Before Starting the CoC Application

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-513 - Palm Bay, Melbourne/Brevard County CoC

1A-2. Collaborative Applicant Name: Brevard Homeless Coalition, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Brevard Homeless Coalition, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

- 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.	

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

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	2
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	2
24.	Other nonprofit homeless assistance provider(s)	Yes	0
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	3
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	2
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	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC maintains transparent, publicly accessible, processes for membership, community input, and participation in CoC Program funding opportunities. The Brevard Homeless Coalition (BHC), as Collaborative Applicant and CoC Lead Agency, publicly invites new members to join the CoC at least quarterly at our General Membership Meetings. Membership information and an open application are available on BHC's website, and membership opportunities are also communicated through CoC meetings, partner networks, email communications, e-newsletters, social media, community events, and Advisory Council member networks. Membership is open to individuals and organizations throughout the CoC's geographic area. Membership is free, eliminating a potential barrier to joining.

The CoC also routinely solicits and considers input from individuals and organizations with knowledge of or an interest in preventing and ending homelessness. Input is obtained through CoC General Membership meetings, Advisory Council and committee meetings, stakeholder engagement, partner communications, and other public forums. Feedback regarding system performance, community needs, strategies, and priorities is considered in CoC planning, policy development, funding priorities, and system improvement activities. The CoC Lived Experience Committee is uniquely focused on seeking input from individuals currently experiencing homelessness through "Listening Tours" at day centers and mobile outreach/access sites where individuals can receive services, including connections to case management, food, showers, healthcare, etc. The Listening Tour directly informs members of the Advisory Council and general membership.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

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

(limit 2,500 characters)

The CoC maintains a transparent, publicly accessible process for soliciting and considering input regarding system performance, strategies, community needs, and CoC priorities. CoC General Membership meetings are open to interested parties and are publicly noticed through the Brevard Homeless Coalition (BHC) website and CoC communications. Meeting dates, agendas, presentations, and other materials are made publicly available, and meeting procedures provide opportunities for attendees to ask questions, provide feedback, and participate in discussions.

The CoC solicits input from a broad range of individuals and organizations through General Membership meetings, the CoC Advisory Council, standing committees and workgroups, stakeholder surveys and feedback opportunities, community forums, partner meetings, and direct outreach. Our strategic plan, Housed & Healthy Brevard, which is a framework to prevent and reduce homelessness, is reviewed at our annual membership meeting to provide updates on progresss and solicit input into potential revisions. Participants include individuals currently experiencing homelessness and formerly homeless persons, housing and homeless-service providers, local governments, public housing authorities, behavioral and primary healthcare providers, law enforcement, workforce development, schools, faith-based organizations, victim service providers, businesses, advocates, and other community partners.

BHC also presents system-level information, including PIT Count results, HMIS and system-performance data, identified service gaps, funding developments, and progress on CoC priorities on a quarterly basis so stakeholders can provide informed feedback. The CoC has used public surveys and other feedback opportunities to solicit broader community input in addition to formal meetings.

Stakeholder input is considered through the CoC’s governance and planning structure. Feedback received through General Membership, committees, surveys, and other engagement is brought forward to the Advisory Council and relevant committees and is used to inform strategic priorities, policies and written standards, system-improvement activities, committee work, funding priorities, and other CoC decisions. The CoC also uses stakeholder feedback together with system-performance and community data to identify gaps and evaluate whether existing strategies should be continued, modified, or supplemented.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

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)

FL-513 uses an open, publicly advertised local competition to accept and consider proposals from eligible organizations, including organizations that have not previously received CoC Program funding and faith-based organizations.

For the FY2026 competition, Brevard Homeless Coalition (BHC), the Collaborative Applicant, publicly posted the funding opportunity, Local RFP, HUD NOFO and related resources, competition timeline, application instructions, scoring and review criteria, and applicant resources on its website and communicated the opportunity through CoC and community networks. The RFP provided detailed information about CoC Program requirements, local funding priorities, eligible applicants and projects, the application and review process, and procedures for developing the Project Priority Listing. Faith-based organizations were expressly eligible and encouraged to compete on the same basis as other eligible organizations. We engaged Love INC (Love In the Name of Christ) Brevard, a convener of over 50 churches in Brevard, to share the opportunity with their network. We also met with our local Citygate Network to encourage their participation.

BHC also provided technical assistance to support participation by organizations new to CoC funding. An optional pre-proposal workshop called ""Prepared, Not Panicked,"" reviewed the competition, program requirements, application process, local priorities, scoring criteria, and deadlines. Applicants could submit questions through a designated NOFO email address, with responses made available to all applicants to promote consistent access to information. Interested organizations submitted a Letter of Intent and received access to the Local RFP Project Application in accordance with the published process.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

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)

Brevard CoC uses PIT/HIC, HMIS, SPMs, and stakeholder input to identify gaps and target strategies. The primary gap is a bottleneck between outreach/interim response and permanent housing. From 2022-25, ES/SH length of time homeless fell from 62 to 48 days and ES/SH/TH/RRH exits to PH rose from 54% to 60%; 96% of PH participants remained in or exited to PH in 2025. Yet average time homeless with TH remained 168 days, only 41% of street-outreach exits were successful, and the 2026 PIT found 618 unsheltered and 339 chronically homeless persons. Providers, people with lived experience, healthcare partners, and the Advisory Council identified inadequate interim/respite capacity and PH access as barriers.

STRATEGY: During 2027-30, the CoC will strengthen the pathway to PH by expanding interim/TH capacity; increasing PSH for people experiencing chronic homelessness/disabilities; using RRH/flexible assistance; strengthening CE, housing navigation and prevention/diversion; and expanding healthcare, treatment/recovery, employment, benefits, and income supports. The CoC selected a FY2026 CE Expansion to establish hospital linkage for pre-discharge identification, CE assessment, warm handoffs, case conferencing, and housing connection. BHC will continue planning with Health First and partners for medical-respite capacity; Circles of Care provides crisis, detox, psychiatric, SUD-treatment, and recovery pathways. Consistent with 42 U.S.C. 11386b(d), strategies include proven PH interventions and targeted approaches for families, veterans, DV survivors, youth, and persons with SUD, behavioral-health, medical, or disabling conditions.

MEASURES/TIMELINE: In early 2027, BHC will establish baselines, complete capacity and funding plans, and set expansion priorities; implementation will begin in 2027 and expand in 2028-29, with outcomes evaluated in 2030. Adopted Report Card benchmarks include =60% successful SO placements; ES/SH median LOS =45 days; TH LOS =6 months; RRH time to housing =90 days; PSH =30 days; =50% successful PH outcomes; and <8% returns within 24 months. Annual/interim results drive TA, improvement, incentives, and planning.

FUNDING/OVERSIGHT: Activities will leverage CoC Program, ESG, State Unified Grant/Challenge Grant, VA/HUD-VASH/GPD, local-government, healthcare, philanthropic, and provider resources. BHC coordinates implementation; the Advisory Council and Data & Performance Measures Committee review results and adjust strategies.

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?	56%

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)

N/A

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)

The CoC partners with the publicly funded behavioral health system & community providers so people experiencing homelessness can access outpatient mental health (MH) & substance use disorder (SUD) treatment across a range of appropriate levels of care. Central Florida Cares Health System, Brevard's Managing Entity for publicly funded behavioral health, coordinates funded providers & identifies service gaps. Key partners are Circles of Care, Specialized Treatment Education Prevention Services (STEPS), Brevard Health Alliance (BHA), an FQHC, Parrish Medical Center's Space Coast Health Centers, Recovery Connections & the VA for veterans, together providing countywide coverage.

Through Coordinated Entry (CE), street outreach, & 211 Brevard, which the CoC funds as a front-line access point, participants are immediately connected to 24/7 mobile crisis response teams (MRT), crisis stabilization, detox & residential treatment when clinically appropriate, outpatient & intensive outpatient treatment, psychiatric services, medication management, Medication-Assisted Treatment (MAT), & psychosocial interventions. Circles of Care & STEPS provide mobile MAT to reach people where they are. BHA serves clients at its clinics & on-site at partners such as Family Promise Space Coast. Treatment is integrated into CoC housing projects. At Heritage Park PSH, Circles of Care provides on-site MH/SUD treatment, case management, & wraparound services, & BHA provides behavioral health & medication management. Providence Place PSH offers on-site behavioral health & addiction medicine through BHA plus psychiatric & recovery services. Apollo Gardens TH has on-site Circles of Care MH/SUD services; HfH TH provides weekly substance-use counseling; WAYS for Life Youth Housing has an on-site licensed MH provider, priority detox access through Recovery Connections, & trauma-informed psychosocial rehabilitation through Circles of Care.

For suicidal ideation, acute crises, or Baker Act/Marchman Act intervention, providers coordinate immediate assessment, stabilization, & suicide-prevention services, & MRT works with the treatment provider to reconnect the person to outpatient care, housing, & CE. People exiting detox, residential treatment, or hospitals are likewise linked to housing & community treatment. CE works with sober-living, recovery-housing, & peer/recovery providers to sustain engagement in counseling, MAT, medication management, & recovery supports.

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)

The Brevard CoC provides access to peer support and recovery navigation through CoC Program projects, behavioral health partnerships ,and recovery organizations. The Providence Connects Outreach & Support Team integrates Peer Recovery Specialists and Peer Support Specialists into its field-based outreach model for individuals experiencing unsheltered homelessness. Peer specialists use relationship-based engagement to reinforce treatment participation, reduce high-risk behaviors, support housing readiness, and assist participants with crisis de-escalation, benefits enrollment, Coordinated Entry referrals, and connections to treatment and housing. The project pairs peer staff with behavioral health professionals and coordinates with Circles of Care and Brevard Health Alliance to provide a continuum of behavioral health, substance use, crisis stabilization, healthcare, and housing-focused services. We also work with Recovery Connections, a Recovery Community Organization (RCO), which operates a team of Certified Recovery Peer Specialists to support individuals and families for long-term recovery from substance use disorder.

Heritage Park, operated by Carrfour Supportive Housing, also provides peer and recovery supports within permanent supportive housing. Resident-led activities, peer support, and the Resident Council are used to reduce isolation and strengthen community connections. Resident Services Coordinators develop individualized Housing Stability Plans and provide ongoing care coordination and warm handoffs to community providers. Through partnerships with Circles of Care and Brevard Health Alliance, residents are connected to mental health and substance use treatment, crisis intervention, behavioral healthcare, medication support, and recovery services based on individual needs.

These project-based services and partnerships allow the CoC to connect people experiencing homelessness with peer-based engagement and recovery navigation at multiple points in the homelessness response system—from street outreach and treatment engagement through permanent housing and ongoing housing stability.

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

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

(limit 2,500 characters)

The CoC identifies individuals experiencing or potentially experiencing Serious Mental Illness (SMI) through street outreach, Coordinated Entry, shelters and day centers, hospitals, law enforcement, crisis response, CoC-funded programs, and the annual Point-in-Time (PIT) Count. The PIT Count captures whether persons experiencing homelessness report SMI, helping the CoC understand prevalence, identify service needs, and inform system planning. Outreach and Coordinated Entry staff identify significant behavioral-health needs and make warm handoffs to qualified behavioral-health providers for assessment and treatment.

Circles of Care is a primary behavioral-health partner of the Brevard CoC and a major provider of services for individuals with severe and persistent mental illness. BHC funds Circles of Care to participate directly in Coordinated Entry by completing CE assessments and also funds Circles of Care to provide Rapid Re-Housing, creating a direct bridge between behavioral-health treatment, homelessness assessment, and housing placement. The CoC routinely connects individuals with SMI to Circles of Care's psychiatric, outpatient, crisis, medication-management, case-management, and other community-based behavioral-health services.

Individuals experiencing homelessness with SMI or co-occurring substance use disorders are also connected to Circles of Care's Projects for Assistance in Transition from Homelessness (PATH) program. PATH provides targeted outreach and engagement for people experiencing homelessness with SMI, along with case management, treatment linkage, and connections to housing, benefits, and other community resources.

When individuals require a higher level of community-based intervention, CoC staff coordinate warm handoffs to Brevard County's Florida Assertive Community Treatment (FACT) Team. FACT provides an intensive, multidisciplinary model combining assertive outreach, care coordination, psychiatric treatment, medication support, case management, and other comprehensive services designed to help people with severe and persistent mental illness remain stable in the community.

The CoC also coordinates with mobile crisis response, crisis stabilization, hospitals, law enforcement, and Circles of Care following psychiatric crises or Baker Act intervention. Individuals are reconnected to outpatient treatment, FACT/PATH when appropriate, Coordinated Entry, housing, and ongoing supportive services.

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

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

(limit 500 characters)

Brevard Homeless Coalition partners with Circles of Care, Brevard County's behavioral health provider for services connected to Mental Health Court, Assisted Outpatient Treatment (AOT), and inpatient civil commitment. Circles provides court-connected behavioral health services, crisis and inpatient treatment, care coordination, case management, and community-based treatment and recovery supports.

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)

BHC coordinates with Circles of Care to connect individuals involved with Mental Health Court, Assisted Outpatient Treatment (AOT), inpatient civil commitment, and other behavioral health systems to housing and supportive services that promote long-term stability and independence.

Circles provides Mental Health Court and AOT services and operates Brevard County crisis stabilization and inpatient behavioral health programs, including services involving involuntary examination and inpatient civil commitment. BHC and CoC providers coordinate with Circles through established community referral, care coordination, and housing pathways to address both behavioral health and housing needs.

When individuals experiencing homelessness or housing instability are engaged in court-ordered or intensive behavioral health treatment, BHC and CoC partners can connect them to Coordinated Entry, housing assistance, benefits, income supports, transportation, and tenancy-focused services, while Circles provides or coordinates clinical treatment, medication management, case management, and behavioral health stabilization.

Where treatment is court ordered, coordination supports alignment between housing plans and applicable Mental Health Court, AOT, or civil commitment requirements. This allows housing and service providers to reinforce treatment engagement, continuity of care, and successful transition from institutional or court-supervised settings into community-based housing.

The partnership helps reduce gaps between behavioral health treatment and homelessness services, supports continuity of care following discharge or court involvement, and helps individuals maintain housing, increase independence, and reduce returns to homelessness, crisis care, or institutional settings.

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 Brevard CoC partners with 211 Brevard, the local 988 Suicide & Crisis Lifeline center and a key Coordinated Entry partner supported by BHC with state funding. The CoC also coordinates with the Melbourne Mobile Response Team, embedded within the Melbourne Police Department, for field-based behavioral health crisis response, and with Circles of Care for crisis stabilization, treatment, and related behavioral health services.

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.	3

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 Brevard CoC maintains a formal, system-level partnership with Circles of Care, Brevard County's Community Mental Health Center and SAMHSA PATH provider. The CEO/President of Circles of Care serves on the CoC Advisory Council, as well as the Data & Performance Measures Committee. The partnership includes coordinated outreach, funded Coordinated Entry assessments and referrals, data and performance collaboration, and access to crisis, mental health, substance use, and recovery services.

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)

The CoC has multiple CoC Program-funded projects offering sober housing consistent with 24 CFR 578.93(b)(5), including, but not limited to, Housing for Homeless Transitional Housing, WAYS for Life Youth TH-RRH, and Women's Center TH-RRH. Each uses written occupancy or program agreements requiring drug- and alcohol-free housing and prohibiting alcohol and illegal drug use or possession on the premises as a condition of continued program participation.

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

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

(limit 2,500 characters)

The Brevard CoC coordinates with treatment, recovery, crisis, court-connected, peer-support, and sober-housing partners, including those identified in 1C-1a through 1C-1i, through Coordinated Entry (CE), outreach, discharge planning, and case conferencing. Whenever possible, coordination begins before discharge or transition so individuals are connected directly to housing or homelessness-prevention providers rather than released to homelessness.

Warm hand-offs go beyond referrals. With participant consent, treatment and recovery partners connect directly with CE and housing providers to share information needed to assess needs and vulnerabilities, establish housing eligibility, coordinate care, identify discharge and housing needs, and arrange follow-up supports.

For outpatient behavioral health, substance use treatment, MAT, and recovery services, the CoC coordinates with Circles of Care, STEPS, Brevard Health Alliance, Space Coast Health Centers, and other recovery providers. CE, outreach, and housing providers connect participants to RRH, PSH, TH, sober housing, diversion, or prevention resources while treatment providers continue clinical care, medication management, recovery services, and follow-up.

Individuals with Serious Mental Illness are connected to intensive community-based services, including Circles of Care's PATH and FACT services, which can remain engaged through housing placement. The CoC also coordinates with Circles of Care across Mental Health Court, Assisted Outpatient Treatment, crisis stabilization, and inpatient/civil commitment services so housing and treatment planning occur before discharge or transition to community-based care.

211 Brevard, the local 988 crisis contact center and a CE access point, identifies callers experiencing or at risk of homelessness and connects them to CE, diversion, prevention, outreach, and housing resources. Peer recovery specialists help maintain engagement during transitions by linking participants to CE, benefits, treatment, and housing providers through move-in.

