

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: SC-503 - Myrtle Beach, Sumter City & County CoC

1A-2. Collaborative Applicant Name: Eastern Carolina Homelessness Organization, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Eastern Carolina Homelessness Organization, Inc.

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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
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	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	1

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

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

(limit 2,500 characters)

The CoC holds a membership drive annually and has bimonthly general CoC membership meetings throughout the year. The CoC held two special membership drives in calendar year 2026. The CoC posts its meeting schedules on the website, email and listserv. All private, public, government, non-profit agencies, individuals and currently or formerly homeless persons, and persons with disabilities that are interested in ending homelessness are invited to join the CoC. TCHC Membership Committee solicits members at other collaborative meetings. The CoC also solicits new members at training and community events. Current and formerly homeless individuals are encouraged to join and participate in the CoC during exit interviews by CoC grantees and at outreach events. Fees are waived for any homeless or formerly homeless person seeking membership. Examples of special outreach events to ensure homeless or formerly homeless persons are encouraged to join the CoC are monthly homeless connect events and Certified Peer Support Training where attendees must be homeless or formerly homeless. As a part of incorporating Youth Homelessness as a part of the TCHC governance structure, a minimum of one (1) member must be a youth representative on the board. In addition, the CoC has participated in the Second Change Re-Entry stakeholder meeting where the CoC attends and invites all attendees including organizations that are serving specific communities to become a member of the CoC.

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

The CoC posts its meeting schedules on the website, email and listserv. All private, public, government, substance abuse providers, mental health providers, workforce, veterans groups, speciality courts, faith-based organizations, private community members, and currently or formerly homeless persons and persons with disabilities that are interested in ending homelessness are invited to provide input on the homeless system and services. TCHC Membership Committee solicits opinions and feedback at other collaborative meetings and workshops that focus on ending and preventing homelessness. The CoC also solicits opinions at training and community events. Current and formerly homeless individuals are encouraged to provide their opinions about homeless programs during exit interviews by CoC grantees and at outreach events. TCHC targets feedback from members related to youth homelessness via survey and listening sessions. CoC members attend other community coalitions such as SC Inter-agency Council on the Homeless, etc. to invite their member organizations to join the CoC and provide input on strategies to prevent and end homelessness. Through the information and feedback gathered last year the CoC determined that there was a need for a re-entry program for people exiting jails and prisons without housing. The result is that the Collaborative Applicant and Horry County applied and was one of 5 awardees of the DOJ Smart Re-entry Demonstration Program. Additionally, the CoC also applied for a CoC-funded re-entry program in the FY 24 competition.

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.
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(limit 2,500 characters)

Local and regional newspapers announced the HUD CoC Competition funding when the NOFO was released. On 6/17/26 the CoC held a virtual applicant meeting to publicize the FY 2026 local project competition and review the NOFO and local application process. On 6/23/26 the CoC publicly posted on the CoC website the Local Competition, Score, and Ranking Procedures and application materials for the FY 2026 CoC local competition. On 7/6/26 the CoC held a in-person NOFO, local application, and e-snaps training and Q&A to help provide technical assistance with completing local applications and HUD e-snaps project applications. The applicant meeting and follow up trainings were targeted to organizations that have not previously received CoC Program funding. During these events, we reviewed the local competition and application process for new and existing applicants. The notice published on 6/23/26 included an invitation to organizations that have not previously received CoC Program funding, specifically targeting faith-based organizations. The local competition policies, procedures, estimated amount of funding available, a timeline of competition, and instructions on how to submit applications to the CoC were also made available publicly at this time. TCHC accepts and encourages proposals from previously non-funded organizations to help close gaps in housing and supportive services in the CoC coverage area. These announcements and events are designed to encourage previously funded and not previously funded organizations to apply.

The CoC received proposals from 4 organizations that have not previously received CoC Program funding. One of the organizations was a faith-based organization.

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)

TCHC's strategy for reducing homelessness combines the proven interventions described in 42 U.S.C. 11386b(d), including permanent supportive housing for chronically homeless individuals and rapid rehousing with income-focused services for families, with targeted projects for subpopulations such as veterans, youth, survivors of domestic violence, and people with serious mental illness or substance use disorders.

Gap 1: TCHC has a shortage of recovery-focused housing for individuals with substance use disorders or co-occurring mental illness leaving treatment, hospitals, or jail. As of August 25, 2026 there were 432 persons on the CES list experiencing homeless with a substance abuse the gap is most severe in rural counties.

Gap 2: TCHC lacks housing dedicated exclusively to families with children. As of August 25, 2026, there were 95 families with children on the CES list. Families often wait in shelter, motels, or doubled-up situations, which disrupts school and employment.

For individuals in recovery, TCHC will prioritize new transitional housing projects with coordinated treatment, peer recovery support, and case management, using CoC Bonus and reallocated funds, and will formalize or update partnerships with mental health centers, treatment providers, hospitals, and detention centers so people are matched to housing before discharge. For families, TCHC will expand rapid rehousing and TH dedicated to families, with short-term rental assistance, housing search, and case management focused on employment through SC Works, childcare, and benefits. McKinney-Vento liaisons and family shelters will refer families to coordinated entry. All projects will implement service participation requirements, and participants will exit to housing without a subsidy, other permanent housing, or, for chronically homeless individuals with disabilities, permanent supportive housing.

By December 2026, execute partnership agreements with treatment, hospital, and detention partners. By March 2027, adopt a family referral protocol with McKinney-Vento liaisons and family shelters. Within 90 days of HUD award, begin operating new projects. Within 12 months of award, reach full project capacity. Each year after, review HMIS data on exits to housing without a subsidy and other permanent housing, income growth, length of time homeless, and returns to homelessness to adjust the approach.

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
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1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	86%

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)

Our CoC has well over 60 Faith-Based Sober Living/Recovery Housing organizations and programs throughout or geographic area. All of these participate with the CoC in referrals of individuals for treatment and housing. Our CoC utilizes the 4 State of South Carolina operated detoxes for detoxification. There are 2 private pay/insurance detoxes that do have a few indigent beds for detox and 28-30 day treatment program. All counties are served by the FQHCs Behavioral Health Departments for substance use and mental health disorders. Individuals are referred through the CoCs CES to obtain services and/or housing from these providers. Coastal Recovery, Inc operates an IOP and a PHP based in Myrtle Beach and Lotus Recovery in has the same. One example is the ALPHA Center serves Kershaw County, including the rural areas. We ensure that transportation is available to folks who need it. We also secure out of county residential and treatment services. For example, we utilize Lexington- Richland Alcohol and Drug Commission (LARADAC) services for inhouse detoxification services and also secure 28 day drug treatment services as needed.

