

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: MS-503 - Gulf Port/Gulf Coast Regional CoC

1A-2. Collaborative Applicant Name: Open Doors Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Open Doors Homeless Coalition

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:

- 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

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	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	4
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	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	3
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	0

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	3
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	0
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	6
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
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	1
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	3
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	2
	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)

MS-503 has a transparent process and open invitation for new members to join the CoC. The invitation to join the CoC includes an application (link) for membership on the Collaborative Applicant's website at all times (www.opendoorshc.org). Annually, the CoC distributes applications in person at its annual meeting in January each year, and regularly distributes applications for membership to the 450-member email distribution list. The CoC's monthly meetings are well attended by over 75 people representing a wide variety of traditional and non-traditional partners in the community. The meetings are open to both members and the general public. CoC staff present at other non-CoC meetings about MS-503 and solicit new members in these settings (Rotary, Exchange, other social services meetings). The website is available in large print and other accommodations for people with disabilities. Meetings are held in ADA accessible spaces, closed captioning available for video presentations both in person and virtual and includes availability of accessible electronic formats. Organizations that serve persons with disabilities, such as Families as Allies, Disability Rights Mississippi, the ARC of MS, and Disability Connection receive ongoing information on CoC topics, and its members have open invitations to join. Persons with lived experience of homelessness are actively participating in the CoC, including at the CoC Board level. Three years ago, the CoC created a Lived Experience Board where members serve as a speakers' bureau and serve on panels at area primary and secondary schools to tell their stories to students and faculty. During street outreach, PATH outreach, and connections at day centers and other places, persons experiencing homelessness are encouraged to join the CoC and participate in its meetings and committees.

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)

MS-503 utilizes the Open Doors Homeless Coalition website, email messages and social media to share information/communications with the public throughout the CoC's 6-county geographical region. The CoC values robust discussion and considers a variety of opinions on preventing and ending homelessness in the MS-503 region. The CoC monthly meetings allow for and encourage discussion of opinions on preventing and ending homelessness. In addition, focus groups of persons experiencing homelessness occur regularly at the Micah Day Center in addition to quarterly town hall meetings on homelessness. Meetings with church leaders are also an important source of information. Similarly, the Young Adult Action Board (YAAB) are active in the community and meet regularly. The YAAB report back to the CoC their opinions and data on preventing and ending homelessness among youth and young adults. The adult Lived Experience Board performs a similar function, and their analysis of program outcome data, including coordinated entry, is reported to the CoC and forms the basis of any course-corrections throughout the year. Information and data are freely shared at the monthly CoC meetings, and when LSA, PIT Count, and System Performance Measures are submitted, the data are presented each year at the CoC meeting following submission. Other meetings throughout the year, including case management training and TA facilitated discussions, and meetings with municipal and state entities, as well as district office staff of Mississippi's Congressional delegation, are also used to solicit a wide array of public information and opinions on preventing and ending homelessness. As soon as local data (LSA, PIT, HIC, SPM) are submitted to HUD, the CoC shares that information with local government, including all law enforcement bodies, to solicit feedback and input on improving the system based on the data. The CoC Board incorporates this feedback into the ongoing strategy to address improvements and new approaches to preventing and ending homelessness. The information gathered at public meetings, focus groups, and individual consultation have become part of the community's official planning for housing and services to address homelessness.

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

(limit 2,500 characters)

The CoC's 2026 public notice of availability of funds was distributed to a 450-person email distribution list, was published on the CoC's website, shared on the Collaborative Applicant's social media pages, and distributed in print at the monthly CoC meeting in June 2026. In addition, the reallocation policy that states that renewal applications can be reallocated to new projects and the scoring rubrics were published in the email distribution and the Collaborative Applicant's website: www.opendoorshc.org. The public notice of availability of funds clearly states that the CoC's local competition was open and accepting and encouraging new project applications until 4pm on July 22, 2026 from both renewal applicants and agencies who have never received CoC funds before. The public notice encouraged faith-based organizations to apply during the local competition. In addition, the Collaborative Applicant held office hours on July 6, 2026 specifically for new applicants unfamiliar with the process, where assistance understanding the CoC program, creating SAM registration and e-snaps accounts was provided to three new applicants, two of whom were faith-based organizations, all of whom applied for FY2026 funds. The ED of the Collaborative Applicant and the Planning Coordinator each met separately with each applicant to assist in the process. The published scoring rubric and the published reallocation policy state that projects will be scored using an objective scoring process (utilizing objective performance data) by an unbiased scoring committee to select projects. New and existing applicants are scored equitably. Renewal projects that fall below the funding line will be reallocated to accommodate new applications that score higher, including new projects from recipients who have not been awarded CoC funds before.

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)

MS-503 believes that a comprehensive solution, including public, private, faith-based, and philanthropic entities, should be the mainstay of the MS-503 system, and it has been for decades continuing to this day. In 2013 MS-503 launched a comprehensive effort to end Veteran homelessness by coordinating VA, SSVF, and other providers to pool resources, expand outreach, and provide housing and services quickly to Veterans. By 2015 MS-503 was recognized by HUD as having met the criteria for ending Veteran homelessness. During this period over 250 Veterans were housed. The CoC tackled chronic homelessness and by 2019 had reduced the number of those experiencing chronic homelessness to less than 10 persons. When the CoC determined family homelessness was increasing, a new form of response occurred and the CoC applied for Round 3 of YHDP, created a coordinated community plan, was awarded funds through the competition and commenced a system-wide approach through a range of service types to address the problem. Today, youth homelessness is extremely rare and brief, as evidenced by PIT and CPS data. Family homelessness was approached the same way, and when it was determined through HMIS and PIT data that the number of families experiencing homelessness were primarily suffering from domestic violence, the CoC quickly responded and ensured that not only DV Bonus funds, but also regular CoC Bonus funds, were successfully secured. Our geography rarely has families experiencing literal homelessness today, and when it does occur, the response is swift and decisive, in large part due to the philanthropic efforts of our local elected officials who created a flexible pool of funds to address the needs of families in crisis. The CoC and local law enforcement can immediately access resources to address the needs of families in crisis. This strategy will be applied to the single population experiencing homelessness, which to date is the community's toughest challenge and remains the gap in our system. The CoC hopes this NOFO which allows for a range of housing and treatment options, and through partnerships with Home of Grace as well as a new program through the state's Opioid Settlement Fund, that the community can finally address the needs of those who remain outside, most of whom are suffering from severe substance use disorders. Open Doors Homeless Coalition, the Collaborative Applicant, is responsible for overseeing this effort within the next year.

1B-5a Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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

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- Frequently Asked Questions

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

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

(limit 2,500 characters)

MS-503 is in fact a HUD-designated Rural CoC; however, due to providers' commitment to serving those most vulnerable with necessary wrap-around services while in government-sponsored housing, and to the community's many years of experience in operating such programs, many providers have certified peer support specialists and licensed drug and alcohol counselors on staff. If not on staff, project applicants have partnered with substance use disorder treatment facilities (both those licensed by MS Dept of Mental Health as well as faith-based facilities), who have both inpatient, residential treatment as well as outpatient/aftercare/support programs whose staff provide home visits, even in emergencies to those in MS-503's geography. This is a long-standing tradition among providers who have either written such roles into their supportive services budget line items or are provided support directly through agency MOUs. One of the newest additions to the MS-503 toolbox is an innovative program called Recovery and Integration through Stable Environments (RISE) which is a partnership between Open Doors Homeless Coalition (the Collaborative Applicant), the MS Department of Mental Health, the Mississippi Attorney General's Office and the Opioid Settlement Fund Council, which will bring 100 beds into the MS-503 geography for persons with housing instability at exit from substance use disorder residential treatment. This new program is modeled after the state's CHOICE program for persons with serious mental illness and housing instability. Built into the program are partnerships with all residential treatment facilities in the geography who have agreed to provide aftercare support to everyone referred, on site, as needed. This treatment first philosophy will help to ensure housing stability, continued recovery, and movement toward self-sufficiency. These partnerships have been in place for some time and extend to all CoC programs 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)

MS-503 has long-established partnerships with community mental health centers, crisis stabilization units, state psychiatric hospitals, substance use disorder treatment centers, as well as private behavioral health providers who refer eligible patients to the state's CHOICE program (Creating Housing Opportunities in Communities for Everyone) which has been in operation since 2016 statewide. The Collaborative Applicant (Open Doors Homeless Coalition) is both the statewide referral repository and a housing and services provider for the lower 20 counties in the state (including the CoC geography). The MOUs in place with all community mental health centers are reciprocal, which allow referrals to flow in both directions, ensuring that a referral from our CoC will result in an assessment/intervention, either through standard in-office appointment within 2 weeks or a mobile crisis (MCrt) immediate response. All interventions are SAMHSA-approved evidence-based practices. MCrt staff additionally are members of the CoC's multidisciplinary outreach teams, and can provide crisis response on the spot. Once the person is stable and referred, the CoC, through case conferencing, matches the person with the most appropriate housing available in the system, and the wrap-around behavioral health treatment follows the individual throughout the life of the program, whether the intervention is supported by conventional outpatient treatment, PACT (Program for Assertive Community Treatment) services with in-home medication management, peer support services, aftercare support from Home of Grace, or crisis services. Both housing case managers and behavioral health teams work in tandem to circle the wagons in the event of a crisis, and will involve a Crisis Intervention Team (CIT) trained law enforcement officer if necessary. The CHOICE program is one of the state's most successful programs because the partnerships have been built into the program intentionally, not as an afterthought. These partnerships provide broad mental health treatment across all of the CoC programs.

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)

Peer support is an integral part of the CoC's strategy to end homelessness and to provide a full array of supportive services to ensure stability of program participants. Peer support in the form of lived experience of homelessness, substance use disorders, and serious mental illness, from those in recovery who are certified by MS Department of Mental Health is critical to the success of those who are still in the early stages of recovery. Having access to persons who have been exactly where they are right now is an unparalleled resource to those in recovery. As previously stated, CMHCs provide peer support as well as their residential treatment facilities' aftercare programs. The CoC's PATH provider employs certified peer support specialists and in fact provides the training for the statewide certification process. Many members of the multidisciplinary outreach teams have lived experience as well, which enhances the relationship between provider and client at initial contact. These services follow the participant throughout their time in the CoC's housing programs. The CoC is hopeful, through this application's supportive services only projects, as well as supportive services budgets for housing programs, that our ability to provide increased peer support will be awarded.

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 primarily identifies individuals suffering from serious mental illness through partnerships created through the CHOICE program, which includes CMHCs, CSUs, state psychiatric hospitals, and substance use disorder treatment facilities. Sometimes the CoCs initiate involvement of the above entities; other times, referrals are made from those entities to the CoC if, during the behavioral health treatment relationship, unstable housing or homelessness is identified as a barrier to continued recovery. Other times, identification of a person with serious mental illness occurs in encampments during multidisciplinary outreach, because the teams are staffed by behavioral health providers, PATH providers with lived experience, and CIT trained law enforcement officers. Crisis response is provided on the spot, individuals are reconnected to any appropriate medication, become stable, and then will have a housing option that will support their continued recovery, thanks to the foresight of the developers of the state's CHOICE program ten years ago.

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)

MS-503 has included a letter of support from Harrison County Youth Court and their Family Intervention Court (in the Other section of the attachments) that describes the partnership to enhance the recovery of justice/CPS involved families to promote recovery, reunification, safety, and long term stability.

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)

MS-503 CoC coordinates with the Harrison County Youth Court and their Family Intervention Drug Court to support housing stability, family reunification, and movement toward independence for youth and families experiencing or at risk of homelessness. Through referrals, case coordination, and communication with designated court and service partners, including MDCPS-Mississippi Department of Child Protection Services, the CoC helps ensure that participants involved with the court are connected to appropriate housing and supportive services while addressing the underlying barriers that may contribute to housing instability. The CoC works with the Harrison County Youth Court and Family Intervention Drug Court to coordinate housing assistance with treatment, case management, parenting and family services, behavioral health services, employment and educational resources, and other community supports. When appropriate, information regarding housing status and service participation can be incorporated into case planning and coordinated with the court, consistent with confidentiality requirements and applicable releases of information. Court orders can provide an important mechanism for connecting families to needed services and maintaining accountability while participants work toward stable housing and greater independence. When a court order requires participation in treatment, counseling, parenting services, substance-use services, or other interventions, the CoC and its partners can help participants access those services and address practical barriers such as transportation, documentation, housing costs, and access to community resources. By coordinating housing assistance with the requirements and goals established through Harrison County Youth Court and Family Intervention Drug Court proceedings, the CoC helps reduce barriers to stable housing, supports family stability and reunification, and assists youth and families in developing the resources and skills necessary to maintain housing and move toward long-term independence.

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's Collaborative Applicant (Open Doors Homeless Coalition) has MOUs with Pine Belt Mental Healthcare Resources, South Mississippi Mental Health Center, and Singing River Services, who, together, cover the entire CoC geography. The partnership covers MCrt (Mobile Crisis Response Teams) and Crisis Stabilization Units (CSU). MS Dept of Mental Health manages 988 and this service is utilized by housing participants as needed.

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.	97

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

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC's Collaborative Applicant (Open Doors Homeless Coalition) has an MOU with Pine Belt Mental Healthcare Resources who operate 3 CMHCs, 1 CSU, and one SUD treatment facility within MS-503 geography. The partnership is reciprocal with referrals flowing in both directions. This is a formal partnership through both agencies with mutual coordination by MS Department of Mental Health.

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)

One of the CoC's long-standing partners and CoC funded agencies is Community Care Network who for 25 years has operated Sue's Home, a sober living transitional housing facility for justice/CPS-involved women (and their children) after completion of substance use disorder treatment. Another is Discipleship 33, a transitional housing program for men and women (separate campuses) who are complying with Drug Court orders. Both are applying for TH funding in this NOFO.

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)

MS-503 coordinates warm hand-offs among all programs discussed, and these partnerships are not new to the CoC and have been in operation for many years. This commitment is not new or due to a shift in HUD priorities. This commitment exists because it has been the right thing to do and the best way to serve our community. The CoCs commitment to serving the entire person - not only housing needs - has meant that the development of partnerships with CMHCs, state psychiatric hospitals, drug courts, sober living facilities, CPS, and others was of paramount importance. It is impossible to separate the effects of substance abuse, mental illness, domestic violence and other forms of trauma from the housing needs of individuals and families. Only through treating the whole person can there be a chance of success in either retaining housing or becoming self-sufficient productive members of society. Warm handoffs are a critical component of the CoCs case conferencing system as all providers regularly attend. These connections are made in person, and the needs of the referred are intimately discussed once releases of information are in place among the providers. For example, since the CoC has been gifted 2 beds per month at the Home of Grace, for persons experiencing homelessness, the best candidates are discussed and referred directly to Home of Grace staff at each bi-weekly meeting. Subsequently, once Home of Grace agrees to accept the person, the CoC agrees to house that person upon completion of the 3-month program to ensure that Home of Grace does not have to discharge that person who worked so hard on sobriety back into homelessness. All CoC providers have a deep and steadfast commitment to ensuring that never happens. As stated previously, the CoC believes it is our moral obligation to work in partnership in this way to best serve the most vulnerable in our community, and true partnerships only work when all entities hold up their end of the bargain every day.