CoC-funded sober-housing options, including Housing for Homeless TH, WAYS for Life Youth TH-RRH, and Women's Center TH-RRH, provide recovery-supportive pathways when appropriate. Across these and other partnerships, the CoC seeks to ensure transitions include an identified receiving provider, treatment continuity and follow-up after discharge, reducing gaps in care and preventing entry or return to homelessness.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$1,448,585
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.	$972,993
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.	$314,661

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).	89%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC's Collaborative Applicant (Brevard Homeless Coalition) is an ESG Recipient as there is no local ESG allocation within our CoC's geographical area. The CoC works closely with the Lead Agency and Collaborative Applicant who receives 100% of the State ESG funds. The Lead Agency serves as a passthrough entity of the ESG funding to subrecipients in the CoC. The CoC has responsibility for $211,167 in ESG funds. The CoC relies on the input of the ESG program recipient in planning and allocating ESG funds. This input occurs in a variety of ways through committee participation, program and data research, and collaboration. Decisions regarding funding priorities begin with the strategic plan for the COC, Housed & Healthy Brevard, followed by the data performance evaluation of existing ESG recipients. The balance between Outreach, Shelter, RRH and homeless prevention is made through thorough review of the annual Gaps Analysis, System Performance Measures, PIT Count, the CoC Strategic Plan, and other identified community needs. These priorities are communicated to subrecipients at the beginning of the funding process. Existing ESG recipients were selected through an open request for proposals (RFP) process where the CoC identified and communicated community gaps and needs. All agencies are monitored at least annually in person and monthly through performance and CAPER reports. The monitoring is led by the Lead Agency, but results are reported to the Data and Performance Measures committee to evaluate the effectiveness of each ESG program. ESG program participants and CoC Advisory Council members serve on these committees. The CoC Lead Agency provided PIT count and HIC data to the Consolidated Plan ("ConPlan") jurisdictions within Brevard County through communication with Housing and Human Services Departments and is an active participant in ConPlan updates with Titusville, Cocoa, Melbourne, Palm Bay and Brevard County.

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)

The Brevard CoC coordinates closely with emergency shelter providers, including agencies funded with ESG Emergency Shelter (ESG-ES) resources, and redesigned its Coordinated Entry (CE) system to improve efficiency and ensure CoC resources are targeted to individuals and families who meet HUD eligibility requirements. Under the current process, homelessness must be verified and certified before a household is assessed for housing interventions. Emergency shelter participants have a streamlined pathway because homelessness has already been verified at shelter entry and residence in emergency shelter meets HUD's definition of homelessness. To eliminate duplicative verification and delays, the CoC developed a direct CE referral function within HMIS. Shelter staff can refer participants directly from their shelter enrollment into CE, bypassing the separate homeless-verification workflow and moving the household directly to CE assessment, prioritization, and connection to appropriate housing and services. Shelter providers therefore function as active CE access points rather than simply referring clients elsewhere. Once referred, CE staff assess household needs and vulnerabilities and connect eligible participants to available CoC interventions, including RRH, PSH, TH, and other assistance. Shelter staff are also encouraged to participate in biweekly CE Match Meetings, where households are reviewed for available housing opportunities and providers receive information on program eligibility, openings, and referral pathways.

The CoC also developed an innovative, privacy-preserving pathway for victim service providers (VSPs), including an ESG-ES-funded VSP shelter, that bridges the comparable database and HMIS/CE environments without transmitting personally identifiable information (PII). VSP staff can refer shelter participants directly from the comparable database into the CE matching process. Only limited, non-identifying information needed for matching—such as household size, income, and relevant eligibility information—is transmitted, allowing survivors access to the same CoC housing opportunities while preserving required confidentiality.

Together, these ESG and CoC system connections reduce duplication, shorten the time from shelter entry to housing assessment, preserve survivor confidentiality, and help individuals and families move efficiently from emergency shelter to the CoC-funded housing and services for which they are eligible.

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

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

(limit 2,500 characters)

The Brevard CoC routinely shares PIT, HIC, HMIS, and SPM data with state and local government partners, as permitted by law, to inform planning, funding, policy, resource allocation, and improvements to the homelessness response system. BHC, as the CoC and HMIS Lead Agency, provides system-level information consistent with applicable privacy, confidentiality, security, and legal requirements. Routine external planning and performance reporting uses aggregate, de-identified data and does not disclose protected client information.

At the state level, BHC reports CoC data to the Florida Department of Children and Families' Office on Homelessness, including PIT, HIC, SPMs, and other aggregate system data. These data contribute to statewide analysis and the Florida Council on Homelessness' annual reporting to the Governor and Legislature and help identify trends, population needs, housing and service gaps, and priorities for funding and policy.

At the local level, BHC shares PIT, HIC, HMIS, and SPM findings with county and municipal partners to support resource allocation, program planning, funding decisions, and assessment of system needs and outcomes. Local government representatives participate in the CoC's PIT planning process and PIT Committee, strengthening both data collection and local understanding and use of the findings. BHC also disseminates PIT findings through government and community partners, press communications, and a public-facing PIT infographic that translates the data into accessible population, geographic, and system trends.

HMIS and System Performance data are used with local planners to examine entries into homelessness, length of time homeless, exits to permanent housing, returns to homelessness, income outcomes, service utilization, and other measures of system effectiveness. BHC also maintains formal data-sharing relationships with local government partners, including Brevard Public Schools, to strengthen cross-system understanding of homelessness and coordination for affected households. Any authorized client-level data sharing is limited to permitted purposes and governed by applicable agreements, consent, privacy, and security requirements.

Together, PIT and HIC snapshots and longitudinal HMIS and SPM data help state and local partners identify unmet needs, target resources, evaluate outcomes, and adjust funding, programs, and system strategies based on changing patterns of homelessness.

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)

FL-513 uses non-HMIS data alongside HMIS to identify service needs, improve care coordination, strengthen outreach and discharge planning, and understand how homelessness intersects with other public systems. The CoC uses law-enforcement, court, and corrections information as a complement to HMIS. During the PIT Count, BHC partners with the Brevard County Jail Chaplain, who facilitates the PIT survey with inmates who entered the jail within the prior 90 days and reported being homeless at entry. These individuals are not included in the official PIT Count while incarcerated; instead, the CoC collects the data separately and analyzes it with HMIS and PIT trends to understand movement between homelessness and incarceration, identify service gaps, and inform outreach, reentry, and housing strategies. CoC and Coordinated Entry staff also use publicly available Clerk of Courts records, when relevant and legally permissible, to understand arrest, incarceration, and court histories that may affect housing barriers or service planning.
Through a formal HMIS/data-sharing relationship with Brevard Public Schools, the CoC uses education-system information alongside HMIS to improve coordination and service planning for children and families experiencing homelessness. For veterans, the Veteran By-Name List, VA HOMES and HUD-VASH data are used alongside and imported into HMIS to reconcile housing status, coordinate housing resources, and reduce duplication across systems. The CoC also reviews Florida Department of Law Enforcement, Brevard County corrections, Medical Examiner, and Florida Department of Health data alongside HMIS to identify trends in substance use, mortality, behavioral health, justice-system involvement, and other factors affecting housing stability.
The CoC is developing a partnership with Health First, Brevard County's major hospital and health-care system, to incorporate electronic health record (EHR) and hospital-discharge information into HMIS and Coordinated Entry, where appropriate. Health First has used EHR homelessness indicators to identify patients experiencing homelessness, while BHC and Health First are developing data-sharing procedures and workflows for a Healthcare Coordinated Entry Specialist and medical-respite coordination.
Together, these sources help the CoC identify gaps, target resources, improve cross-system coordination, and strengthen housing and service responses while complying with privacy and data-sharing requirements.

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 partners with CareerSource Brevard Flagler Volusia (CSBFV), whose Managing Director serves on the CoC Advisory Council and participates in CoC workgroups/asset mapping. CSBFV connects participants to employment, training, and apprenticeships. WAYS for Life administers GED FastTrack and provides Career Pathways/workforce-readiness services. The CoC also refers eligible participants to Eastern Florida State College for its homeless tuition exemption.

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)

Brevard CoC partners with law enforcement (LE) and first responders to increase positive interactions with people experiencing unsheltered homelessness and connect them to shelter, treatment, housing, and other CoC services. BHC's Coordinated Entry (CE) and Outreach Manager, a former LE officer in our CoC, coordinates with CoC street outreach agencies, the Brevard County Sheriff's Office, and police departments in Cocoa, Titusville, Melbourne, and Palm Bay.

LE routinely contacts BHC and outreach providers when officers encounter people experiencing homelessness, identify encampments, or need outreach assistance resolving an encampment situation. BHC and outreach agencies co-respond with LE at encampments, where outreach staff engage individuals, verify homelessness, assess needs and vulnerabilities, complete CE assessments when appropriate, identify interventions, and connect people to shelter, transitional housing, behavioral health, supportive services, and housing resources. When immediate placement is unavailable, individuals may be enrolled in street outreach and served over time while staff continue working through CE and housing pathways. Outreach follows up after encampment responses to sustain engagement and reduce returns to former encampment sites.

BHC and LE also collaborate to identify known encampment locations and improve outreach coverage. Sheriff's Office and city police personnel have volunteered for the PIT Count and accompanied BHC and outreach teams into encampments to locate and engage unsheltered residents. The County Jail's Chaplain also participates in CoC efforts, expanding opportunities to identify and connect people to services.

BHC and outreach providers routinely coordinate with the Melbourne Police Department Mobile Response Team (MRT), sharing referrals and resources to connect individuals to CoC services. BHC's CE and Outreach Manager and Central Florida Cares Health System, the regional Behavioral Health Managing Entity, also teach the homelessness component of Crisis Intervention Team (CIT) training, helping officers better understand homelessness, reduce misconceptions, and connect people to appropriate resources. LE is represented on the CoC Advisory Council and also participates in General Membership meetings, allowing first-responder partners to help identify system barriers, problem-solve community concerns, and maintain direct connections with outreach, shelter, service, and housing providers.

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)

The Brevard CoC and its providers use family and support-network reunification as a voluntary, person-centered diversion and housing strategy when a safe, stable option with existing supports is identified. Through Coordinated Entry, street outreach, shelter, TH, RRH, and PSH case management, providers actively identify family members, friends, caregivers, or other natural supports who may provide housing or help maintain housing stability.

When reunification is identified as a viable option, providers work directly with the participant and receiving support before arranging travel. Staff contact the family/support person, confirm the participant is welcome and has a place to stay, verify the proposed arrangement, address safety and other barriers, and coordinate arrival. Only after the destination and support arrangement are confirmed do providers arrange transportation, which may include local transportation, fuel assistance, bus passes, or a Greyhound ticket.

When reunification involves another community or state, providers coordinate with the receiving support network and, as needed, help connect the participant to housing, healthcare, behavioral health, benefits, employment, schools, transportation, and other resources in the destination area. This ensures travel is tied to a confirmed housing/support option and promotes continuity and stability after arrival.

BHC also has direct experience using dedicated State RRH/homelessness-prevention funding to address housing barriers affecting child-welfare reunification. In a prior fiscal year, BHC formally partnered with Brevard Family Partnership, now Family Partnerships of Central Florida. The child-welfare agency remained responsible for reunification, while BHC and its subrecipients provided eligible housing assistance. Referrals flowed both ways: the CoC identified eligible families whose housing instability affected reunification, and the child-welfare reunification team referred families working toward or recently completing reunification who were experiencing or at risk of homelessness.

Through diversion, case management, verified reunification arrangements, transportation assistance, cross-system referrals, and out-of-area coordination, the CoC uses family and natural supports as a practical pathway to prevent and end homelessness.

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)

The Brevard CoC actively cooperates with law enforcement & first responders, does not interfere with or impede local public-safety efforts, & assists first responders in connecting people experiencing homelessness to appropriate services. Law enforcement holds elected seats in CoC governance, & BHC's Coordinated Entry Manager is a former Cocoa Police Department officer, bridging law enforcement & homeless services. BHC maintains ongoing partnerships with the Brevard County Sheriff's Office & municipal police departments. Following enactment of Florida HB 1365, BHC convened law enforcement, city managers, local governments, & homeless-service partners to coordinate implementation, encampment response, & service connection.

Law enforcement shares encampment locations & contacts BHC/outreach providers when assistance is needed; Sheriff's Office & municipal officers also participate in field responses. Outreach staff engage individuals, complete Coordinated Entry assessments, & connect them to shelter, treatment, & housing, enabling first responders to address immediate public-safety concerns while the CoC addresses underlying homelessness.

The CoC's Written Standards address remaining public-safety objectives. The Substance Use Policy prohibits CoC-funded projects from operating safe-consumption sites or knowingly permitting illicit-drug use/distribution on property under their control, & supports connection to treatment & recovery resources.

For persons presenting a danger to self or others, the Written Standards direct coordination with behavioral-health & first-response partners under Florida's Baker Act, Marchman Act, & applicable crisis-intervention procedures. BHC partners with Central Florida Cares, the CoC's Managing Entity, to deliver Crisis Intervention Team (CIT) training for local law enforcement, equipping officers to de-escalate crises & make appropriate Baker Act & Marchman Act referrals. The Written Standards also establish SORNA-related practices, including registry review before referrals where residency restrictions may affect placement, continued housing navigation when a proposed placement is prohibited, & protection of HMIS information consistent with applicable privacy requirements.

Together, these practices demonstrate that FL-513 supports, rather than obstructs, local public-safety efforts while providing first responders a coordinated pathway to outreach, crisis response, treatment, shelter, & housing.

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 Brevard CoC's plan to quickly clear tents and encampments and connect people to services is built around implementation of Florida HB 1365 and an established local practice of coordinated law-enforcement/outreach response. Following enactment of HB 1365, BHC convened a workgroup with law enforcement, city managers, and government partners to coordinate implementation, identify encampments, and develop responses that pair public-safety action with access to shelter, housing, treatment, and services.
The CoC leverages this coordination by engaging people before and during encampment clearings whenever possible. Law enforcement routinely contacts BHC's Coordinated Entry & Outreach Manager and street-outreach providers when an encampment requires intervention. BHC, CoC outreach providers, law enforcement, and mobile crisis partners may co-respond. Outreach staff verify homelessness, assess needs and vulnerability, complete CE assessments, enroll individuals in street outreach when appropriate, and connect them to shelter, TH, treatment, and housing. Follow-up continues after the response to support housing/service engagement and reduce returns to the cleared site.
HB 1365 supports timely resolution of public encampments, but its restrictions can also require people to leave before permanent housing is available, creating risks of displacement, loss of contact, or movement to another unsheltered location. The CoC mitigates these effects through early outreach, joint response, CE access, interim shelter, crisis services, housing navigation, and follow-up rather than relying on displacement alone. Quantitative data support this plan. The 2026 PIT identified 618 unsheltered people in Brevard County. To expand alternatives to outdoor sleeping, the HB 1365 workgroup identified mobile sleeper buses as a local response. Using State Challenge Grant funding, BHC contracted with a local provider to implement a three-bus mobile shelter initiative providing 60 emergency-shelter beds, with full deployment nearing completion.
Qualitatively, the HB 1365 workgroup and law-enforcement/outreach partnership have established a practice in which officers alert the CoC, outreach engages people onsite, and housing/service options are pursued during encampment response. The CoC will continue leveraging this coordinated practice and expanded shelter capacity while mitigating restrictive effects through early engagement, CE, crisis response, housing navigation, and follow-up.

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)

FL-513's current data show that tents and encampments remain present throughout Brevard County, but the number of people living in outdoor encampment settings has declined substantially. The CoC does not maintain a single real-time registry of every encampment; therefore, it assesses current conditions using PIT sleeping-location data, Coordinated Entry (CE) homeless-verification records, street outreach observations, and law-enforcement activity.

The January 2026 PIT Count identified 618 unsheltered people countywide, down from 700 in 2025 and 779 in 2024—a decrease of 11.7% in one year and 20.7% over two years. Of the 618 people counted in 2026, 281 (45%) were staying in "Woods or Outdoor Encampment" locations. Other unsheltered locations included streets/sidewalks (128), vehicles (86), parks (42), beaches (33), abandoned buildings (25), and bridges (15), demonstrating that unsheltered homelessness remains geographically dispersed rather than concentrated in one large encampment.

Using the same PIT sleeping-location category, the CoC identified 510 people in woods/outdoor encampments in 2024 compared with 236 in 2025, a reduction of 274 people (53.7%). During a corresponding 12-month review, identified qualifying encampment locations declined from 161 to 119, a 26.1% reduction.

More recent CE verification activity confirms that smaller camps and outdoor sleeping locations continue across North, Central, and South Brevard. From January 23 through September 28, 2026, the CoC received 677 verification requests involving 572 unique people; at least 65 unique individuals had descriptions specifically referencing woods, wooded areas, camps, encampments, or tents, with the largest concentrations in Central and South Brevard.

Melbourne law-enforcement data provide an additional local indicator. Homeless-assist calls declined from approximately 198 in January–June 2025 to 113 in July–December 2025 (43%); locations checked declined from about 81 to 43 (47%); and individuals contacted declined from approximately 106 to 74 (30%). Because calls are not coded specifically as encampment checks, the CoC uses these figures as supporting operational data rather than a census.

Overall, Brevard continues to have dispersed tents and small encampments, but available PIT, CE, and law-enforcement data show fewer people and locations associated with outdoor encampments than in prior periods.

