

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

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

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
  - Project Listings:
    - New;
    - Renewal;
    - UFA Costs;
    - CoC Planning;
    - YHPD Renewal; and
    - YHDP Replacement and Reallocation.
  - Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
  - Attachment Requirement
    - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.
  - Things to Remember:
    - New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
    - Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:
      - UFA Costs Project Listing;
      - CoC planning Project Listing;
    - Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
    - For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
    - If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.
- Additional training resources are available online on HUD's website

# 1. Continuum of Care (CoC) Identification

**Collaborative Applicant Name:** Ouachita Children, Youth, and Family Services, Inc.

## 2. Reallocation

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

## Continuum of Care (CoC) New Project Listing

### Instructions:

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

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

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

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

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

| Project Name          | Date Submitted       | Comp Type | Applicant Name        | Budget Amount | Grant Term | Funding Type | Transition Grant | Expansion | Rank | PSH/RRH |
|-----------------------|----------------------|-----------|-----------------------|---------------|------------|--------------|------------------|-----------|------|---------|
| Friends of the Ho...  | 2026-09-21 16:25:... | SSO       | Friends of the Ho...  | \$154,766     | 1 Year     | Bonus        | No               | No        | 5    |         |
| St. Bernard's New ... | 2026-09-24 09:14:... | SSO       | St. Bernard's Deve... | \$80,000      | 1 Year     | Bonus        | No               | No        | 6    |         |

|                             |                             |     |                                 |               |        |       |    |    |   |  |
|-----------------------------|-----------------------------|-----|---------------------------------|---------------|--------|-------|----|----|---|--|
| SSO-CE<br>26                | 2026-<br>09-27<br>22:53:... | SSO | Ouachit<br>a<br>Children<br>... | \$176,00<br>0 | 1 Year | Bonus | No | No | 4 |  |
| ATCAR<br>Regiona<br>l Tr... | 2026-<br>09-28<br>14:50:... | TH  | Adult<br>and<br>Teen<br>Ch...   | \$278,41<br>7 | 1 Year | Bonus | No | No | 8 |  |
| CAPCA<br>Supporti<br>ve ... | 2026-<br>09-28<br>18:00:... | SSO | Commu<br>nity<br>Action ...     | \$443,30<br>0 | 1 Year | Bonus | No | No | 7 |  |

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

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

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

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

X

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

X

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

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

| Project Name         | Date Submitted       | Grant Term | Applicant Name       | Budget Amount | Consolidation | Accepted? | Comp Type         | Rank | Expansion | PSH/RRH | Consolidation Type |
|----------------------|----------------------|------------|----------------------|---------------|---------------|-----------|-------------------|------|-----------|---------|--------------------|
| HMIS 26              | 2026-09-23 12:03:... | 1 Year     | Ouachita Children... | \$58,598      |               | Yes       | HMIS              | 1    |           |         |                    |
| HUD DV 26            | 2026-09-23 12:14:... | 1 Year     | Ouachita Children... | \$224,674     |               | Yes       | Joint TH & PH-RRH | 2    |           |         |                    |
| Renewal Project F... | 2026-09-28 09:42:... | 1 Year     | Margie's Haven House | \$109,900     |               | Yes       | PH                | 3    |           | RRH     |                    |

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

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

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

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

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

| Project Name | Date Submitted          | Grant Term | Applicant Name          | Budget Amount | Accepted? |
|--------------|-------------------------|------------|-------------------------|---------------|-----------|
| Planning 26  | 2026-09-23<br>12:36:... | 1 Year     | Ouachita<br>Children... | \$233,433     | Yes       |

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

### Instructions:

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

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

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

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

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

☐

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

☐

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

☒

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

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

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

### Instructions:

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

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

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

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

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

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

## 4. Consolidation & Expansion

**Instructions:**

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

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

## Funding Summary

### Instructions

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

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

| Title                                     | Total Amount |
|-------------------------------------------|--------------|
| CoC Renewal Amount                        | \$393,172    |
| New CoC Bonus and CoC Reallocation Amount | \$1,132,483  |
| New DV Bonus Amount                       | \$0          |
| New DV Reallocation Amount                | \$0          |
| YHDP Renewal and Replacement Amount       | \$0          |
| YHDP Reallocation Amount                  | \$0          |
| CoC Planning Amount                       | \$233,433    |
| Rejected Amount                           | \$0          |
| Total Funding Request                     | \$1,759,088  |