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)

All projects within the CoC maintain partnerships with qualified mental health and substance use disorder providers to ensure participants have access to appropriate behavioral health services and interventions. These partnerships support individuals experiencing mental health conditions, substance use disorders, and co-occurring disorders and are integrated into the CoC's broader housing and supportive services system.

ECHO, as the Collaborative Applicant, provides behavioral health services both directly and through formal partnerships with community providers, including Coastal Recovery. ECHO maintains a licensed clinical supervisor and a team of 12 Certified Peer Support Specialists who provide recovery-oriented, person-centered support and help participants connect to appropriate levels of care. The other CoC-funded organizations also refer participants, as needed, to outpatient treatment for mental health and substance use disorders.

Available interventions include, but are not limited to, crisis intervention, intensive outpatient services, partial hospitalization, medically supported detoxification, medication management, substance use treatment, mental health services, and ongoing recovery supports through peer support services. Through these partnerships and internal resources, CoC projects are able to connect participants to services based on their individual needs, level of acuity, preferences, and stage of recovery while supporting housing stability and long-term wellness. All CoC-funded projects require service participation.

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)

All projects within the CoC provide participants with access to peer support and recovery services as an integral component of the housing and supportive services system. These services promote engagement, recovery, self-determination, and long-term housing stability by connecting participants with trained individuals who can provide support based on lived experience and recovery expertise. ECHO, the Collaborative Applicant, maintains a team of 12 Certified Peer Support Specialists (CPSS) who provide person-centered, recovery-oriented support to individuals experiencing homelessness. ECHO also provides annual CPSS training that is open to members of the CoC, expanding the community's capacity to provide qualified peer support services and strengthening the CoC's network of trained recovery professionals.

ECHO's Chief Clinical Officer is a Licensed Clinical Supervisor and also serves as the CoC's Clinical Supervisor. In this role, the Clinical Supervisor provides oversight and clinical supervision to peer support specialists throughout the CoC, supports professional development, and assists staff in maintaining required certifications and continuing education. This structure promotes consistent, high-quality peer support practices while ensuring that peer specialists have ongoing access to supervision, consultation, training, and professional development.

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

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

(limit 2,500 characters)

The CoC identifies individuals experiencing serious mental illness through the CoC Coordinated Entry System (CES) assessment tool, as well as through grantee and non-grantee agencies during program entry, street outreach activities, and community outreach events. This coordinated approach helps ensure individuals experiencing SMI are identified and connected to appropriate services, including those who may not yet be engaged with the homeless services system.

The CoC maintains a strong collaborative relationship with the South Carolina Department of Mental Health (SCDMH) PATH and ACT programs, which provide comprehensive outreach and engagement services to individuals experiencing serious mental illness. PATH and ACT staff coordinate extensively with CoC and agency outreach teams to identify individuals in need, facilitate engagement, and connect them with appropriate behavioral health treatment, intensive care coordination, housing, and other supportive services.

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, through the Collaborative Applicant partners with the 15th Circuit Solicitors Treatment Court, that encompasses mental health and substance use courts in Horry and Georgetown counties. The CoC also provides housing and services to Sumter County Drug Court participants. ECHO has a Joint TH/RRH project for SUD and/or mental health that provides safe transitional housing while working with the individuals to obtain and maintain their sobriety and connect them to mental health treatment.

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)

CoC agencies collaborate with Drug Court staff, when appropriate and with the participant's consent, to align case plans, establish shared goals, and coordinate services to avoid duplication and ensure that housing and supportive service interventions complement the participant's court requirements. This coordination focuses on helping each individual achieve and maintain stability while meeting the policies, requirements, and expectations of the Drug Court program. Case managers work with participants to address barriers that may affect their ability to successfully complete Drug Court, including housing instability, behavioral health needs, substance use recovery, employment, transportation, and access to community resources.

The intensity and frequency of coordination are tailored to the participant's needs and the level of Drug Court supervision. CoC case managers maintain communication with Drug Court case workers, as appropriate, to monitor progress toward shared goals, identify emerging barriers, and connect participants with needed services. This collaborative approach supports continuity of care and helps participants move from crisis and instability toward recovery, permanent housing, increased self-sufficiency, and successful transition from intensive court and supportive-service involvement.

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

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

(limit 500 characters)

The CoC has a working partnership with the Horry County Behavioral Health Crisis team. This team is overseen by the Horry County Fire Dept and First Responders with oversight from The Horry County Dept of Behavioral Health. The CoC outreach teams work alongside this team.

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.	54
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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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)

United Way of Kershaw County has a formal partnership with Santee-Wateree Community Mental Health Center; they are a certified community behavioral health clinic (CCBHC). We also have a formal partnership with the ALPHA Behavioral Health Center, certified as a CARF – (Accredited behavioral health provider).

We also have memorandum of agreements with Joseph H. Neal Health Collaborative, Medical University of SC, a contracted Mental Health Worker, City of Camden Police, Kershaw County Sheriffs Dep

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)

ECHO's Joint TH/RRH Awakenings CoC grant operates sober housing with transitional and permanent housing with services. The proposed new Treatment Through Transitions will provide over 200 sober living beds with mandated service participation.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates its warm handoffs with the programs through community outreach and efforts of the CoC CES team to provide qualified referrals to programs and agencies that provide safe and stable housing with needed services. These programs include PHP (Partial Hospitalization Program). PHP provides stable housing while the individuals are receiving treatment services offsite to stabilize in their recovery. There are many other sober living housing providers in our CoC, including but not limited to Oxford Houses and the over 40 faith-based sober living/ recovery programs in the CoC region.

Partners, including county alcohol and drug abuse authorities, community mental health centers, hospitals, detention centers, courts, and crisis services, identify people who are homeless or at risk of homelessness at intake, admission, or booking. With signed releases of information, partner staff contact the CES team before discharge so that housing and diversion options can be explored while the person is still in care. CES staff use problem-solving conversations to help individuals return to family or friends, keep their existing housing, or access prevention assistance when safe and appropriate.

Warm handoffs occur through in-person or virtual introductions between the discharging provider and the receiving housing provider, joint case planning meetings, and first appointments scheduled before release. Treatment, court, and corrections staff help participants gather documents, complete housing applications, and apply for benefits before discharge so they can move directly into sober living, transitional housing, or other stable housing instead of shelter or the street. After placement, treatment and housing providers stay in contact through case conferencing to address problems early and help participants maintain housing, remain engaged in treatment, and build income and independence.