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)

Brevard County's Safe Streets Ordinance (§106-203) prohibits exchanges of physical items, including narcotics, between pedestrians and vehicle occupants in travel lanes, medians, crosswalks, and other specified roadway areas. The CoC leverages this public-safety framework and established relationships with the Brevard County Sheriff's Office (BCSO) and municipal police as opportunities to connect people encountered using illicit drugs in public with treatment, outreach, Coordinated Entry, and housing services.

The CoC's July 2026 Substance Use, Recovery, and Program Compliance Policy further supports this approach. It prohibits CoC-funded projects from operating safe-consumption sites, knowingly permitting illicit-drug use or distribution on property, or distributing drug paraphernalia, while expressly allowing lawful overdose-prevention education and referrals to treatment. It directs projects to connect participants to licensed SUD treatment, MAT, counseling, peer recovery support, and recovery housing.

A restrictive effect of enforcement is that individuals may be displaced or disengage before a service connection is established. The CoC mitigates this through coordinated/co-response practices: law enforcement routinely contacts BHC's Coordinated Entry/Outreach Manager and outreach providers when encountering unsheltered people or encampments, and BHC, outreach providers, law enforcement, and mobile crisis teams have responded together to offer resources and follow-up.

The CoC's plan has three components: 1) deploy street outreach where public-safety contacts occur to build trust and connect people to Coordinated Entry; 2) use access sites that co-locate food, healthcare, behavioral-health services, and Mobile MAT; and 3) bring Mobile MAT into the field so transportation is not a barrier to beginning treatment. Circles of Care's Mobile MAT staff also participate in the CoC's CE/street-outreach process.

Quantitative and qualitative data support continuing this strategy. Overdose deaths among people living unsheltered declined from 22 in 2024 to 16 in 2025, a 27% decrease, while the unsheltered PIT count declined from 700 in 2025 to 618 in 2026, a 12% reduction. The CoC will continue using PIT/HMIS, overdose, outreach, and partner data to target high-need locations, strengthen law-enforcement/service coordination, and rapidly connect people using illicit drugs in public to treatment, recovery, housing, and other appropriate services.

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)

Brevard County continues to experience drug overdoses; however, visible illicit drug use in public spaces is not commonly observed or reported as a widespread or concentrated condition across the CoC's geographic area. No countywide data system separately tracks illicit drug use occurring in parks, streets, encampments, beaches, or other public locations. Accordingly, the CoC does not estimate the prevalence of public drug use without supporting data or use overdose statistics as a proxy for public-use incidents.

The CoC assesses overdose conditions through Florida Department of Health surveillance, Medical Examiner records, and information from law enforcement, behavioral-health, outreach, and emergency-response partners. Florida Department of Health data recorded 217 drug-poisoning deaths among Brevard County residents in 2024, including 190 unintentional drug-poisoning deaths. Available state data also show improvement from 2023 to 2024 in overdose indicators, including declines in drug- and opioid-related deaths and nonfatal overdose emergency-department visits and hospitalizations.

The CoC separately tracks deaths among people experiencing unsheltered homelessness through its partnership with the Brevard County Medical Examiner's Office. In 2024, 22 unsheltered individuals died from drug overdose; in 2025, 16 died from overdose—a reduction of 6 deaths, or 27.3%. These data show that overdose remains a serious concern while demonstrating measurable year-over-year improvement.

When law enforcement, outreach, behavioral-health, or other partners encounter an individual needing assistance related to substance use, the community has pathways to treatment, mobile medication-assisted treatment, crisis intervention, recovery services, and law enforcement when appropriate.

FL-513's July 2026 Substance Use, Recovery, and Program Compliance Policy reinforces this approach by prohibiting CoC-funded projects from operating drug-consumption sites, knowingly permitting illicit-drug use or distribution on property under their control, or knowingly distributing drug paraphernalia, while promoting treatment and recovery-oriented services.

Overall, current data show continued overdose risk but improving overdose outcomes, while available local information does not indicate widespread or concentrated illicit drug use in Brevard's public spaces.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

FL-513 uses Florida's Baker Act & Marchman Act, together with CoC safety standards & local crisis-response practices, to address situations in which a person experiencing homelessness presents an immediate danger to self or others. The Baker Act provides a legal pathway for involuntary mental-health examination when statutory danger/self-neglect criteria are met, while the Marchman Act provides for involuntary assessment, stabilization, & treatment when substance-use impairment meets statutory criteria.
The CoC's Written Standards require when outreach staff or another homeless-response provider encounters a person who appears to present an immediate danger to self or others, staff contact law enforcement/911 immediately & follow emergency-response direction. Law enforcement & qualified behavioral-health professionals determine whether Baker Act, Marchman Act, emergency medical intervention, or another response is appropriate; homeless-service staff do not make the legal determination themselves.
FL-513 partners with law enforcement, Circles of Care, & other behavioral-health providers to support crisis response & treatment connection. BHC also partners with Central Florida Cares, the Managing Entity, to deliver Crisis Intervention Team (CIT) training for local law enforcement, equipping officers to de-escalate crises & make appropriate Baker Act & Marchman Act referrals.
FL-513 leverages these authorities to obtain rapid intervention when voluntary engagement is insufficient. Statutory thresholds protect individual rights but can restrict intervention when a person is vulnerable yet does not meet the legal standard. In those cases, & following discharge or stabilization, outreach & CE continue voluntary engagement, reassess risk, & connect the person to shelter, treatment, benefits, & housing so crisis intervention is not treated as the endpoint.
CoC data demonstrate both the need for & use of these pathways. From October 1, 2025 through September 26, 2026, HMIS recorded 8 exits to psychiatric hospitals or other psychiatric facilities & 4 exits to substance-use treatment or detoxification facilities. The 2026 PIT Count identified 127 of 618 unsheltered persons (21%) w/serious mental illness & 242 with a substance use disorder. These data, together with the CoC's immediate law-enforcement referral practice & continued post-crisis engagement, demonstrate an operational approach that protects public safety while preserving access to housing & services.

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)

FL-513 supports comprehensive information sharing consistent with SORNA, Florida sex-offender/predator registration requirements, Brevard County ordinance, and HUD HMIS privacy standards. Florida law requires registered sexual offenders and predators to report permanent, temporary, and transient residences to law enforcement, including locations where a transient residence is maintained. Brevard County Code §74-102 prohibits covered sexual offenders/predators from establishing a residence within 1,000 feet of schools, day care centers, parks, and playgrounds.

FL-513 operationalizes these requirements through Coordinated Entry (CE) and provider intake practices. CE manages referrals to participating housing programs, and the CE Specialist reviews the applicable registry before referrals to placements where legal residency/location restrictions may affect placement, including family-oriented developments and properties near restricted locations. Participating emergency shelters and transitional housing programs also check registry status before enrollment. Thus, 100% of CE referrals to placements potentially affected by sex-offender residency restrictions undergo registry review before referral. When applicable, staff assist participants with required location reporting and coordinate with the Brevard County Sheriff's Office or other law-enforcement agency.

FL-513 leverages these practices to promote accurate location reporting, lawful placement, and public safety while mitigating restrictive effects. Residency restrictions can narrow lawful housing options; when a proposed placement is prohibited, CE and providers continue housing navigation to identify a compliant alternative rather than ending assistance. Registry status alone does not result in denial of CoC assistance unless required by law, regulation, or program eligibility requirements.

HMIS personally identifiable information, including location information, is disclosed only when authorized or otherwise permitted by law, the CoC HMIS Privacy Notice, and HUD privacy requirements. Public registry information, participant-assisted reporting, and direct coordination with law enforcement are used whenever possible. The CoC also requires all HMIS users to complete privacy/security training before system access and annually thereafter. Together, these practices support lawful SORNA-related information sharing while protecting public safety, confidentiality, and access to housing and services.

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)

FL-513 uses a countywide, multi-access outreach strategy to reach individuals and families experiencing homelessness throughout the entire CoC geographic area, with particular focus on people who are unsheltered, chronically homeless, living in encampments or other places not meant for habitation, or otherwise disconnected from services. Outreach is integrated with Coordinated Entry(CE), allowing people to be engaged where they are, verified as homeless, enrolled in HMIS, assessed, and connected to housing and services without first reaching a traditional office-based access point.
Dedicated outreach teams engage people in streets, parks, wooded areas, vehicles, encampments, and other unsheltered locations. Law enforcement, first responders, local governments, healthcare and behavioral-health providers, shelters, schools, treatment/recovery providers, veteran-serving organizations, faith-based organizations, and basic-needs partners also identify and connect people who may not independently seek homeless services. 211 Brevard provides centralized telephone access, while in-person and mobile partners extend access throughout the CoC.
Street and mobile outreach reduce transportation, trust, health, and geographic barriers by bringing services directly to people where they are. Circles of Care's Mobile MAT team provides behavioral-health/substance-use outreach and participates in homeless verification and HMIS enrollment. Providence Connects conducts mobile outreach through its Mobile Outreach Vehicle and food-truck activities and collaborates with Streetside Showers. Matthew's Hope conducts street outreach twice weekly through five Central Brevard cities, reaching 100+ people per outreach day and connecting people to meals, showers, medical care, case management, housing resources, and work/skill-building opportunities. DOH-Brevard's HIV outreach team reaches people who may otherwise remain disconnected.
Outreach staff verify homelessness, maintain engagement, provide transportation assistance, schedule CE assessments, and connect participants with CE while housing and services are pursued. FL-513 uses lived-experience and partner feedback with HMIS, PIT, encampment, referral, and geographic data to identify gaps and adjust outreach. Beginning with the 2026 PIT Count, the CoC captures geographic coordinates for unsheltered locations to map where people are staying, identify underserved areas, and better target outreach throughout the geographic area.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

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**	Yes

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.	

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)

FL-513's written policies and procedures for informing individuals and families who become homeless of their eligibility for educational services are contained in the CoC Written Standards, “Educational Rights and Services for Children and Youth Experiencing Homelessness.” The policy is implemented with Brevard Public Schools (BPS) and its Students-In-Transition (SIT)/McKinney-Vento Liaison, with whom BHC maintains a formal partnership and data-sharing agreement. The Written Standards require CoC and ESG-funded projects and participating Coordinated Entry providers to affirmatively inform families with children and unaccompanied youth experiencing homelessness of their eligibility for educational services and applicable rights under the McKinney-Vento Homeless Assistance Act.

When a family with children or an unaccompanied youth is identified through Coordinated Entry, outreach, shelter, housing programs, homelessness prevention, or another participating provider, staff must directly inform the parent, guardian, or unaccompanied youth of educational eligibility and rights. Notification occurs during intake, assessment, enrollment, case management, or when eligibility is identified; families and youth are not required to request this information. Providers explain applicable rights, provide or review written information, and offer assistance connecting eligible children and youth to the BPS SIT/McKinney-Vento Liaison. With household consent, providers facilitate the connection and assist with access to the educational system.

BHC reinforces notification by ordering posters, pamphlets, and other educational-rights materials from the National Center for Homeless Education and distributing them to homeless-service providers for display in client-access areas and direct distribution to families. BHC also provides provider training and coordinates with BPS. The SIT/McKinney-Vento Liaison convenes quarterly meetings with BHC, CoC providers, and school-based SIT contacts to coordinate identification, referrals, rights information, and system updates. BHC also trains school-based SIT contacts during the annual PIT process, strengthening two-way identification and referral. When BPS/SIT identifies a student or family needing homeless services, the household is referred to Coordinated Entry. Providers document notification and/or referral assistance when applicable, consistent with privacy and confidentiality requirements.

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

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

(limit 2,500 characters)

The Brevard Continuum of Care (CoC) coordinates directly with Florida's child-welfare system to prevent youth from exiting foster care or other public systems of care into homelessness. The CoC Advisory Council, FL-513's governing board, includes a designated seat for the Florida Department of Children and Families (DCF), currently represented by Traci Klinkbeil, and a designated seat for the community-based care organization, Family Partnerships of Central Florida, represented by President and CEO Phil Scarpelli. This governance structure gives child-welfare partners a formal role in identifying transition barriers, housing needs, and service gaps and in shaping CoC strategies for youth leaving care. BHC and Family Partnerships have also collaborated on prior reunification-focused grant initiatives, reflecting an established history of cross-system work to stabilize families and support youth involved in child welfare.

WAYS for Life is the CoC's primary HUD CoC-funded housing partner serving transition-age youth, including youth formerly in or aging out of foster care. WAYS Executive Director Pam Bress also serves on the CoC Advisory Council, linking CoC governance directly to youth housing and service delivery. WAYS provides transitional housing, individualized case management, housing navigation, education and employment supports, life-skills development, transportation, legal and health-care navigation, benefits assistance, and permanent-housing planning. WAYS also coordinates with the Housing Authority of Brevard County to help eligible former foster youth access Foster Youth to Independence (FYI) Housing Choice Vouchers and other permanent-housing resources.

Through DCF, Family Partnerships, WAYS for Life, Coordinated Entry, the Housing Authority, and other CoC partners, youth leaving public systems of care can be identified and connected to housing and individualized supports before or during the transition to adulthood. Coordination occurs through the CoC Advisory Council, case consultation, and Brevard County's Together in Partnership forum, where child-welfare, juvenile-justice, workforce, family-serving, and homelessness partners identify transition barriers, address referral and eligibility issues, coordinate housing and service options, and develop cross-system solutions intended to prevent youth from exiting public care into homelessness.

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

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

(limit 2,500 characters)

The Brevard Continuum of Care (CoC) coordinates with Crosswinds Youth Services (CYS), Brevard County's U.S. Department of Health and Human Services Runaway and Homeless Youth (RHY)-funded provider. CYS currently operates an HHS RHY-funded Basic Center Program and has operated RHY-funded Street Outreach and Transitional Living Programs in prior years. CYS serves runaway and homeless youth under age 18 through emergency shelter, crisis intervention, counseling, family engagement, and referrals. CoC and community partners refer minors needing emergency shelter or youth-specific crisis services to CYS, while CYS connects youth approaching adulthood or needing homeless-system resources with Coordinated Entry and appropriate housing and service providers.

The CoC is not aware of a currently operating RHY-funded Maternity Group Home within FL-513. Where an RHY program type is unavailable locally, the CoC coordinates across CYS, WAYS for Life, street outreach, child-welfare partners, 211 Brevard, housing authorities, schools, and other youth-serving organizations to address service gaps. WAYS for Life complements the RHY system as a HUD CoC-funded housing provider serving transition-age youth, including youth formerly in foster care and youth experiencing homelessness. WAYS provides transitional housing, housing navigation, case management, education and employment supports, life-skills services, and permanent-housing planning.

Together, CYS and WAYS support an age-appropriate continuum. CYS provides crisis response and shelter for minors, while WAYS and other CoC providers offer longer-term housing and stabilization resources for eligible transition-age youth. As youth approach adulthood, partners use warm referrals to connect them with WAYS, Coordinated Entry, housing authorities, or other eligible programs; youth needing minor-specific crisis services are referred to CYS. The CoC supports these connections through case consultation, transition planning, child-welfare and school partnerships, and community planning. Youth with lived experience inform system planning through WAYS and its Youth Action Board. Information sharing and referrals follow RHY confidentiality and applicable consent requirements. These coordinated practices help youth move from crisis to stable housing without losing services during the transition to adulthood.

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 of Hope's Transition to Hope Transitional Housing project primarily serves families with children experiencing homelessness, including young parents ages 18–24 with children and families with adults and children. The project combines transitional housing with intensive case management, employment and income supports, childcare connections, parenting and tenancy education, and pathways to permanent housing and long-term family stability.

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 of Hope's Transition to Hope Transitional Housing project, identified in 1C-13, uses an individualized, employment-focused supportive-services model to increase household income and prepare families to assume and sustain rental costs. Each household works with a case manager and wraparound team to identify employment, education, childcare, transportation, financial, and other barriers and incorporate income-growth goals into its housing-stability plan.

Transition to Hope provides a structured workforce pathway through CareerSource of Brevard, Flagler and Volusia, Hope for North Brevard, and Eastern Florida State College (EFSC). Participants receive job-search and career-development assistance, job training, education, and connections to high-demand occupations. CareerSource is a formal workforce-development partner providing job-search and career-development services. Community of Hope also provides work-internship opportunities with partner agencies and churches, allowing participants to build work experience, employability skills, resume history, and receive on-the-job training before transitioning to competitive employment.

The project also removes barriers to employment by coordinating prioritized childcare referrals through the Early Learning Coalition and transportation assistance when needed. Case managers connect participants to additional education or training and help maximize benefits and other income while earned-income goals are pursued. Transition to Hope reinforces income growth through budgeting, financial-literacy, and good-tenancy coursework. Participants contribute 30% of their income toward program fees while in transitional housing, helping households practice budgeting for housing costs as earnings increase. Case managers monitor progress and adjust employment, training, education, benefits, and barrier-removal strategies so families are prepared to assume ongoing rent and household expenses after exit.

These services are intentionally integrated with housing planning so increased earnings and other income translate directly into the ability to obtain and maintain permanent housing. Community of Hope reports that its workforce partnerships help the program achieve more than 50% of households exiting with employment income, demonstrating that employment and income growth are core components of the project's approach to long-term rental stability.