## Attachments

| Document Type                                                      | Required? | Document Description | Date Attached |
|--------------------------------------------------------------------|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan (HUD-2991) | Yes       | 2991s for All Pro... | 09/28/2026    |
| Other                                                              | No        |                      |               |
| Other                                                              | No        |                      |               |
| Project Rating and Ranking Tool (optional)                         | No        | Local Competition... | 09/26/2026    |

## Attachment Details

**Document Description:** 2991s for All Projects

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** Local Competition Scoring Tool

## Submission Summary

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

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| Page                                                       | Last Updated      |
|------------------------------------------------------------|-------------------|
| Before Starting                                            | No Input Required |
| 1. Collaborative Applicant                                 | 09/24/2026        |
| 2. Reallocation                                            | 09/24/2026        |
| 3A. CoC New Project Listing                                | 09/28/2026        |
| 3B. CoC Renewal Project Listing                            | 09/28/2026        |
| 3D. CoC Planning Project Listing                           | 09/28/2026        |
| 3E. YHDP Renewal Project Listing                           | No Input Required |
| 3F. YHDP Replacement and YHDP Reallocation Project Listing | No Input Required |
| 4. Consolidation & Expansion                               | 09/24/2026        |
| Funding Summary                                            | No Input Required |

|                              |         |            |
|------------------------------|---------|------------|
| Project Priority List FY2026 | Page 16 | 09/28/2026 |
|------------------------------|---------|------------|

|                           |                   |
|---------------------------|-------------------|
| <b>Attachments</b>        | 09/28/2026        |
| <b>Submission Summary</b> | No Input Required |

**Certification of Consistency with the Consolidated Plan**

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

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

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

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

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

Applicant Name: Ouachita Children, Youth, and Family Services, Inc.

Project Name: AR Balance of State Planning Grant

Location of the Project: Garland County plus all of 46 counties within AR Balance of State

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

HUD Continuum of Care FY26 NOFO

Name of Certifying Jurisdiction: City of Hot Springs

Certifying Official of the Jurisdiction

Name: Bill Burrough

Title: City Manager

Signature:



Date:

08/05/2026

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: Ouachita Children, Youth, and Family Services, Inc.

Project Name: Homeless Management Information System (HMIS)

Location of the Project: Garland County plus all of 46 counties within AR Balance of State

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

HUD Continuum of Care FY26 NOFO

Name of Certifying Jurisdiction: City of Hot Springs

Certifying Official of the Jurisdiction

Name: Bill Burrough

Title: City Manager

Signature:



Date: 08/05/2026

**Certification of Consistency with the  
Consolidated Plan**

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

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

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

Applicant Name: Ouachita Children, Youth, and Family Services, Inc.

Project Name: HUD DV Bonus

Location of the Project: Garland County, Clark, Hot Spring Counties

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

HUD Continuum of Care FY26 NOFO

Name of Certifying Jurisdiction: City of Hot Springs

Certifying Official of the Jurisdiction

Name: Bill Burrough

Title: City Manager

Signature: 

Date: 08/05/2026

**Certification of Consistency with the Consolidated Plan**

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

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

Applicant Name: Margie's Haven House Inc

Project Name: Rapid Rehousing & Services for ALL Victims & Their Children of Domestic Violence

Location of the Project: Heber Springs, AR 72543, Cleburne County Arkansas & Surrounding Countis in Arkansas & Surrounding States

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

NOFO through HUD

Name of Certifying Jurisdiction: State of Arkansas

Certifying Official of the Jurisdiction  
Name: Jean Noble

Title: Director, Grants Division AEDC

Signature:



Date: 9/22/2026

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: Ouachita Children, Youth, and Family Services, Inc.