1C-2. Supportive Services Investment.	
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1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	Number
	\$7,257,212

2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$2,773,790
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	38%
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.	\$1,764,944
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).	63%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?
	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC works and coordinates annually in the Consolidated Plans for the State of S.C. and Horry County, both are ESG recipients. Funding allocation amounts and component priorities are discussed and determined. Bi-Monthly Roundtables with the recipients, CoCs and subrecipients are held to continue looking at these issues on a regular basis and planning for the next round of funding.

As required under 24 CFR 576.400(a), the CoC consults with both ESG recipients on how to allocate ESG funds, develop performance standards, evaluate outcomes of ESG-funded projects, and fund and administer HMIS. The CoC provides Point-in-Time Count, Housing Inventory Count, System Performance Measures, coordinated entry, and HMIS data to help recipients identify needs and gaps and decide how funds should be divided among street outreach, emergency shelter, homelessness prevention, rapid rehousing, and HMIS. The CoC also participates in public hearings and comment periods for each Consolidated Plan and Annual Action Plan.

The CoC and ESG recipients jointly develop and update written standards for providing ESG and CoC assistance, so that eligibility, prioritization, and service expectations are consistent across both programs. ESG subrecipients participate in coordinated entry and enter data into HMIS, and the CoC shares project-level performance reports that recipients use to monitor subrecipients and inform future funding decisions.

The CoC will continue this consultation by maintaining the Bi-Monthly Roundtables, reviewing ESG performance data with recipients each year before allocation decisions are made, and aligning ESG priorities with CoC priorities, including shelter access for people living unsheltered, rapid exits to permanent housing, and connections to treatment and employment.

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)

All the shelters in our CoC geographic region are connected with our CES access points and outreach teams. Most are also connected to and use HMIS. Shelter clients are assessed through CES and/or connected to CoC providers through outreach teams to get their clients into the CES prioritization list and process. They are then referred to CoC housing and service providers to access housing and services.

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

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

(limit 2,500 characters)

The CoC currently shares PIT, HIS and SPMs and will continue to do so on an annual basis. The state of South Carolina has a statewide homeless coalition (SCICH), South Carolina Interagency Council on Homelessness. SCICH also serves as the State Interagency Governmental Council with a Board members from each of the 4 CoC's and each of the state agencies. SCICH produces an annual report on homelessness that is broken down by CoC region, as well as the total statewide numbers using all the data sources previously mentioned. This data and these reports are shared with state and all local governments requesting to help inform and coordinate interaction with the CoCs and their housing and service providing agencies.

The CoC also shares aggregate data directly with local governments in its service area, including Horry County, the City of Florence, and the City of Sumter, to support Consolidated Plans, Annual Action Plans, and local homelessness strategies. The CoC provides PIT, HIC, HMIS, and System Performance data to these jurisdictions. These reports show trends in unsheltered and sheltered homelessness, housing inventory and utilization, length of time homeless, exits to permanent housing, and returns to homelessness.

All data is shared as permitted by law. Public reports use aggregate, de-identified data, and small numbers are suppressed to protect privacy. Client-level information is shared only through signed data sharing agreements or client consent, consistent with HMIS privacy and security standards, HIPAA, 42 CFR Part 2, and VAWA confidentiality requirements for survivors of domestic violence.

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

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

(limit 2,500 characters)

The CoC uses data from health care, behavioral health, and criminal justice partners alongside HMIS to identify high-need individuals, coordinate care, and measure outcomes. TCHC and ECHO work with the South Carolina Revenue and Fiscal Affairs Office (RFA), which operates the South Carolina Integrated Data System, to match HMIS records with statewide data on emergency room visits, hospitalizations, Medicaid services, mental health and substance use treatment, and corrections involvement. These de-identified matches help TCHC understand how often people experiencing homelessness use hospitals, crisis services, and jails, identify the populations with the highest costs and needs, and target housing and services where they will have the greatest impact.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoCs project's case managers work with individuals on job application preparedness and interviews, connection to known employers, connection to community resource workforce programs, such as Goodwill JobLink, Dept of Vocational rehabilitation job training, S.C.Works, etc. The projects case managers provide connection to and transportation to when needed in an effort to help these families pay rent. The CoC grantees have partnerships with all of these workforce development resources.

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

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

(limit 2,500 characters)

The CoC's Street Outreach teams works closely with local law enforcement and other frontline service providers to identify and assist people living unsheltered. Together, they build relationships and trust with people experiencing homelessness, many of whom face chronic mental health and substance use challenges that make them reluctant to accept help. Consistent, positive contact helps people become willing to engage in services and housing.

United Way is the lead agency in Kershaw County for the Kershaw County CARES collaborative. KC CARES is a multi-agency collaboration between law enforcement, first responders, Dept. of Social Services, Mental Health, Probate Judge, Sistercare domestic violence, Dept. on Aging, Hospice, MUSC Kershaw County Medical Center, Food for the Soul Homeless Shelter and others who address critical cases where many agencies are involved, invested and concerned. This Collaborative discusses, addresses and seeks to address and resolve critical cases and situations.

Across the CoC, outreach staff share contact information with police departments, sheriff's offices, fire departments, and EMS, so officers and first responders can call outreach directly when they encounter someone experiencing homelessness. Outreach staff respond to these calls or follow up quickly to offer shelter, treatment, identification assistance, and coordinated entry assessments. Mobile CES assessments are done onsite to get the individuals into the prioritization process in CES. Rapid Resolution is also used to try to resolve the street homelessness without them having to enter the system, instead connecting them with family support networks and other supports available to resolve their current homelessness. All shelters, transitional housing options are explored to help enable law enforcement and the agencies in the CoC resolve the unsheltered homeless issues we are both facing.

Outreach staff and law enforcement coordinate before encampment responses so people are offered shelter, services, and help with belongings. The CoC provides training to officers on available resources and coordinated entry, and outreach staff are trained on safety and working alongside law enforcement.

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)

All CoC programs, including street outreach, transitional housing, and permanent housing, provide supportive services that help participants reconnect with family and other support networks. This is part of the CoC's Rapid Resolution practice. Case managers work one-on-one with each participant to build a relationship of trust and respect. Together, they discuss barriers, past experiences, needs, and goals, and create an individualized plan with timelines that are monitored for completion. When a participant wants to reunify with family, the plan includes specific steps and timelines to reach that goal. The goal for every participant is independence, and reconnecting with family is often an important part of a person's recovery and long-term stability.