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)

Community of Hope's Transition to Hope Transitional Housing project, identified in 1C-13, leverages mainstream family-service systems to strengthen housing stability and help families transition to permanent housing they can sustain. Community of Hope has extensive experience leveraging TANF Homelessness Prevention and other mainstream family-service resources through BHC's State Unified Homelessness Contract. TANF Homelessness Prevention supports eligible families through housing-stability case management and emergency financial assistance, including rental and utility assistance, to prevent homelessness and maintain permanent housing.

Transition to Hope incorporates these mainstream resources into each family's individualized housing-stability plan. Community of Hope is a DCF ACCESS provider and assists families with access to TANF and other public benefits, including SNAP and Medicaid, helping households maximize income and reduce expenses that could otherwise threaten housing stability. Case managers assess household needs, identify applicable mainstream resources, and coordinate applications and referrals.

The project also leverages the Early Learning Coalition for prioritized childcare assistance, removing a major barrier to employment, education, and job training for parents. These resources are coordinated with Transition to Hope's workforce-development services through CareerSource of Brevard, Flagler and Volusia, Hope for North Brevard, and Eastern Florida State College, allowing families to address housing, income, childcare, benefits, education, and employment needs together.

By combining CoC-funded transitional housing with TANF-related homelessness-prevention resources, public benefits, childcare assistance, workforce services, and other mainstream family supports, Transition to Hope extends resources beyond the CoC grant and helps families increase income, reduce household costs, prevent future housing crises, and transition to stable permanent housing they can afford and maintain.

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)

Community of Hope's Transition to Hope Transitional Housing project combines housing assistance with a coordinated package of family supports that addresses the practical barriers that can prevent families from stabilizing and exiting homelessness.

For childcare, Community of Hope is an authorized referral agency under the executed MOU between the Brevard Homeless Coalition and the Early Learning Coalition of Brevard County. The agreement creates a formal referral and communication process through which families experiencing homelessness can be referred directly for Child Care Resource and Referral services and, when eligible, School Readiness-funded childcare. ELC initiates services within 10 calendar days of receiving a complete referral, and the agreement directs partnering agencies to incorporate the role of childcare in the family's transition out of homelessness into case planning.

Parenting support is built into Transition to Hope's individualized service model. Participants may engage in structured parenting, budgeting, tenancy, and other psychoeducational activities, along with case management and mentorship, based on the needs of the household. Education is coordinated through the CoC's formal partnership with Brevard Public Schools. Families are informed of their McKinney-Vento educational rights and connected to the Students-in-Transition Liaison for immediate school enrollment, transportation, and other educational supports. Adult participants are also connected to postsecondary education and workforce pathways, including Eastern Florida State College and CareerSource Brevard Flagler Volusia.

For pregnancy-related and child healthcare, case managers coordinate referrals through 211 Brevard, one of the CoC's primary Coordinated Entry access points, and directly to Healthy Start/Healthy Families, WIC, the Florida Department of Health, and other appropriate prenatal, pediatric, developmental, and family-health resources. These connections are incorporated into individualized case planning so health needs, childcare, education, parenting supports, and housing goals are addressed together rather than through disconnected referrals.

Through this coordinated model, Transition to Hope combines transitional housing with childcare, parenting, healthcare, and educational supports that remove barriers to family stability, employment and education, and successful transition to permanent housing.

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)

FL-513 maintains an active partnership with the U.S. Department of Veterans Affairs and veteran-serving providers, including HfH Supportive Housing's VA Grant and Per Diem program. Through the Veteran By-Name List, Coordinated Entry, case conferencing, and VA HOMES/HUD-VASH data coordination, partners identify veterans experiencing homelessness, coordinate housing and services, reconcile housing status, reduce duplication, and identify and address gaps in the veteran response system.

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)

FL-513 partners with The Women's Center and Serene Harbor, local victim service providers serving survivors of domestic violence, dating violence, sexual assault, and stalking. The Women's Center operates Brevard's FCASV-listed certified Sexual Assault Victim Services program and confidential survivor CE pathway; Serene Harbor is an FCADV-listed domestic violence center. Both provide shelter, housing, safety planning, advocacy, counseling, and supportive services and participate in CoC planning.

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

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

(limit 500 characters)

The CoC partners with Operation New Hope (ONH) to prevent homelessness among people transitioning from prison, jail, and court-ordered programs through reentry services, housing navigation, employment support, and connections to community resources. ONH also participates in CoC system planning. The CoC additionally coordinates with the Brevard County Jail/BCSO on pre-release referrals to Coordinated Entry, annual PIT Count activities, and Advisory Council participation.

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)

Housing for Homeless, a CoC provider, operates an existing hospital-linked program with Health First and Parrish Medical Center serving homeless patients with significant medical and trauma-related needs following discharge. Building on this established work, the CoC is seeking a Healthcare CE expansion with a dedicated specialist who can work across hospitals to connect high utilizers of emergency/crisis care to Coordinated Entry, housing, supportive services, and medical-respite resources.

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

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

(limit 500 characters)

The CoC partners with Titusville Housing Authority (THA) to connect older adults experiencing homelessness to Titusville Towers, a 120-unit assisted living facility serving adults 62+. The CoC also coordinates with Aging Matters in Brevard and the Brevard Commission on Aging for referrals, benefits, and aging-related resources, including assistance identifying funding options when needed. THA’s Director serves on the CoC Advisory Council, strengthening coordination on aging and housing needs.

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)

Carrfour Supportive Housing's Heritage Park is a Permanent Supportive Housing project that prioritizes individuals and families experiencing chronic homelessness. Heritage Park's CoC Program grant maintains chronically homeless/DedicatedPLUS requirements, and vacancies are filled through the FL-513 Coordinated Entry System with eligible households consistent with those project requirements.

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)

Heritage Park provides on-site behavioral healthcare through an integrated housing and healthcare model supported by formal partnerships with Brevard Health Alliance (BHA) and Circles of Care. BHA, Brevard County's Federally Qualified Health Center, operates an on-site clinic at Heritage Park, reducing transportation and access barriers for residents who have experienced homelessness. BHA provides primary and behavioral healthcare, including behavioral health assessment, treatment-planning support, self-management services, and assistance addressing anxiety, stress, anger management, and chronic illness. BHA also provides access to preventive, dental, women's health, pharmacy, and other FQHC services.
Carrfour also maintains a formal partnership with Circles of Care to expand access to behavioral health and substance use services. Services available through this partnership include psychiatric evaluation and diagnostic assessment, medication management, crisis intervention, therapy, psychiatric case management/care coordination, peer and recovery support, substance use disorder assessment and treatment, and other behavioral health services based on individual need.
Carrfour's DCF Managing Entity-funded behavioral health component further coordinates behavioral health services for Heritage Park residents. It works with Carrfour's housing services staff, BHA, Circles of Care, and other providers to facilitate clinical assessments, coordinate services, and connect residents to appropriate levels of care.
Carrfour's on-site services staff serve as the bridge between housing and healthcare. Residents complete an individualized needs assessment and Housing Stability Plan (HSP) identifying goals, needed services, and action steps. Staff facilitate referrals and warm handoffs, address barriers to accessing care, and support continued engagement. HSPs are formally reviewed at least every 90 days and updated as needs and circumstances change. The documented Heritage Park service model establishes individualized HSPs and ongoing review as resident needs change.
The model is person-centered, trauma-informed, and recovery-oriented. Behavioral healthcare is integrated with housing stabilization rather than a prerequisite for housing. This approach allows residents with significant behavioral health and substance use needs to receive care while maintaining the stability of permanent housing.

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)

Heritage Park has an established process for assessing participants' ability to live independently and identifying when a higher level of care may be needed. At admission, Carrfour requires disability verification, if applicable, by a state-licensed professional. In addition to verifying a qualifying disability, the professional must certify that the applicant is able to live independently and perform daily living activities. The form also establishes that the qualifying disability substantially impedes the individual's ability to live independently without supportive services. HP Disability Verification Form
Following move-in, Carrfour's Housing Services Coordinator completes a comprehensive needs assessment and develops an individualized HSP. The HSP identifies needs and goals, services necessary to address them, and action steps. HSPs are formally reviewed at least every 90 days, w/additional assessments occurring through ongoing service coordination, home visits, and resident engagement. The plan is updated as needs and circumstances change.
When changes in behavioral health, physical health, functional abilities, activities of daily living, or other circumstances indicate that additional assessment or a higher level of care may be needed, Carrfour coordinates with BHA, Circles of Care, and other appropriate providers for clinical assessment and determination of the appropriate level of care. Carrfour's DCF Managing Entity-funded behavioral health component further supports coordination and linkage to needed behavioral health services.
Based on assessed need, Carrfour and its clinical partners coordinate connection to appropriate services or levels of care, which may include enhanced community-based services, respite, crisis services, short-term residential treatment, inpatient behavioral healthcare, assisted living, skilled nursing, hospitalization, or other specialized care. Carrfour's staff facilitates referrals, warm handoffs, and coordination with providers to support continuity of care.
When a higher level of care is temporary, Carrfour coordinates with the resident and treatment providers to support continuity of care and return to the community when appropriate. When assessment indicates another residential setting is needed on an ongoing basis, Carrfour works with the resident, licensed practitioners, clinical partners, and other appropriate providers to coordinate transition to a setting that can appropriately meet the resident's needs.

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)

Heritage Park incorporates Moving On readiness into ongoing housing stability planning. Through ongoing service coordination and home visits, staff assess progress toward greater housing independence, including housing stability, income and benefits, ability to meet lease obligations and manage daily living activities, and connection to community-based supports.
When a participant has achieved greater stability and is ready to pursue another permanent housing option, Carrfour develops an individualized transition plan. Moving On pathways include unsubsidized permanent housing when financially sustainable, as well as other permanent affordable housing options.
Heritage Park offers two significant pathways to support Moving On. First, 56 units are supported by Project-Based Vouchers through the Housing Authority of Brevard County (HABC). After completing 12 months of PBV occupancy, eligible residents may request tenant-based assistance through HABC's Choice Mobility process, providing an opportunity to move into housing in the community while retaining rental assistance. If tenant-based assistance is not immediately available, the resident receives priority for the next available opportunity under HABC's Choice Mobility procedures.
Second, Carrfour provides residents who are ready to move on priority on its affordable housing waiting list across Carrfour communities. This creates an additional pathway for residents who may no longer need PSH-level assistance but continue to need an affordable housing option. Staff assist residents with increasing income when appropriate, assessing affordability and eligibility, identifying housing options, completing applications and documentation, housing search, and transition coordination.
Moving On planning is individualized to support a sustainable transition while creating PSH opportunities for households who need the housing and supportive services available at Heritage Park.

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.	

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.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026

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

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
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.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The FL-513 CoC's reallocation process is described in Section III.E of the FY2026 Local RFP. The Ranking & Review (R&R) Committee re-evaluates all renewal projects annually using merit-based scoring across four sections: organizational capacity, project design, services and outcomes, and BHC Objective Scores. The BHC Objective Scores measure data-driven performance including HMIS data quality and timeliness, returns to homelessness, employment and earned income, housing outcomes, utilization, and budget/grant compliance. Projects are candidates for reallocation when they score poorly on outcome metrics, data quality, or earned income; are underspending; no longer align with system needs; or when reallocation would strengthen the CoC application. Per the RFP: "The CoC may use reallocation to shift funds in whole or in part from eligible renewal projects... when a project is underperforming, underspending, no longer aligned with system needs, has unresolved compliance or capacity concerns, or when reallocation would strengthen the overall CoC application and improve system outcomes." Reallocated funds support new, higher-performing projects selected through the competitive RFP process.
2. Yes. The CoC identified four low-performing or less-needed projects during the FY2026 local competition. HfH Supportive Housing – PSH PH1 (score: 75.5) scored 1/10 on Employment/Earned Income and 2.5/5 on Data Quality & Timeliness. WAYS for Life – Youth Transitional Housing (score: 79) scored 0/5 on Data Quality & Timeliness. Carrfour Supportive Housing – (Former Orchid Lake) PSH (score: 80.50) was identified as underspent and less needed given system capacity. Community of Hope – Path of Hope RRH (score: 76) demonstrated performance below system need thresholds.
3. Yes. The CoC reallocated funding from all four identified projects. Carrfour – (Former Orchid Lake) PSH and Community of Hope – Path of Hope RRH were fully reallocated, releasing $56,100 and $23,596, respectively. HfH Supportive Housing – PSH PH1 was reduced by $115,744 and WAYS for Life – Youth Transitional Housing by $28,801. Total reallocated: $224,241. These funds supported new, high-performing projects including Providence Connects – Providence Place PSH (score: 90.50), new Transitional Housing projects, and system expansions.
4. Not applicable. The CoC reallocated from lower-performing and less-needed projects during its FY2026 local competition, as described in elements 2 and 3.

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

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)	Bell Data Systems, Inc.

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	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. The CoC did not change its unsheltered PIT count methodology between 2025 and 2026. In both years, the CoC conducted a complete census count across Brevard County using field teams, coverage of known unsheltered locations, and designated service/access sites.

The changes between 2025 and 2026 were incremental data-quality improvements to the CoC's existing electronic PIT survey and reporting process. The CoC has used a secure, encrypted online survey form in prior years and continues to strengthen it annually based on lessons learned from data collection, validation, and reporting. For 2026, the CoC further refined field coding, validation rules, conditional logic, and front-end reporting fields so that responses were captured more consistently at the point of collection and data needed for validation and analysis were structured more effectively for downstream reporting. The survey logic increasingly prevents responses that conflict with earlier answers, limits unnecessary questions based on respondent circumstances, and standardizes how information is coded before it reaches the analysis stage. The CoC also continued refining locally developed reporting fields that support quality-control review and more detailed analysis without altering HUD-required PIT elements or the HUD-reported count.

2. These refinements did not change who was counted, where the count occurred, or the CoC's complete-census methodology. Instead, they strengthened data quality by reducing inconsistent or incompatible responses, preventing avoidable data-entry errors, limiting the need for manual recoding and corrections after the count, and improving the efficiency of validation and reporting. Structuring reporting variables on the front end also allowed the CoC to identify patterns and potential data-quality concerns more readily during analysis.

Because the underlying methodology remained consistent, the CoC does not attribute differences between the 2025 and 2026 PIT totals to a change in counting approach. The 2026 refinements increased confidence in the accuracy, consistency, and usability of the final PIT data and helped ensure that reported results more closely reflected the information collected during the count.

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

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

(limit 2,500 characters)

During FL-513's selected evaluation period of January 25, 2024 through January 24, 2025, the CoC took coordinated actions to reduce encampments and connect people residing in encampments to shelter, housing, treatment, and other services. Using the same PIT sleeping-location methodology at the beginning and end of the period, the CoC identified 161 qualifying encampment locations at the beginning of the period and 119 at the end, a reduction of 42 locations (26.1%). The number of people residing in qualifying "Woods or Outdoor Encampment" locations decreased from 510 to 236, a reduction of 274 people (53.7%).

Brevard Homeless Coalition (BHC), as Collaborative Applicant and Lead Agency, coordinated street outreach, Coordinated Entry (CE), local government, law enforcement, behavioral health/mobile crisis partners, and homeless service providers to identify encampments, engage people where they were staying, and connect them to appropriate interventions. Outreach and service providers conducted direct engagement at known encampments, facilitated access to CE, shelter, housing, behavioral health, substance use treatment, and other resources, and maintained follow-up after initial engagement.

Following implementation of Florida HB 1365, BHC convened a multi-agency workgroup of local government, law enforcement, and community partners to coordinate responses to public camping and strengthen alternatives for people living unsheltered. The workgroup identified the lack of low-barrier emergency shelter as a significant system gap. In response, BHC used State Challenge Grant funding to contract with a local homeless service provider to develop three mobile sleeper buses with 60 emergency shelter bed capacity. The buses were designed to provide short-term safe sleep while serving as connection points to CE, housing, outreach, behavioral health, and other CoC services.

BHC also strengthened coordination among outreach, crisis-response, local government, and public-safety partners so people encountered in encampments could be engaged on site and connected to available resources rather than receiving a stand-alone encampment response. These coordinated actions strengthened FL-513's overall response to unsheltered homelessness while the CoC's quantitative data demonstrated substantial reductions in both identified encampment locations and people residing in them.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	161
2. Enter the reduction in the number of encampments during your evaluation period.	42

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	510

2. Enter the reduction in the number of people in encampments during your evaluation period.	274

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

FL-513 has reduced first-time homelessness under both SPM Measure 5 metrics. Metric 5.1, covering persons entering ES, SH, and TH, decreased from 891 to 710 persons, a 20.31% reduction. Metric 5.2, which also includes persons entering PH and is the metric HUD identifies for scoring this question, decreased from 1,347 to 1,226 persons, an 8.98% reduction. The CoC will build on this progress through a coordinated prevention and diversion strategy focused on resolving housing crises before individuals and families enter shelter or unsheltered homelessness.

Brevard Homeless Coalition (BHC), as the CoC Lead Agency, coordinates prevention and diversion through Coordinated Entry (CE). Households at risk of homelessness are connected to available prevention resources, including TANF-funded homeless prevention, ESG-funded prevention, and the County's Community Action Team for rental and housing-stabilization assistance. CE staff and access partners also use problem-solving and diversion strategies such as landlord engagement, mediation, connection to utility and financial assistance, and identification of safe family or natural-support options when appropriate.