Project Name: Supportive Services Only - Coordinated Entry

Location of the Project: Garland County plus all of 46 counties within AR Balance of State

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

HUD Continuum of Care FY26 NOFO

Name of Certifying Jurisdiction: City of Hot Springs

Certifying Official of the Jurisdiction

Name: Bill Burrough

Title: City Manager

Signature:



Date: 08/05/2026

**Certification of Consistency with the Consolidated Plan**

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

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

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

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

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

Applicant Name: Friends of the Hot Springs Community Resource Center

Project Name: Friends of the Hot Springs Community Resource Center FY2026

Location of the Project: Hot Springs Community Resource Center 109 Hobson Ave, Hot Springs, AR 71901

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

Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: City of Hot Springs

Certifying Official of the Jurisdiction

Name: Bill Burrough

Title: City Manager

Signature:



Date: 08/06/2026

**Certification of Consistency with the  
Consolidated Plan**

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

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

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

Applicant Name: St. Bernards Deveopment Foundation

Project Name: St. Bernards New Project Application FY28

Location of the Project: St. Bernards Crisis Stabilization Unit 837 Willett Road Jonesboro, Craighead County, Arkansas 72405

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

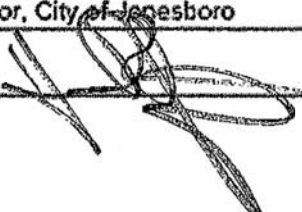
Continuum of Care Builds (CoC Builds)

Name of Certifying Jurisdiction: City of Jonesboro, Arkansas

Certifying Official of the Jurisdiction

Name: Harold Copenhaver

Title: Mayor, City of Jonesboro

Signature: 

Date: 9/23/28

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: Community Action Program for Central Arkansas

Project Name: CAPCA Supportive Services

Location of the Project: Faulkner, Cleburne, White Counties in Arkansas

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

HUD: CoC Youth Homless Demonstration Program

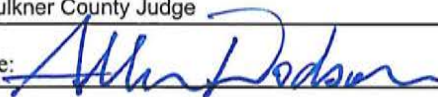
Name of Certifying Jurisdiction: Faulkner County

Certifying Official of the Jurisdiction

Name: Alen Dodson

Title: Faulkner County Judge

Signature:



Date: 7/31/2026

**Certification of Consistency with the Consolidated Plan**

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

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

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

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

Applicant Name: Adult and Teen Challenge of Arkansas, Inc.

Project Name: ATCAR Regional Transitional Housing

Location of the Project: Garland County and Clark County, Arkansas

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

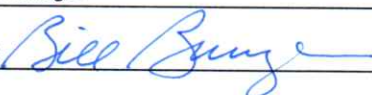
HUD Continuum of Care FY26 NOFO

Name of Certifying Jurisdiction: City of Hot Springs

Certifying Official of the Jurisdiction

Name: Bill Burroughs

Title: City Manager

Signature: 

Date: 09/28/2026

**2026 Arkansas Balance of State Continuum of Care Review Team Scoring**  
**Renewal Projects ONLY**

Reviewer Name:

Date:

Organization Name:

Project Name:

HUD Project Type: TH

Requested Amount: \$

Scoring: Max Points Available: 21.00 Total Points Earned: 0 Final Score: 0%

Proposed Number of Individuals and/or Families to Serve (Section 5A):

Please read each application fully first before scoring. Each scoring section has the question from the application that applies specifically to that scoring criteria. As the individual point amounts may vary just slightly, please read each scoring criteria fully prior to assigning a score.

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are able to provide rationalization for each project scoring, therefore, please provide comments on scoring rationale.