Our staff coordinate with the South Carolina Department of Social Services to reunify families whose children are in foster care or under protective services supervision. We also work proactively with families to prevent separation in the first place by helping them stabilize housing, meet case plan requirements, and access services.

Before any reunification moves forward, case managers contact the family member or friend, with the participant's consent, to confirm they are willing and able to provide housing or support. Staff screen for domestic violence and other safety concerns and help set expectations through mediation when needed. If the support network lives in another city or state, case managers help arrange travel, including bus or other transportation. Case managers follow up after the move to confirm the participant arrived safely.

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)

Our CoC cooperates and coordinates with local law enforcement community engagement teams in addressing the needs and services for the homeless population. The street outreach teams plan and coordinate events and stand downs with local law enforcement. Mobile CES assessments are done onsite to get the individuals into the prioritization process in CES. Rapid Resolution is also used to try to resolve the street homelessness without them having to enter the system, instead connecting them with family support networks and other supports available to resolve their current homelessness. All shelters, transitional housing options are explored to help enable law enforcement and the agencies in the CoC resolve the unsheltered homeless issues we are both facing.

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)

Several local governments in TCHC's service area have adopted ordinances that give law enforcement clear authority to address camping on public property. Examples include: The City of Florence adopted an urban camping ordinance in December 2025 that allows officers to direct people camping or blocking public rights-of-way to shelter, the City of North Myrtle Beach enforces an ordinance against urban camping through its police Community Action Response Team, in November of 2024 the City of Camden passed an ordinance prohibiting persons from sleeping or seeking shelter on public property.

The greatest concentration of unsheltered, street homelessness in our CoC is the greater Myrtle Beach/Horry County area. In the last 90 days in this area over 369 arrests have been made for public loitering. The local law enforcement policies, laws and practices are geared towards clearing the homeless from the public areas and streets. We work directly with them through community engagement to assist finding suitable housing and service interventions for this population before, during and after arrests as the situation dictates. Local law enforcement agencies treat each case individually and try to connect to crisis teams, housing outreach teams, etc. The CoC's plan to leverage beneficial policies is already going on and will continue moving forward, coordinate with all local law enforcement agencies that do not have existing or plans to enact policies and practices dealing with this issue, to all adopt the same policies and practices to make this a true collaboration as opposed to a siloed that hinders as opposed to helps resolve these individual's situations. The CoC is also holding membership drive meetings to get law enforcement agencies to join the CoC if they are not already active members and have representation on the Board.

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

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

(limit 2,500 characters)

The tent and tent encampments in our CoC have seen and are saying a dramatic shift from long-standing known locations to more mobile locations. The encampments are moving around from one place to another in a reaction to the efforts of law enforcement agencies, property owners, etc. clearing out the known areas. The individuals/families are being warned by others in the same situation or either gaining housing assistance or being arrested. Local governments are then clear cutting the underbrush for clearer views into the wooded areas on public land or the private property owners are doing the same. Our outreach teams coordinate with law enforcement, local government funded crisis response teams, faith based outreach teams for these encampments and also with private land owners when they call to try and assist these individuals with their housing and service needs. Overall, there is a reduction in encampments, but some are moving out of the woods and encampments directly to the streets. The encampments that do exist and are popping up seem to be constantly moving causing our outreach teams to focus more on searching and locating them.

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)

In South Carolina drug use, possession, and related offenses are regulated under State statutes, examples include SC Code Ann 16-14-10, et seq., for possession, 16-14-20 for distribution. These laws cannot be overwritten by County ordinances.

Our CoC is blessed with many existing and new local and regional government funded teams dealing with behavioral health (substance use and mental health) issues. The SCORF funding (South Carolina Opioid Relief Fund) that many of the local geo-political entities plus the State of SC discretionary funding from SCORF has allowed the creation of local and county-wide Opioid Response teams focusing on eliminating the use of and overdose from opioids and other illicit drugs. Law enforcement and local governments have existing laws and practices that call for the arrest of individuals using illicit drugs on public property. The CoC and agency outreach teams work directly with these teams and law enforcement on a daily basis to curb this epidemic plaguing our area, as well as the entire country. We connect these individuals quickly to sober housing and crisis housing, whether it be transitional or permanent. ECHO, the Collaborative Applicant has a Joint TH/RRH CoC funded project for substance use disorder that has 5 Crisis/Transitional houses available for this effort. These crisis/transitional houses allow ECHO'S Peer Support staff to work with these individuals to achieve stability and then move on to permanent housing. ECHO also has these Joint TH/RRH projects with crisis/transitional houses for DV, YHDP 18-24 yr. mental illness and 2nd Chance RE-ENTRY from correctional facilities. These are extremely helpful, especially because of our lack of true emergency shelter beds.

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)

Our CoC is experiencing a reduction in the number of overdoses overall and especially in public areas. During the pandemic, South Carolina led the nation in deaths due to overdose and Horry County, our largest county led the state according to many data sources. The CoC is also experiencing a reduction in public use of illicit drugs as well. These reductions are a direct result of the coordination and collaboration between all of the previously mentioned teams, law enforcement and CoC outreach teams and programs geared specifically to this issue. Overdoses continue to be a devastating issue in our area, as well as illicit drug use in general, but the public areas are being cleared of it and cleaned up and monitored to be able to quickly assist and connect these individuals to programs and organizations that provide housing and services for addiction.

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)

South Carolina Code Title 44, Chapter 17 allows emergency admission of a person with mental illness who is likely to cause serious harm to themselves or others, allows law enforcement to take such a person into custody for evaluation, and authorizes judicial commitment through the probate court. Title 44, Chapter 52 provides a similar process for people with substance use disorders. Community mental health centers across TCHC's service area provide crisis response, evaluation, and treatment.

The CoC trains outreach and shelter staff to recognize when a person may meet emergency admission criteria and to contact 911, mobile crisis, or the local mental health center. The CoC coordinates with mental health centers, probate courts, and law enforcement to pursue court-ordered treatment for individuals with repeated crises who cannot engage voluntarily. Providers within the CoC work with hospitals and inpatient facilities to begin discharge planning at admission so individuals move directly into shelter or housing with treatment scheduled.

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)

SC is recognized by the Department of Justice as having substantially implemented SORNA. SC Act No. 221 was signed into law in 2022. SC's sex offender registry and associated laws are primarily codified under Title 23, Chapter 3, Article 7 of the SC Code of Laws and apply to all counties in the CoC. This act overhauled the system significantly to fully align with federal SORNA guidelines. In SC, these laws are implemented through the SC Law Enforcement Division (SLED).