The CoC also works upstream with hospitals, behavioral health providers, jails and law enforcement, schools and family-serving organizations, and other community partners that may encounter households before homelessness occurs. These partners connect people to CE and prevention resources earlier, while discharge and transition planning helps reduce exits from institutions into homelessness.

BHC will use HMIS, CE, and SPM data to monitor first-time homelessness and identify where new inflow is occurring. BHC and the Data & Performance Measures Committee will review Metric 5.2, prior living situation, household type, geography, and referral-source trends to identify emerging drivers of first-time homelessness and determine where prevention resources and partnerships should be strengthened.

Through Housed and Healthy Brevard, the CoC will continue strengthening prevention referral pathways, standardizing diversion practices across CE access points, and using system data to evaluate outcomes and adjust strategies. BHC is responsible for coordinating implementation and monitoring continued reductions in SPM Metric 5.2.

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)

FL-513 demonstrated a year-over-year reduction in length of time homeless under SPM Metric 1.2, the measure HUD identifies for scoring this question. For persons in ES, SH, and TH, average length of time homeless decreased from 183.99 to 168 days, an 8.69% reduction, and the median decreased from 78 to 62 days, a 20.51% reduction. The CoC will continue reducing these periods by identifying and resolving delays from system entry through permanent housing placement.

Brevard Homeless Coalition (BHC), as the CoC Lead Agency and Coordinated Entry (CE) Lead, uses CE to standardize assessment, prioritization, referral, and housing matching across FL-513. CE staff monitor households from assessment through referral and placement, identify people experiencing extended homelessness or stalled referrals, and use case conferencing with providers to address barriers. BHC will continue strengthening timely homelessness and eligibility verification, document readiness, benefits and income connections, housing navigation, and coordination among outreach, shelter, TH, RRH, PSH, and CE providers so households are ready to move when an appropriate housing opportunity becomes available.

The CoC will reduce referral-to-placement delays through closed-loop CE referrals, monitoring available program capacity and referral outcomes, follow-up with receiving providers, and prompt rematching when a referral cannot proceed. Landlord engagement and housing-location efforts will support faster RRH and community placements, while coordination with behavioral health, healthcare, benefits, transportation, and other service partners will address barriers that can prolong homelessness.

BHC will use HMIS, APR, and CE data to identify bottlenecks and long-staying households. BHC and the Data & Performance Measures Committee will monitor SPM Metric 1.2 together with project length of stay, time from project entry to housing move-in, referral and placement timelines, and stalled referrals. Project performance report cards and monitoring findings will be used to identify underperformance, provide targeted technical assistance, require corrective action when needed, and improve CE and provider workflows.

BHC is responsible for coordinating implementation and monitoring continued year-over-year reductions in both average and median length of time homeless. Results will be reviewed at least quarterly, with targeted action when data identifies prolonged stays or system bottlenecks.

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?	41.55%

Describe how you calculated the data for this response.

(limit 2,500 characters)

BHC calculated this measure using HMIS data for the 12-month period October 1, 2024 through September 30, 2025. The universe included program participants who exited TH, RRH, and PSH projects during the reporting period. The denominator was 698 persons who exited these project types, regardless of exit destination. The HMIS APR identifies 698 total leavers for the period. 2A-7 APR
For the numerator, BHC summed exits recorded under HMIS Data Element 3.12, Exit Destination, to the four response options specified by HUD: Staying or living with family, permanent tenure (50); Staying or living with friends, permanent tenure (24); Rental by client, no ongoing housing subsidy (214); and Owned by client, no ongoing housing subsidy (2). These four categories totaled 290 exits. 2A-7 APR
The calculation was 290 qualifying unsubsidized housing exits ÷ 698 total TH/RRH/PSH exits = 41.55%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	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

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

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	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

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	81	28	109	100.00%
2. Safe Haven (SH) beds	17	0	17	100.00%
3. Transitional Housing (TH) beds	294	18	312	100.00%
4. Rapid Re-Housing (RRH) beds	252	26	278	100.00%
5. Permanent Supportive Housing (PSH) beds	426	0	426	100.00%
6. Other Permanent Housing (OPH) beds	308	0	233	75.65%

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. N/A our coverage is 94.83%
2. N/A our coverage is 94.83%

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

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/27/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/27/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Your CoC's Policy...	09/28/2026
11. Other	No		

Attachment Details

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

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:

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:

Attachment Details

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

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/26/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

FL-513 Brevard County CoC
Collaborative Applicant - Brevard Homeless Coalition
FY2026 HUD CoC Competition Attachment Cover Page

Question: 1C-1
Attachment Name: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

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

FL-513 FY2026 CoC Competition

On-Site Substance Use Treatment Availability - TH/RRH/PSH Project List

HUD threshold: On-site substance use treatment must be available in at least 30% of TH/RRH/PSH projects.

FY2026 calculation: 5 qualifying projects / 9 TH/RRH/PSH projects = 55.6% (Requirement met)

CoC Project	Component	On-Site SUD Treatment?	Treatment Provider
Heritage Park Expansion - FL0969L4H132503	PSH	Yes	Circles of Care
Heritage Park Renewal - FL0794L4H132506	PSH	Yes	Circles of Care
HfH PH1 - FL0147L4H132518	PSH	No	-
Providence Place Supportive Housing	PSH	Yes	Brevard Health Alliance
Women's Center DV Bonus Project RRH - FL0970D4H132503	RRH	No	-
Apollo Gardens	TH	Yes	Circles of Care
Transition to Hope	TH	No	-
HfH Transitional Housing	TH	Yes	Housing for Homeless, Inc. (HfH)
BHC DV Bonus Project	TH	No	-

Excluded from this calculation: Joint TH-RRH, SSO, Coordinated Entry, HMIS, and CoC Planning projects.

FL-513 Brevard County CoC

Collaborative Applicant - Brevard Homeless Coalition
FY2026 HUD CoC Competition Attachment Cover Page

Question: 1C-1f

Attachment Name: List of CoC Program Projects and the Number of Units that Require Substance Abuse Treatment

Availability of Units for Persons
Reporting Chronic Substance Use

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

FL-513 FY2026 CoC Competition

1C-1f - CoC Program Units Requiring Substance Abuse Treatment

HUD Criterion: Identify CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program.

CoC Project	Component	Units Requiring Substance Abuse Treatment Engagement
Housing for Homeless, Inc. – HFH Transitional Housing	TH	3
TOTAL		**3**

Participation requirement: The HfH Transitional Housing Client Contract requires active engagement in individualized supportive services for continued participation. The Individualized Action Plan includes weekly, one-hour substance abuse counseling on-site at HfH, and the contract states that failure to comply may result in discharge from the program.

Question: 1C-3

Attachment Name: 1C-3 Language from Project Supportive Service Agreements

Language from Project Supportive Service Agreements

FY2026 CoC Collaborative Application

1C-3. Language from Project Supportive Service Agreements

Total Projects (TH, PSH, RRH, & Joint TH-RRH)	Total Projects (TH, PSH, RRH, & Joint TH-RRH) Requiring Supportive Service Participation	Calculation
10	10	**10 / 10 = 100%**

Project	Type	Source Document & Reference	Language from Project Supportive Service Agreements
Heritage Park Expansion	PSH	Carrfour FY2026 Supportive Services Program Participation Addendum, pp. 1-2	"As a condition of continued participation in this CoC-funded project, the Participant is required to participate in non-disability-related supportive services provided through the project, consistent with 24 CFR 578.75(h)……Required participation includes meeting with the assigned Resident Services Coordinator at least once each month..."
Heritage Park Renewal	PSH	Carrfour FY2026 Supportive Services Program Participation Addendum, pp. 1-2	"As a condition of continued participation in this CoC-funded project, the Participant is required to participate in non-disability-related supportive services provided through the project, consistent with 24 CFR 578.75(h)……Required participation includes meeting with the assigned Resident Services Coordinator at least once each month..."
HfH PH1	PSH	Permanent Supportive Housing Program Agreement, pp. 1-2	"Consistent with 24 CFR 578.75(h), continued participation in this CoC-funded project requires participation in individualized, non-disability-related supportive services provided through the project…..The Participant will meet with the assigned Case Manager at least monthly..."
Women's Center DV Bonus Project RRH	RRH	Women's Center RRH Grant Guidance, p. 1	"As a condition of continued participation in the CoC-funded Rapid Re-Housing project, the Participant is required to participate in non-disability-related housing-focused case management provided through the project, consistent with 24 CFR 578.75(h)…..The Participant will meet with an advocate at least once per month..."
WAYS for Life Youth Transitional Housing	Joint TH-RRH	WAYS Transitional Housing Program Participant Occupancy Agreement, pp. 10-11	"As a condition of continued participation in this Joint TH-RRH project, the Participant is required to participate in individualized, non-disability-related supportive services provided through the project, consistent with 24 CFR 578.75(h)….During the Transitional Housing portion...applicable participants will engage in at least twenty (20) hours per week..."
Women's Center TH-RRH DV Bonus Project	Joint TH-RRH	Women's Center TH Program Agreement, p. 2; RRH Grant Guidance, p. 1	"As a condition of continued participation in this Joint TH-RRH project, the Participant is required to participate in individualized, non-disability-related housing-focused case management and supportive services provided through the project, consistent with 24 CFR 578.75(h)….During the Transitional Housing portion...applicable participants will engage in at least twenty (20) hours per week..."
Apollo Gardens	TH	Carrfour Transitional Housing Program Participation Addendum FY2026, pp. 1-2	"As a condition of continued participation in the Transitional Housing project, the Participant is required to participate in individualized supportive services and goal-oriented activities provided through the project….Applicable participants will engage in at least twenty (20) hours per week..."
Providence Place Supportive Housing	PSH	Providence Place Supportive Services Program Participation Addendum, p. 1	"As a condition of continued participation in the CoC-funded Providence Place project, the Participant is required to participate in non-disability-related housing-focused case management and housing-stability services provided through the project, consistent with 24 CFR 578.75(h)….Required participation includes meeting with the assigned Housing Case Manager at least once each month..."
Transition to Hope	TH	Transition to Hope Program Lease Addendum, pp. 1-2	"As a condition of continued participation in the Transitional Housing project, the Participant is required to participate in the individualized case management plan and non-disability-related supportive services and activities provided through the project.…Applicable participants will engage in at least twenty (20) hours per week..."
HFH Transitional Housing	TH	HfH Transitional Housing Program Client Contract, pp. 1-2	"Continued participation in the Transitional Housing project requires active engagement in individualized supportive services and goal-oriented activities provided through the project…..Applicable participants will engage in at least twenty (20) hours per week..."

FL-513 Brevard County CoC
Collaborative Applicant - Brevard Homeless Coalition
FY2026 HUD CoC Competition Attachment Cover Page

Question: 1D-1

Attachment Name: Local Competition Scoring Tool – Project Application Scoring Rubric

Contents:

- Pages 1–9: Renewal Project Scorecard — scoring criteria for all renewal project types (TH/PSH/RRH/SSO/CE/HMIS). Includes Standard Renewal Track and VSP (Victim Service Provider) Renewal Track criteria.
- Pages 10–16: New Project Scorecard — scoring criteria for new project applications (TH, PSH, RRH, SSO, and DV Bonus projects).
- Point Summary (Page 8): Maximum points breakdown by project type and scoring track.

Local Competition Scoring Tool

FY2026 Renewal Project Scorecard

Brevard County Continuum of Care (FL-513)

Committee reviewer score: 50 points. BHC objective score: 50 points.

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
Section 1. Organizational Capacity & Financial Management (10% of total points) — All project types					
a	**Organizational Capacity**	Organizational Capacity, Cost Effectiveness, and Financial Management narratives; federal-funds experience; proposed staffing; organizational budget; most recently submitted Federal Form 990; and any applicable compliance information.	Assess whether the organization and responsible staff have the experience and capacity to administer the proposed project, manage government grant requirements, oversee implementation, and maintain compliance. Consider: experience serving the proposed target population or system users; experience operating the proposed project type or similar activities; experience administering federal, state, or local government grants; qualified staff for project administration, reporting, fiscal coordination, and compliance; and sufficient organizational capacity to operate the project as proposed. 5 = Extensive, directly relevant experience and strong organizational/staff capacity to administer the project and meet grant and compliance requirements. 4 = Strong, relevant experience with only minor organizational or staff-capacity gaps. 2 = Some relevant experience is demonstrated, but organizational or staff capacity is limited or materially incomplete. 1 = Minimal relevant experience is demonstrated, or there is significant concern about successful project administration. 0 = No relevant experience or capacity is demonstrated, or the response is missing or not credible.	Reviewer-scored. Capacity; experience operating the project type and administering federal funds.	5
b	**Financial Management**	Financial Management and leveraging narratives; organizational budget; fiscal control and accounting procedures; most recent audit, compilation, or financial review; and related corrective-action information.	Assess the organization's financial management systems, fiscal controls, financial stability, and experience managing and leveraging federal, state, local, and private funds. Consider: a functioning accounting system and appropriate fiscal controls; proper management and tracking of federal funds; stable financial operations and sufficient funding capacity; experience securing and managing matching or supplemental funding; and timely resolution of audit findings, deficiencies, or other financial concerns. 5 = Strong financial-management systems, effective fiscal controls, stable financial operations, relevant experience managing and leveraging funds, and no material unresolved concerns. 4 = Strong financial-management capacity with only a minor weakness, limited concern, or gap that does not materially affect project administration. 2 = Adequate financial-management capacity, but one or more material gaps, limited funding experience, or financial concerns require clarification or corrective action. 1 = Significant weaknesses, instability, or unresolved concerns raise substantial questions about successful project administration. 0 = Financial-management systems are inadequate or not demonstrated, or material unresolved financial/compliance concerns prevent responsible project administration.	Reviewer-scored. Financial stability; fiscal controls; audit findings.	5
				Section 1 Total	**10**

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
Section 2. Project Design & Feasibility (20% of total points) — All project types					
a	**Project Scope / Design**	Application: Project Description; Populations Served & Housing Capacity (household types, subpopulations, number of households/persons, units/beds, annual service level); documented local need.	Population, Need, Scope, and Capacity. Assess whether the project clearly identifies the population, participants, or system users to be served; demonstrates a documented local need, service gap, or system need; proposes an appropriate scale and capacity; and provides a clear and eligible project scope. Consider: target population, participants, or system users; eligibility and household types, where applicable; subpopulations or priority populations served; documented local need, service gap, or system need; number of households/persons to be served, where applicable; annual service level, system coverage, or maximum project capacity; whether proposed capacity is reasonable based on funding, staffing, units, services, system functions, and project design; whether the proposal avoids unnecessary duplication; and whether the scope is consistent throughout the application. 10 = The population/system users, need, scope, and proposed capacity are clearly defined, well supported, appropriate, feasible, and internally consistent. 8 = Strong and appropriate, with only minor gaps or limited supporting detail. 5 = Generally appropriate, but material information concerning need, population/system users, capacity, or scope is incomplete or weakly supported. 2 = The population/system users or need is unclear, the capacity appears questionable, or the proposal contains significant inconsistencies. 0 = The criterion is not addressed, the proposed population, activities, or system functions are ineligible, or the proposed scope and capacity are not credible.	Reviewer-scored. Type of population served; type of housing proposed; capacity.	10
b	**Project Model / Feasibility**	Application: Project Description and implementation timeline; housing/unit model, site control and landlord commitments; staffing and caseloads; HMIS and Coordinated Entry participation; proposed start and end dates.	Project Model, Readiness, and Feasibility. Assess whether the proposed housing, service-delivery, CE, HMIS, or system-support model is appropriate, sufficiently developed, staffed, accessible, and feasible within the proposed timeline and budget. Consider, as applicable: housing/unit model; beds/units/site control/landlord commitments; readiness, accessibility, habitability, and safety; service locations, coverage, access methods, caseload/staffing capacity, referral/outreach workflow, transportation, HMIS/system administration, data-quality support, training/helpdesk, privacy/security, reporting capacity, governance support, implementation timeline, and ability to achieve the proposed service or system level. 10 = Detailed, appropriate, accessible, supported, implementation-ready, and highly feasible. 8 = Strong and feasible, with only minor gaps. 5 = Basic model is appropriate, but material readiness, staffing, capacity, access, site, system, or implementation details are incomplete. 2 = Vague, poorly supported, delayed, inaccessible, technically unsupported, or questionable. 0 = No credible project model is demonstrated.	Reviewer-scored. Project readiness; capacity; accessibility.	10
				Section 2 Total	**20**