|                                                                                                                                                                                                                 | Points Earned in Yellow | Max Points in Blue |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|
| <b>Project Summary</b>                                                                                                                                                                                          |                         | <b>3</b>           |
| Response is clear and concise and gives a complete picture of the project (3)                                                                                                                                   |                         |                    |
| Response gives adequate description of the project but leaves a few unanswered questions (1)                                                                                                                    |                         |                    |
| Response unclear and leaves unanswered questions about purpose of project (0)                                                                                                                                   |                         |                    |
| <b>Substance Use Treatment, Outpatient Treatment, Peer Recovery Specialists (N/A for HMIS)</b>                                                                                                                  |                         | <b>6.00</b>        |
| Substance use treatment is available on-site and provider(s) listed in response TH, PSH, RRH only (2)                                                                                                           |                         |                    |
| Project provides outpatient treatment for MH & SUD with range of appropriate levels of care, psychosocial interventions, med. management, suicide prevention, & recovery supports (2)                           |                         |                    |
| Project provides access to peer recovery specialists or other forms of peer support and recovery navigation (2)                                                                                                 |                         |                    |
| ("Yes, detailed response" = 2; "Yes, lacking detail" = 1; "No" = 0; "N/A" adjusts max points downward.)                                                                                                         |                         |                    |
| <b>Family/Support Reunification (e.g., case management, travel costs, arrangement of assistance in another geographic area)</b>                                                                                 |                         | <b>3</b>           |
| Project assists with, or will assist with, family/support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded housing and response provides a clear description (3) |                         |                    |
| Project assists with, or will assist with, family/support-network reunification and response gives an adequate description of project but leaves a few unanswered questions (2)                                 |                         |                    |
| Project does not assist with, or will not assist with, family/support-network reunification OR response not provided (0)                                                                                        |                         |                    |
| N/A (CE, HMIS) (Max points will be N/A, and item will not affect overall percentage score.)                                                                                                                     |                         |                    |
| <b>High Utilizers of Healthcare Systems (N/A for HMIS)</b>                                                                                                                                                      |                         | <b>3</b>           |
| Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs and response gives clear description (3)                                       |                         |                    |
| Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs but response leaves a few unanswered questions (2)                             |                         |                    |
| Project does not provide or partner to provide specialized supportive services for homeless individuals with a high level of medical needs OR response not provided (0)                                         |                         |                    |
| N/A (Max points will be N/A. Item will not affect overall percentage score.)                                                                                                                                    |                         |                    |
| <b>Service Participation Requirements for Participants (TH, RRH, PSH only)</b>                                                                                                                                  |                         | <b>6</b>           |
| Applicant clearly shows that service participation is required for program participants and includes appropriate documentation (10)                                                                             |                         |                    |
| Applicant requires service participation of program participants but does not have appropriate documentation (5)                                                                                                |                         |                    |
| Applicant did not address or the response leaves unanswered questions (0)                                                                                                                                       |                         |                    |
| N/A                                                                                                                                                                                                             |                         |                    |
| <b>Bonus Points</b>                                                                                                                                                                                             |                         | <b>5</b>           |
| Point In Time Count Participation: Applicant agency participated in the most recent PIT count (January 2026) and submitted data timely. ("Yes" = 5; "No" = 0)                                                   |                         |                    |
| <b>Overall Comments, Concerns, Recommendations</b>                                                                                                                                                              |                         |                    |

## 2026 Arkansas Balance of State Continuum of Care Review Team Scoring

Reviewer Name:

Date:

Organization Name:

Project Name:

HUD Project Type: TH

Requested Amount: \$

Scoring: Max Points Available: 123 Total Points Earned: 0 Final Score: 0%

Proposed Number of Individuals and/or Families to Serve (Section 5A):

Please read each application fully first before scoring. Each scoring section has the question from the application that applies

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are

TH Threshold Information: NEW TH projects must meet 8 criteria to be considered for funding.

FAIL

Applicant meets HUD's eligibility and threshold criteria.

Pass

Applicant demonstrates adequate capacity to carry out grant (attachments required).\*

Pass

Project meets eligible costs or activities requirements.

Pass

Project sufficiently demonstrates eligible populations will be served.

Pass

Project shows required match commitments to implement project.

Fail

Applicant does not have serious compliance or performance issues on current projects.

Pass

Project demonstrates adequate impact or cost effectiveness.

Pass

Project meets HUD Joint TH & PH-RRH Component Minimum Standards\*\*

Pass

### Threshold Statements Comments

Points Earned in Yellow

Max Points in Blue

Agency Capacity: Agency demonstrates they have the capacity to carry out and implement the project proposed.

10

Response is clear and concise. Board consists of diverse members. Applicant has experience administering federal funds, and there are no match/leveraging concerns for reaching capacity. (yes/no; yes = 10 pts; no = 0)

### Agency Capacity Comments

Agency Experience: Relevant experience serving Homeless Population and operating programs.

