below:

Date Ratified: June 17, 2026

Executed at Tampa/Hillsborough County, Florida this 17th day of June, 2026.

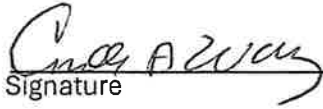
By:


Signature

CEO of Tampa Hillsborough Homeless
Initiative & Chair, Tampa/Hillsborough
County CoC
Title

Printed Name: Antoinette Hayes-Triplett

FL-501 - TAMPA/HILLSBOROUGH COUNTY CONTINNUUM OF CARE
Policy to Promote Substance Use Recovery and Reduce Drug Enablement


Signature

Vice-Chair, Tampa/Hillsborough County
CoC
Title

Printed Name: Cindy Walz (Community Advocate), CoC Outreach Committee Chair


Signature

President, Tampa Hillsborough Homeless
Initiative Board of Directors
Title

Printed Name: Jim Shimberg