1C-2. Supportive Services Investment.	
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Number

1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$3,094,404
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.	\$2,079,766
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	67%
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.	\$1,115,621
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).	103%

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%
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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)

Mississippi has one ESG recipient, the state's housing finance agency, Mississippi Home Corporation (MHC). MS-503 closely coordinates with MHC in the creation of the state's Consolidated Plan, annual action plans, and the subsequent ESG planning and award process. Each year the CoC reports to MHC on subrecipients' CoC membership and meeting attendance, their participation in coordinated entry, their timely HMIS submissions, and their data on returns to homelessness. MS-503 shares all system level data with MHC to assist in their planning processes. In fact, the CoC's primary contact at MHC, the VP of Federal Grants, has access to the CoC's HDX2 account, where LSA, HIC, PIT, and SPM data can be viewed in real time. MS-503 considers ESG as an important resource in the continuum of services available to extremely low-income households and those who are experiencing homelessness and/or housing instability. Many of the CoC-funded agencies, including the Collaborative Applicant, are also ESG subrecipients, and the CoC utilizes the resources allocated to subrecipients in the geography's overarching strategy to reduce and end homelessness in our area. ESG Homeless Prevention and Rapid Rehousing resources are an integral part of the CoC's case conferencing and Coordinated Entry process, and as soon as there is availability, eligible households, prioritized by need and vulnerability, are assigned to any resource opening available with the subrecipients. The process is seamless and awards are fully drawn down. The CoC's HMIS Administrator is responsible for ensuring quality data for each subrecipient's CAPER, and performs data quality checks on a regular basis. The CoC has a strong partnership with MHC and this relationship has been established for decades.

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)

MS-503 geography contains no dedicated emergency shelters other than those operated by the victim service provider, Gulf Coast Center for Nonviolence, who is a valued CoC partner and project grantee. By and large, GCCFN refers their participants from emergency shelter to their own housing programs to ensure confidentiality and safety. If however any of their participants require housing outside of their programs, the CoC is immediately notified and a warm hand-off is initiated. Since the community's emergency shelters were destroyed by Hurricane Katrina in 2005, the CoC has operated a direct to housing from homelessness approach, which despite its difficulties, has been largely effective in our community. The upside is that people do not languish in emergency shelters awaiting a bed. The downside of course is that people remain outside until housing options are available. Nevertheless, treatment options commence upon contact in the field while outreach workers also help participants order documents such as birth certificates, Social Security cards, ID cards, and any other documents required for program eligibility and housing. The Mississippi Gulf Coast also has a predominantly mild climate; but occasionally temperatures drop below freezing, necessitating the opening of cold-weather shelters for those experiencing homelessness or those who are without adequate heat. These shelters are operated by the American Red Cross in coordination with county or city-level emergency managers, and the CoC assists with ensuring the homeless population can access the shelters and visit at each opening to assess the people who arrive. The CoC has conducted PIT Count interviews at these locations for the past 2 years. The CoC makes every effort to connect the individuals with services prior to the shelter closing.

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)

MS-503 has a transparent process for sharing data with all state and local entities to assist in their planning processes. CoC staff attend every public hearing conducted by each of the 4 entitlement cities and the State of MS within the CoC's geography and provide all relevant data to assist in the jurisdiction's consolidated planning process and annual action plans. The CoC submits comments on the plans and assists in the implementation of those plans. The same process occurs with the State of Mississippi and its designated agencies, Mississippi Home Corporation and Mississippi Development Authority, in their consolidated planning processes. Mississippi Home Corporation, who manages the state's ESG allocations, has their own access to the CoC's HDX2 account and can pull any needed information at will. The CoC also provides the de-identified LSA, HIC, PIT, and SPM data to any interested party who requests that information, whether for grant-writing purposes or out of civic curiosity. This approach demonstrates the CoC's commitment to sharing data, soliciting opinions, and creating a space where new innovative strategies can be developed.

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)

MS-503 utilizes data from the State of Mississippi's Opioid overdose reports, law enforcement CIT reports (which are sent directly to an employee of the Collaborative Applicant who is a CIT-certified outreach liaison to law enforcement, coordinating treatment for CIT involved persons), as well as hospital data on admissions for those who frequently access emergency behavioral health services (through appropriate releases of information). The CoC uses these data alongside the by-name-lists and HMIS data to enhance the CoC's planning and strategies to not only serve those we encounter on outreach but the community at large. The CoC understands that it may only have one vantage point with which to view homelessness and housing instability in the community and that it is only through partnerships and relevant data sharing across systems, including anecdotal information, that it will be able to create a more comprehensive response to promote well-being for the entire community.

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 CoC's Collaborative Applicant (Open Doors Homeless Coalition) has a formal MOU with the Gulfport WIN Job Center (GPWJC), the area's local Workforce Investment Board location. The purpose of this partnership is to strengthen and enhance the services offered by Open Doors by incorporating the resources and expertise of the GPWJC to assist individuals along the Mississippi Gulf Coast in obtaining and maintaining sustainable employment. Services provided by both partners are offered free of charge to participants. It is expected that any working-age person who is able-bodied and not physically or intellectually disabled who receives services from any CoC-funded agency to register for and receive employment support from the WIN Job Center who will assist with skill-building and employment support. The CoC also has an MOU with MS Gulf Coast Community College's WIOA program and Adult learning programs which provide technical training, resume support and employment search. MS-503 firmly believes in leveraging such mainstream resources to support our participants' efforts toward self-sufficiency without relying on continued government-sponsored housing support. The MOU is attached in "Other" in the attachments.

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)

MS-503 coordinates with all law enforcement entities in our geography. One shining example of coordination with law enforcement is as follows: the CoC conducts regular outreach with members of the Gulfport Police Department (GPD). Officers join members of ODHC and travel to known encampments and areas where the homeless population is located. Officers introduce themselves by first name instead of identifying themselves as officers, even though they are in uniform, to make the interaction less traumatic. Officers are trained to identify the tell-tale signs of substance use and communicate observations to outreach personnel so they can work treatment into services. The presence of law enforcement also increases the safety of outreach workers. The co-response of law enforcement alongside housing and mental health professionals allows interactions to have safety guardrails in place. There are interactions when the homeless population is uncomfortable having strangers come to their encampments, but with the presence of law enforcement and outreach teams working together, the interactions work more smoothly. This lighter approach has enhanced communication and has provided GPD with an additional source of information related to illegal activities, resulting in identifying suspects in various property crimes, and has made the City of Gulfport safer through the assistance of identifying suspects for prosecution. These interactions have also given those experiencing homelessness relief by removing sometimes violent offenders from their midst. Given the large area encompassed by the City of Gulfport, 64 square miles of urban, suburban, and rural space, and the 2nd largest city in the State, the locations of homeless encampments can be spread across a large area. The combined use of police resources and information gathered by ODHC help locate encampments which would not have been known otherwise. This has increased the reach which has enhanced public safety by identifying more areas. The partnership has helped reunite members of the homeless population to services when they would not have been contacted by outreach personnel, having moved to a new encampment not previously known to the CoC. Reuniting members of the homeless population to services has had positive results in locating stable solutions for many. This model has proven highly successful in the greater Gulfport area. This response was cowritten with Gulfport Police Department.

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)

MS-503 and its partners assist individuals and families experiencing homelessness, as well as individuals residing in CoC-funded housing, with family and support-network reunification when it is determined to be safe, appropriate, and consistent with the participant's housing stability goals. Through case management and individualized service planning, CoC programs work with participants to identify family members and other supportive individuals who may be willing and able to provide assistance or a stable support network. Case managers assist participants in establishing or reestablishing contact with family members, their natural support network, by assessing available support systems, and developing a reunification plan that considers the participant's safety, housing needs, transportation needs, and other barriers. When reunification in another geographic area is appropriate, the CoC assists participants in coordinating with family members in the destination area. Staff coordinate the participant's transition to the new location. The CoC and its partners may also use flexible funds to pay travel and transportation costs such as Uber, Lyft and Greyhound bus tickets when those costs are a barrier to safe and appropriate family or support-network reunification. This may include purchasing transportation or providing other allowable assistance necessary for an individual or family to travel to a verified support network or another geographic area where appropriate housing and services are available. Case managers remain involved in the transition process to help ensure that the participant is connected with the receiving household and that appropriate supports are in place upon arrival. Reunification is pursued when it supports the participant's goals and does not place the participant or family members at risk. When family reunification is not appropriate or possible, case managers assist participants in identifying alternative supportive relationships and community resources that can strengthen their support network and promote long-term housing stability.

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

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

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

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

(limit 2,500 characters)

Attached are three letters of coordination from MS-503 geography's largest law enforcement agencies: Gulfport Police Department, Pascagoula Police Department, and Biloxi Police Department (attached in the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment). MS-503 also works closely with Harrison County Sheriff's Department and conducts special beach outreach on a regular basis with the CoC's CIT-certified staff member, connecting those encountered with mental health treatment if needed. MS-503 has always known that outreach work cannot be properly done to ensure the safety and success of all involved without the assistance of local law enforcement who are always the first responders with 24/7 intimate knowledge of the area's residents. These partnerships serve to promote wellbeing for persons experiencing homelessness as well as improve community wellbeing by clearing tents and encampments, decreasing public use of illicit drugs, which thereby reduces overdoses and associated deaths, and preserves public safety by reducing dangers to self and others among those experiencing homelessness. Long before President Trump issued Executive Order 14321 Ending Crime and Disorder on America's Streets, MS-503 CoC had these partnerships in place with law enforcement. This coordination, which has only improved over the years, is largely responsible for the CoC's recorded reduction in unsheltered homelessness of 46% between 2025 and 2026. Even before formal partnerships were in place, the CoC relied on law enforcement to assist in the community response to homelessness. Law enforcement has always assisted with PIT Counts, serving as captains in some areas, and really stepped up during the pandemic as the CoC struggled with continuing to serve households experiencing homelessness due to lock-down orders. First responders never had the benefit of "lock-down" and continued in their regular duties which were often exacerbated by the stressors created by the pandemic. CoC trained law enforcement officers to perform housing inspections, among other homeless service provider duties, and in this way the work of addressing the needs of unhoused residents continued while everyone else was at home social distancing. MS-503 has always championed the efforts of our law enforcement partners and credit them equally with any successes our CoC has achieved over the years.

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)

the common practice of clearing encampments in Gulfport is completed in accordance with City Ordinance Sec. 4-2. - Cleaning private property which states: The mayor and city council may have any parcel of land cleaned by cutting weeds; filling cisterns; removing rubbish, dilapidated fences, outside toilets, dilapidated buildings and other debris; and draining cesspools and standing water therefrom, as provided in Miss. Code Ann. 1972, Section 21-19-11.(Code 1963, §§ 13-6, 14-3). MS-503's partnership with the Gulfport Police Department has made it possible to quickly remove tents, encampments and debris associated with the homeless population. ODHC coordinates through the Gulfport Police Department to identify encampments which have had the occupants housed and have left behind areas in need of attention. Gulfport Police Department identifies these encampment locations to the Gulfport Public Works Department if the area is on public land and arranges for the clearing of debris. This has occurred at several locations throughout the City of Gulfport over the past years, including under bridges, alongside roadways, and near railroad crossings. One of these areas was under a bridge located near the intersection of 24th Ave and 27th Street. This bridge is maintained by the municipality and was identified as an encampment during outreach. Once the occupants were no longer living under the bridge, the Police Department notified the Public Works Department, and heavy equipment was utilized to clear the remaining debris. Today, the area under the bridge has been restored to its previous condition and is clear of debris. When the area is on private property, the Gulfport Police Department notifies the owner of the empty encampment and the Gulfport Code Enforcement Office, which is part of the Police Department, utilizes its resources to ensure the property is cleared quickly. One of these areas was identified as a vacant lot along Community Road, which was owned by a commercial retail shopping area. The occupants of the camp were housed through Open Doors Homeless Coalition, and the property owner was notified of areas needing attention. The property owners contracted a cleaning company to clear the debris, and the area is now an open area, clear of debris. This response was cowritten with Gulfport Police Department.

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)

Encampments in the MS-503 geography are largely “out-of-sight” and tend to be hidden. This is mostly due to citizen complaints and the implementation of Mississippi House Bill 1203 which amended MS. Code § 97-35-25 prohibiting camping on streets, sidewalks, public rights-of-way, and other public property. Encampments are mostly located within walking distance of a local soup kitchen in downtown Gulfport, and near the feeding locations in Biloxi. Encampments in Pascagoula are largely in the woods. There are several bridges which are also regularly visited by the homeless population for protection from inclement weather. These encampments are known to both Open Doors Homeless Coalition and the Gulfport, Biloxi, and Pascagoula Police Departments and checked regularly during outreach when CoC partners engage and attempt to clear the encampments by connecting the individuals to treatment and services. Other areas are near medical facilities and frequently located in and around the two prominent mental health facilities. When encountered at these locations, special care is taken to address any outstanding medical or mental health needs identified and individuals are referred to treatment and services due to partnerships with these facilities. After identifying the encampments and housing all eligible persons, the encampments are reported to law enforcement for appropriate action including demolition and clean-up. At present, there are 72 persons living in known encampments across the geography. This response was cowritten with Gulfport Police Department, Biloxi Police Department, and Pascagoula Police Department.

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)

This response again will focus on the geography's more urban area, the 2nd largest city in the state. Gulfport, MS does not have a front-facing problem of illicit drug use in public, but there is an issue with people being under the influence of illicit substances in public areas. Gulfport Police Department aggressively enforces MS Code 41-29-139, the Uniformed Control Substances Act, which covers possession, manufacture, cultivation, and trafficking of controlled substances. Many people contacted in the homeless population suffer from Substance Use Disorder and when identified, they are linked with treatment if possible. To date, there have been no instances where outreach personnel have identified controlled substance manufacture, sale, or trafficking evidence on outreach; however, the partnership with Gulfport Police Department ensures there are officers trained to detect those activities who would take enforcement actions if such a circumstance were to be identified. There have been numerous occasions where outreach has encountered people under the influence of illicit substances and have taken action to ensure the safety of the client and outreach workers by deferring to the accompanying law enforcement officers for intervention in criminal behavior. This plan is working and will remain in place in the future. The positive relationship and partnership with Gulfport Police Department ensures the correct avenue for the client is taken, whether that be immediate medical attention, referral to a treatment program, education programs related to substance use disorder, or criminal prosecution. At every step, the situation is evaluated for the safety of all parties involved. There are restrictive policies related to the inability to compel an individual to attend treatment, but the presence of CIT trained law enforcement officers allows the officer to take more direct action to compel treatment if a person is identified as being in crisis and unable to safely care for themselves. If the person is not in crisis but appears to be unable to safely care for themselves based on the use of illicit substances, law enforcement officers are empowered to take enforcement actions to ensure public safety, including involuntary A&D commitment. This response was cowritten with Gulfport Police Department.

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)

Again, this response focuses on the Gulfport area, the geography's largest city. Gulfport has seen a decrease in overdose death cases in the past year as Naloxone Hydrochloride, commonly referred to as Narcan, has become freely available to the public through various state sponsored programs. Packaging materials of Narcan are frequently seen at encampments, but rarely are the illicit substances being used in open public spaces. When observed, personnel conducting outreach take note of the presence of Narcan and begin their interview to help with substance use disorder. The availability of Narcan and the acceptance of its efficacy by the homeless population have made it a common sight in encampments. The homeless population will attempt to hide drug paraphernalia from public sight but seem more comfortable with the presence of a package of Narcan, leading to an increase in connections with substance abuse resources. This has most likely also led to a decrease in overdose deaths in the encampments as more clients are being served. To date, there have not been any active overdose events which have occurred when conducting outreach, but on several occasions, medical personnel have responded to medical needs unrelated to overdose. The presence of Law Enforcement on outreach would ensure there is a person trained to identify overdose behavior on the outreach and appropriate life-saving steps would be taken if needed. The Gulfport Fire Department and Gulfport Police Department continue to administer Narcan during active overdose events when located, which has also assisted with the reduction of overdose deaths in the local area. The training in administering Narcan by police officers has also allowed individuals the opportunity to link with resources. This response was cowritten with Gulfport Police Department.