20

Response is clear & concise. Gives complete picture of the relevant experience of applicant (20)

Response gives adequate description of related experience, but experience is limited (15)

Response gives adequate description of experience, but leaves a few unanswered questions (10)

Response is unclear and leaves unanswered questions about the experience (0)

Response does not describe experience working with people who are homeless and/or managing a similar program type (0)

Leasing, Rental, Support Services, and HMIS Experience (if applicable)

5

Response is clear/concise and gives complete picture of the relevant experience of the applicant and potential subrecipients (if any) for all applicable aspects. (5)

Response gives adequate description of related experience, but experience is limited for some applicable aspects. (3)

Response gives adequate description of experience, but experience is limited for most applicable aspects (2)

Response is unclear and leaves unanswered questions about the experience in applicable aspects (0)

Response does not describe experience related to leasing, rental assistance, support services, and/or HMIS IF APPLICABLE (0)

N/A (Max points will be N/A and item will not affect percentage score.)

### Agency Experience Comments

Monitoring Findings or Concerns

4

Agency has no open (unresolved) monitoring findings or concerns, and there are no outstanding Federal debts (4)

Agency is currently working to address monitoring findings or concerns, but a response letter has not been received by applicant (2)

Agency has open findings or concerns that aren't being addressed, or findings or concerns were of a serious financial or programmatic nature that causes capacity concerns (0)

Program Monitoring Comments

| Program Description                                                                                                                                                                                             | Earned:                                                                                                                                         | 0 | Max: | 8    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---|------|------|
| Response has a clear description of the target population to be served (2)                                                                                                                                      |                                                                                                                                                 |   |      |      |
| Response has a clear description of prioritization of treatment and services to re-gain self-sufficiency (2)                                                                                                    |                                                                                                                                                 |   |      |      |
| Response has a clear description of a plan to address housing and support service needs of participants (1)                                                                                                     |                                                                                                                                                 |   |      |      |
| Response has clear proposed outcomes which seem reasonable (1)                                                                                                                                                  |                                                                                                                                                 |   |      |      |
| Response includes a description of planned and established partnerships (1)                                                                                                                                     |                                                                                                                                                 |   |      |      |
| Response clearly describes the plan to reach full project capacity in a timely manner (1)                                                                                                                       |                                                                                                                                                 |   |      |      |
| ("Yes" answers will award points listed. "No" answers will award zero points. "N/A" answers will adjust Max points downward by points listed.)                                                                  |                                                                                                                                                 |   |      |      |
| Availability of Treatment & Recovery Services (TH, PSH, RRH only)                                                                                                                                               |                                                                                                                                                 |   |      | 5    |
| Project has/will have on-site treatment and participation is/will be required to remain in program (5)                                                                                                          |                                                                                                                                                 |   |      |      |
| On site treatment but response leaves unanswered questions (2)                                                                                                                                                  |                                                                                                                                                 |   |      |      |
| No on-site treatment available (0)                                                                                                                                                                              |                                                                                                                                                 |   |      |      |
| N/A (SSO, HMIS) (Max Points will be N/A, and Item will not affect overall percentage score.)                                                                                                                    |                                                                                                                                                 |   |      |      |
| Substance Use Treatment, Outpatient Treatment, Peer Recovery Specialists (N/A for CE & HMIS)                                                                                                                    |                                                                                                                                                 |   |      | 6.00 |
| Substance use treatment is available on-site and provider(s) listed in response TH, PSH, RRH only (2)                                                                                                           |                                                                                                                                                 |   |      |      |
| Project provides outpatient treatment for MH & SUD with range of appropriate levels of care, psychosocial interventions, med. management, suicide prevention, & recovery supports (2)                           |                                                                                                                                                 |   |      |      |
| Project provides access to peer recovery specialists or other forms of peer support and recovery navigation (2)                                                                                                 |                                                                                                                                                 |   |      |      |
| ("Yes, detailed response" = 2; "Yes, lacking detail" = 1; "No" =0; "N/A" adjusts max points downward.)                                                                                                          |                                                                                                                                                 |   |      |      |
| Family/Support Reunification (e.g., case management, travel costs, arrangement of                                                                                                                               |                                                                                                                                                 |   |      | 3    |
| Project assists with, or will assist with, family/support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded housing and response provides a clear description (3) |                                                                                                                                                 |   |      |      |
| Project assists with, or will assist with, family/support-network reunification and response gives and adequate description of project but leaves a few unanswered questions (2)                                |                                                                                                                                                 |   |      |      |
| Project does not assist with, or will not assist with, family/support-network reunification OR response not provided (0)                                                                                        |                                                                                                                                                 |   |      |      |
| N/A (CE, HMIS) (Max points will be N/A, and item will not affect overall percentage score.)                                                                                                                     |                                                                                                                                                 |   |      |      |
| High Utilizers of Healthcare Systems                                                                                                                                                                            |                                                                                                                                                 |   |      | 3    |
| Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs and response gives clear description (3)                                       |                                                                                                                                                 |   |      |      |
| Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs but response leaves a few unanswered questions (2)                             |                                                                                                                                                 |   |      |      |
| Project does not provide or partner to provide specialized supportive services for homeless individuals with a high level of medical needs OR response not provided (0)                                         |                                                                                                                                                 |   |      |      |
| N/A (Max points will be N/A. Item will not affect overall percentage score.)                                                                                                                                    |                                                                                                                                                 |   |      |      |
| Estimated Schedule of Project Implementation Milestones                                                                                                                                                         |                                                                                                                                                 |   |      | 3    |
| Applicant provided a complete timeline showing when milestones will occur. Seem reasonable. (3)                                                                                                                 |                                                                                                                                                 |   |      |      |
| Applicant provided a timeline showing when milestones will occur, missing 1 or 2 applicable ones or some seem unrealistic (2)                                                                                   |                                                                                                                                                 |   |      |      |
| Timeline is unclear or project has some feasibility concerns (0)                                                                                                                                                |                                                                                                                                                 |   |      |      |
| Determinations by Project Type (N/A for HMIS). Answer only for applicable project type. Select "N/A" for other two                                                                                              |                                                                                                                                                 |   |      | 6    |
| TH/PSH/                                                                                                                                                                                                         | Response clearly describes a plan for service participation requirements and strategy to exit clients to PH (6)                                 |   |      |      |
| RRH                                                                                                                                                                                                             | Response describes a plan for service participation requirements and strategy to exit client sto PH, but leaves some unanswered questions (4)   |   |      |      |
| Projects                                                                                                                                                                                                        | Response describes a minimal plan for service participation requirements and strategy to exit clients to PH and leaves unanswered questions (1) |   |      |      |
|                                                                                                                                                                                                                 | Response unclear, incomplete, or service participation is not required (0)                                                                      |   |      |      |
|                                                                                                                                                                                                                 | N/A                                                                                                                                             |   |      |      |