Following federal standards, SC categorizes offenders into three distinct tiers based on the severity of the conviction, rather than individual risk assessments. The CoC has been able to leverage these requirements to help identify those experiencing homelessness who are on the registry, the level of their offense and whether they are accurately reporting their housing status/address. Emergency shelters providers in the CoC prohibit sex offender entry. Further, CoC providers regularly check to make sure their address is not being falsely used by registrants. If anyone is identified as using an incorrect address, they are reported to SLED.

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)

Our CoC employs an extremely comprehensive approach to street and community outreach practices. This outreach effort is well coordinated with CoC funded agencies, Faith-based organizations, other tax payer funded agencies, state and local government and law enforcement agencies/departments, chambers of commerce, local United Way agencies, hospitals and institutions, treatment/detox centers, etc. Stand down/ community events focused on specific populations i.e.; Veterans, substance use, mental illness, families with children, 55 and older, individuals with disabilities, etc. are planned and coordinated with our CoC outreach teams and all of these various agencies and entities. The CoC is always looking at GAPS in housing and services, especially with specific subpopulations. ECHO, the Collaborative Applicant plans, and other partner agencies designs and applies for CoC funds to address these GAPS. This effort has resulted in CoC grants prioritizing substance abuse, mental illness, families with children, 55+, DV, unaccompanied youth 18-24, 2nd Chance re-entry for individuals coming out of incarceration, as well as programs for general homeless individuals not falling in these categories. The CoC has adopted these as priority populations staying inline with HUD priorities. The outreach teams and events are equipped with emergency food and hygiene supplies to hand out during engagement at these events or in their daily street outreach efforts. Our CoC presented at the Annual Data Conference, our mobile CES assessment which is used on a daily basis by outreach and our agencies. The focus is on any individual experiencing a housing crisis or imminently at risk of a housing crisis, whether they are engaged in services or not. The programs and projects they are connected to will be providing these needed services to try and prevent a return to homelessness and to help them achieve self-sustainability.

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	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

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

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

(limit 2,500 characters)

All HUD CoC and ESG funded projects operating and serving participants inside the CoC's geographic service area are required to have a dedicated staff person to ensure that children are enrolled in school and receive eligible and appropriate educational services. The name of the staff person is identified during the monitoring or for a new project during the CoC Technical Application Review. The CoC requires CoC and ESG funded projects to collaborate with local school district liaison(s) when a new child or youth enters a homeless program that is not enrolled in school. The policies ensure that these children are immediately able to enroll in school regardless of the documentation required. These children must have equal access to education, just as all children that are not homeless are provided. It also requires that there can be no limitations or restrictions on the geographic location or a particular school itself and the LEA will coordinate transportation service to and from school.

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

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

(limit 2,500 characters)

The CoC coordinates with foster care and child welfare services to assist youth transitioning from care through its Youth Homelessness Demonstration Program (YHDP) outreach teams. As a Round 6 YHDP recipient, the CoC operates several YHDP projects, including a Joint Transitional Housing and Rapid Rehousing project administered by ECHO, the CoC's Collaborative Applicant. The project includes seven crisis and transitional houses along with rapid rehousing assistance, giving the CoC safe, stable housing options for youth leaving foster care.

CoC outreach teams and Coordinated Entry staff work with the South Carolina Department of Social Services (DSS) and its Independent Living program to identify youth at risk of homelessness before they age out of care. With the youth's consent, caseworkers refer them to coordinated entry, and CoC and DSS staff plan together for housing, income, education, and support before the youth's exit date. Youth are informed about extended foster care and other transitional supports available to them, so they can make informed choices about staying in or leaving care.

When a youth leaves care without stable housing, coordinated entry connects them to YHDP crisis and transitional housing, rapid rehousing, RHY funded programs, and other youth-serving programs. Case managers help youth obtain identification, enroll in school or job training through SC Works, apply for benefits, and connect to behavioral health services when needed. The CoC's Youth Action Board review policies and procedures related to homeless and at risk youth and help to strengthen discharge planning from the foster care system.

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

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

(limit 2,500 characters)

The CoC has one Runaway and Homeless Youth (RHY) funded provider, Sea Haven, which operates a Street Outreach Program and Basic Center Program. The CoC's outreach teams, coordinated entry (CES) team, and YHDP funded providers coordinate with this provider on outreach events, youth assessments, and connections to CoC services and housing. The CoC is also a Youth Homelessness Demonstration Program (YHDP) community, first awarded in Round 6 in 2021, and currently funds two Joint Transitional Housing and Rapid Rehousing YHDP projects, one YHDP Permanent Supportive Housing project, and two YHDP Rapid Rehousing projects. The RHY-funded provider is one of the YHDP grantee agencies, which strengthens coordination between RHY and CoC resources.

The RHY provider serves as a CES access point for youth and enters data into HMIS, allowing youth served through RHY programs to be assessed, prioritized, and referred to YHDP and other CoC housing without repeating their story. RHY and CoC staff participate together in youth-focused case conferencing to review youth on the prioritization list, match them to available housing, and resolve barriers such as missing documents or income.

Referrals flow in both directions. CoC outreach, shelters, and schools refer runaway and homeless youth to the RHY provider for shelter, family reunification, and support services, and the RHY provider refers youth who need longer-term housing to CoC and YHDP projects. The RHY provider and the CoC's Youth Action Board also help shape youth-specific written standards and CoC planning, so that services for youth across the CoC are consistent and responsive to their needs.

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)

ECHO's Unsheltered RRH grant primarily serves families with children experiencing homelessness.

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

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

(limit 2,500 characters)

The rapid rehousing project's case managers work with each family to increase household income so they can pay rent on their own when assistance ends. Case managers help parents prepare job applications and resumes, practice interviewing, and connect with employers known to hire project participants. They also refer families to community workforce programs, including Goodwill Job Link, the South Carolina Vocational Rehabilitation Department, and SC Works centers, and provide or arrange transportation to interviews, training, and new jobs when needed.

For parents who need new skills to reach a living wage, case managers connect them to job training and certificate programs at local technical colleges, such as Horry-Georgetown Technical College and Florence-Darlington Technical College, as well as registered apprenticeship opportunities like the Culinary Institute at HGTC. SC Works staff help eligible participants access Workforce Innovation and Opportunity Act (WIOA) training funds to cover tuition and related costs, enroll in the Ticket to Work program, and maintain the SC Works Online Services System, a statewide database for available job opportunities. Vocational Rehab provides training and employment opportunities for persons with disabilities.