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)

Common practice during outreach is the inclusion of Crisis Intervention Trained Officers who will take appropriate actions of involuntary committal if needed when a person is in crisis. Additionally, Open Doors Homeless Coalition participates in the Youth Homelessness Demonstration Program, and when circumstances involve youth who are at immediate risk, referrals have been made to Child Protection Services, usually with the assistance of local law enforcement, to ensure the immediate safety of juveniles in unsafe areas or situations. In addition to the use of the CIT program, if a person is not in crisis, but has considerable mental health issues which need attention, the Harrison County Chancery Court hears cases related to committals and immediate custody needs. Referrals from Open Doors Homeless Coalition would be routed through local law enforcement to be handled in the appropriate jurisdiction. On some occasions, the person in crisis is under the influence of illicit substances and immediate medical attention is needed. The CoC also employs a CIT-trained outreach liaison who makes immediate referrals to crisis services. When those circumstances are identified, the outreach personnel will ensure law enforcement is aware and emergency services are requested to respond to the scene. The partnership between Open Doors Homeless Coalition and the Gulfport Police Department is vital in connecting the homeless population with appropriate resources as the outreach teams locate people in need and the law enforcement presence not only provides safety to the outreach team but works with Open Doors to make certain the safest outcome is found. Open Doors Homeless Coalition has been responsible for multiple positive outcomes and arranged for not only linking the homeless population with stable housing resources, but also improved public safety, by linking subjects in various states of mental health crisis with emergency services when needed. This response was cowritten with Gulfport Police Department.

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)

During outreach and while attempting to locate persons experiencing homelessness, individuals are located who are subject to Adam Walsh Child Protection and Safety Act of 2006 and are required to be entered into the Sex Offender Registry pursuant to SORNA. When members of the homeless population are identified as being subject to SORNA, local law enforcement verifies their registration status using the National Crime Information Center. The information is protected and guarded appropriately by officers, as required by the FBI-CJIS rules, but following the identification to law enforcement, any subsequent violations are handled through the usual criminal justice proceedings. Whenever subjects are located on outreach who are identified as recently incarcerated or previously convicted of offenses of a sexual nature, they are required to update their locations with the appropriate monitoring authority, such as probation or parole agents or the Harrison County Sheriff's Office for SORNA compliance. When subjects are identified as being subject to SORNA and their compliance is verified, housing opportunities are assessed and provided as needed based on their needs. Those who are registered through SORNA come with unique requirements as housing locations must fall outside of restricted areas and comply with SORNA requirements. The Gulfport area has many Child-Centric locations, many of which are in areas where Open Doors Homeless Coalition has formed partnerships. Once approved and adequate housing is located and approved by the Sheriff's Office who is responsible for determining if locations meet SORNA requirements, the individual must update his/her registration information to ensure compliance is maintained and the accuracy of the SORNA database. Given the transient nature of the homeless population, locating stable housing and updating locations through SORNA provides a more accurate database, improving data quality for SORNA and allowing better tracking of individuals subject to such supervision. This response was cowritten with Gulfport Police Department.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC's outreach covers 100% of the CoC's geographic area through coordinated outreach among community-based agencies in all six counties. VA and SSVF providers conduct outreach in all six counties to identify Veterans experiencing homelessness. The CoC and its partners conduct street outreach in some form daily and collaboratively on a weekly basis. Each outreach team enters assessment information into HMIS and offer housing and services as they engage with people on the street, jails, encampments, and other outdoor spaces who are not likely to ask for assistance. Community partnerships ensure the CoC reaches all experiencing homelessness and work toward permanent solutions. Overall, street outreach exits to permanent destinations improved from 84% in 2025 to 85.7% in the 2026 Competition Report, an increase of nearly 2%. Through consistent engagement, the CoC's multidisciplinary outreach teams (MDOT) connect with people, including those least likely to request assistance. MDOT meets with people living in the woods or other places throughout the entire geographic area and quickly identifies and engages people experiencing homelessness. MDOT enters information in Coordinated Entry (CE) to contribute to the by-name lists maintained by the CoC. The CoC provides housing-focused outreach to assist people to move from homelessness to appropriate housing based on their needs. MDOT includes several homelessness service workers including PATH, mental health providers, CIT certified outreach staff, community health workers, and law enforcement agencies who engage people in a variety of locations. Collaboration with police departments ensures that all persons experiencing unsheltered homelessness are safely located, identified, and engaged, even if they are living deep in the woods. A successful example of collaborative outreach includes a partnership in the City of Gulfport that includes outreach staff, PATH outreach workers, mobile crisis response teams, who do on-site assessments, and the Police Department engaging weekly with persons in encampments. Night outreach is performed by the CoC twice weekly. Night outreach is used to locate and identify those individuals who call the CE phone line where staff are unable to verify literal homelessness in situ, so locations are gathered and reports are run from CE of HMIS. Night outreach staff visit the locations to locate the individuals. Once identified, these individuals are connected to appropriate services.

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)	Yes
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)

MS-503 has established a written policy in its policies and procedures manual that any CoC or ESG funded agency must inform individuals and families of their rights and eligibility for educational services covered under the McKinney Vento rules. The CoC and its members advocate for individuals and families to receive the educational services for which they may be eligible. The CoC's Collaborative Applicant, who is itself an ESG subrecipient, reviews each agency's written standards to ensure that each agency has the policy and at least annually reviews evidence to ensure the agency personnel follow the policy. The CoC reviews intake practices to ensure that the policy is implemented across the board by providers sharing and informing participants of this policy.

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)

MS-503 maintains collaborative partnerships with the Mississippi Department of Child Protection Services (MDCPS) in both Harrison and Jackson Counties, Harrison County Youth Court, and Canopy LINK to address the housing and supportive service needs of children, youth, and families involved with the child welfare system. Through referrals, coordinated case management, and ongoing communication, these partners work together to identify housing instability and connect families and youth with appropriate housing and supportive services. The CoC coordinates with MDCPS when children, youth, or families involved in the child welfare system are experiencing homelessness or housing instability. Housing assistance and supportive services are coordinated with child welfare case plans to address housing as a barrier to family stability, permanency, and reunification. CoC providers assist families with connections to case management, transportation, behavioral health services, substance use treatment, parenting resources, employment assistance, and other supports. Through its partnership with Harrison County Youth Court, the CoC coordinates housing and supportive services for youth and families involved with the Court. When appropriate, court-ordered services and requirements are incorporated into the participant's overall service plan. The CoC works with its Family Intervention Drug Court to help participants access housing, treatment, and other resources necessary to support compliance with court requirements and progress toward stable housing and independence. The CoC partners with Canopy LINK to support children, youth, and families who may need behavioral health, family support, and other services. This partnership strengthens the CoC's ability to connect families experiencing homelessness with services while addressing the underlying challenges that may affect housing stability and family well-being. Through these partnerships, the CoC seeks to prevent housing instability from contributing to family separation, support safe and timely reunification when appropriate, and ensure that children and youth remain connected to their families, schools, and communities. Coordination among MDCPS, Harrison County Youth Court, Canopy LINK, and CoC allows housing, child welfare, court, behavioral health, and services to be addressed together, promoting family stability, permanency, and long-term housing stability. The Canopy Link MOU is attached in the "Other" attachment.

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)

MS-503 has no RHY providers in our geography but coordinates with and have an MOU with Canopy Solutions who has a RHY program in another area of the state. If necessary, that program can be accessed and transportation arranged for runaway and homeless youth in our area. The primary partnership for this population remains with MS Department of Child Protective Services, who are often involved in cases of runaway and homeless youth, in addition to youth courts, with whom we have a partnership to quickly provide services through the CoC's YHDP programs to any youth in need of immediate housing and support services.

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)

Community Care Network's Sue's Home is a faith-based Transitional Housing and recovery program with 25 years of experience serving homeless mothers and children, including pregnant women. Participation in supportive services is required. Sue's Home integrates housing, recovery, employment, parenting and family-stability services to strengthen families, support reunification when applicable, and transition families to permanent housing.

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)

Community Care Network's Sue's Home combines Transitional Housing with required participation in intensive supportive services designed to help homeless mothers, pregnant women, and families with children increase earned income and become financially able to maintain permanent housing. Each participant develops an individualized Housing Stability Plan addressing employment, education, income, recovery, childcare, transportation, financial capability, and other barriers to self-sufficiency. Employment is a central component of the program. CCN partners with the WIN Job Center, Mississippi Gulf Coast Community College, Pascagoula Adult Learning Center, Moore Community House, and local employers to connect participants with job-readiness services, résumé and interview preparation, GED/HiSET completion, career and technical education, workforce training, industry-recognized credentials, postsecondary education, and employment opportunities. Participants also complete an initial five-week Work Life employment-readiness course through CCN's partnership with First Presbyterian Church of Ocean Springs. Sue's Home addresses barriers to employment by coordinating childcare, transportation, identification documents, healthcare, recovery and behavioral-health services, and mainstream benefits. Financial literacy is incorporated into required supportive services. Participants develop household budgets, establish savings accounts and build savings, and address outstanding fines and other financial obligations that could interfere with employment, housing, or successful community reentry. These activities prepare participants to manage rent, utilities, and other expenses independently. Sue's Home's faith-based recovery model supports economic and housing stability by helping women address substance use and other barriers contributing to homelessness, unemployment, incarceration, and family instability. Families typically complete Sue's Home and transition to permanent housing within approximately 12–14 months, well within HUD's 24-month Transitional Housing timeframe. In the past year, 100% of participants who exited moved to permanent housing, and 0% returned to homelessness during the measured period. Ninety-six percent of participants who exited increased employment income.

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)

Sue's Home uses a broad network of public, private, faith-based, and community resources designed to help families progress toward self-sufficiency rather than long-term dependence on a single funding source. Each family is assessed for eligibility for mainstream benefits and family-service programs, with CCN staff providing hands-on assistance accessing resources for which they qualify. CCN connects eligible families to TANF, SNAP, WIC, Medicaid, childcare assistance, SSI/SSDI when applicable, workforce-development programs, and State and Federal education and training resources. Staff assist with obtaining identification and documentation, completing applications, resolving eligibility barriers, and maintaining benefits while eligible. These resources help meet food, healthcare, childcare, income, and other essential family needs while CoC resources remain focused on housing and services necessary to overcome homelessness. Sue's Home also leverages partnerships with workforce and educational systems, healthcare and childcare providers, schools, Child Protection Services, Youth Court and other courts, and family-serving organizations. For mothers involved with CPS, CCN coordinates services that help them address case-plan requirements and work toward safe reunification with children in foster care. Some women enter Sue's Home following incarceration or through court involvement, and CCN works with justice-system partners to use the structure and accountability of court-supervised plans to support recovery, employment, family stability, and successful community reentry. Mainstream resources are supplemented by private foundations, businesses, financial institutions, churches, civic organizations, volunteers, and individual donors, which assist with transportation, food, clothing, childcare, financial education, household furnishings, and move-in needs. This braided approach combines government resources with private and community support while participants actively work toward greater independence. Through employment, required supportive services, financial literacy and savings, recovery, and individualized case planning, families build the income, assets, skills, and community connections needed to transition to permanent housing and sustain it with progressively less program assistance.

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)

Sue's Home combines Transitional Housing with required supportive-service participation for adult participants and individualized services and supports for their children. The program recognizes that a mother's housing stability, recovery, parenting capacity, and her children's well-being are interconnected. Each mother develops an individualized Housing Stability Plan addressing housing, recovery, employment, education, healthcare, childcare, parenting, financial stability, and other needs affecting long-term self-sufficiency. For pregnant women, CCN coordinates prenatal and women's healthcare, behavioral health, recovery services, and Plans of Safe Care to support healthy pregnancies, recovery, safe deliveries, and continuity of care for mothers and infants. Children are connected to pediatric and developmental services. CCN partners with a Registered Play Therapist, while trauma counseling and behavioral-health resources help address trauma affecting mothers, children, and the family unit. CCN coordinates childcare and childcare assistance so mothers can participate in employment, education, workforce training, recovery, healthcare, and required services. Parenting support, life-skills development, and case management help mothers strengthen parenting skills and create safe, stable homes. As a faith-based recovery program, Sue's Home provides opportunities for mothers and children to participate in church and faith-based activities together, helping families build positive relationships, community connections, and supportive networks that can continue after program exit. CCN collaborates with CPS, Youth Villages, Harrison County Family Intervention Court, Jackson County Youth Court, and other family-service and court partners. For families involved with child welfare or the courts, housing and supportive services are coordinated with case-plan and court requirements to address barriers to safe family reunification, including when children are in foster care. Education is addressed across generations: mothers access GED/HiSET, workforce training, credentialing, and postsecondary education, while CCN coordinates with schools and community partners to support children's educational and developmental needs. This whole-family approach helps mothers achieve recovery and self-sufficiency while creating the stability their children need to thrive.

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)

MS-503 has had a long-standing partnership with the Department of Veterans Affairs in Biloxi since 2013 when the partnership to end Veteran homelessness commenced. VASH staff and outreach workers attend monthly case conferencing with the CoC to ensure any Veteran who is sleeping outside is connected to services appropriate to his/her needs, which can include SSVF, VASH, or any other CoC or ESG program if necessary.

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)

MS-503 works closely with the geography's victim service provider, Gulf Coast Center for Nonviolence (GCCFN), a CoC-funded agency and ESG and DOJ recipient. GCCFN presents information and training to the full CoC membership at least annually. GCCFN staff regularly review CoC and ESG policies system-wide and lead the efforts to update policies regarding survivors and follows up on the implementation.

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)

MS-503 has strong partnerships with the Harrison County Jail and South MS Planning & Development District's RESTORE program who make referrals for those inmates or program graduates who meet the criteria of any of the CoC's programs. CoC staff are then granted entry into the jail to perform the assessments and gather documentation. If the inmate has an SMI, the social worker provides diagnoses so treatment can be transitioned at exit.

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)

MS-503 works closely with our FQHC's Healthcare for the Homeless program, and Back Bay Mission operates a Day Center that has a partnership with Memorial Hospital where resident physicians provide on-site healthcare services to the homeless who otherwise face barriers to accessing healthcare, including medical assessments, evaluation of acute health concerns, medication management, and referrals to primary care and behavioral health treatment. These services are provided biweekly.

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)

MS-503 works closely with Section 202 developments in the geography such as Carlow Manor who prioritizes applicants who are experiencing homelessness. Over 1/4 of PIT entries since 2024 were for persons 55 and older which necessitated a stronger strategy to provide a range of housing options for this population, many of whom are on fixed incomes. All outreach staff have the development's application paperwork, and when they encounter an older person, immediately apply for 202 housing.

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)

MS-503 is putting forward 2 long-standing, high-performing PSH programs that are dedicated to serving persons meeting the chronically homeless HUD definition in this application: Back Bay Mission's Home at Last PSH and Community Care Network's Pascagoula-Moss Point PSH 2026 . Both programs serve the community's most vulnerable disabled population with the longest histories of homelessness. These programs also both prioritize participants who are 55 and older who meet the chronic definition.

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)

Community Care Network (CCN) provides access to on-site behavioral healthcare through an established relationship with a Licensed Professional Counselor and Certified Alcohol and Drug Counselor who previously served on CCN staff and has experience providing behavioral health services to CCN clients. The counselor also brings relevant lived experience that strengthens her ability to engage participants facing homelessness, substance use, and other complex barriers. Because CCN's Permanent Supportive Housing project operates through scattered-site housing, the counselor is available to meet participants where they live and provide behavioral healthcare in their homes when appropriate. Services include assessment of behavioral health needs, counseling, substance-use support, and other behavioral health services within the scope of her licensure. This approach reduces transportation and other barriers that can prevent participants experiencing chronic homelessness from engaging in behavioral healthcare. The counselor coordinates with CCN case management staff to address behavioral health needs that may affect housing stability. When a participant requires psychiatric care, specialized treatment, or a higher level of care beyond the services she can provide, CCN assists with connection to appropriate community-based providers and coordination of follow-up care. This model brings behavioral healthcare directly to PSH participants while ensuring access to specialized services when additional treatment is needed.

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)

Back Bay Mission's Home at Last PSH program has a policy that directs case managers, upon referral and throughout tenancy, to ascertain, through medical examination if necessary, whether the participant can or should live independently. While case managers themselves are not qualified to make that determination, they direct participants to the proper examination to determine if assisted living, nursing home care, or residential treatment is required to maintain safety and appropriateness in the program. Utilizing the on-site resident physician who visits Back Bay Mission twice a month, or through accessing traditional medicine or substance use disorder counselors who have MOUs with the CoC, the participant is evaluated and next steps determined. Since only a medical practitioner can make a referral to assisted living or nursing home, that referral is thus made if the medical professional makes that determination and BBM staff help to facilitate the move. If residential treatment is determined as necessary to maintain the person's safety and to prevent disruption of tenancy, a warm hand-off to Home of Grace is facilitated. Because the program requires participation in supportive services, including substance abuse treatment, on-site or outpatient SUD treatment may be utilized first as a lower-level of care. If that does not prove effective, residential treatment will be offered, and if the participant refuses, they may face discharge from the program.