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
Section 3. Services, Outcomes & System Benefit (20% of total points) — All project types					
a	**Supportive Services, Service Participation Requirements & FY2026 Priorities**	Application: Supportive Services, Service Participation & NOFO Priorities; Supportive Services Provided table; service participation requirements / program agreement; written partner agreements or MOUs.	Services, System Support, and FY2026 NOFO Priorities. Assess whether the project provides or coordinates appropriate supportive services, system supports, or operational functions that align with the proposed population/project type and applicable FY2026 NOFO priorities. Consider, as applicable: housing stability supports; case management; treatment/recovery access; employment, education, income, benefits, transportation, healthcare, and mainstream-resource connections; service participation expectations consistent with 24 CFR 578.75; formal partnerships; CE access/referral/prioritization support; HMIS data quality, reporting, training/helpdesk, privacy/security, and system coordination; and whether the proposed investment is sufficient for the project's scope and desired outcomes. 10 = Comprehensive, operational, well aligned with the project type, population/system need, and applicable NOFO priorities. 8 = Strong alignment, with only minor gaps. 5 = Appropriate activities are identified, but material details are incomplete. 2 = Mostly lists services/functions without showing reliable implementation, coordination, or follow-through. 0 = No credible service, system-support, or priority-alignment strategy is demonstrated.	Reviewer-scored. Considers supportive service participation requirements (24 CFR 578.75) and employment/income connections — HUD 1D-1 Element 6.	10
b	**Outcomes, Partnerships & System Benefit**	Application: Projected Performance & Outcomes; Supplemental Resources & Project Partnerships (partner commitments and estimated value); Historical Performance & Improvement Plan (renewals).	Assess whether the project establishes meaningful and measurable participant or system outcomes, has the partnerships/resources needed to achieve them, and will improve project or CoC system performance. Consider, as applicable: exits to permanent housing or positive destinations; housing retention; reduced returns to homelessness; employment/income growth; treatment/recovery connections; timely housing, referral, service, or system connections; HMIS data quality/reporting improvements; CE access, prioritization, and referral outcomes; formal partner commitments; supplemental resources; and expected contribution to CoC system performance. Evaluate whether outcomes are measurable, realistic, connected to project activities, and supported by staff, partners, resources, and follow-up procedures. 5 = Strong, measurable, credible outcomes; clear monitoring process; meaningful partner commitments; and substantial participant/system benefit. 4 = Strong outcomes, partnerships, and system benefit, with only minor gaps. 2 = Outcomes are generally appropriate, but targets, measurement, partnerships, follow-up, or connection to activities are incomplete. 1 = Outcomes are vague, mostly activity counts, weakly supported, or inconsistent with the project design. 0 = No credible measurable outcomes, partnerships, or participant/system benefit are demonstrated.	Reviewer-scored. Outcomes and contribution to CoC system performance.	5

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
c	**Budget, Match & Cost Reasonableness**	Application: Funding Request, Budget Details, & Match; budget and cost-reasonableness narrative; Match Narrative and Match Commitment Worksheet; match documentation.	Assess whether the project budget is complete, reasonable, and aligned with the proposed project design, population or system need, housing/service/system model, staffing, supportive services or system functions, and projected households/persons served or system coverage. Consider whether requested costs are adequately explained, average cost per household or participant is reasonable where applicable, required match is supported, and the proposal demonstrates responsible use of CoC Program funds. 5 = Budget is complete, internally consistent, well supported, and reasonable for the proposed scope and outcomes. 4 = Budget is strong and generally reasonable, with only a minor gap or clarification needed. 2 = Budget is generally plausible, but material costs, match, cost per household/participant, staffing allocations, system costs, or alignment with the project design are insufficiently explained. 1 = Significant budget weaknesses or inconsistencies raise substantial feasibility or cost-reasonableness concerns. 0 = Budget is materially incomplete, unsupported, inconsistent, ineligible, or not credible.	Reviewer-scored. Cost effectiveness; match; leverage.	5
				Section 3 Total	**20**
				Committee Reviewer Score — Sections 1–3 (Maximum)	**50**
Section 4. BHC Objective Score — Applicable Track Only (50% of total points)					
Coordinated Entry Objective Criteria (50% of total points) — Applies to: SSO-Coordinated Entry renewal projects					
a	**Data Quality**	CE APR generated from HMIS – data quality error rate.	10 = less than 5% error rate; 8 = 5% to less than 10%; 6 = 10% to less than 15%; 4 = 15% to less than 20%; 2 = 20% to less than 25%; 0 = 25% or higher, or missing CE APR data.	Objective. Performance data — CE APR data quality.	10
b	**Geographic Reach / Access**	Application: CE project description, service area, and access points/methods.	Geographic Reach (5 points): 5 = CE project serves the full FL-513 CoC geographic area / all of Brevard County; 3 = serves multiple areas or a substantial portion of the CoC, but not the full CoC; 1 = serves a limited subarea or narrowly defined geography; 0 = geography is missing or unclear. Access Methods (5 points): 5 = CE access is available through multiple access methods or pathways, such as in-person, phone, virtual, outreach, referral partners, or specialized access pathways; 3 = more than one method, but access is somewhat limited; 1 = only one clear method or pathway; 0 = access method is missing or unclear.	Objective. Coordinated Entry geographic coverage and access.	10
c	**Assessment Coverage**	CE APR: households assessed ÷ households served.	10 = 95% or higher; 8 = 85% to less than 95%; 6 = 75% to less than 85%; 4 = 60% to less than 75%; 2 = less than 60%; 0 = missing or no CE APR data.	Objective. System Performance — CE assessment coverage supports SPM 1 (Length of Time Homeless) and SPM 7 (Placements to Permanent Housing).	10
d	**Prioritization**	CE APR: households placed on prioritization list ÷ households assessed.	10 = 95% or higher; 8 = 85% to less than 95%; 6 = 75% to less than 85%; 4 = 60% to less than 75%; 2 = less than 60%; 0 = missing or no CE APR data.	Objective. System Performance — CE prioritization supports SPM 1 (Length of Time Homeless) and SPM 7 (Placements to Permanent Housing).	10

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
e	**Referral**	CE APR: households with referral events ÷ households assessed.	10 = 50% or higher; 8 = 40% to less than 50%; 6 = 30% to less than 40%; 4 = 20% to less than 30%; 2 = 1% to less than 20%; 0 = no referral events or missing CE APR data.	Objective. System Performance — CE referrals to housing support SPM 1 (Length of Time Homeless) and SPM 7 (Placements to Permanent Housing).	10
				Coordinated Entry Objective Total	**50**
HMIS Objective Criteria (50% of total points) — Applies to: HMIS renewal projects					
a	**Systemwide Data Completeness**	Systemwide HMIS data quality reports.	95% or higher = 8; 93% to less than 95% = 6; 90% to less than 93% = 4; 85% to less than 90% = 2; less than 85% or missing = 0.	Objective. System Performance — HMIS data completeness underlies CoC System Performance Measures reporting (SPM 1–7).	8
b	**Systemwide Data Entry Timeliness**	Systemwide HMIS data-entry timeliness reports.	95% or higher = 5; 90% to less than 95% = 4; 85% to less than 90% = 3; 80% to less than 85% = 2; less than 80% or missing = 0.	Objective. System Performance — HMIS data entry timeliness underlies CoC System Performance Measures reporting (SPM 1–7).	5
c	**Data Accuracy / Duplicates / Errors**	Systemwide HMIS data quality and duplicate-record reports.	Error or unresolved-duplicate rate of 2% or less = 4; more than 2% through 4% = 3; more than 4% through 6% = 1; more than 6% or missing = 0.	Objective. System Performance — HMIS data accuracy and deduplication underlie CoC System Performance Measures reporting (SPM 1–7).	4
d	**Timely HUD Reports**	Submission and acceptance records for APR, CAPER, LSA, SPM, HIC/PIT, System Performance, and federal-partner reports.	Required HMIS reports produced timely and accepted: 100% = 4; 90% to less than 100% = 3; 75% to less than 90% = 1; less than 75% or missing = 0.	Objective. System Performance — timely HUD-required reports, including the System Performance Measures report (APR, LSA, SPM, HIC/PIT).	4
e	**UDE / Deduplication / Reporting**	HMIS configuration and reporting capability documentation.	Award one point for each verified element: all required UDEs are collected; duplicate records can be identified and resolved; HUD-required reports can be produced; federal-partner reports can be produced; accurate unduplicated counts and required exports can be produced.	Objective. HMIS reporting capability.	5
f	**Coverage / Required Participation**	HMIS bed coverage (HIC) and required participation data.	95% or higher = 4; 90% to less than 95% = 3; 85% to less than 90% = 2; 75% to less than 85% = 1; less than 75% or missing = 0.	Objective. System Performance — HMIS bed coverage and participation underlie CoC System Performance Measures reporting (SPM 1–7).	4
g	**Governance / Stakeholder Involvement**	HMIS governance charter, policies and procedures, approval records, and stakeholder participation.	4 = Current governance charter and policies, clear approval process, meaningful stakeholder participation, and regular review; 3 = Strong with one minor gap; 1 = Multiple material gaps; 0 = Missing, materially outdated, or not implemented.	Objective. Governance and stakeholder involvement.	4
h	**Privacy / Security / Incident Management**	HMIS privacy and security plans, training records, access controls, and breach/incident records.	5 = Current and operational policies, assigned responsibility, regular training, access controls, breach procedures, and no material unresolved incident; 3 = Generally adequate with a minor gap or active corrective action; 0 = Material deficiency or unresolved incident.	Objective. Privacy, security, and incident management.	5

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
i	**Training / Helpdesk / User Support**	HMIS training, helpdesk, and user-support records compared with adopted service standards.	95% or more of adopted service standards met = 4; 90% to less than 95% = 3; 80% to less than 90% = 2; 60% to less than 80% = 1; less than 60% or missing = 0.	Objective. Training and user support.	4
j	**Fiscal Compliance / Cost Reasonableness**	eLOCCS drawdown history, expenditure records, report submission dates, monitoring results, and HMIS budget.	Expenditure/spenddown performance = 1; drawdowns completed at least quarterly = 0.5; required reports submitted timely = 0.5; no material unresolved compliance concern = 1; cost is reasonable and aligned with the HMIS scope = 1.	Objective. Timely draws; cost effectiveness; grant compliance.	4
k	**Deliverables / Milestones**	Approved HMIS deliverables and milestones; completion records.	Approved deliverables and milestones: 100% completed timely = 3; 90% to less than 100% = 2; 75% to less than 90% = 1; less than 75% = 0.	Objective. Grant compliance — approved deliverables.	3
				HMIS Objective Total	**50**
Standard Renewal Objective Criteria (50% of total points) — Applies to: Housing renewal projects — TH, PSH, and RRH (including Joint TH-RRH)					
a	**Data Quality & Timeliness**	HMIS APR Q6a–6d data quality error rates; HMIS timeliness of data entry for project start and exit records (APR 9/1/2024–8/31/2025).	Data Completeness (%) is auto-calculated from APR Q6a–6d error rates (6a PII, 6b UDE, 6c Income & Housing, 6d Chronic Homelessness): ≥95% = 2.5 pts; ≥85% = 1.5 pts; ≥75% = 1 pt; <75% or missing = 0. Timeliness of Data Entry = % of project start and exit records entered within 3 calendar days of the event date, consistent with the CoC data timeliness standard (records <0 days are excluded as data errors): ≥95% = 3.5 pts; ≥85% = 2 pts; ≥75% = 1 pt; <75% = 0. Subtotal maximum: 5 points.	Objective. Performance data — HMIS data quality and timeliness.	5
b	**Returns to Homelessness**	HUD System Performance Measures (SPM) Returns to Homelessness report – project 12-month and 24-month return rates (calculated by HMIS; cannot be generated at the project level by applicants).	12-month return rate: <7% = 5; 7% to <11% = 3; ≥11% or missing = 0. 24-month return rate: <8% = 5; 8% to <16% = 3; ≥16% or missing = 0. Total = 12-month points + 24-month points (10 points max).	Objective. System Performance Measure 2 — Returns to Homelessness. HUD 1D-1 Element 4.	10
c	**Employment / Earned Income**	HUD APR 19a1 – Client Cash Income Change by Start and Latest Status (operating year); APR 19a2 – Client Cash Income Change by Start and Exit (leavers); "Number of Adults with Earned Income" row.	Employment income increase rate during the operating year (APR 19a1): ≥20% = 5; 15–19.9% = 4; 10–14.9% = 3; 1–9.9% = 1; 0% or missing = 0. Employment income increase rate among leavers (APR 19a2): ≥25% = 5; 20–24.9% = 4; 15–19.9% = 3; 1–14.9% = 1; 0% or missing = 0. Total = operating-year points + leaver points (10 points max).	Objective. System Performance Measure 4 — Employment and Income Growth. HUD 1D-1 Element 5.	10
d	**Utilization**	HMIS utilization data for the applicable review period (average or point-in-time utilization, based on the most appropriate data source for the project type and review period).	Average bed utilization rate: 85–105% = 5; 75–84.99% or 106–115% = 4; 65–74.99% or 116–125% = 2; 55–64.99% = 1; <55%, >125% unexplained, or missing = 0.	Objective. Utilization rate.	5

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
e	**Housing Outcomes**	HUD APR 9/1/2024–8/31/2025: Table 5a (total persons served, leavers, stayers); Q22a1 Length of Participation for Leavers; Q23c Exit Destinations – All Persons (Permanent Situations subtotal; Rental and Owned by client, no ongoing subsidy). Exclude deceased participants.	PSH – Housing Retention / Housing Stability (10 max): (total stayers + permanent-situation exits) ÷ total persons served × 100. 95% or higher = 10; 90% to <95% = 8; 85% to <90% = 6; 80% to <85% = 4; <80% or missing = 0. TH, Joint TH-RRH, and RRH – two measures (5 + 5): • Successful exits within 24 months: 50% or higher = 5; 40% to <50% = 4; 30% to <40% = 2.5; 20% to <30% = 1; <20% or missing = 0. • Exits to unsubsidized permanent housing: 20% or higher = 5; 15% to <20% = 4; 10% to <15% = 2.5; 5% to <10% = 1; <5% or missing = 0.	Objective. System Performance Measure 7 — Exits to or Retention of Permanent Housing.	10
f	**Budget / Match / Grant Compliance**	Most recent renewal grant: APR submission record; eLOCCS printout (General, Budget and Vouchers tabs) for the most recently completed grant term; final match documentation submitted in Sage; monitoring/audit results; approved application and grant agreement compared with actual implementation.	Award 2 points for each verified item from the most recent renewal performance/grant (10 points max): 1. APR was submitted on time. 2. Drawdowns were completed at least quarterly. 3. Grant funds were fully expended, with no material recapture/unspent-funds concern. 4. No unresolved monitoring, audit, repayment, questioned-cost, or grant-compliance concern was identified. 5. No material budget, eligible-cost, or financial-documentation concern was identified in the renewal review.	Objective. Timely draws; match; audit findings; grant compliance.	10
				Standard Renewal Objective Total	**50**
VSP Renewal Objective Criteria (50% of total points) — Applies to: Housing renewal projects operated by a Victim Service Provider (VSP)					
a	**Data Quality & Timeliness**	HUD-compliant comparable database APR Q6a–6d data quality error rates; comparable database timeliness of data entry for project start and exit records.	Data Completeness (%) is auto-calculated from APR Q6a–6d error rates (6a PII, 6b UDE, 6c Income & Housing, 6d Chronic Homelessness). Timeliness of Data Entry = % of project start and exit records entered within 3 calendar days of the event date, consistent with the CoC data timeliness standard (records <0 days are excluded as data errors): ≥95% = 3.5 pts; ≥85% = 2 pts; ≥75% = 1 pt; <75% = 0. Subtotal maximum under the VSP track: 7.5 points.	Objective. Performance data — comparable database data quality and timeliness.	7.5
b	**Survivor Safe Housing Outcomes**	Application: Projected Performance & Outcomes; comparable database APR; survivor-safe follow-up procedures.	VSP Survivor Housing Stability / Safe Positive Destination – score based on whether the application provides measurable survivor-safe outcomes, such as safe or positive housing destinations, housing stability, service connection, and survivor-safe follow-up: 5 = Clear measurable survivor-safe housing stability or positive-destination outcome, with comparable database tracking or survivor-safe follow-up. 4 = Measurable outcome provided, with minor limitation in tracking or follow-up detail. 3 = General housing stability or positive-destination outcome provided, but measurement is limited. 2 = Outcome is mostly narrative or service-based. 1 = Minimal measurable information provided. 0 = No measurable VSP-safe housing stability or positive-destination outcome provided. Subtotal maximum under the VSP track: 15 points.	Objective. System Performance Measure 7 equivalent — survivor-safe housing stability and positive exits (comparable database).	15

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
c	**Employment**	Comparable database APR 19a1 – Client Cash Income Change by Start and Latest Status (operating year); APR 19a2 – Client Cash Income Change by Start and Exit (leavers); "Number of Adults with Earned Income" row.	Employment income increase rate during the operating year (APR 19a1): ≥20% = 5; 15–19.9% = 4; 10–14.9% = 3; 1–9.9% = 1; 0% or missing = 0. Employment income increase rate among leavers (APR 19a2): ≥25% = 5; 20–24.9% = 4; 15–19.9% = 3; 1–14.9% = 1; 0% or missing = 0. Total = operating-year points + leaver points (10 points max).	Objective. System Performance Measure 4 — Employment Income. HUD 1D-1 Element 5.	10
d	**Utilization**	Comparable database utilization data for the applicable review period (average or point-in-time utilization).	Average bed utilization rate: 85–105% = 5; 75–84.99% or 106–115% = 4; 65–74.99% or 116–125% = 2; 55–64.99% = 1; <55%, >125% unexplained, or missing = 0. Subtotal maximum under the VSP track: 7.5 points.	Objective. Utilization rate.	7.5
e	**Budget / Match / Grant Compliance**	Most recent renewal grant: APR submission record; eLOCCS printout (General, Budget and Vouchers tabs) for the most recently completed grant term; final match documentation submitted in Sage; monitoring/audit results; approved application and grant agreement compared with actual implementation.	Award 2 points for each verified item from the most recent renewal performance/grant (10 points max): 1. APR was submitted on time. 2. Drawdowns were completed at least quarterly. 3. Grant funds were fully expended, with no material recapture/unspent-funds concern. 4. No unresolved monitoring, audit, repayment, questioned-cost, or grant-compliance concern was identified. 5. No material budget, eligible-cost, or financial-documentation concern was identified in the renewal review.	Objective. Timely draws; match; audit findings; grant compliance.	10
				VSP Renewal Objective Total	**50**
				BHC Objective Score — Applicable Track (Maximum)	**50**
				Committee Reviewer Score (Maximum)	**50**
				TOTAL POINTS AVAILABLE PER PROJECT	**100**