SSO

|                         |                                                                                                                                                                    |  |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Outreach/<br>Standalone | Response is clear and describes a consistent plan to serve unsheltered population including why the project is necessary to assist people exiting homelessness (6) |  |
|                         | Response gives an adequate description of the assistance plan but leaves unanswered questions (3)                                                                  |  |
|                         | Response unclear, incomplete, or project only proposes providing services to clients in housing they operate (0)                                                   |  |
| Coord.<br>Entry         | N/A                                                                                                                                                                |  |
|                         | Response is clear and describes a consistent plan regarding prioritization (6)                                                                                     |  |
|                         | Response gives an adequate description of the prioritization plan but leaves unanswered questions (3)                                                              |  |
|                         | Response unclear or incomplete (0)                                                                                                                                 |  |
|                         | N/A                                                                                                                                                                |  |

### General Description Comments

**Permanent Housing Stability:** completeness of picture of plan to assist participants to remain housed, including addressing needs of target population through both case management and accessing outside services, demonstrating proposed housing type(s) meets needs of participants, how project will work with landlords, and assistance & support to be provided to participants, and how project will work to help participants set goals (N/A for CE, HMIS)

10

Response is clear and concise, gives complete picture of plan, addresses all points above (10)

Response is clear and concise, gives adequate picture of plan, addresses all points above (8)

Response gives adequate description of proposed plan but does not address all points above (6)

Response gives adequate description but leaves unanswered questions (2)

Response unclear or incomplete (0)

N/A

**Note:** Projects proposed to exclusively serve victims of domestic violence should also describe safety planning to address participant needs.