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)

Both CCN and BBM have policies that address evaluating participant readiness to move on to other forms of more appropriate housing. While all PSH residents require a documented disability per eligibility guidelines for chronic homelessness designation, not all will necessarily require the intensive case management that is provided to PSH participants, nor the ongoing subsidy provided by this program. If a participant has adequate support from mainstream resources such as a Medicaid waiver that provides meals on wheels or homemaker/personal care assistance in the home, and the participant's income is sufficient to cover market-rate rent and utilities, the participant is discharged from the program, with light-touch follow-up case management services provided to ensure continued housing stability for a period of 6 months. Other discharge destinations, such as to family, permanent tenure, are sometimes utilized if the participant has other support networks upon whom they can rely, once those relationships have been reestablished. In some instances, Section 202 or 811 housing options are utilized if the participant has been on the waiting list and his/her name comes up to receive a voucher. Those are the government programs designed to provide safe and affordable housing options for the elderly and/or disabled, and BBM and CCN use those options in order to free up the PSH unit for the next most vulnerable person who meets the chronic definition to be housed from the by-name-list. All of these strategies are working because nearly all participants exiting from MS-503's housing programs, according to the 2026 Competition Report, maintain their housing as the CoC returns to homelessness rate after 2 years is only 3.5% system-wide.

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.	09/27/2026
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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.	09/27/2026
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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.	08/07/2026
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.	08/07/2026
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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. MS-503's reallocation policy states that agencies may voluntarily reallocate their programs. It also states that if there are more applications than can be included in the CoC application to HUD, then the lower ranked projects, which are in general lower performing, can be reallocated to allow new projects with higher scores to move forward. The CoC has a commitment to ensuring that it only moves forward high performing programs. 2. The CoC ran the preliminary scoring for all renewals by scoring them with the appropriate 2026 scoring rubrics (which are attached). Since renewals are scored only on objective criteria, and not on the merits of any narrative, this was easily completed with data from HMIS and Sage (APRs). This process produced results that allowed the CoC to determine which projects would likely be renewed (based on the 60% Tier 1 line) and which projects would fall below that funding line. Local CoC priorities allow for the inclusion of system level projects such as HMIS and CES to be included in Tier 1, but those projects also have rubrics and were scored accordingly. The CoC then met with all funded partners to discuss the results, and all partners with projects falling below Tier 1 voluntarily agreed to reallocate their projects to new project types more closely aligned with HUD and NOFO priorities. This year's process allowed the CoC to identify lower-performing projects quicker and discuss reallocation sooner, therefore allowing the R&R committee to focus on reviewing new projects. 3. Yes, the CoC did in fact identify lower performing projects and moved to reallocate to new projects with higher scores that aligned with current HUD priorities. In total, MS-503 reallocated 10 projects totaling \$1,266,287 in CoC funding. 4. The CoC did reallocate lower performing and less-needed projects during the local competition so this question is "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)	AWARDS by Foothold Techonolgy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

(limit 2,500 characters)

1. Although not necessarily a change, unseasonably cold temperatures affecting our region on the night of the 2026 PIT Count, many members of our unsheltered population were able to access cold weather shelter beds operated by the counties and the American Red Cross, which changed how and where we counted. These beds are not normally part of the homeless system of care. MS-503 dispatched PIT volunteers to these shelter locations to conduct the count and encountered some individuals who were not known to our system, who were either new to the area or had been in locations not accessed by the multidisciplinary teams during weekly outreach. In addition to the count, assessments were conducted and these individuals were added to our by-name list and provided housing opportunities as available. MS-503 trained more volunteers for the 2026 count than in previous years. The increase in volunteers added capacity to the process which also increased coverage throughout the region for the 2026 PIT Count. 2. The changes to both the sheltered and unsheltered PIT count in 2026, by the availability of seasonal shelter beds (our only year-round shelter beds are operated by our VSP) and by the increase in the number of trained volunteers, likely contributed to an enhanced picture of homelessness in the geography and the decreases noted in both the sheltered and unsheltered counts from the previous year reflect genuine and full coverage of all locations, increasing the validity and reliability of the results. MS-503 believes that the 2026 count produced accurate results in documenting both sheltered and unsheltered homelessness and the Collaborative Applicant is thrilled to report reductions across the board, largely due to intense, multidisciplinary outreach efforts across the geography in addition to an increase in housing and treatment opportunities provided by faith-based partners throughout the year (Home of Grace and Discipleship 33). The reduction in sheltered homelessness from 2025-2026 was from 204 to 177 persons (a 13% decrease) and the reduction in unsheltered homelessness from 2025-2026 was from 167 to 96 persons (a 43% decrease).

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)

Through outreach, law-enforcement referrals, coordinated entry and housing navigation, flexible assistance, and ongoing collaboration with community partners, MS-503 CoC worked throughout 2025 to reduce the number of people residing in encampments from 189 persons to 102 persons, providing solutions for 87 persons, for a reduction of 46% during this one year period. For the purpose of these calculations, MS-503 defined "encampment" as individual tents or sleeping locations (not clusters of tents) identified and cleared from 1/1/25 to 12/31/25. These data are consistent with PIT data collected on 1/27/26 which identified 96 persons experiencing unsheltered homelessness, a 43% decrease from the 2025 PIT Count which identified 167 unsheltered persons. MS-503 CoC implemented a coordinated housing and treatment-focused approach to reduce the number of encampments and individuals residing in encampments. The CoC conducted weekly street outreach to known encampment locations and areas where individuals experiencing unsheltered homelessness were identified. Outreach staff established ongoing relationships with individuals, completed assessments, identified barriers, provided referrals, and connected individuals to available services. The CoC also maintained coordination with local law enforcement and other partners to receive referrals. These referrals allowed CoC outreach staff to follow up directly and offer assistance with navigation, mainstream benefits, and behavioral health and substance abuse treatment services based on need. The CoC prioritized housing placement by coordinating referrals through case conferencing utilizing by-name lists and assisting individuals with obtaining identification, benefits, transportation, housing applications, and other services necessary to overcome barriers to housing. When appropriate, flexible resources were used to address immediate barriers that could prevent an individual or household from accessing or maintaining housing or treatment. The CoC also worked collaboratively with participating agencies and community partners to identify available housing resources, coordinate services, and conduct follow-up with individuals after referral. These efforts increased opportunities for individuals residing in encampments to engage with the homeless response system and transition from unsheltered homelessness into appropriate housing and/or services, which often included reunification with their natural support networks.

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.	180
2. Enter the reduction in the number of encampments during your evaluation period.	95

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.	189
2. Enter the reduction in the number of people in encampments during your evaluation period.	102

** nbsp;**

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)

MS-503 did in fact show a 46% reduction in the number of encampments during our evaluation period throughout 2025. The CoC plans to continue to improve on our coordination with law enforcement and other members of our multidisciplinary outreach team to further reduce the number of encampments, persons in encampments, and all unsheltered persons across the CoC geography. The CoC has demonstrated further reductions thus far in 2026, and with the infusion of state-level and private dollars to address treatment and services, in addition to any new resources awarded through this NOFO, are on track to ultimately clear our geography's streets and woods, enhancing the life chances of those experiencing homelessness and improving the wellbeing of the entire community.

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)

Through an analysis of Coordinated Entry data and participant interviews, as well as available community data, risk factors for becoming homeless for the first time included evictions, extreme housing instability with more than 3 moves in six months, and/or a recent onset of a mental health disability or physical disability that renders the person unable to work but not connected yet to disability income. Since 2013, MS-503 CoC implemented a robust prevention program. Using ESG, CDBG, HOME-ARP, and Better Way to Give (philanthropic) funds, CoC partners assist households in avoiding evictions when possible. For example, from March 2021-August 2023, over 3000 households avoided evictions through Harrison County's Treasury ERA program, administered by the Collaborative Applicant. The work to assist households with extreme housing instability, particularly youth and families with children, has led to zero unsheltered children under 18 in the PIT counts for nine consecutive years. HMIS data show that 70% of the prevention funds have assisted single parent households, ensuring that families do not fall into homelessness. Where possible, the CoC partners connect people with disabilities to mental health and/ or primary health services as well as to SSA benefits, VOC-REHAB, and other systems to increase income. Nevertheless, the MS-503 geography constantly struggles with new persons entering the system each year, and unfortunately did not see a reduction on this measure, despite robust prevention. It has been determined that due to our location on the I-10 corridor and the fact that our climate is mild, persons often migrate to our area during the colder months, often in search of jobs at our local casinos. When these plans do not work out, they remain in the area. MS-503 outreach teams have implemented many strategies to assist those stranded here in getting back to their natural support systems using flexible funds for transportation once family members at home are contacted and have approved their return. This is done to prevent serving individuals who are not from this area with limited funds and to not artificially inflate our data on first time homeless counts. The plan to improve on this measure includes a partnership with Mississippi Center for Justice who provides the majority of eviction prevention work in our geography. If the CoC can learn of potential evictions prior to court eviction dates, it is possible to prevent more evictions into 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)

Per the 2026 Competition Report for our CoC, persons in Emergency Shelter and Transitional Housing experienced a median of 26 days homeless, which is less than the 70 days reported in 2025, therefore there was a reduction of 44 days, a 63% decrease. To reduce the length of time individuals and persons in families remain homeless, we identify persons experiencing unsheltered homelessness quickly and engage with housing and treatment-focused solutions as soon as possible. Outreach in some form occurs daily in the whole CoC. Outreach partners include Open Doors Homeless Coalition, VA, SSVF, PATH, faith-based programs, mental health providers, persons with lived expertise, YAAB members, and police departments dedicated to individualized housing and treatment outcomes. People's needs are assessed and they are matched with available services. Transitional housing has been complemented with rapid rehousing funding from ESG so individuals are able to move more quickly into permanent housing. The MS-503 CoC manages by-name-lists to get to know every person experiencing homelessness in the CoC geography. Persons experiencing homelessness are assessed in the field for vulnerability and length of time homeless. Families with children, youth, individuals with disabilities and high vulnerability, and people with the longest histories of homelessness are prioritized for housing by the outreach teams. Case conferencing occurs to refer people to programs. Housing is not limited to CoC resources. ESG and HOME-ARP Supportive Services and TBRA are used to rapidly move people from homelessness to housing and shortens stays in transitional housing. In addition, a state-funded housing program to address the needs of people living with mental illness (CHOICE) ensure that housing is possible based on individual need. These resources contributed to an overall decrease in the 2026 PIT Count, and the CoC is hopeful, with this NOFO that the SSO projects included in this application can further reduce length of time homeless in the MS-503 geography.

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?	92.87%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

The HMIS Administrator ran a system-wide, custom HMIS Report Builder Report on all PSH, RRH, and TH project discharges, and selected only the exit destinations of Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; and Owned by client, no ongoing housing subsidy as the filters. This report effectively filtered out all other exit destinations, producing a nearly 93% discharge rate to the above-referenced destinations. For the past two years, access to subsidized housing has been severely limited as waiting lists have not opened in some time; therefore, this exit destination report squares with anecdotal evidence as to what is happening on the ground and MS-503 is confident in this percentage as accurate. In addition, 2026 SPM data show a 96.8% rate of successful exits to permanent housing destinations and retention of housing from all PH projects, from which it could therefore be deduced that the difference of 3.93% were discharges to some other form of subsidy. As far as exits from ES/TH/PH-RRH (SPM Metric 7b.1) are concerned, the CoC has demonstrated that it meets NOFO threshold of 50% with MS-503 exits firmly at 85.3% of all participants exiting to permanent housing destinations.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	0	48	48	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	29	21	50	100.00%
4. Rapid Re-Housing (RRH) beds	158	123	281	100.00%
5. Permanent Supportive Housing (PSH) beds	57	0	57	100.00%
6. Other Permanent Housing (OPH) beds	63	25	63	71.59%

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

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

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

(limit 2,500 characters)

1. The CoC made the decision to include OPH beds funded by HOME-ARP Tenant Based Rental Assistance (TBRA) in the Housing Inventory Count to more accurately reflect the range of housing options available in the community and to track movement off of by-name-lists into this housing type. However, the HOME program does not require (nor reimburse for) HMIS activity. Therefore, while the beds are counted per monthly agency reports, and accurately reflect usage on the night of the PIT, the agency programs and occupancy information are not in HMIS due to vendor fees and associated costs related to data entry which are not eligible expenses under HOME. In the future, if HUD directs as such, we can remove these beds from the HIC which would result in a 100% coverage rate for OPH beds.

3A. Policy Initiatives

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

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

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2026
06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/27/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/25/2026

08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/25/2026
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Your CoC's Policy...	09/25/2026
11. Other	No	OTHER	09/28/2026
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH/RRH/PS...	09/25/2026
09. 3A-2a. Project List for Other Federal Statutes	No	Project List for ...	09/25/2026

Attachment Details

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

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone Preference Points

Attachment Details

Document Description: Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description: OTHER

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Abuse Treatment

Attachment Details

Document Description: Project List for Other Federal Statutes

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/27/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/24/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

MS-503-Gulfport/Gulf Coast Regional CoC

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

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List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment	2

List of CoC Program Projects and Number of Units Requiring Substance Abuse Treatment

	Project Name	Number of Units
1	CCN YHDP Renewal 2026 TH>RRH	6
2	CCN Pascagoula-Moss Point PSH 2026	9
3	BBM HAL 2026 PSH	10
4	ODHC YHDP 2026 RRH	8
5	BBM HAL 2026 RRH	8
6	GCCFN Rapid Rehousing Project 1	16
7	CCN Breakthrough Youth TH	8
8	GCCFN Transitional Housing Project	16
9	MHASHM Transitional Housing FY 2026	4
10	CCN 2026-Sue's Home Transitional Housing	10
11	Discipleship 33 2026 Transitional Housing	2
	Total	97

MS-503 CoC has a total of 97 CoC-funded units that require Substance Abuse Treatment. MS-503 CoC counted nine (9) individuals who "claimed" they had a Substance Use Disorder in its 2026 PIT Count. We have found that many people do not necessarily answer this question truthfully. Nevertheless, there are more units with a substance abuse treatment requirement as a condition of continued participation than the number of people who claimed this disorder during the 2026 PIT Count.

MS-503-Gulfport/Gulf Coast Regional CoC

**Language from Project Supportive Service Agreements
Question 1C-3.**

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COMMUNITY CARE NETWORK, INC.

TRANSITIONAL HOUSING SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

Participant Name: _____	Program: _____
Enrollment Date: _____	Case Manager: _____

1. Purpose

Community Care Network, Inc. (CCN)/ Sue's Home provides Transitional Housing and supportive services to help individuals and families experiencing homelessness achieve housing stability, increased income, improved well-being, and successful transition to permanent housing. This agreement establishes individualized supportive-service participation expectations.

2. Individualized Service Plan

CCN and the participant will jointly develop and regularly review an individualized Housing and Service Plan based on the participant's **needs, strengths, barriers, and goals**.

Services may be included in-house or provided by a partner agency:

- Case management, housing stability planning, housing search, and permanent-housing preparation;
- Employment, job search, job training, education, GED, or vocational activities;
- Mental health, substance use disorder, recovery, counseling, peer-support, or behavioral health services;
- Life-skills, budgeting, parenting, healthcare, benefits coordination, volunteer activities, and other approved services.

3. Participation Requirement

The participant agrees to actively engage in services identified in the individualized Service Plan. **CCN staff will develop a schedule designed to provide at least 20 hours per week of qualifying supportive service, employment, education, training, treatment, volunteer, or other approved activities, as applicable.**

For employed participants, CCN may adjust or prorate participation consistent with applicable HUD requirements and guidance. Requirements will be individualized and will consider employment, disability, health, family responsibilities, service availability, and

other documented circumstances. No participant will be required to participate in a disability-related service as a condition of housing when prohibited by federal law or HUD requirements.