HUD 1D-1 Point Summary — Maximum Points Available by Project Type

	Measure	% of Total Points	Maximu
Housing Renewals — TH, PSH, and RRH (including Joint TH-RRH): Standard Renewal Track			
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)	100%	**100**
	Objective criteria (BHC Objective Score)	50%	**50**
	System performance measures — Returns (SPM 2), Employment/Income (SPM 4), Exits	30%	**30**
	Returns to homelessness performance (HUD 1D-1 Element 4)	10%	**10**
	Employment income performance (HUD 1D-1 Element 5)	10%	**10**
	Supportive service participation requirements (HUD 1D-1 Element 6) — considered within reviewer	10%	**10**
Housing Renewals operated by a Victim Service Provider (VSP): VSP Renewal Track			
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)	100%	**100**
	Objective criteria (BHC Objective Score)	50%	**50**
	System performance measures — Survivor-Safe Housing Outcomes (SPM 7 equivalent),	25%	**25**
	Returns to homelessness performance (HUD 1D-1 Element 4) — not scored; VSPs do not enter data	—	**—**
	Employment income performance (HUD 1D-1 Element 5)	10%	**10**
	Supportive service participation requirements (HUD 1D-1 Element 6) — considered within reviewer	10%	**10**
SSO-Coordinated Entry Renewals: Coordinated Entry Track			
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)	100%	**100**
	Objective criteria (BHC Objective Score)	50%	**50**
	System performance measures — CE assessment coverage, prioritization & referral (SPM 1 & 7)	30%	**30**

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
HMIS Renewals: HMIS Track					
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)			100%	**100**
	Objective criteria (BHC Objective Score)			50%	**50**
	System performance measures — HMIS data completeness, timeliness, accuracy, coverage & SPM			25%	**25**

FY2026 New Project Scorecard

Brevard County Continuum of Care (FL-513)

Committee reviewer score: 50 points. BHC objective score: 50 points.

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
Section 1. Organizational Capacity & Financial Management (10% of total points) — All project types					
a	**Organizational Capacity**	Organizational Capacity, Cost Effectiveness, and Financial Management narratives; federal-funds experience; proposed staffing; organizational budget; most recently submitted Federal Form 990; and any applicable compliance information.	Assess whether the organization and responsible staff have the experience and capacity to administer the proposed project, manage government grant requirements, oversee implementation, and maintain compliance. Consider: experience serving the proposed target population or system users; experience operating the proposed project type or similar activities; experience administering federal, state, or local government grants; qualified staff for project administration, reporting, fiscal coordination, and compliance; and sufficient organizational capacity to operate the project as proposed. 5 = Extensive, directly relevant experience and strong organizational/staff capacity to administer the project and meet grant and compliance requirements. 4 = Strong, relevant experience with only minor organizational or staff-capacity gaps. 2 = Some relevant experience is demonstrated, but organizational or staff capacity is limited or materially incomplete. 1 = Minimal relevant experience is demonstrated, or there is significant concern about successful project administration. 0 = No relevant experience or capacity is demonstrated, or the response is missing or not credible.	Reviewer-scored. Capacity; experience operating the project type and administering federal funds.	5
b	**Financial Management**	Financial Management and leveraging narratives; organizational budget; fiscal control and accounting procedures; most recent audit, compilation, or financial review; and related corrective-action information.	Assess the organization's financial management systems, fiscal controls, financial stability, and experience managing and leveraging federal, state, local, and private funds. Consider: a functioning accounting system and appropriate fiscal controls; proper management and tracking of federal funds; stable financial operations and sufficient funding capacity; experience securing and managing matching or supplemental funding; and timely resolution of audit findings, deficiencies, or other financial concerns. 5 = Strong financial-management systems, effective fiscal controls, stable financial operations, relevant experience managing and leveraging funds, and no material unresolved concerns. 4 = Strong financial-management capacity with only a minor weakness, limited concern, or gap that does not materially affect project administration. 2 = Adequate financial-management capacity, but one or more material gaps, limited funding experience, or financial concerns require clarification or corrective action. 1 = Significant weaknesses, instability, or unresolved concerns raise substantial questions about successful project administration. 0 = Financial-management systems are inadequate or not demonstrated, or material unresolved financial/compliance concerns prevent responsible project administration.	Reviewer-scored. Financial stability; fiscal controls; audit findings.	5
				Section 1 Total	**10**

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
Section 2. Project Design & Feasibility (20% of total points) — All project types					
a	**Project Scope / Design**	Application: Project Description; Populations Served & Housing Capacity (household types, subpopulations, number of households/persons, units/beds, annual service level); documented local need.	Population, Need, Scope, and Capacity. Assess whether the project clearly identifies the population, participants, or system users to be served; demonstrates a documented local need, service gap, or system need; proposes an appropriate scale and capacity; and provides a clear and eligible project scope. Consider: target population, participants, or system users; eligibility and household types, where applicable; subpopulations or priority populations served; documented local need, service gap, or system need; number of households/persons to be served, where applicable; annual service level, system coverage, or maximum project capacity; whether proposed capacity is reasonable based on funding, staffing, units, services, system functions, and project design; whether the proposal avoids unnecessary duplication; and whether the scope is consistent throughout the application. 10 = The population/system users, need, scope, and proposed capacity are clearly defined, well supported, appropriate, feasible, and internally consistent. 8 = Strong and appropriate, with only minor gaps or limited supporting detail. 5 = Generally appropriate, but material information concerning need, population/system users, capacity, or scope is incomplete or weakly supported. 2 = The population/system users or need is unclear, the capacity appears questionable, or the proposal contains significant inconsistencies. 0 = The criterion is not addressed, the proposed population, activities, or system functions are ineligible, or the proposed scope and capacity are not credible.	Reviewer-scored. Type of population served; type of housing proposed; capacity.	10
b	**Project Model / Feasibility**	Application: Project Description and implementation timeline; housing/unit model, site control and landlord commitments; staffing and caseloads; HMIS and Coordinated Entry participation; proposed start and end dates.	Project Model, Readiness, and Feasibility. Assess whether the proposed housing, service-delivery, CE, HMIS, or system-support model is appropriate, sufficiently developed, staffed, accessible, and feasible within the proposed timeline and budget. Consider, as applicable: housing/unit model; beds/units/site control/landlord commitments; readiness, accessibility, habitability, and safety; service locations, coverage, access methods, caseload/staffing capacity, referral/outreach workflow, transportation, HMIS/system administration, data-quality support, training/helpdesk, privacy/security, reporting capacity, governance support, implementation timeline, and ability to achieve the proposed service or system level. 10 = Detailed, appropriate, accessible, supported, implementation-ready, and highly feasible. 8 = Strong and feasible, with only minor gaps. 5 = Basic model is appropriate, but material readiness, staffing, capacity, access, site, system, or implementation details are incomplete. 2 = Vague, poorly supported, delayed, inaccessible, technically unsupported, or questionable. 0 = No credible project model is demonstrated.	Reviewer-scored. Project readiness; capacity; accessibility.	10
				Section 2 Total	**20**

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
Section 3. Project Proposal & Performance (Outcomes) — Services, Outcomes & System Benefit (20% of total points) — All project types					
a	**Supportive Services, Service Participation Requirements & FY2026 Priorities**	Application: Supportive Services, Service Participation & NOFO Priorities; Supportive Services Provided table; service participation requirements / program agreement; written partner agreements or MOUs.	Services, System Support, and FY2026 NOFO Priorities. Assess whether the project provides or coordinates appropriate supportive services, system supports, or operational functions that align with the proposed population/project type and applicable FY2026 NOFO priorities. Consider, as applicable: housing stability supports; case management; treatment/recovery access; employment, education, income, benefits, transportation, healthcare, and mainstream-resource connections; service participation expectations consistent with 24 CFR 578.75; formal partnerships; CE access/referral/prioritization support; HMIS data quality, reporting, training/helpdesk, privacy/security, and system coordination; and whether the proposed investment is sufficient for the project's scope and desired outcomes. 10 = Comprehensive, operational, well aligned with the project type, population/system need, and applicable NOFO priorities. 8 = Strong alignment, with only minor gaps. 5 = Appropriate activities are identified, but material details are incomplete. 2 = Mostly lists services/functions without showing reliable implementation, coordination, or follow-through. 0 = No credible service, system-support, or priority-alignment strategy is demonstrated.	Project Proposal & Performance (narrative). Reviewer-scored. Supportive service participation requirements (24 CFR 578.75); employment/income connections — HUD 1D-1 Elements 5 & 6.	10
b	**Outcomes, Partnerships & System Benefit**	Application: Projected Performance & Outcomes; Supplemental Resources & Project Partnerships (partner commitments and estimated value); Historical Performance & Improvement Plan (renewals).	Assess whether the project establishes meaningful and measurable participant or system outcomes, has the partnerships/resources needed to achieve them, and will improve project or CoC system performance. Consider, as applicable: exits to permanent housing or positive destinations; housing retention; reduced returns to homelessness; employment/income growth; treatment/recovery connections; timely housing, referral, service, or system connections; HMIS data quality/reporting improvements; CE access, prioritization, and referral outcomes; formal partner commitments; supplemental resources; and expected contribution to CoC system performance. Evaluate whether outcomes are measurable, realistic, connected to project activities, and supported by staff, partners, resources, and follow-up procedures. 5 = Strong, measurable, credible outcomes; clear monitoring process; meaningful partner commitments; and substantial participant/system benefit. 4 = Strong outcomes, partnerships, and system benefit, with only minor gaps. 2 = Outcomes are generally appropriate, but targets, measurement, partnerships, follow-up, or connection to activities are incomplete. 1 = Outcomes are vague, mostly activity counts, weakly supported, or inconsistent with the project design. 0 = No credible measurable outcomes, partnerships, or participant/system benefit are demonstrated.	Project Proposal & Performance (narrative). Reviewer-scored. Projected outcomes and contribution to CoC system performance — HUD 1D-1 Elements 4 & 5.	5

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
c	**Budget, Match & Cost Reasonableness**	Application: Funding Request, Budget Details, & Match; budget and cost-reasonableness narrative; Match Narrative and Match Commitment Worksheet; match documentation.	Assess whether the project budget is complete, reasonable, and aligned with the proposed project design, population or system need, housing/service/system model, staffing, supportive services or system functions, and projected households/persons served or system coverage. Consider whether requested costs are adequately explained, average cost per household or participant is reasonable where applicable, required match is supported, and the proposal demonstrates responsible use of CoC Program funds. 5 = Budget is complete, internally consistent, well supported, and reasonable for the proposed scope and outcomes. 4 = Budget is strong and generally reasonable, with only a minor gap or clarification needed. 2 = Budget is generally plausible, but material costs, match, cost per household/participant, staffing allocations, system costs, or alignment with the project design are insufficiently explained. 1 = Significant budget weaknesses or inconsistencies raise substantial feasibility or cost-reasonableness concerns. 0 = Budget is materially incomplete, unsupported, inconsistent, ineligible, or not credible.	Reviewer-scored. Cost effectiveness; match; leverage.	5
				Section 3 Total	**20**
				Committee Reviewer Score — Sections 1–3 (Maximum)	**50**
Section 4. BHC Objective Score — Applicable Track Only (50% of total points)					
New Project Objective Criteria (50% of total points) — Applies to: New housing projects — TH, PSH, and RRH (including Joint TH-RRH)					
a	**Measurable Outcomes**	Application: Projected Performance & Outcomes narrative (project-type-specific projections for housing/positive exits, income or employment, stability/returns, and timeliness).	15 = Strong measurable targets for housing/positive exits, income or employment, stability/reduced returns, and timely progress. 12 = Measurable targets provided for most key outcomes, with minor gaps. 9 = Some measurable outcomes provided, but one or more key targets are missing or weak. 6 = Outcomes are mostly narrative or activity-based, with limited measurable targets. 3 = Minimal measurable outcome information. 0 = No measurable outcomes provided.	Objective. Projected System Performance Measures 2, 4 & 7 — reduced returns, employment/income growth, exits to permanent housing. HUD 1D-1 Elements 4 & 5.	15
b	**HUD Component Requirements**	Application: project type/component selection, Project Description, populations served, and eligible activities; 24 CFR part 578 and FY2026 NOFO component requirements; local RFP.	10 = Component is eligible, clearly described, and fully aligned with HUD/local requirements. 8 = Component is eligible and mostly aligned, with minor clarification needed. 5 = Component appears eligible, but material details are missing or inconsistent. 2 = Significant concern about component eligibility, population, or eligible activities. 0 = Component is ineligible or not supported.	Objective. Type of housing proposed; HUD component eligibility.	10
c	**Budget, Eligible Costs, and Match**	Application: Funding Request, Budget Details, & Match; budget worksheets; Match Commitment Worksheet and match documentation.	10 = Budget is complete, mathematically consistent, eligible, supported by worksheets, and match is sufficient/documented. 8 = Budget and match are mostly complete, with minor clarification needed. 5 = Budget or match appears generally plausible, but material documentation or consistency issues remain. 2 = Significant budget, eligibility, or match concerns. 0 = Budget/match is incomplete, unsupported, or ineligible.	Objective. Match; eligible costs.	10

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
d	**Cost Reasonableness and Capacity**	Application: Populations Served & Housing Capacity (households, persons, units, beds); project budget; average cost per household/participant.	10 = Households/persons/units/beds are clearly stated, internally consistent, supported by assumptions, and reasonable for funding requested. 8 = Capacity and cost are mostly reasonable, with minor clarification needed. 5 = Capacity or cost appears plausible but has material inconsistencies or weak support. 2 = Significant concern about proposed capacity, cost, or feasibility. 0 = Capacity/cost is unsupported or not credible.	Objective. Cost effectiveness; capacity.	10
e	**Commitments and Readiness**	Application: HMIS/comparable database and Coordinated Entry commitments; service area; proposed start date and project term; performance tracking and reporting process.	Award 1 point each (5 max): HMIS/comparable database participation; Coordinated Entry participation, if applicable; service within FL-513; feasible start date/project term; measurable performance tracking/reporting process.	Objective. HMIS/CE participation; project readiness.	5
				New Project Objective Total	**50**
Coordinated Entry Objective Criteria (50% of total points) — Applies to: New SSO-Coordinated Entry projects					
a	**Data Quality**	CE APR generated from HMIS – data quality error rate.	10 = less than 5% error rate; 8 = 5% to less than 10%; 6 = 10% to less than 15%; 4 = 15% to less than 20%; 2 = 20% to less than 25%; 0 = 25% or higher, or missing CE APR data.	Objective. Performance data — CE APR data quality.	10
b	**Geographic Reach / Access**	Application: CE project description, service area, and access points/methods.	Geographic Reach (5 points): 5 = CE project serves the full FL-513 CoC geographic area / all of Brevard County; 3 = serves multiple areas or a substantial portion of the CoC, but not the full CoC; 1 = serves a limited subarea or narrowly defined geography; 0 = geography is missing or unclear. Access Methods (5 points): 5 = CE access is available through multiple access methods or pathways, such as in-person, phone, virtual, outreach, referral partners, or specialized access pathways; 3 = more than one method, but access is somewhat limited; 1 = only one clear method or pathway; 0 = access method is missing or unclear.	Objective. Coordinated Entry geographic coverage and access.	10
c	**Assessment Coverage**	CE APR: households assessed ÷ households served.	10 = 95% or higher; 8 = 85% to less than 95%; 6 = 75% to less than 85%; 4 = 60% to less than 75%; 2 = less than 60%; 0 = missing or no CE APR data.	Objective. System Performance — CE assessment coverage supports SPM 1 (Length of Time Homeless) and SPM 7 (Placements to Permanent Housing).	10
d	**Prioritization**	CE APR: households placed on prioritization list ÷ households assessed.	10 = 95% or higher; 8 = 85% to less than 95%; 6 = 75% to less than 85%; 4 = 60% to less than 75%; 2 = less than 60%; 0 = missing or no CE APR data.	Objective. System Performance — CE prioritization supports SPM 1 (Length of Time Homeless) and SPM 7 (Placements to Permanent Housing).	10
e	**Referral**	CE APR: households with referral events ÷ households assessed.	10 = 50% or higher; 8 = 40% to less than 50%; 6 = 30% to less than 40%; 4 = 20% to less than 30%; 2 = 1% to less than 20%; 0 = no referral events or missing CE APR data.	Objective. System Performance — CE referrals to housing support SPM 1 (Length of Time Homeless) and SPM 7 (Placements to Permanent Housing).	10
				Coordinated Entry Objective Total	**50**