Because child care is often the biggest barrier to work for families, case managers help parents apply for child care assistance and connect children to school and early learning programs. They also help families apply for SNAP, Family Independence (TANF), child support, and other benefits that support household income while parents work or look for employment.

Each family's case plan includes employment and income goals, and case managers review progress regularly. Rental assistance is adjusted as income increases, and case managers help families build a budget so they can sustain rent after the subsidy ends.

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

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

(limit 2,500 characters)

The rapid rehousing project helps each family obtain every mainstream benefit it is eligible for, so that other funding sources share the cost of meeting the family's needs. Case managers help families apply for Temporary Assistance for Needy Families (TANF), known in South Carolina as Family Independence, as well as SNAP, Medicaid, WIC, child care assistance, and child support. For household members with disabilities, SOAR-trained staff help families apply for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

Case managers coordinate with the South Carolina Department of Social Services to help families complete applications, gather required documents, attend appointments, and meet program requirements so benefits are approved and maintained. Families receiving Family Independence are connected to its employment and training services, which complement the project's own workforce supports and help parents move into work. The TANF Work Program through SC Works offers families in crisis temporary financial assistance to help them regain financial independence.

These mainstream benefits reduce the financial strain on families and free up household income for rent. Child care assistance allows parents to work or attend training, and Medicaid and SNAP cover health and food costs that would otherwise compete with rent. By combining CoC rental assistance with these benefits, the project stretches CoC funds further and helps families build earned income on their path to self-sufficiency and stable housing after assistance ends.

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 rapid rehousing project combines rental assistance with services that support the whole family, so parents can work and children can grow and learn in stable housing. Case managers help parents apply for child care assistance through the South Carolina Department of Social Services and connect children to licensed child care, Head Start, Early Head Start, and 4K programs, allowing parents to work, attend job training, and keep their housing. Parents are connected to parenting classes, home visiting programs, and family support services through partners such as SC First Steps local partnerships and home visiting providers to build parenting skills and support their children's development.

Case managers help pregnant participants enroll in Medicaid and WIC and connect them to prenatal care and home visiting programs. Children are enrolled in health coverage and connected to a pediatric provider for well-child visits, immunizations, and developmental screenings, and families are linked to federally qualified health centers like Little River Medical Center, Sand Hills Medical, Care South, Hope Health, and behavioral health services when needed. Case managers also work with school district McKinney-Vento liaisons so school-age children stay enrolled in their school of origin when possible and receive transportation and school supplies, while parents are connected to adult education, GED programs, and technical college courses to increase their earning potential. These services are included in each family's case plan and reviewed regularly so families are prepared to sustain housing after assistance ends.

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)

ECHO, the Collaborative Applicant has the VA SSVF Grant program and operates a 20 GPD (per diem only) bridge housing and 20 bed VA Contract bed bridge housing facility for homeless Veterans.

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

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

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

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

(limit 500 characters)

The CoC partners with the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) who provides advocacy, prevention education, and collaboration for those experiencing domestic violence, human trafficking, and intimate partner violence. The CoC also partners with Family Justice Center, Rape Crisis Center, and Pee Dee Coalition Against Domestic Violence and Sexual Assault.

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)

ECHO, the Collaborative Applicant has an active working partnership through a subrecipient agreement with Horry County's DOJ funded Re-Entry Demonstration grant and has a CoC Joint TH/RRH RE-entry grant (2ND Chance Re-Entry) to coincide/match with the DOJ Project.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC and its grantees partner with the local FQHCs through coordination and connection to specialized healthcare services with a high need for and major medical issues. The FQHCs in our CoC are Little River Medical Center, Sand Hills Medical, Care South, Hope Health. Little River Medical is a Healthcare for Homeless recipient.

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

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

(limit 500 characters)

The CoC has partnerships with Horry County Council on Aging and D.S.S Adult protective Services to coordinate and facilitate aging and elderly homeless individuals access to assisted living and residential care, etc.

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)

ECHO's PSH Consolidated (SC0136) CoC grant prioritizes chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The case managers in the PSH Consolidated program are all CPSS (Certified Peer Support Specialists), who work under the supervision of ECHO's Chief Clinical Officer, a licensed Clinical Supervisor. These behavioral health services are delivered onsite in the individuals and family's homes by these case managers and/or transported to a facility where the services are performed.

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)

The PSH Consolidated project has a written policy for assessing whether program participants need a higher level of care, such as assisted living, skilled nursing, or residential treatment. When coordinated entry (CES) refers a household and the project moves into the eligibility phase, staff complete a thorough needs assessment with the individual or family. The assessment and additional intake questions review physical health, mobility, ability to manage daily living tasks and medications, cognitive functioning, mental health, and substance use to determine whether the participant's needs can be met in PSH with supportive services and reasonable accommodations, or whether a higher level of care is needed.

If a higher level of need is identified, the project brings in partners, including DSS Home Again Program, Horry County Council on Aging, Sumter Senior Services, Community Long Term Care (Medicaid), and the Senior Citizens Association and works with the participant to explore options that match their needs and preferences. Staff help the participant apply for Medicaid long-term care services, assisted living, or residential treatment, coordinate referrals and transportation, and stay involved until the participant is connected to appropriate care. When the participant chooses PSH and can live safely there with added supports, the project works with partners to bring those services into the home.

Assessment continues throughout the participant's time in the program. Case managers reassess needs at least annually and whenever there is a significant change, such as repeated hospitalizations, falls, a decline in memory or daily functioning, or a relapse. When a participant needs short-term residential treatment or inpatient care, the project works to preserve their housing, where permitted, so they can return home once stable. All decisions are made with the participant, documented in the case file, and applied consistently under the project's written policies.

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)

The Consolidated PSH project's move-on policy centers on helping participants achieve self-sufficiency and move to unsubsidized or other permanent housing when they are ready and choose to do so. Because the project prioritizes people experiencing chronic homelessness, moving on to unsubsidized housing is usually possible only when a household has enough income to pay rent on its own. This is difficult for many participants because fixed disability and Social Security incomes have not kept pace with rising rents in the area.

Case managers assess move-on readiness at least annually and whenever a participant expresses interest in moving on. The assessment reviews income and ability to pay rent, length of housing stability, history of meeting lease obligations, ability to manage daily living and health needs with less support, connection to community services, and the participant's own goals. Participation in move-on is voluntary, and no participant is required to leave PSH.