4. CCN Responsibilities

- Provide or coordinate appropriate supportive services and regular case-management contact;
- Assist the participant in establishing realistic housing, employment, income, education, health, and self-sufficiency goals;
- Document participation and progress in the case record and HMIS;
- Review and modify the Service Plan as circumstances change, provide reasonable accommodation as required by law, and assist with transition to permanent housing.

5. Participant Responsibilities

- Work cooperatively with CCN staff to develop and carry out the individualized Service Plan;
- Attend scheduled meetings, services, and activities or notify staff when unable to attend;
- Provide information reasonably necessary to document eligibility and participation and report significant changes affecting the Service Plan;
- Actively work toward permanent housing and the goals established in the individualized Service Plan.

6. Noncompliance and Due Process

If the participant is unable to meet agreed-upon participation requirements, CCN will first work with the participant to identify barriers, provide appropriate assistance, and revise the Service Plan when warranted. Failure to participate will not result in automatic termination. Any termination of assistance will follow applicable HUD requirements, CCN's written termination and grievance procedures, reasonable-accommodation requirements, and applicable federal protections, including appropriate notice and an opportunity to appeal.

7. Acknowledgment

By signing below, the participant acknowledges that this agreement has been explained, questions have been answered, and the participant agrees to actively participate in individualized services and activities established with CCN. This agreement is part of the

participant's program record and does not replace the Transitional Housing Occupancy Agreement or other required program documents.

Participant Signature: _____	Date: _____
CCN Case Manager Signature: _____	Date: _____
Program Director/Supervisor: _____	Date: _____
Service Plan Review Date: _____	

MS-503-Gulfport/Gulf Coast Regional CoC

Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety Question 1C-10.

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Billy Hewes
MAYOR

GULFPORT POLICE DEPARTMENT

OPERATIONS BUREAU

MAYOR COUNCIL FORM OF GOVERNMENT
2220 15TH STREET
P.O. DRAWER "S"
GULFPORT, MISSISSIPPI 39501
228.868.5959



Nicholas Olds
CAPTAIN

Date: June 3, 2026

To: U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410

Subject: Letter of Collaboration and Support – Open Doors Homeless Coalition and Continuum of Care Network

To Whom It May Concern,

I am writing on behalf of the Gulfport Police Department to express our strong support for and continued partnership with the Open Doors Homeless Coalition. Our agency collaborates closely with the Coalition to address homelessness in the City of Gulfport, ensuring that vulnerable individuals are connected with vital resources and sustainable housing solutions.

Our partnership is defined by consistent communication, active participation, and coordinated community outreach. Specifically, the Gulfport Police Department collaborates with the Open Doors Homeless Coalition through the following initiatives:

- **Monthly Joint Outreach:** On a monthly basis, Gulfport Police Officers accompany members of the Coalition into the community to engage directly with locally unhoused persons. These joint operations allow us to safely build rapport, assess immediate needs, and actively link individuals to critical resources and shelter options. Officers participating in outreach have received training to identify indicators of illicit drug use and work with outreach personnel to connect individuals with treatment for Substance Abuse Disorders. To date, there have not been any contacts where there was suspected drug trafficking or manufacture, but the officers involved in outreach are trained to handle any such instance.
- **Monthly Coalition Meetings:** Members of our department consistently attend the Coalition's monthly meetings. This regular attendance fosters inter-agency transparency and ensures our law enforcement objectives align with community-wide housing initiatives.
- **Case-Specific Feedback:** During these monthly meetings and throughout the month, our personnel provide constructive feedback on specific cases. By sharing observations from the field, we work collaboratively with Coalition advocates to tailor's interventions and achieve the best possible outcomes for individuals seeking housing assistance.
- **Cooperation for public safety and protection of the community:** The collaboration between the Open Doors Homeless Coalition also serves to increase public safety creating additional opportunities to locate, identify, and verify subjects' registration in SORNA if applicable. During outreach, officers have identified wanted subjects and taken appropriate

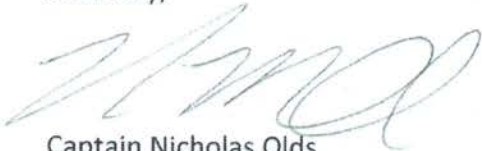
enforcement actions while also ensuring the safety of outreach personnel. In conjunction with assisting with housing opportunities, the Gulfport Police Department is in contact with Gulfport Code Enforcement and Public Works Departments to remove unsightly debris and any hazardous materials associated with encampments. Additionally, subjects contacted who have children have been referred to Child Protective Services as necessary to ensure safety.

This collaborative approach has significantly enhanced our department's ability to respond compassionately and effectively to individuals in crisis. By combining the expertise of the Open Doors Homeless Coalition with the community presence of the Gulfport Police Department, we have streamlined the path from the streets to supportive services, ultimately reducing the strain on emergency response resources, improving community well-being, and public safety.

The Gulfport Police Department is deeply grateful for the Open Doors Homeless Coalition's steadfast commitment to our population. We fully intend to continue this vital partnership and expand its positive impact on the City of Gulfport.

Thank you for your time, consideration, and ongoing investment in community-based solutions for our unhoused citizens.

Sincerely,

A handwritten signature in blue ink, appearing to read 'N. Olds', written over a light blue horizontal line.

Captain Nicholas Olds

Gulfport Police Department

Police Chief
Christopher Deback



Biloxi Police Department
170 Porter Avenue
Biloxi, Mississippi 39530
Office: 228.435.6100
www.biloxi.ms.us

To Whom it May Concern,

The Biloxi Police Department is proud to stand alongside the Open Doors Homeless Coalition in our shared mission to combat homelessness in our city. Through our close collaboration, we are able to meet vulnerable individuals where they are, connecting them with life-changing resources and pathways to permanent housing. We value this continued partnership deeply.

Consistent communication and coordinated outreach are the cornerstones of our partnership. Working together has profoundly enhanced our officers' ability to respond to individuals in crisis with true compassion and care. By combining the deep expertise of the Open Doors Homeless Coalition with the daily community presence of the Biloxi Police Department, we are building a more direct bridge from the streets to vital support services. Open Doors remains an invaluable partner in our shared goal to uplift our most vulnerable residents and improve the well-being of the entire community.

We are incredibly grateful to the Open Doors Homeless Coalition for their unwavering dedication to our most vulnerable residents. Moving forward, we are excited to strengthen this vital partnership and expand its positive reach throughout Biloxi. Thank you for your time, leadership, and continued collaboration.

Sgt. M. Ladner #46

A handwritten signature in black ink, appearing to read "M. Ladner #46". The signature is fluid and cursive, with the number "46" clearly visible at the end.



Pascagoula Police Department

P.O. Drawer 1385, Pascagoula, MS 39568-1385

Phone: 228-762-2211 Fax: 228-938-6745

Terry Scott, Chief of Police

Terry Scott
Chief of Police
Pascagoula Police Department
Pascagoula, Mississippi

December 10, 2025

U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410

I am writing on behalf of the Pascagoula Police Department to express our sincere appreciation for our partnership with Open Doors Homeless Coalition in serving our homeless community. Over the course of our collaboration, your organization's support has been instrumental in helping us connect individuals in crisis with stable housing, shelter, food assistance, and long-term support services.

Our partnership with your organization is supported by regular communication and coordinated outreach. Members of our department—including myself—communicate with your staff multiple times each week. When officers encounter individuals experiencing homelessness, they initiate the connection by gathering basic information, identifying immediate needs, and submitting referrals directly to your representatives. Your organization promptly responds with available resources or next steps, enabling us to act swiftly and avoid leaving individuals without assistance.

This frequent and responsive communication has created an efficient process that benefits the entire Pascagoula community. Individuals who are vulnerable or unsheltered are connected to services sooner, officers can intervene more effectively during crisis situations, and the overall strain on emergency response resources is reduced. Through this partnership, we have seen significant improvements in both individual outcomes and community well-being.

I would also like to highlight the outstanding work of Ms. Cathy Pitalo, whose involvement has elevated this partnership to an exceptional level. Ms. Pitalo has streamlined communication between our agencies, ensured referrals move quickly through the system, and consistently followed up on cases to ensure no individual falls through the cracks. Her professionalism,



"To Protect and Serve"



Pascagoula Police Department

P.O. Drawer 1385, Pascagoula, MS 39568-1385

Phone: 228-762-2211 Fax: 228-938-6745

Terry Scott, Chief of Police

compassion, and dedication have made our joint efforts more efficient and more effective. She has become a trusted point of contact for our officers and an invaluable advocate for the people we serve.

The Pascagoula Police Department is grateful for your organization's steadfast commitment to supporting our homeless population and for the strong working relationship we have built together. We look forward to continuing this partnership and expanding its positive impact on our community.

Thank you again for your service, your collaboration, and your investment in the well-being of the City of Pascagoula.

Sincerely,

A handwritten signature in blue ink that reads "Terry Scott".

Terry Scott, Chief of Police



"To Protect and Serve"



GULFPORT POLICE DEPARTMENT

FIELD CASE REPORT SUPPLEMENT

CASE# 2026-00023692

EVENT	SUPPLEMENT DATE/TIME 03/10/2026 07:52	LOCATION OF OCCURRENCE	
	CASE STATUS/DATE	CASE DISPOSITION/DATE	EXCEPTIONAL CLEARANCE/DATE

OFFENSES	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COUNT

SUBJECT	JACKET/SUBJECT TYPE Adult	NAME (LAST, FIRST MIDDLE SUFFIX) [REDACTED]					
	DOB 04/19/1989	ADDRESS (STREET, CITY, STATE, ZIP) HOMELESS GULFPORT, MS 39501					
	RACE Black	SEX Male	HEIGHT 6'2"	WEIGHT 180	HAIR BLK	EYE BRO	
	DL NUMBER/STATE [REDACTED]	PRIMARY PHONE Home (601)447-5516		PHONE #2		PHONE #3	

SUBJECT	JACKET/SUBJECT TYPE	NAME (LAST, FIRST MIDDLE SUFFIX)				
	DOB	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER/STATE	PRIMARY PHONE		PHONE #2		PHONE #3

SUBJECT	JACKET/SUBJECT TYPE	NAME (LAST, FIRST MIDDLE SUFFIX)				
	DOB	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER/STATE	PRIMARY PHONE		PHONE #2		PHONE #3

REPORTING OFFICER OLDS #010	DATE 03/10/2026	REVIEWED BY CLARK, KELLEY
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GULFPORT POLICE DEPARTMENT

FIELD CASE REPORT
SUPPLEMENT

CASE# 2026-00023692

SUPPLEMENTAL NARRATIVE

On Tuesday, March 10, 2026, at approximately 7:52 a.m., Captain Olds was conducting outreaches with the homeless community as part of a partnership with the Open Doors Homeless Coalition. Captain Olds located [REDACTED], also known as "[REDACTED]", in a homeless camp in the area.

The homeless outreach program is a non-enforcement outreach which attempts to identify individuals experiencing homelessness and link them with local resources to assist with finding housing. During these outreaches, individuals are not normally checked for warrants by assisting officers. On this occasion, Captain Olds recognized [REDACTED] as the possible suspect from a residential burglary which had occurred in the same general area, the day before. The description was a Black Male in his 30's with hair grown out to a couple inches, but also a slightly receding hairline.

When Captain Olds approached the camp in the wooded area, north of 32nd Street, west of Gulf Avenue, there was movement in the camp, but as Captain Olds announced himself and advanced towards the camp, the movement ceased. Captain Olds announced himself again and stated he was there with representatives from the outreach, a male in a tent appeared to wake and exited to speak with Captain Olds. While the outreach people were walking up and announcing themselves, [REDACTED] emerged from under a tarp behind a tent and came to speak with the outreach representatives. Captain Olds noted the area where [REDACTED] emerged from was the same area he had seen the motion in the camp as he approached. Captain Olds also noted [REDACTED] matched the description of the suspect from the burglary.

Captain Olds called to other officers on shift to respond to the camp to assist. [REDACTED] accompanied Captain Olds out to the roadway where he was met by Officers who placed him into custody to be interviewed. Captain Olds went back into the camp to look at the area where [REDACTED] was hiding. Upon walking to the back of the tent where [REDACTED] stood up, Captain Olds observed a debit card on the ground and alerted Officers to photograph the debit card and collect it.

Captain Olds had no further involvement.

REPORTING OFFICER

010 OLDS

DATE

03/10/2026

REVIEWED BY

CLARK, KELLEY 03/10/2026

MS-503-Gulfport/Gulf Coast Regional CoC

**Local Competition Scoring Tool
Question 1D-1.**

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2026 MS-503 CoC HUD Continuum of Care Scoring Rubric-All Renewals

Organization: _____

Project Name: _____

Capacity: up to 25 points – ALL PROJECTS

Does the project meet threshold requirements of experience with federal, state, or local funds and SAM registration?

YES: project is eligible to be scored, **NO:** project is not eligible to be scored

Evidence (APR data) that funds were spent down (at least quarterly) in previous HUD programs: **100%=3 points, 99%-70%=2 points, 69%-50%=1 point, 49% and below=0 points** _____

Participation in Coordinated Entry (not required for DV providers)-if not applicable full points awarded: **100%=8 points, 99%-60%=5 points, 59%-30%=3 points, 29% or less referrals accepted from CE=0 points** _____

Evidence of timeliness in HMIS (0-6 days): **75% of start and exit records completed within 0-6 days=4 points; 74-60% of records completed within 0-6 days=2 points; 59% and below of start and exit records completed within 0-6 days=0 points** _____

Evidence of accuracy (data quality) in HMIS: **3% or less data quality issues=4 points, 4% or less data quality issues=3 points, 5% or less data quality issues=2 points, 6% or more data quality issues=0 points** _____

No unresolved HUD monitoring findings: **3 points** _____

Annual Performance Report (APR) timely submission: **3 points** _____

Fit with the System/ Cost Effectiveness: Up to 25 Points – ALL PROJECTS

The services provided are cost effective consistent with 2 CFR 200.404: **Up to 10 points** _____

Coordination with the system, including participation in case conferencing (with exception of DV projects where strong referral-based system provides evidence of coordination): **Up to 15 points** _____

CHOOSE PROGRAM OUTCOME SECTIONS BELOW DEPENDING ON PROJECT TYPE:

1) Program Outcomes for PSH, RRH, TH->RRH, and SSO Projects: Up to 50 Points

Exits to Permanent Housing: **85% or greater=15 points, 77%-84%=8 points, under 77%=0 points** _____

Returns to Homelessness: **0%=10 points, 1%-4%=5 points, over 4%=0 points** _____

Increases in Income at Exit: **50% or more=15 points, 30%-49%=8 points, under 30%=0 points** _____

Time Homeless from referral to housed: **15 days or less=10 points, 16-29 days=5 points, over 30 days=0 points** _____

OR

2) Program Outcomes for Coordinated Entry (CE): Up to 50 Points

Percentage of households assessed: **100%-85%=20 points, 84%-70%=15 points, 69%-50%=7 points, below 50%=0 points** _____

Percentage of households prioritized for eligible project types: **85%-50%=20 points, 49%-40%=10 points, 39%-20%=5 points, below 20%=0 points** _____

Of households prioritized, percentage that received a successful referral: **100%-85%=10 points, 84%-50%=5 points, below 50%=0 points** _____

2026 MS-503 CoC HUD Continuum of Care Scoring Rubric-All Renewals

Organization:_____

Project Name:_____

OR

3) Program Outcomes for Homeless Management Information System (HMIS): Up to 50 Points

HMIS implementation covers 100% of geography (with exception of DV providers): **20 points**_____

HMIS Administrator ensures DV providers provide bed data for HIC and that that DV provider utilizes an HMIS compatible system: **10 points**_____

All HMIS data (LSA, HIC, SPM) have timely submissions to HUD: **10 points**_____

HMIS Administrator sets up Project Descriptor Data Elements (PDDEs) and reviews PDDEs at least quarterly:
5 points_____

HMIS Administrator reviews Data Quality reports at least quarterly and works with providers to improve data quality:
5 points_____

BONUS:

Renewal project will require participation in supportive service agreements (participation in case management, mental health treatment, substance abuse treatment, employment training, etc.) in new grant year with agreement available by August 10, 2026: **2 points**_____

2026 MS-503 CoC HUD Continuum of Care Scoring Rubric for New Projects (TH)

Organization: _____

Project Name: _____

Capacity: Up to 25 points

Does the project meet threshold requirements set forth in the 2026 CoC NOFO including a SAM registration?