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
HMIS Objective Criteria (50% of total points) — Applies to: New HMIS projects					
a	**Systemwide Data Completeness**	Systemwide HMIS data quality reports.	95% or higher = 8; 93% to less than 95% = 6; 90% to less than 93% = 4; 85% to less than 90% = 2; less than 85% or missing = 0.	Objective. System Performance — HMIS data completeness underlies CoC System Performance Measures reporting (SPM 1–7).	8
b	**Systemwide Data Entry Timeliness**	Systemwide HMIS data-entry timeliness reports.	95% or higher = 5; 90% to less than 95% = 4; 85% to less than 90% = 3; 80% to less than 85% = 2; less than 80% or missing = 0.	Objective. System Performance — HMIS data entry timeliness underlies CoC System Performance Measures reporting (SPM 1–7).	5
c	**Data Accuracy / Duplicates / Errors**	Systemwide HMIS data quality and duplicate-record reports.	Error or unresolved-duplicate rate of 2% or less = 4; more than 2% through 4% = 3; more than 4% through 6% = 1; more than 6% or missing = 0.	Objective. System Performance — HMIS data accuracy and deduplication underlie CoC System Performance Measures reporting (SPM 1–7).	4
d	**Timely HUD Reports**	Submission and acceptance records for APR, CAPER, LSA, SPM, HIC/PIT, System Performance, and federal-partner reports.	Required HMIS reports produced timely and accepted: 100% = 4; 90% to less than 100% = 3; 75% to less than 90% = 1; less than 75% or missing = 0.	Objective. System Performance — timely HUD-required reports, including the System Performance Measures report (APR, LSA, SPM, HIC/PIT).	4
e	**UDE / Deduplication / Reporting**	HMIS configuration and reporting capability documentation.	Award one point for each verified element: all required UDEs are collected; duplicate records can be identified and resolved; HUD-required reports can be produced; federal-partner reports can be produced; accurate unduplicated counts and required exports can be produced.	Objective. HMIS reporting capability.	5
f	**Coverage / Required Participation**	HMIS bed coverage (HIC) and required participation data.	95% or higher = 4; 90% to less than 95% = 3; 85% to less than 90% = 2; 75% to less than 85% = 1; less than 75% or missing = 0.	Objective. System Performance — HMIS bed coverage and participation underlie CoC System Performance Measures reporting (SPM 1–7).	4
g	**Governance / Stakeholder Involvement**	HMIS governance charter, policies and procedures, approval records, and stakeholder participation.	4 = Current governance charter and policies, clear approval process, meaningful stakeholder participation, and regular review; 3 = Strong with one minor gap; 1 = Multiple material gaps; 0 = Missing, materially outdated, or not implemented.	Objective. Governance and stakeholder involvement.	4
h	**Privacy / Security / Incident Management**	HMIS privacy and security plans, training records, access controls, and breach/incident records.	5 = Current and operational policies, assigned responsibility, regular training, access controls, breach procedures, and no material unresolved incident; 3 = Generally adequate with a minor gap or active corrective action; 0 = Material deficiency or unresolved incident.	Objective. Privacy, security, and incident management.	5
i	**Training / Helpdesk / User Support**	HMIS training, helpdesk, and user-support records compared with adopted service standards.	95% or more of adopted service standards met = 4; 90% to less than 95% = 3; 80% to less than 90% = 2; 60% to less than 80% = 1; less than 60% or missing = 0.	Objective. Training and user support.	4
j	**Fiscal Compliance / Cost Reasonableness**	eLOCCS drawdown history, expenditure records, report submission dates, monitoring results, and HMIS budget.	Expenditure/spenddown performance = 1; drawdowns completed at least quarterly = 0.5; required reports submitted timely = 0.5; no material unresolved compliance concern = 1; cost is reasonable and aligned with the HMIS scope = 1.	Objective. Timely draws; cost effectiveness; grant compliance.	4

Item	Scoring Criterion	Source / Documentation	Scoring Basis	HUD Measure / Rationale	Maximum Pts
k	**Deliverables / Milestones**	Approved HMIS deliverables and milestones; completion records.	Approved deliverables and milestones: 100% completed timely = 3; 90% to less than 100% = 2; 75% to less than 90% = 1; less than 75% = 0.	Objective. Grant compliance — approved deliverables.	3
				HMIS Objective Total	**50**
				BHC Objective Score — Applicable Track (Maximum)	**50**
				Committee Reviewer Score (Maximum)	**50**
				TOTAL POINTS AVAILABLE PER PROJECT	**100**

HUD 1D-1 Point Summary — Maximum Points Available by Project Type

	Measure	% of Total Points	Maximu
New Housing Projects — TH, PSH, and RRH (including Joint TH-RRH): New Project Track			
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)	100%	**100**
	Objective criteria (BHC Objective Score)	50%	**50**
	System performance — Project Proposal & Performance (Outcomes): projected Returns (SPM 2), Employment/Income (SPM 4), and Exits to Permanent Housing (SPM 7) scored through criteria 3a,	30%	**30**
	Returns to homelessness (HUD 1D-1 Element 4) — projected reduced returns, scored within	15%	**15**
	Employment income (HUD 1D-1 Element 5) — projected income/employment growth, scored	15%	**15**
	Supportive service participation requirements (HUD 1D-1 Element 6) — considered within reviewer	10%	**10**
New SSO-Coordinated Entry Projects: Coordinated Entry Track			
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)	100%	**100**
	Objective criteria (BHC Objective Score)	50%	**50**
	System performance measures — CE assessment coverage, prioritization & referral (SPM 1 & 7)	30%	**30**
New HMIS Projects: HMIS Track			
	Total points available per project (Committee Reviewer 50 + BHC Objective 50)	100%	**100**
	Objective criteria (BHC Objective Score)	50%	**50**
	System performance measures — HMIS data completeness, timeliness, accuracy, coverage & SPM	25%	**25**

FL-513 Brevard County CoC
Collaborative Applicant - Brevard Homeless Coalition
FY2026 HUD CoC Competition Attachment Cover Page

Question: 1D-2c

Attachment Name: Local Competition Selection Results – Notice of Inclusion/Exclusion

Local Competition Selection Results

FL-513 | FY2026 HUD CoC Program

Local Competition Selection Results — Notice of Inclusion / Exclusion

Issued: September 21, 2026 *Revised September 23, 2026* | HUD Submission Deadline: September 30, 2026 @ 8:00 PM ET

The Brevard Homeless Coalition (BHC), lead agency and collaborative applicant for the Brevard County Continuum of Care (FL-513), issues this Notice of Inclusion / Exclusion to project applicants for the FY2026 HUD CoC Program Competition NOFO and Priority Listing. The Priority Listing was approved by vote of the CoC Advisory Council and ratified by the BHC Board of Directors at an Emergency Advisory Council Meeting on September 21, 2026.

Project Ranking Determination

1. Priority Groups – Projects were ranked in this order:

System-critical renewals (Coordinated Entry, DV Bonus SSO, and HMIS); PSH renewals, then new PSH; New system-critical expansions; Other renewals (RRH and TH-RRH); TH new; and the new DV Bonus project. The Planning Grant is in Tier 0 and is not ranked. Within each group, projects are listed from highest to lowest Updated Score; N/A means the project was not scored through the RFP. HUD Directives or the Ranking and Review Committee may change the order.

2. Application Amounts – Reallocation: Projects with a status of "Reduced Reallocated" have been recommended at amounts below the full renewal amount available under the Grant Inventory Worksheet (GIW). These reductions follow the reallocation strategy in the published RFP. As stated in Section I.B of the FY2026 Local RFP, "BHC reserves the right to reduce, reject, reclassify, reallocate, or conditionally select applications as needed to comply with HUD requirements, local competition policies, and the final funding amounts available to FL-513." Under this authority, final budgets submitted in e-snaps may differ from the Priority Listing amounts to meet HUD eligibility requirements for each project component type. These adjustments do not change a project's rank or tier on the Priority Listing. BHC will confirm final budget amounts with each applicant before submission. All projects remain conditionally selected subject to budget adjustment, as provided under Section H.1 of the RFP.

3. BHC Administrative Portion – As the collaborative applicant and project applicant for all FL-513 HUD CoC-funded projects with subrecipients, BHC's administrative portion will be reflected in each final project application budget submitted to HUD.

4. Score Correction – The scores originally published on September 21, 2026 were reported in error due to a formula error in the scoring worksheet. The originally published scores are shown in the Original Score column, and the corrected scores are shown in the Updated Score column. The corrected scores did not change the ranking order, priority group, tier placement, or inclusion/exclusion status of any project.

Inclusions — Accepted and Ranked Projects

The projects listed below are included in the FL-513 FY2026 HUD CoC Program Competition Application at the recommended amounts indicated. Projects are listed in Priority Listing order. BHC-operated projects are shown in green italic.

Project Name	Original Score	Updated Score	Status	New/Renewal	Rank	Amt Req from HUD	Reallocated Funds +/-	Cumulative Total	Tier
BHC – CoC Coordinated Entry FY2026	N/A	N/A	Accepted	Renewal	1	$80,552	$0	$80,552	1
BHC – DV Bonus SSO FY2026	N/A	N/A	Accepted	Renewal	2	$20,789	$0	$101,341	1
BHC – HMIS FY2026	N/A	N/A	Accepted	Renewal	3	$80,555	$0	$181,896	1
Carrfour – Heritage Park Expansion	60.50	86.00	Accepted	Renewal	4	$213,316	$0	$395,212	1
Carrfour – Heritage Park Renewal	60.50	85.00	Accepted	Renewal	5	$22,544	$0	$417,756	1
HfH Supportive Housing – PSH PH1	36.83	75.50	Reduced Reallocated	Renewal	6	$406,021	($115,744)	$823,777	1
Providence Connects – Providence Place (Tier 1)	75.67	90.50	Accepted	New/PSH	7	$45,374	$0	$869,151	1
Providence Connects – Providence Place (Tier 2)	75.67	90.50	Accepted	New/PSH	7	$174,626	$0	$1,043,777	2
BHC – FY2026 CE Expansion	91.00	91.00	Accepted	New/Expansion	8	$71,500	$0	$1,115,277	2
BHC – FY2026 HMIS Expansion	90.67	85.67	Accepted	New/Expansion	9	$47,300	$0	$1,162,577	2
WAYS for Life – Youth Transitional Housing	79.33	79.00	Reduced Reallocated	Renewal/TH-RRH	10	$170,157	($28,801)	$1,332,734	2
Women's Center – RRH	75.83	75.83	Accepted	Renewal/RRH	11	$115,920	$0	$1,448,654	2
Women's Center – TH-RRH	67.50	67.49	Accepted	Renewal/TH-RRH	12	$114,490	$0	$1,563,144	2
Carrfour – Apollo Gardens	75.67	91.50	Accepted	New/TH	13	$185,441	$0	$1,748,585	2
Community of Hope – Transition to Hope	54.00	86.00	Accepted	New/TH	14	$100,000	$0	$1,848,585	2
HfH Supportive Housing – Transitional Housing	53.33	78.00	Accepted	New/TH	15	$100,000	$0	$1,948,585	2
BHC – FY2026 DV Bonus Project	N/A	N/A	Accepted	New/DV-TH	16	$294,954	$0	$2,243,539	2
BHC – Planning Grant FY2026	N/A	N/A	Accepted	Renewal	N/A	$73,738	$0	$2,317,277	0
Carrfour Supportive Housing – (Former Orchid Lake) PSH	54.83	80.50	Fully Reallocated	Renewal/PSH	N/A	$0	($56,100)	$2,317,277	0
Community of Hope – Path of Hope RRH	33.33	76.00	Fully Reallocated	Renewal/RRH	N/A	$0	($23,596)	$2,317,277	0

Tier 1 Total = 60% of ARD	$869,151
Tier 2 Total = remaining 40% of ARD plus CoC Bonus ($500,000)	$1,079,434
Total Tier 1 + Tier 2	$1,948,585
DV Bonus	$294,954
Total of Ranked Projects	$2,243,539
Planning Grant (excluded from ranking)	$73,738
TOTAL FY2026 HUD CoC Program Application	$2,317,277

Project Type

HMIS – Homeless Management Information System | **SSO** – Supportive Services Only **SSO-CE** – Coordinated Entry | **PSH** – Permanent Supportive Housing **RRH** – Rapid Rehousing | **TH** – Transitional Housing | **TH-RRH** – Joint Transitional Housing & Rapid Rehousing

FL-513 Brevard County CoC
Collaborative Applicant - Brevard Homeless Coalition
FY2026 HUD CoC Competition Attachment Cover Page

Question: 3A-1

Attachment Name: HUD-2996 Certification for Opportunity Zone Preference Points

HUD-2996 Opportunity Zone Preference Points

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:

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).

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."

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."

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

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

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Initial: Last Name: Suffix:

Title: _____ Organization: _____

Signature: _____ Date: _____

FL-513 Brevard County CoC
Collaborative Applicant - Brevard Homeless Coalition
FY2026 HUD CoC Competition Attachment Cover Page

Question: 3A-DP

Attachment Name: Your CoC's Policy or Statement to Advance Recovery

Advancing Recovery Policy

Brevard Continuum of Care Policy on Substance Use, Recovery, and Program Compliance

This policy is intended to satisfy the threshold policy requirements established in the FY 2026 HUD Continuum of Care Competition Notice of Funding Opportunity (NOFO), including the requirement that Continuums of Care adopt a policy that:

1. Prohibits CoC-funded housing projects from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting such activities under the pretext of "harm reduction";
2. Describes remedies for violations of this policy;
3. Encourages the provision of substance use disorder treatment and recovery housing within or outside of the CoC; and
4. Does not restrict or prohibit CoC-funded housing projects that require participants to maintain sobriety or participate in treatment as a condition of assistance, consistent with 24 CFR 578.

In the event of any conflict between this policy and applicable federal statutes, regulations, the FY 2026 HUD Continuum of Care Competition NOFO, or subsequent HUD guidance, the federal requirements shall control. The CoC reserves the right to amend this policy as necessary to maintain compliance with future HUD regulations, NOFOs, or other applicable federal requirements.

Purpose

The Brevard Continuum of Care (Brevard CoC) is committed to providing safe, supportive housing while promoting recovery-oriented services and ensuring compliance with all applicable federal, state, and local laws and regulations. This policy establishes requirements for CoC-funded housing projects regarding prohibited activities, compliance expectations, available recovery services, and corrective actions.

Policy

1. Prohibited Activities

CoC-funded housing projects shall not:

- Operate drug injection sites or "safe consumption sites."
- Knowingly distribute drug paraphernalia on or off property under the project's ownership, management, or control.

- Knowingly permit the use, possession, or distribution of illicit drugs on property under the project's ownership, management, or control.
- Conduct or support any of the above activities under the pretext of "harm reduction."

Nothing in this policy prohibits housing providers from offering lawful, evidence-based supportive services, overdose prevention education, referrals to treatment, or other services that are permitted under applicable federal, state, and local law and consistent with CoC program requirements.

2. Remedies for Non-Compliance

If the CoC determines that a funded housing project has violated this policy, the CoC may implement one or more of the following corrective actions, depending on the nature, severity, frequency, and circumstances of the violation:

1. Issue a written notice of non-compliance identifying the violation(s).
2. Require the recipient or subrecipient to submit and implement a corrective action plan within a specified timeframe.
3. Require additional staff training or technical assistance related to policy compliance.
4. Conduct increased monitoring, including site visits, documentation reviews, or compliance reporting.
5. Place the project on probationary status or impose special grant conditions.
6. Recommend suspension or reduction of funding, where permitted under applicable grant requirements and regulations.
7. Recommend termination or non-renewal of CoC funding for serious, repeated, or uncorrected violations, consistent with applicable federal regulations, grant agreements, and due process requirements.
8. Refer potential violations of law to the appropriate governmental authorities when required or appropriate.

Projects will be provided notice of the findings and an opportunity to respond and implement corrective measures, unless immediate action is required to protect health, safety, or comply with applicable law.

3. Substance Use Disorder Treatment and Recovery Housing

The CoC encourages all funded housing projects to support access to substance use disorder treatment and recovery services by:

- Providing referrals to licensed substance use disorder treatment providers.
- Coordinating with community-based recovery support organizations.
- Establishing partnerships with recovery housing providers.
- Assisting program participants in accessing medication-assisted treatment (MAT), counseling, peer recovery support, and other evidence-based services, as appropriate.
- Supporting voluntary recovery planning that promotes housing stability and long-term wellness.

The CoC also encourages collaboration with recovery housing providers and treatment programs both within and outside the CoC's geographic area to ensure participants have access to a full continuum of recovery resources.

4. Recovery-Based Housing Programs

Consistent with 24 CFR 578, nothing in this policy shall be interpreted to restrict or prohibit CoC-funded housing projects from requiring program participants to maintain sobriety or participate in substance use disorder treatment as a condition of assistance, when such requirements are authorized under applicable federal regulations and are part of the project's approved program model.

5. Effective Date

This policy shall become effective upon approval by the CoC Advisory Council and shall apply to all CoC-funded housing projects receiving funding through the Continuum of Care Program.