When a participant is ready, case managers help with housing search, budgeting, and applications. The policy includes coordination with affordable rental properties, including low-income housing tax credit and other income-restricted properties, that offer rents below fair market rent. For participants who are ready to move on but cannot yet afford full rent, the project works with HOME TBRA programs and local Public Housing Authorities to connect participants to Housing Choice Vouchers, public housing, and tenant based rental assistance so the participant can exit PSH while keeping affordable, permanent housing.

After a participant moves on, case managers provide follow-up support to help the household adjust and prevent a return to homelessness.

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

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

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

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

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

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

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

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/11/2026
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.	08/11/2026
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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 has two types of reallocation in its written process: Voluntary and Involuntary. The process for voluntary reallocation is for the grantee to notify the CoC of their intent to fully or partially reallocate their project in the upcoming competition. The CoC will evaluate the impact on the system and how to handle any potential client displacements. Involuntary reallocation is determined when a project fails to meet monitoring or performance expectations outlined in the reallocation policy. The CoC identifies lower performing projects through the CoC monitoring process which includes a review of Annual Performance Reports and other CoC project performance and compliance standards. The reasons for reallocation are as follows: fiscal non-compliance, ongoing non-compliance with HUD/CoC regulations, policies, or processes, and poor performance. The CoC may also reallocate projects that do not meet current HUD or CoC thresholds. 2) The CoC did not identify any projects that were low performing. The CoC identified 5 projects that were less needed and fully reallocated for new projects or transition grants during this year's local competition. 3) Those projects include: RRH-1 Expansion, ECHO Priority RRH 1, Rural RRH, Sea Haven YHDP 2024, and ECHO DV Bonus Rural. 4) Not Applicable.

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)	WellSky
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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.	Statewide
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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)

In 2026 SC-503 elected to perform a sheltered only count resulting in no unsheltered PIT data to compare with the previous year.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

During the evaluation period, TCHC took coordinated action with local governments, law enforcement, and service providers to reduce the number of encampments and the number of people living in them. CoC street outreach teams increased outreach frequency and regularly visited known encampments to build trust and offer shelter, treatment, identification assistance, and coordinated entry assessments, engaging people living in encampments and connecting them to shelter, transitional housing, or permanent housing. CoC providers also worked with cities and law enforcement so that people were offered services before and during encampment clearings.

The greatest concentration of unsheltered, street homelessness in our CoC is the greater Myrtle Beach/Horry County area. In the last 90 days in this area over 369 arrests have been made for public loitering. The local law enforcement policies, laws and practices are geared towards clearing the homeless from the public areas and streets. The CoC and the CoC's Collaborative Applications work directly with them through community engagement to assist finding suitable housing and service interventions for this population before, during and after tent encampment clearing as the situation dictates. Local law enforcement agencies treat each case individually and try to connect to crisis teams, housing outreach teams, etc. The CoC's plan to leverage beneficial policies is already going on and will continue moving forward, coordinate with all local law enforcement agencies that do not have existing or plans to enact policies and practices dealing with this issue, to all adopt the same policies and practices to make this a true collaboration as opposed to a siloed that hinders as opposed to helps resolve these individual's situations. The CoC is also holding membership drive meetings to get law enforcement agencies to join the CoC if they are not already active members and have representation on the Board.

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.	55
2. Enter the reduction in the number of encampments during your evaluation period.	35

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.	267
2. Enter the reduction in the number of people in encampments during your evaluation period.	152

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The CoC's FY 2025 System Performance Measure 5 results demonstrated a 9.6% reduction in first-time homelessness, declining from 1,743 people in FY 2024 to 1,576 in FY 2025. Building on this progress, the CoC's plan focuses on strengthening community partnerships, connecting individuals and families with resources, and supporting self-sufficiency and long-term housing stability.

The CoC works with a broad network of community partners to identify households experiencing housing instability and help them access resources before they become homeless. Coordinated referrals connect households with employment services, benefits enrollment, healthcare, and other community supports based on their individual needs. Collaboration and follow-up help households navigate services and address barriers that threaten their housing stability.

The CoC will continue helping individuals and families develop plans to stabilize income, strengthen support networks, and maintain housing. These efforts recognize each household's circumstances and abilities, including the need for ongoing benefits and supportive services when employment is not feasible.

The CoC will monitor first-time homelessness through Measure 5 and use partner feedback to identify service gaps and improve coordination. This approach will guide continued efforts to sustain the FY 2025 reduction and prevent more individuals and families from entering homelessness.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC's FY 2025 System Performance Measure 1a results demonstrated progress in reducing the length of time individuals and families remain in homeless programs. Average time in emergency shelter and safe haven decreased from 61.3 days in FY 2024 to 56.2 days in FY 2025, an 8.3% reduction. When transitional housing is included, the average decreased from 72.5 to 67.8 days, a 6.5% reduction.

Building on this progress, the CoC's plan centers on strong community partnerships and timely connections to housing and supportive resources. The CoC will work with community partners to identify housing barriers early, coordinate referrals, and help households move toward permanent housing as quickly as possible. Partners will help individuals and families access available housing opportunities, obtain necessary documentation, and connect with employment services, benefits, healthcare, and other supports tailored to their needs.

The CoC will strengthen communication and follow-up among providers to address delays and help households navigate services. Individualized housing plans will support prompt placement while connecting households with resources that promote self-sufficiency and long-term stability.

The CoC will monitor length of time homeless through Measure 1 and use partner feedback to identify barriers and improve coordination. Particular attention will be given to households experiencing extended periods of homelessness and opportunities to shorten the time between identification, referral, and housing placement.

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?	62.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

We used a combined CoC APR report dated 10/01/2024-09/30/2025 to calculate exit destination data for our TH, RRH, and PSH projects collectively. Of 779 participants who exited to permanent housing, we subtracted 211 who exited to housing with an ongoing subsidy, leaving 568 who exited to permanent housing without a subsidy. We divided 568 by the 916 total exits and multiplied by 100 to calculate 62.0%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	383	23	334	82.27%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	187	25	188	88.68%
4. Rapid Re-Housing (RRH) beds	494	0	494	100.00%
5. Permanent Supportive Housing (PSH) beds	336	0	317	86.61%
6. Other Permanent Housing (OPH) beds	75	0	75	100.00%

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

Emergency Shelter bed coverage was reduced because a fairly large emergency shelter provider experienced staff turnover and did not maintain active HMIS access. The CoC will work with this provider over the next 12 months to restore HMIS participation and raise Emergency Shelter bed coverage to at least 85 percent.