YES: project is eligible to be scored, NO: project is not eligible to be scored

Applicant has experience with the proposed population and in providing housing and/or services like that proposed in the project: **Up to 10 points** _____

Applicant has appropriate accreditation and licenses to provide services described in the application (if applicable). **If not applicable, award full points:* **Up to 5 points** _____

Applicant demonstrates experience using and leveraging federal dollars and/or other public funding, including timely reimbursements (if applicable), timely resolutions of monitoring findings (if applicable), sound financial management structures and timely reporting on existing funds: **Up to 5 points** _____

Applicant describes a plan for implementation of the program including a schedule of proposed activities for 60 days, 120 days and 180 days after grant award: **Up to 5 points** _____

New Project Rating Factors: Up to 75 Points

The services provided are cost effective consistent with 2 CFR 200.404: **Up to 10 points** _____

Demonstrates that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist participants to obtain and maintain housing. List of partners along with any MOUs already in place is provided: **Up to 10 points** _____

The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness in 24 months: **Up to 5 points** _____

The applicant has tracked returns to homelessness from their program(s) and can provide data on such returns: **Up to 5 points** _____

The applicant has demonstrated that it has partnerships in place (if needed) to increase employment income of participants prior to exit from their programs: **Up to 5 points** _____

The applicant has previously operated or currently operates transitional housing or another homelessness project that ensures that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant: **Up to 5 points** _____

The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP: **Up to 5 points** _____

Demonstrate that the proposed project will require program participants to take part in 20 hours per week of customized supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) with the ability to have a supportive services agreement (contract, occupancy

agreement, lease, or equivalent) in place by 8/10/26. The 20 hours per week may be reduced proportionately for participants who are employed. The 20 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder:
Up to 15 points _____

Substance Use Disorder Treatment Availability: The project provides on-site substance use treatment (this includes an on-site clinician providing substance abuse treatment services): **Up to 10 points** _____

Demonstrates the ability and willingness to participate in Coordinated Entry (with the exception of DV providers, unless the project being applied for is a DV Coordinated Entry project) and HMIS (or comparable database)– if not applicable full points will be awarded: **Up to 5 points** _____

BONUS:

Demonstrates that the project utilizes housing and healthcare resources (including substance abuse treatment, not funded through the CoC or ESG Programs, and that these leveraged resources provide at least 25 percent of the units included in the project:
Up to 2 points _____

2026 MS-503 CoC HUD Continuum of Care Scoring Rubric for New Projects (SSO)

Organization: _____

Project Name: _____

Capacity: Up to 25 points

Does the project meet threshold requirements set forth in the 2026 CoC NOFO including a SAM registration?

YES: project is eligible to be scored, **NO:** project is not eligible to be scored

Applicant has experience with the proposed population and in providing housing and/or services like that proposed in the project: **Up to 10 points** _____

Applicant has appropriate accreditation and licenses to provide services described in the application (if applicable): **If not applicable, award full points:* **Up to 5 points** _____

Applicant demonstrates experience using and leveraging federal dollars and/or other public funding, including timely reimbursements (if applicable), timely resolutions of monitoring findings (if applicable), sound financial management structures and timely reporting on existing funds: **Up to 5 points** _____

Applicant describes a plan for implementation of the program including a schedule of proposed activities for 60 days, 120 days and 180 days after grant award: **Up to 5 points** _____

New Project Rating Factors: Up to 75 points

The services provided are cost effective consistent with 2 CFR 200.404: **Up to 10 points** _____

Demonstrates that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) and the ability to provide a copy of proposed supportive service agreement (contract, occupancy agreement, lease, or equivalent) by August 10, 2026. Not required for CE projects (full points will be awarded): **Up to 15 points** _____

Demonstrates that the Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants: **Up to 15 points** _____

The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services: **Up to 15 points** _____

The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP: **Up to 10 points** _____

For SSO-Outreach Applications: (10 points)

Demonstrates the ability and willingness to participate in Coordinated Entry and HMIS (or comparable database): **Up to 3 points** _____

Demonstrates that the project has a history of or a plan to partner with first responders and law enforcement to engage people living in places not meant for human habitation, treatment programs, reunification with family, transitional housing, or independent living and said project will cooperate and not interfere with local laws against public camping and public drug use laws and is willing to assist first responders in their efforts to engage homeless individuals: **Up to 7 points** _____

For SSO-DV Coordinated Entry Applications: (10 points)

Demonstrates that the CE system will be easily available and reachable for all persons within the CoC's geographic area who are seeking homeless assistance. And will be accessible for persons with disabilities: **Up to 3 points**_____

Demonstrates the strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs: **Up to 2.5 points:**_____

How the applicant will create a standardized assessment process: **Up to 3 points**_____

How the project will ensure that program participants are directed to appropriate housing and services that fit their needs: **Up to 1.5 points**_____

BONUS:

Substance Use Disorder Treatment Availability: Does the project provide on-site substance use treatment (this includes an on-site clinician providing substance abuse treatment services):

Up to 2 points _____

2026 MS-503 CoC HUD Continuum of Care Scoring Rubric-All Renewals

Organization: Back Bay Mission

Project Name: BBM HAL 2024 PSH

97

Capacity: up to 25 points – ALL PROJECTS

Does the project meet threshold requirements of experience with federal, state, or local funds and SAM registration?

YES: project is eligible to be scored, **NO:** project is not eligible to be scored

Evidence (APR data) that funds were spent down (at least quarterly) in previous HUD programs: 100%=3 points, 99%-70%=2 points, 69%-50%=1 point, 49% and below=0 points 3

Participation in Coordinated Entry (not required for DV providers)-if not applicable full points awarded: 100%=8 points, 99%-60%=5 points, 59%-30%=3 points, 29% or less referrals accepted from CE=0 points 8

Evidence of timeliness in HMIS (0-6 days): 75% of start and exit records completed within 0-6 days=4 points; 74-60% of records completed within 0-6 days=2 points; 59% and below of start and exit records completed within 0-6 days=0 points 4

Evidence of accuracy (data quality) in HMIS: 3% or less data quality issues=4 points, 4% or less data quality issues=3 points, 5% or less data quality issues=2 points, 6% or more data quality issues=0 points 4

No unresolved HUD monitoring findings: 3 points 3

Annual Performance Report (APR) timely submission: 3 points 0

Fit with the System/ Cost Effectiveness: Up to 25 Points – ALL PROJECTS

The services provided are cost effective consistent with 2 CFR 200.404: Up to 10 points 10

Coordination with the system, including participation in case conferencing (with exception of DV projects where strong referral-based system provides evidence of coordination): Up to 15 points 15

CHOOSE PROGRAM OUTCOME SECTIONS BELOW DEPENDING ON PROJECT TYPE:

1) Program Outcomes for PSH, RRH, TH->RRH, and SSO Projects: Up to 50 Points

Exits to Permanent Housing: 85% or greater=15 points, 77%-84%=8 points, under 77%=0 points 15

Returns to Homelessness: 0%=10 points, 1%-4%=5 points, over 4%=0 points 10

Increases in Income at Exit: 50% or more=15 points, 30%-49%=8 points, under 30%=0 points 15

Time Homeless from referral to housed: 15 days or less=10 points, 16-29 days=5 points, over 30 days=0 points 10

OR

2) Program Outcomes for Coordinated Entry (CE): Up to 50 Points

Percentage of households assessed: 100%-85%=20 points, 84%-70%=15 points, 69%-50%=7 points, below 50%=0 points

Percentage of households prioritized for eligible project types: 85%-50%=20 points, 49%-40%=10 points, 39%-20%=5 points, below 20%=0 points

Of households prioritized, percentage that received a successful referral: 100%-85%=10 points, 84%-50%=5 points, below 50%=0 points

2026 MS-503 CoC HUD Continuum of Care Scoring Rubric-All Renewals

Organization: Back Bay Mission
Project Name: BBM HAL 2024 PSH Cont.

OR

3) Program Outcomes for Homeless Management Information System (HMIS): Up to 50 Points

HMIS implementation covers 100% of geography (with exception of DV providers): **20 points** _____

HMIS Administrator ensures DV providers provide bed data for HIC and that that DV provider utilizes an HMIS compatible system: **10 points** _____

All HMIS data (LSA, HIC, SPM) have timely submissions to HUD: **10 points** _____

HMIS Administrator sets up Project Descriptor Data Elements (PDDEs) and reviews PDDEs at least quarterly: **5 points** _____

HMIS Administrator reviews Data Quality reports at least quarterly and works with providers to improve data quality: **5 points** _____

BONUS:

Renewal project will require participation in supportive service agreements (participation in case management, mental health treatment, substance abuse treatment, employment training, etc.) in new grant year with agreement available by August 10, 2026: **2 points** _____

MS-503-Gulfport/Gulf Coast Regional CoC

**Local Competition Selection Results
Question 1D-2c.**

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Local Competition Selection Results

	Project Name	Score	Status	Rank	Requested Funding	Reallocated Funds
1	ODHC HMIS FY 2026	100	Accepted	1	\$104,351	\$0.00
2	ODHC Coordinated Entry FY 2026	100	Accepted	2	\$100,058	\$0.00
3	ODHC YHDP 2026 Coordinated Entry	100	Accepted	3	\$220,550	\$0.00
4	CCN YHDP Renewal 2026	100	Accepted	4	\$427,164	\$0.00
5	CCN Pascagoula-Moss Point PSH 2026	97	Accepted	5	\$178,809	\$0.00
6	BBM HAL 2026 PSH	97	Accepted	6	\$184,050	\$0.00
7	ODHC YHDP 2026 RRH	96	Accepted	7	\$181,744	\$0.00
8	BBM HAL 2026 RRH	94	Accepted	8	\$173,915	\$0.00
9	GCCFN Rapid Rehousing Project 1	93	Accepted	9	\$257,476	\$0.00
10	GCCFN SSO CE-DV Bonus	101	Accepted	10	\$336,634	\$0.00
11	CCN Breakthrough Youth TH	99.5	Accepted	11	\$247,976	\$0.00
12	GCCFN Transitional Housing Project	98.5	Accepted	12	\$492,310	\$0.00
13	GCCFN SSO Legal Services	93	Accepted	13	\$154,427	\$0.00
14	MHASM Transitional Housing FY 2026	89.5	Accepted	14	\$75,757	\$0.00
15	CCN 2026-Sue's Home Transitional Housing	99.5	Accepted	15	\$250,000	\$0.00
16	BBM SSO 2026	97	Accepted	16	\$193,843	\$0.00
17	MHASM Supportive Services Only FY 2026	96	Accepted	17	\$150,000	\$0.00
18	Fresh and Clean Program	87.5	Accepted	18	\$150,000	\$0.00
19	Discipleship 33 2026 Transitional Housing	76	Accepted	19	\$51,974	\$0.00
20	2026 Planning Grant		Accepted	Not Ranked	\$154,720	\$0.00
21	South Mississippi AIDS Task Force	74	Rejected	Not Ranked	(\$68,875)	\$0.00
22	EPIC Re-entryHousing Program	57	Rejected	Not Ranked	(\$171,382)	\$0.00
23	MHASM FY 2024 Renewal SHP		Fully Reallocated	Not Ranked	\$0	(\$75,757)
24	CCN Youth CoC Renewal 2024		Fully Reallocated	Not Ranked	\$0	(\$59,862)
25	Climb CDC RRH 2024		Fully Reallocated	Not Ranked	\$0	(\$166,084)
26	Climb CDC Drop In Center 2024		Fully Reallocated	Not Ranked	\$0	(\$81,892)
27	ODHC RRH 2024		Fully Reallocated	Not Ranked	\$0	(\$140,983)
28	GCCFN Rapid Rehousing Project 2		Fully Reallocated	Not Ranked	\$0	(\$492,310)
29	GCCFN Rapid Rehousing Project 3		Fully Reallocated	Not Ranked	\$0	(\$154,427)
30	Pathway To Hope		Fully Reallocated	Not Ranked	\$0	(\$94,972)

FY 2026 HDX Competition Report
Question 2A-8b.

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2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary
MS-503 - Gulf Port/Gulf Coast Regional CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25). **	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	☒	☒
Partially Usable	N/A								
Not Usable	N/A								

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

* Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As such, this category is marked "not applicable" (N/A) for every CoC.

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)		Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	58	8.3	1.0	
1.2 Persons in ES-EE, ES-NbN, SH, and TH	116	106.1	26.0	

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Average		Median	
	Universe (Persons)	LOT Homeless (bed nights)	LOT Homeless (bed nights)	
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	286	462.9	214.5	
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	344	421.8	212.5	

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Metric	Count	Count	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years		
			% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns		
Exit was from SO	98	2	2.0%	1	1.0%	6	6.1%	9	9.2%		
Exit was from ES	52	1	1.9%	0	0.0%	1	1.9%	2	3.9%		
Exit was from TH	56	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%		
Exit was from PH	287	2	0.7%	0	0.0%	4	1.4%	6	2.1%		
TOTAL Returns to Homelessness			493	5	1.0%	1	0.2%	11	2.2%	17	3.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HIMS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	116
Emergency Shelter Total	58
Safe Haven Total	0
Transitional Housing Total	58

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	22
Number of adults with increased earned income	11
Percentage of adults who increased earned income	50.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	22
Number of adults with increased non-employment cash income	9
Percentage of adults who increased non-employment cash income	40.9%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	22
Number of adults with increased total income	20
Percentage of adults who increased total income	90.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	52
Number of adults who exited with increased earned income	29
Percentage of adults who increased earned income	55.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 - Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	52
Number of adults who exited with increased non-employment cash income	15
Percentage of adults who increased non-employment cash income	28.9%

Metric 4.6 - Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	52
Number of adults who exited with increased total income	43
Percentage of adults who increased total income	82.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	94
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	91

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	389
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	28
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	361

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	154
Of persons above, those who exited to temporary & some institutional destinations	4
Of the persons above, those who exited to permanent housing destinations	128
% Successful exits	85.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 - Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	469
Of the persons above, those who exited to permanent housing destinations	400
% Successful exits	85.3%

Metric 7b.2 - Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	93
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	90
% Successful exits/retention	96.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	ALL ES, SH	ALL TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	58	58	108	616	469
Total Leavers (HMIS)	52	25	17	387	138
Destination of Don't Know, Refused, or Missing (HMIS)	26	0	0	0	0
Destination Error Rate (Calculated)	50.0%	0.0%	0.0%	0.0%	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

MS-503 - Gulf Port/Gulf Coast Regional CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MS-503 - Gulf Port/Gulf Coast Regional CoC
For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Removed From Denominator:		Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Removed From Denominator:		Adjusted*** Total Year-Round, Current, VSP Beds	HMIS Bed Coverage Rate for VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
			OPH EHV ¹ Beds or Beds Affected by Natural Disaster**	Total Year-Round, Current, Non-VSP Beds				OPH EHV ¹ Beds or Beds Affected by Natural Disaster**	Total Year-Round, Current, VSP Beds					
ES	48	0	0	0	0	NA	48	48	0	48	100.00%	48	48	100.00%
SH	0	0	0	0	0	NA	0	0	0	0	NA	0	0	NA
TH	50	29	29	0	29	100.0%	21	21	0	21	100.00%	50	50	100.00%
RRH	281	158	158	0	158	100.0%	123	123	0	123	100.00%	281	281	100.00%
PSH	57	57	57	0	57	100.0%	0	0	0	0	NA	57	57	100.00%
OPH	88	38	63	0	63	60.3%	25	25	0	25	100.00%	63	88	71.59%
Total	524	282	307	0	307	91.9%	217	217	0	217	100.00%	499	524	95.23%

- 1) ¹ EHV = Emergency Housing Voucher
- 2) * This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) ** This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) *** Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
- 5) Data included in these tables reflect what was entered into HDX 2.0.
- 6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/ Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Bed") or Seasonal Beds ("Total Seasonal Beds").
- 7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary
MS-503 - Gulf Port/Gulf Coast Regional CoC
For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/27/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	75	93	123
Safe Haven Total	0	0	0
Transitional Housing Total	70	111	54
Total Sheltered Count	145	204	177
Total Unsheltered Count	154	167	96
Total Sheltered and Unsheltered Count*	299	371	273

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	2	0	5
Total Unsheltered Count	3	2	1
Total	5	2	6

MS-503-Gulfport/Gulf Coast Regional CoC

**HUD-2996 Certification for Opportunity Zone Preference Points
Question 3A-1.**

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**Certification for Opportunity Zones
Preference Points**

**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 0.20 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 this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form 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 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 collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

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: MS-503 HUD Continuum of Care (Open Doors Homeless Coaliton-Collaborative Applicant)

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).