**Increase in Income:** picture of specific plan to assist participants in increasing their employment income, including addressing needs of target population through both case management and coordination with mainstream service programs to ensure participants are assisted in accessing mainstream services, also addressing how service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. (N/A for CE, HMIS)

10

Response is clear and concise, gives complete picture of plan, addresses all points above (10)

Response is clear and concise, gives adequate picture of plan, addresses all points above (7)

Response is unclear or incomplete (0)

N/A

**Note:** Responses that do not include specific plan to coordinate/integrate with mainstream health, social services, and employment programs and ensure participants are assisted to obtain benefits from mainstream programs for which they may be eligible will not meet HUD threshold requirements.

### Supportive Services (N/A for CE, HMIS)

5

Response indicates at least 11 services will be offered in order to implement comprehensive program. Description is clear, frequency is often, no unanswered questions (5)

Response indicates at least 11 services will be offered, but description is unclear, frequency is acceptable, or leaves some unanswered questions (4)

Response indicates 7-10 services will be offered, description is clear, frequency acceptable, no unanswered questions (3)

Response indicates 7-10 services will be offered, description unclear, frequency questionable, or leaves some unanswered questions (1)

Response indicates less than 7 services will be offered (0)

N/A

### Supportive Services Comments

### Service Participation Requirements for Participants (TH, RRH, PSH only)

10

Applicant clearly shows that service participation is required for program participants and includes appropriate documentation (10)

Applicant requires service participation of program participants but does not have appropriate documentation (5)

Applicant did not address or the response leaves unanswered questions (0)

N/A

## Service Participation Requirements Comments

|                                                                            |                                                                                                                                                                       |   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Performance Measures (N/A for CE, HMIS) Both are "N/A" OR Both are scored. |                                                                                                                                                                       | 0 |
| Housing Stability                                                          | Response indicates that the project has a plan that is thorough and realistic that will help at least 50% of participants reach housing stability (10)                |   |
|                                                                            | Response indicates the project has a less thorough or realistic plan to help 50% of participants reach housing stability (4)                                          |   |
|                                                                            | Response does not address or adequately describe how project will help participants reach housing stability, or narrative notes an anticipated rate less than 50% (0) |   |
|                                                                            | N/A                                                                                                                                                                   |   |
| Income                                                                     | Response indicates project has a plan that is thorough and realistic that will help at least 25% of participant households increase employment income (10)            |   |
|                                                                            | Response indicates project has a less thorough or realistic plan to help at least 25% of households increase employment income (4)                                    |   |
|                                                                            | Response does not address or adequately describe how project will help participants increase employment income (0)                                                    |   |
|                                                                            | N/A                                                                                                                                                                   |   |

## Proposed Performance Measures Comments

|                                                                                                                                                     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Budget                                                                                                                                              | 10 |
| The budgets and rationale for the requested amounts are complete, accurate, and realistic, and leave no questions (10)                              |    |
| The budgets and rationale for the requested amounts are complete, accurate, and realistic, but leave unanswered questions (7)                       |    |
| The budgets and rationale for the requested amounts are acceptable but leave unanswered questions (5)                                               |    |
| The budgets and rationale for the requested amounts are not clear, complete, accurate, or realistic, and/or leave too many unanswered questions (0) |    |

## Budget Comments

|                                                                                                                                                                                                             |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Project Match (Cash and/or In-Kind Resources): New projects must demonstrate required match resources equal to at least 25% of the total requested HUD funding, including project and administrative costs. | 5 |
| Well defined (5)                                                                                                                                                                                            |   |
| Acceptable (3)                                                                                                                                                                                              |   |
| Unacceptable (0)                                                                                                                                                                                            |   |

## Match Comments

|                                                                                                                                                              |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Bonus Points                                                                                                                                                 | 5 |
| Point In Time Count Participation: Applicant agency participated in the most recent PIT count (January 2026) and submitted data timely. ("Yes" = 5;"No" = 0) |   |

## Overall Comments, Concerns, Recommendations