The CoC will identify the provider's current HMIS users, ensure appropriate staff receive or renew access, and provide onboarding and refresher training on timely data entry, data-quality expectations, and required HMIS workflows. The CoC will also establish regular follow-up with the provider to monitor access status, bed and enrollment data entry, and data quality. If staffing changes occur, the provider will promptly identify replacement users so HMIS access and participation can be maintained.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/27/2026

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/27/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	Certification for...	09/27/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	CoC Policy to Adv...	09/27/2026
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: Language from Project Supportive Service Agreements

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: Certification for Opportunity Zones

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Policy 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	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/27/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/27/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

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

1. Housing to Awakenings Expansion (Joint TH/ RRH)
2. Treatment Through Transitions (Standalone TH)
3. PSH Consolidated (PSH)
4. Second Chance Reentry TH/RRH (Joint TH/RRH)
5. DV Bonus Rural Transition Grant to Transitional Housing (Standalone TH)
6. Housing PH4 (PSH)
7. Renewing Beyond Shelter (Joint TH/RRH)
8. ECHO YHDP Joint TH/RRH (Joint TH/RRH)
9. ECHO Unsheltered RRH (RRH)
10. ECHO YHDP PSH (PSH)
11. ECHO Combined Transitional Housing Project (Standalone TH)
12. ECHO CoC Wide Rapid Rehousing (RRH)

1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Project Name	# of Units
Housing to Awakenings Expansion	20
Treatment Through Transitions	54

1C-3. Language from Project Supportive Service Agreements

Below is direct language from the CoC's supportive service agreement requiring program participants to take part in supportive services as a condition of their ongoing housing assistance. This provision is required to be included in the supportive service agreement for all CoC funded housing projects.

"I agree to participate in supportive services identified in my individualized service plan, which may include employment assistance, education, substance use disorder treatment, behavioral health support, and life skills training. I understand that not making progress on my individualized service plan and not participating in supportive services offered by the program will result in my termination from the housing program."

**Certification for Opportunity Zones
Preference Points**

U.S. Department of Housing and
Urban Development

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

Type or clearly print the following information.

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

Applicant Organization: Total Care for the Homeless Coalition (SC-501)

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 Continuum of Care Program

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

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

45025950101, 45025950502, 45027960300, 45027960500, 45031010600, 45031011500, 45033970300, 45033970400, 45033970600, 45041000700, 45041001000, 45041002000, 45041002201, 45041002500, 45043920201, 45043920302, 45043920700, 45051020200, 45051050600, 45051050700, 45051070200, 45051070300, 45051080102, 45055970601, 45055970800, 45061920200, 45061920302, 45067950300, 45067950600, 45069960100, 45069960302, 45085000600, 45085001100, 45085001300, 45089970501, 45089970502, 45089970600

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

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

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

Estimated Funding Allocations

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

- ☒ 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

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

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

The Continuum of Care funding will provide housing and supportive services to those experiencing homelessness residing within the above listed opportunity zones.

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

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

Certification of Authorized Representative for the Applicant:

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

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

The CoC will review all appeals and provide a final recommendation to the CoC within three (3) business days of receipt of the appeal.

E. Reallocated Funds

CoC program funds made available through reallocation may be used to develop one or more new projects. Should no viable new projects be identified, CoC program funds made available through reallocation may be available for the expansion of other eligible renewal projects, subject to current CoC funding priorities and HUD NOFO requirements. If there are no new projects or expansion of renewal projects to use the reallocated funds the CoC may publish an additional request for project applications. Please note that the timeline for submitting applications in this additional request will be truncated.

F. Eligible Projects

The CoC may use reallocated funds to create the following projects:

1. Permanent Supportive Housing (PSH)
2. Rapid Rehousing (RRH)
3. Transitional Housing (TH)
4. Supportive Service Only (SSO) Projects, including standalone Street Outreach
5. Dedicated HMIS projects

The CoC may use DV reallocated funds to create the following projects:

1. RRH
2. TH
3. SSO-CE to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of people experiencing homelessness who are survivors of domestic violence, dating violence, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different). CoCs may only submit one DV funded SSO-CE project per fiscal year competition.

G. Wind-Down Responsibilities for Reallocated Projects

It is the responsibility of the agency whose original project is being reallocated to successfully place those currently receiving housing into another comparable or better housing and/ or services situation. New projects will accept clients from a project being wound down if the projects serve the same demographic population(s). The CoC will assemble a committee to support any projects being wound down that request assistance from the CoC Board in placing their existing clients into a new housing situation. However, the current grantee bears ultimate responsibility for successful placement of clients impacted by the dissolution of the project being reallocated.

CONTINUUM OF CARE DRUG ENABLEMENT POLICY

1. Prohibited Activities

CoC-funded housing projects are prohibited from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or

distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of “harm reduction”.

2. Enforcement and Remedies

CoC-funded housing projects determined by the CoC to be in violation of the above will be immediately reported to HUD. The CoC will take any remedy action allowable by law, including but not limited to reallocating the project in the next CoC NOFO funding competition.

3. Treatment and Recovery Services

The CoC encourages all projects within the CoC’s geographic area to provide, directly or through referral, substance use disorder treatment and recovery housing within or outside of the CoC’s geographic area.

4. Permissible Program Requirements

The CoC does not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.

PROJECT APPLICATION REVIEW AND OVERSIGHT

HUD expects each CoC to implement a thorough review and oversight process at the local level for both new and renewal project applications submitted to HUD in the FY 2026 CoC Program Competition. To meet this expectation, the CoC closely reviews information provided in each project application in order to ensure that:

1. All proposed program participants will be eligible for the program component type selected;
2. The proposed activities are eligible under the 24 CFR part 578;
3. Each project narrative is fully responsive to the question being asked and that it meets all of the criteria for that question as required by the NOFO and included in the detailed instructions provided in e-snaps;
4. The data provided in various parts of the project application are consistent; and
5. All required attachments correspond to the attachments list in e-snaps and the attachments contain accurate and complete information.

LOCAL PROJECT APPLICATION

All renewal and new projects are required to submit a Local Project Application. The CoC Local Project Application serves to: (1) confirm the capacity of agencies to provide CoC funded programs; (2) provide information on program delivery in order to evaluate performance and meeting HUD criteria for scoring and ranking of projects by the HUD Program Selection & Monitoring Committee; and (3) provide project level narrative to be utilized in the CoC Program application.

RATING CRITERIA

Each of the questions included in the Local Project Applications correspond to criteria articulated in the CoC’s Project Scoring Tool and the FY 2026 CoC NOFO. The FY 2026 CoC NOFO requires CoCs to use objective, performance-based scoring criteria and selection priorities that are approved by the CoC Board to determine the extent to which each project addresses HUD’s policy priorities.