FY 2026 HUD Continuum of Care Notice of Funding Opportunity

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."

28109950600, 28045030100, 28045030300, 28047000100, 28047001400, 28047003206, 28047003301, 28047003404, 28047003600, 28047003800, 28047003900, 28059041300, 28059042900

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 federal funding awarded 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 Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Supportive Services Only projects described in this application will expand quality housing opportunities for low-income residents of the above-referenced Census tracts in Hancock, Harrison, Jackson, and Pearl River Counties in the State of Mississippi and will provide safe communities when those who are experiencing homelessness in these tracts are no longer on the streets or encampments and utilizing emergency response systems.

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: Dr. First Name: Dena Middle Initial: C Last Name: Wittmann Suffix: _____

Title: Executive Director Organization: Open Doors Homeless Coalition

Signature:  Date: 09/21/26

MS-503-Gulfport/Gulf Coast Regional CoC

**Your CoC's Policy or Statement to Advance Recovery
Question 3A-DP.**

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MS-503 CONTINUUM OF CARE RECOVERY AND SELF-SUFFICIENCY POLICY

Approved By: MS-503 Continuum of Care

Purpose

The MS-503 Continuum of Care is committed to helping individuals and families experiencing homelessness achieve recovery, permanent housing stability, and increased self-sufficiency through coordinated housing, treatment, healthcare, employment, and community services.

Policy

MS-503 will maintain a person-centered, trauma-informed, and recovery-oriented system of care. CoC-funded programs and community partners will work together to identify individual needs and connect participants with appropriate services that support housing stability and long-term independence.

Recovery and Service Connections

Through Coordinated Entry, case management, and community partnerships, MS-503 will promote access to:

- Substance use disorder treatment and recovery services;
- Mental health and behavioral health services;
- Peer recovery support and recovery navigation;
- Healthcare and crisis services;
- Employment and workforce development;
- Education and vocational training;
- Mainstream benefits and income supports; and
- Other services identified through individualized service planning.

Community Partnerships

MS-503 will strengthen collaboration with treatment providers, healthcare organizations, peer recovery organizations, specialty courts, workforce agencies, educational programs such as Job Corps, family-service organizations including Head Start and child welfare partners, faith-based organizations, and other community partners.

These partnerships will support timely referrals, coordinated services, and reduced barriers to treatment, employment, housing, and self-sufficiency.

Participant-Centered Approach

Services will be based on each participant's needs, strengths, goals, and preferences. MS-503 recognizes that recovery is an individual process and will support appropriate pathways to treatment, recovery, housing stability, and independence.

Accountability

MS-503 will review available performance information to evaluate connections to treatment and recovery services, employment and income, permanent housing, housing retention, and other indicators of stability. Results will be used to identify service gaps and improve MS-503 CoC's coordinated system of care.

Commitment

MS-503 is committed to providing a coordinated pathway from homelessness to recovery, permanent housing, and self-sufficiency through strong community partnerships and accessible, participant-centered services.

Name: Stacey Riley **Title:** CoC Board Chair

Signature:  **Date:** 6/15/2026

MS-503-Gulfport/Gulf Coast Regional CoC

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United States Senate
WASHINGTON, DC 20510-2405

COMMITTEE ON
APPROPRIATIONS

COMMITTEE ON
AGRICULTURE, NUTRITION,
AND FORESTRY

COMMITTEE ON
ENERGY AND
NATURAL RESOURCES

COMMITTEE ON
RULES AND
ADMINISTRATION

September 25, 2026

The Honorable Scott Turner
Secretary
U.S. Department of Housing and Urban Development
451 7th Street, S.W.
Washington, DC 20410

Dear Secretary Turner:

This letter is to express my support for Open Door Homeless Coalition's (Open Doors) application to the Department of Housing and Urban Development's (HUD) Continuum of Care Network grant program.

Based in Gulfport, Open Doors is a leading organization that addresses homelessness along the Mississippi Gulf Coast. Continuum of Care funding is an important resource that allows Open Doors to find solutions for individuals who are homeless, and the organization has demonstrated a commitment to using federal funds effectively. This funding has enabled Open Doors to take a strong proactive approach towards helping my constituents who have found themselves in desperate situations, and I am grateful for that. Such assistance includes connecting homeless individuals with the appropriate public resources, providing help for those escaping from domestic violence and partnering with local law enforcement. It is also encouraging to know that Open Doors supports the principles reflected in Executive Order 14321 which places increased emphasis on accountability in homelessness programs and prioritizes self-sufficiency.

My Gulfport Office staff speaks very highly of the leadership at Open Doors and how helpful they are in finding the best housing option for my constituents who have contacted us facing homelessness. Your close consideration of the merits of the application submitted by Open Doors for another round of Continuum of Care grant funding is greatly appreciated.

Sincerely,



CINDY HYDE-SMITH
United States Senator



HOME OF GRACE
PO Box 5009
Vance, MS 39565
(228) 826-5283
homeofgrace.org

[Date] 9/21/2026

Home of Grace is pleased to confirm our partnership with Open Doors Homeless Coalition to help individuals experiencing homelessness access substance use disorder treatment and recovery services.

Through funding made available by the opioid settlement grant, Home of Grace will award Open Doors Homeless Coalition **two scholarships per month** for qualifying individuals to participate in our **90-day inpatient treatment program**. Each scholarship is valued at **\$8,000**, for a total monthly value of **\$16,000**.

Open Doors Homeless Coalition may refer eligible individuals for consideration. All prospective participants must satisfy Home of Grace's admission requirements and complete the standard screening and enrollment process. Scholarship awards are subject to program availability, grant requirements, and continued funding.

This partnership reflects our shared commitment to reducing the impact of opioid use disorder, addressing barriers to treatment, and helping individuals build a foundation for lasting recovery and stability.

We value our partnership with Open Doors Homeless Coalition and look forward to working together to serve those in need.

Sincerely,

[Name] **Ronnie Arant**

[Title] **Residential Program Director**

Home of Grace

[Phone Number] 228-382-4547

[Email Address] rarant@homeofgrace.org

Ronnie Arant ICADC 1

WHERE MIRACLES HAPPEN

HOME OF GRACE • 39565 VANCE, MS • (228) 826-5283 • www.homeofgrace.org



THE YOUTH COURT

HARRISON COUNTY, MISSISSIPPI

P.O. Box 134
Biloxi, Mississippi 39533
Telephone: 228-435-3201
Facsimile: 228-435-4784

JUDGE MIKE DICKINSON
VALERI UNDERWOOD, COURT ADMINISTRATOR
vunderwood@co.harrison.ms.us

August 19, 2026

Open Doors Homeless Coalition
PO BOX 4716
Biloxi, MS 39535

To Whom It May Concern:

On behalf of **Harrison County Youth Court**, I am pleased to provide this letter of support for **Open Doors Homeless Coalition** and its commitment to serving children, youth, and families experiencing homelessness throughout our community.

Harrison County Youth Court encounters families and youth whose housing instability creates significant barriers to safety, education, health, and overall well-being and family reunification. Access to stable housing and supportive services is often a critical component in achieving positive outcomes for the youth and families we serve.

We recognize **Open Doors Homeless Coalition** as a valuable community partner that provides coordinated access to housing assistance, case management, homeless prevention, and connections to essential community resources. These services help stabilize vulnerable families and reduce the risk of continued involvement with the child welfare and juvenile justice systems.

Harrison County Youth Court supports ongoing collaboration with Open Doors Homeless Coalition through referrals, information sharing as permitted by law, coordinated service planning, and participation in community efforts to address homelessness. We believe this partnership strengthens our community's ability to identify and assist youth and families in need while promoting long-term housing stability and positive outcomes that helps the family unit remain strong.

We appreciate **Open Doors Homeless Coalition** for its leadership and dedication to addressing homelessness and look forward to continuing our collaborative efforts in support of the Continuum of Care's mission.

If you have any questions regarding our partnership, please feel free to contact me.

Sincerely,



Michael B. Dickinson
County Court Judge
Harrison County Youth Court



Memorandum of Understanding
Open Doors Homeless Coalition and Mississippi Children's Home Society, dba
Canopy Children's Solutions

This Memorandum of Understanding (MOU) establishes a collaborative partnership between Open Doors Homeless Coalition (ODHC) and Mississippi Children's Home Society, dba Canopy Children's Solutions effective from **8/1/2026** and shall remain in effect through **7/31/2027** unless terminated by either party upon thirty (30) days' written notice.

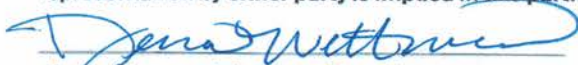
Open Doors Homeless Coalition agrees to:

1. Provide information on program requirements and income guidelines for client eligibility to Canopy staff.
2. Review referrals submitted from Canopy Children's Solutions via email and attempt to verify homelessness according to information provided on the referral form.
3. Provide follow up information regarding clients to Canopy Children's Solutions once review of referral form, homeless verification and assessment (if necessary) is complete as long a ROI has been submitted to Open Doors.
4. Maintain communication with Canopy Children's Solutions regarding the referrals that result in a housing solution through Open Doors Homeless Coalition as long as they remain a client of both Canopy and Open Doors Homeless Coalition.

Canopy Children's Solution agrees to:

1. Complete referrals and submit along with the signed release provided by Open Doors Homeless Coalition for families experiencing literal homelessness (individual or family who lacks a fixed, regular, and adequate nighttime residence. The primary nighttime residence is a public or private place not meant for human habitation) via email to cpitalo@opendoorshc.org.
2. Provide information to clients about any services that will benefit households in the service area.
3. Continue to provide supportive services to the client(s) that would assist with removing barriers to ensure successful outcomes.
4. Maintain communication with Open Doors Homeless Coalition regarding the referrals that result in a housing solution through Open Doors Homeless Coalition as long as they remain a client of Canopy and Open Doors Homeless Coalition.

***This agreement will be reviewed, updated and evaluated as necessary. No financial obligation, liability or representation by either party is implied in this partnership agreement.**


Agency Representative-Open Doors Homeless Coalition

8/25/26
Date


Agency Representative-Mississippi Children's Home Society, dba Canopy Children's Solutions

8/25/26
Date

CANOPY LEGAL



Canopy Referral to Open Doors Homeless Coalition

Date of Referral: _____

Person Making Referral: _____

Phone Number of Person Making Referral: _____

Email of Person Making Referral: _____

Household Information

- Head of Household: _____
- Date of Birth: _____
- Number of Adults: _____
- Phone: _____
- Email: _____
- Number of Children: _____
- Child/Children(s) Names and Birthdays:

Current Living Situation of Family

☐ Unsheltered (street, vehicle, encampment)

- If yes, please describe and provide your exact sleeping location (including make, model and color of car if sleeping in car)

- ☐ Fleeing Domestic Violence
- ☐ Staying with Family/Friends (temporary)
- ☐ Hotel (being paid for by a third party)
- ☐ At Immediate Risk of Homelessness
- ☐ Other: _____

*Please send referral form and signed release to Cathy Pitalo-cpitalo@opendoorshc.org

Open Doors Homeless Coalition | 11975 Seaway Road Ste. A220 Gulfport, MS 39503
Authorization to Release or Obtain Protected Health Information

Name: _____ Case/File Number: _____ (If Applicable) Race: _____ Gender: _____ Date of Birth: _____
Authorized Personal Representative (If Applicable) _____

I, _____, or I, as the _____ hereby authorize:
(parent/guardian/other judicially authorized representative)

☒ Release information to:

Canopy Children's Solutions
Open Doors Homeless Coalition

I specifically authorize/consent to the ☐ Release ☐ Obtaining of health information/records pertaining to the following:
(Must indicate by initialing and/or describing the amount and type of health information to be obtained/released):

_____ Admission Summary _____ Discharge Summary _____ History and Physical _____ Consultation records
_____ Progress Notes _____ Laboratory Reports _____ Nurses Notes
_____ Physician's Orders/Notes (except Psychotherapy Notes) _____ Substance Abuse Assessment/Treatment Records
_____ Other Treatment Plans and Related Revisions, Progress Notes and Summaries (except Psychotherapy Notes) for the (list
area(s): Psychology, Medical/nursing, education, etc.) _____
_____ Other (Describe other information/records to be disclosed/obtained): _____

For the specific purpose of: ☐ Treatment ☒ Coordination of Services ☐ Emergency Contact ☐ Other

☒ In Regards to: Housing

If entire health record is requested, indicate specific reason that entire record is needed: _____

Dates of Service for which the information/record is requested or will be released: From _____ to _____

I understand that this authorization/consent will be Effective on _____ (Effective month/day/year) and will Expire on _____
(Indicate month/day/year, event or condition, not to exceed six months for psychiatric/substance abuse facility; not to exceed one year for
Alzheimer's Disease/other dementia programs) and cannot be renewed with my written authorization/consent. I understand that I have the right to
revoke this authorization at any time. I understand that to revoke this authorization I must provide a specific request to revoke the authorization in
writing. I understand that my revocation will not apply to action or any information that has already been released/obtained in response to the
authorization. I understand that my authorizing the disclosure/obtaining of this health information is voluntary. I understand that I need not sign
this form in order to receive treatment. I understand that I may inspect or copy information to be used or disclosed as provided for by law. I
understand that any disclosure of information carries with it the potential for a re-disclosure and that the information may no longer be protected
by federal confidentiality laws. If I have question about disclosure of my health information, I can refer to the program's Notice of Privacy Practices
for Protected Health Information. I understand the information in my health record may include information related to sexually transmitted
disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV).

(Signature of Individual)

Date:

(Signature of Parent/Guardian/Judicially Authorized Representative, if applicable)

Date:

*Attach or include description of such representative's authority to act for the individual.

Staff (Witness) Signature/Credentials/Date

Note to Person(s) Receiving Information addressed in this authorization: This information has been disclosed to you from records, the confidentiality of which is
protected by state and/or federal law(s) or regulations. These laws/regulations prohibit you from making further disclosure of this information without the specific
written authorization/consent of the person to whom it pertains or of other persons as permitted by law. A general authorization for the release of medical or other
information is not sufficient for this purpose (Reference 42 CFR, Part 2) (Provider entity staff must provide a copy of the signed authorization to the individual
receiving services and/or judicially authorized representative).



Memorandum of Understanding (MOU)

Between

Community Action of South Mississippi Head Start Program

and

Open Doors Homeless Coalition

This Memorandum of Understanding (MOU) is effective **8/1/2026** and shall remain in effect through **7/31/2027** unless terminated by either party upon thirty (30) days' written notice.

I. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a collaborative partnership between **Open Doors Homeless Coalition**, a provider participating in the **MS 503 Continuum of Care** and, **Community Action of South Mississippi Headstart (CASOMS)** to identify and connect children and families experiencing literal homelessness with housing resources.

The parties agree to work together to improve housing stability, family well-being, and access to comprehensive services through coordinated referrals and ongoing collaboration.

II. Responsibilities of the Head Start Program

The Head Start Program agrees to:

- Identify enrolled or prospective families who are experiencing literal homelessness.
- Inform families about available housing and supportive services offered through the MS-503 Continuum of Care.
- Obtain appropriate consent before making referrals by having Release of Information signed and submitted with referral.
- Refer eligible families to **Open Doors Homeless Coalition** for assessment for current programs.
- Designate a staff liaison to coordinate referrals and communication.
- Participate in collaborative meetings and cross-training opportunities.

III. Responsibilities of Open Doors Homeless Coalition

The Homeless Service Provider agrees to:

- Respond promptly to referrals received from the Head Start Program.
- Assess referred households for eligibility for available housing and supportive service programs.
- Provide housing navigation, case management, employment referrals, and other supportive services as available.
- Maintain communication with the **Community Action of South Mississippi Headstart**, with the family's written consent.
- Provide resource information and training opportunities for Head Start staff regarding homelessness services available through MS-503.

IV. Referral and Coordination Process

The parties agree to:

- Utilize the mutually agreed-upon referral process.
- Obtain participant consent prior to sharing confidential information.
- Coordinate services to reduce duplication and improve participant outcomes.
- Maintain regular communication regarding referrals and service coordination.
- Identify and address barriers that may interfere with successful participation.
- Support collaborative efforts that strengthen the local homeless response system within the MS 503 Continuum of Care.

V. Confidentiality

Both parties agree to maintain the confidentiality of participant information in accordance with:

- Agencies' confidentiality policies; and
- Signed participant Releases of Information.

VI. Modification and Termination

This agreement may be amended at any time by written mutual consent.
Either party may terminate this MOU by providing thirty (30) days' written notice.

VII. Authorized Representatives

Open Doors Homeless Coalition

Executive Director: Dena Wilkman

Signature: [Signature] Date: 8/11/26

Community Action of South Mississippi Head Start Program

Executive Director: VANESSA GIBSON

Signature: Vanessa Gibson Date: August 11, 2026



**Community Action of South Mississippi
Partnership Agreement**

Community Action of South Mississippi and Open Doors Homeless Coalition will coordinate efforts in order to offer needed services throughout _____ County.

Community Action of South Mississippi agrees to:

1. Provide information on income guidelines for client eligibility.
2. Accept referrals and provide follow up information regarding client status with the agency.
3. Provide timely notice about educational/training workshops for community participation
4. Maintain communication with organization representative regarding referrals.
5. Provide information about any service/activities that will benefit households in the service area.
6. Provide supportive services (monetary and nonmonetary) that would assist with removing barriers to ensure a successful outcome.
7. Provide case management services for eligible clients with the goal of self-sufficiency.

_____ agrees to:

1. Provide referrals to agency staff for families in need of services provided by Community Action of South Mississippi.
2. Communicate with agency case managers/workers to provide critical information and feedback on client referrals.
3. Collaborate for the purpose of offering services for more families and to lessen the possibility of duplicating services.
4. Provide Community Action of South Mississippi information regarding services, trainings/seminars and workshops that will be relevant to the clients we serve and/or our staff.

This agreement will be reviewed, updated and evaluated as necessary. No financial obligation, liability or representation by either party is implied in this partnership agreement.

[Signature] 8/7/21 [Signature] 8/3/26
Agency Representative Date Agency Representative Date

Community Action of South Mississippi

Open Doors Homeless Coalition



Partnership Agreement

This agreement, entered into by and between

Open Doors Homeless Coalition

and Mississippi Gulf Coast Community College
Adult Education Program to promote and assist Adult Education Program participants with the following services during the contract period FY January 2026 – FY December 2026.

Mississippi Gulf Coast Community College Adult Education Program agrees to:

- A. Provide follow-up and services to eligible clients who have been referred to the agency by said partner:
- B. Provide marketing materials to said partner about available educational and training programs district wide:
- C. Provide a college representative or marketing display at meetings, workshops, roundtables, etc. scheduled by said partner.

The Partner agrees to provide the following services(s) in the performance of this Agreement:

- A. Provide housing assessments as needed for eligible students experiencing homelessness.
- B. Match those students with available resources within our Continuum of Care.
- C. Provide case management services to those students accepted into any housing program.

This partnership is executed as the 21st day of August, 2026, and is subject to renewal on an annual basis.

Mississippi Gulf Coast Community College

Partner: Open Doors Homeless Coalition

By: 
Authorized Signature

Erica Johnson, Director of Adult Education

Print Name and Title

Date: 8/21/2026

By: 
Authorized Signature

Dena Wittmann, Executive Director

Print Name and Title

Date: 8/21/26



Partnership Agreement

This agreement, entered into by and between

Open Doors Homeless Coalition

and **Mississippi Gulf Coast Community College**

WIOA Out-of-School Youth Program to promote and assist WIOA Out-of-School Youth Program participants with the following services during the contract period FY January 2026 – FY December 2026.

Mississippi Gulf Coast Community College WIOA Out-of-School Youth Program agrees to:

- A. Provide follow-up and services to eligible clients who have been referred to the agency by said partner:
- B. Provide marketing materials to said partner about available educational and training programs district wide:
- C. Provide a college representative or marketing display at meetings, workshops, roundtables, etc. scheduled by said partner.

The Partner agrees to provide the following services(s) in the performance of this Agreement:

- A. Provide housing assessments as needed for eligible students experiencing homelessness.
- B. Match those students with available resources within our Continuum of Care.
- C. Provide case management services to those students accepted into any housing program.

This partnership is executed as the 21st day of August, 2026, and is subject to renewal on an annual basis.

Mississippi Gulf Coast Community College

Partner: Open Doors Homeless Coalition

By: Stacy Malone
Authorized Signature

Stacy Malone, WIOA Youth Project Director

Print Name and Title

Date: 8/21/26

By: Dena Wittmann
Authorized Signature

Dena Wittmann, Executive Director

Print Name and Title

Date: 8/21/26

Memorandum of Understanding Gulfport WIN Job Center (GPWJC) And Open Doors Homeless Coalition

This Memorandum of Understanding (MOU) establishes a collaborative partnership between the Gulfport WIN Job Center (GPWJC), and the Open Doors Homeless Coalition in Gulfport, Mississippi.

1. Purpose

The purpose of this partnership is to strengthen and enhance the services offered by Open Doors by incorporating the resources and expertise of the GPWJC to assist individuals along the Mississippi Gulf Coast in obtaining and maintaining sustainable employment.

2. GPWJC Responsibilities

GPWJC agrees to support Open Doors participants by providing the following workforce development services:

- Job search assistance and application support
- Resume instruction, development, and production
- Career exploration and guidance
- Job referrals

These services may be delivered on-site at the GPWJC or at Open Doors, according to a mutually agreed-upon schedule between staff of both organizations.

3. Service Delivery Formats

GPWJC may provide the above services through:

- Scheduled formal class sessions
- Individual formal counseling
- Informal or "spot" counseling as needed

4. Cost of Services

All services provided by GPWJC under this MOU will be offered at no cost to Open Doors or its participants. These services will be incorporated into GPWJC's regular operating schedule.

6. Points of Contact

Designated representatives from both organizations will coordinate scheduling, communication, and delivery of services.



Greg Yarbrough – Manager GPWJC



Dena Wittmann – Open Doors Homeless Coalition



MEMORANDUM OF UNDERSTANDING

Between

Open Doors Homeless Coalition

and

Chugach Enterprise Solutions, LLC

I. Purpose

This Memorandum of Understanding ("MOU") is entered into between **Open Doors Homeless Coalition, ("Open Doors")** a provider participating in the **MS 503 Continuum of Care**, and Chugach Enterprise Solutions, LLC ("Gulfport Center"). The purpose of this MOU is to coordinate referrals and services to expand employment, education, vocational training, and economic opportunities for youth ages 16-24 years old experiencing homelessness or at risk of homelessness.

These referral services support the goals of the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program by promoting housing stability through increased access to workforce development services, career pathways, and long-term self-sufficiency.

II. Responsibilities of Open Doors Homeless Coalition

Open Doors agrees to:

- Identify potentially eligible youth participants who may benefit from Job Corps services.
- Refer interested participants to Gulfport Center using established referral procedures.
- Assist participants with obtaining identification documents and other enrollment requirements.
- Provide ongoing case management and supportive services that promote successful enrollment and program completion.
- Coordinate with Gulfport Center staff regarding participant progress, when appropriate and consistent with signed Releases of Information.
- Encourage participants to engage in employment planning as part of their individualized housing stability plan.
- Participate in Coordinated Entry and other CoC planning activities, as applicable.

III. Responsibilities of the Gulfport Center

CES, through the Gulfport Center, agrees to:

- Provide information regarding Job Corps eligibility requirements, enrollment procedures, and available training opportunities.
- Receive and review referrals from Open Doors in a timely manner
- Offer career counseling, academic education, vocational training, employability skills, and job placement assistance to enrolled participants in accordance with applicable Job Corps program requirements
- Coordinate with referring case managers regarding participant enrollment and progress, subject to participant consent and applicable privacy laws.

IV. Referral and Coordination Process

The parties agree to:

- Utilize the Open Doors Homeless Coalition Referral to Job Corps, attached as Exhibit A, form for all referrals under this MOU.
- Obtain participant consent prior to sharing confidential information.
- Coordinate services to reduce duplication and improve participant outcomes.
- Maintain regular communication regarding referrals and service coordination.
- Identify and address barriers that may interfere with successful participation.

Submission of a referral does not guarantee eligibility for or enrollment in the Job Corps program.

V. Confidentiality

Both parties agree to maintain the confidentiality of participant information in accordance with:

- Applicable federal and state laws and regulations; and
- Each party's applicable confidentiality and privacy policies;

Participant information will be disclosed between the parties only as authorized by a signed Release of Information or as otherwise permitted by law.

VI. Term, Modification and Termination

This MOU will become effective on the date of the last signature below and will remain in effect through July 31, 2027, unless amended or terminated in accordance with this Section. This MOU may be amended at any time by written mutual consent of the parties.

Either party may terminate this MOU by providing thirty (30) days' written notice.

VII. Funding and Authority

This MOU does not obligate either party to provide funding or make payment to the other party. Each party is responsible for its own costs incurred in connection with this MOU. Neither party has authority under this MOU to bind or obligate the other party.

VIII. Authorized Representatives

Open Doors Homeless Coalition

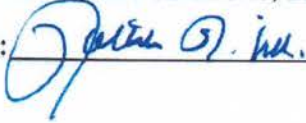
Executive Director: Dena Wittmann

Signature: 

Date: 9/22/26

Gulfport Center

Chugach Enterprise Solutions, LLC Authorized Representative: Nakisha Williams/Center Director

Signature:  Nakisha W. Williams

Date: 9/22/26

[CLICK HERE](#)

MS-503 CoC has posted the FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO. Click the link below to view the document.

2026 CONTINUUM OF CARE NOFO

STEWART & NOLAN
TEL 504 541
1000 NORTH
4700 NEW ORLEANS
APARTMENT 1000 NEW ORLEANS, LOUISIANA 70112
APR 1980

[illegible]

the 1980s, 1990s and 2000s. The authors report that the most common reasons for the decline in the number of children in the population are the declining birth rate and the increasing life expectancy. They also report that the number of children in the population is declining in all countries, but the decline is more pronounced in developed countries. The authors also report that the number of children in the population is declining in all countries, but the decline is more pronounced in developed countries. The authors also report that the number of children in the population is declining in all countries, but the decline is more pronounced in developed countries.

FY2026 MS-503 CoC Public Notice of Funding Opportunity

[illegible]

Physical Requirements:

[illegible]

the study, the participants were compensated financially. Data from the participants' families and other people in the study (including the emergency services, as mentioned in the Dutch NCT01404000) are available on request.

[illegible]

FY2026 MS-503 CoC Public Notice of Funding Opportunity

CHECK OUT ALL THE DETAILED DOCUMENTS HERE

Outlook



Manage Page



Open Doors Homeless Coalition

June 25 at 11:16 AM

The FY 2026 MS 503 HUD CoC Public Notice is now live on our homepage!

Click the link below to view the FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO

https://www.opendoorshc.org/.../Foa_Content_of_CPD-2600...

Open Doors Homeless Coalition's Post

IMPORTANT NOTICE
MS-503 CoC
FY 2026 CONTINUUM OF CARE APPLICATION
REQUEST FOR PROPOSALS FROM RENEWAL APPLICANTS AND NEW PROJECT APPLICANTS

Open Doors Homeless Coalition, on behalf of MS-503 HUD Continuum of Care, applies for funds under the United States Housing and Urban Development (HUD) Continuum of Care Notice of Funding Opportunity. The Continuum of Care (CoC) application includes a community strategy to prevent and ultimately end homelessness in the Gulf Coast region along with data and outcomes related to local initiatives. Open Doors Homeless Coalition submits renewal applications for existing high performing programs and new applications created by reallocation of bonus. Open Doors Homeless Coalition has approximately \$3,999,899 available for new and renewal funding allocated to the MS-503 geography through this NOFO. **This amount is preliminary and subject to change after HUD publishes the FY2026 Annual Renewal Demand Report. New and renewal applications are due no later than July 15, 2026 by 4:00 p.m.** Applications, as well as scoring rubrics, are available at <https://www.opendoorshc.org/continuum-of-care-under-2026-COC-Documents>. If you are unable to access this page, please contact Cathy Piatto, at catliss@opendoorshc.org to request materials.

Open Doors Homeless Coalition seeks applications for new housing programs that will enhance the availability of housing and the delivery of services for individuals and/or families and/or youth who are homeless and/or fleeing domestic violence in the 6-County region. The region includes Harrison County, Hancock County, Jackson County, Pearl River County, Stone County, and George County. New Rapid Rehousing programs for individuals, families, and/or youth experiencing homelessness, new Permanent Supportive Housing programs for households where an adult member has a disability, Transitional Housing projects, and Supportive Services Only (Outreach or Stand Alone, as well as DV Coordinated Entry) projects will be considered.

The 2026 NOFO allows applicants to apply for up to \$500,000* for regular CoC Bonus project(s), as well as up to \$300,489* for a specific DV Bonus project (that serve those fleeing domestic violence, dating violence, sexual assault, and stalking in the 6-County region), including expansions of existing renewal projects, which will compete against other projects, including renewals. **These amounts are preliminary and subject to change after HUD publishes the FY2026 Annual Renewal Demand Report.** The successful applicant for a DV Bonus project will meet threshold criteria, collaborate with other victim service providers, demonstrate the need for the project, their experience, their victim-centered practices, and inclusion of survivors with lived expertise in their policies and planning. Only one (1) DV Bonus project will move forward. CoC Bonus transitional housing and DV Bonus transitional housing and/or Supportive Services Only project applications that demonstrate coordination with primary and behavioral healthcare systems (including substance abuse treatment) and resulting leveraging of those resources will be given preference.



Comment as Dena Castanedo Witmann

You're commenting as Dena Castanedo Witmann.



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FY2026 Continuum of Care Competition and Youth
Grant Grants NOFO
/Foa_Content_of_CPD-2600... See less

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Advertise



Open Doors Homeless Coalition

Boost post

MS-503-Gulfport/Gulf Coast Regional CoC

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

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

	Project Name	On-site Substance Use Treatment
1	CCN YHDP Renewal 2026	YES
2	CCN Pascagoula-Moss Point PSH 2026	YES
3	BBM HAL 2026 PSH	YES
4	ODHC YHDP 2026 RRH	YES
5	BBM HAL 2024 RRH	YES
6	GCCFN Rapid Rehousing Project 1	YES
7	CCN Breakthrough Youth TH	YES
8	GCCFN Transitional Housing Project	YES
9	MHASM Transitional Housing FY 2026	YES
10	CCN 2026 - Sue's Home Transitional Housing	YES
11	Discipleship 33 2026 Transitional Housing	YES

MS-503-Gulfport/Gulf Coast Regional CoC

**Project List for Other Federal Statutes
Question 3A-2a.**

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