

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

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

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.

- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement and Reallocation.

- Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.

- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.

- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps. Additional training resources are available online on HUD's website

# 1. Continuum of Care (CoC) Identification

**Collaborative Applicant Name:** North Carolina Coalition to End Homelessness Inc.

## 2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects? Yes

**Alert:**

As stated in the FY 2026 CoC Program Competition NOFO:

- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

## 2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

| Amount Available for New CoC Projects:<br>(Sum of All Eliminated CoC Renewal Projects)      |                         |                |              |                       |                  |
|---------------------------------------------------------------------------------------------|-------------------------|----------------|--------------|-----------------------|------------------|
| \$1,024,897                                                                                 |                         |                |              |                       |                  |
| Amount Available for New YHDP Projects:<br>(Sum of All Eliminated YHDP Restricted Projects) |                         |                |              |                       |                  |
| \$0                                                                                         |                         |                |              |                       |                  |
| Amount Available for New DV Projects:<br>(Sum of All Eliminated DV Restricted Projects)     |                         |                |              |                       |                  |
| \$0                                                                                         |                         |                |              |                       |                  |
| Eliminated Project Name                                                                     | Grant Number Eliminated | Component Type | Funding Type | Annual Renewal Amount | Transition Grant |
| Renewal Project A...                                                                        | NC0198L4F032513         | PH-PSH         | CoC Renewal  | \$347,075             | No               |
| Vaya Health PSH C...                                                                        | NC0240L4F032510         | PH-PSH         | CoC Renewal  | \$677,822             | No               |

## Reallocation - Grant(s) Eliminated Details

**2A-1** Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

**Eliminated Project Name:** Renewal Project Application FY 2024

**Grant Number of Eliminated Project:** NC0198L4F032513

**Eliminated Project Component Type:** PH-PSH

**Funding Type:** CoC Renewal

**Eliminated Project Annual Renewal Amount:** \$347,075

**2A-2.** Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.  
(limit 2500 characters)

Rockingham County Help for Homeless, Inc.'s PSH project is being eliminated in the FY2026 CoC Program Competition due to failure to submit the local project application to the CoC's Collaborative Applicant by the established deadline. Submission of the local application by the established deadline is a Threshold on both the NC BoS CoC's new and renewal project scorecard, and per the NC BoS CoC Project Review and Ranking Policies: "Thresholds are mandatory components, and projects that do not meet one or more threshold are ineligible to apply for funding in the current CoC Program competition."

Also per the NC BoS CoC Project Review and Ranking Policies: "In each CoC Program competition, both new and renewal applicants are required to submit a local application to the CoC's Collaborative Applicant, the North Carolina Coalition to End Homelessness (NCCEH). The local application requires an export of the applicant's official project application as submitted to HUD in e-snaps and is supplemented with additional questions and required documents that will inform the project's review."

The deadline for the local application was included in the local competition timeline, which was finalized and published on the Collaborative Applicant's website on June 3. The website also contained links to the new and renewal scorecard and the NC BoS CoC Project Review and Ranking Policies.

Also on June 3, an email was sent to the full CoC membership and stakeholders (including Rockingham County Help for Homeless, Inc.), announcing the beginning of the local competition and pointing interested applicants to the timeline. Several reminder emails were sent, and several office hours were offered to applicants up until the local application deadline of July 24 at 5 PM.

On July 27 (the following Monday), the Collaborative Applicant sent Rockingham County Help for Homeless, Inc. an email that said: "When we closed the ZoomGrants portal on Friday (July 24) at 5:01 PM, we noticed that Rockingham County Help for Homeless had not submitted its PSH renewal project application. It is still showing under Incomplete Applications. Unfortunately, since timely submission is a Threshold on the NC BoS CoC Renewal Project Scorecard, we regret to inform you that we will not be able to consider your renewal PSH application for inclusion on the Priority Listing this year."

**2A-3 Is the project being eliminated to create one or more transition grant applications?** No

## Reallocation - Grant(s) Eliminated Details

**2A-1** Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

**Eliminated Project Name:** Vaya Health PSH Central Combo

**Grant Number of Eliminated Project:** NC0240L4F032510

**Eliminated Project Component Type:** PH-PSH

**Funding Type:** CoC Renewal

**Eliminated Project Annual Renewal Amount:** \$677,822

**2A-2.** Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.  
(limit 2500 characters)

Vaya Health's Central PSH project is being eliminated in the FY2026 CoC Program Competition due to failure to submit the local project application to the CoC's Collaborative Applicant by the established deadline. Submission of the local application by the established deadline is a Threshold on both the NC BoS CoC's new and renewal project scorecard, and per the NC BoS CoC Project Review and Ranking Policies: "Thresholds are mandatory components, and projects that do not meet one or more threshold are ineligible to apply for funding in the current CoC Program competition."

Also per the NC BoS CoC Project Review and Ranking Policies: "In each CoC Program competition, both new and renewal applicants are required to submit a local application to the CoC's Collaborative Applicant, the North Carolina Coalition to End Homelessness (NCCEH). The local application requires an export of the applicant's official project application as submitted to HUD in e-snaps and is supplemented with additional questions and required documents that will inform the project's review."

The deadline for the local application was included in the local competition timeline, which was finalized and published on the Collaborative Applicant's website on June 3. The website also contained links to the new and renewal scorecard and the NC BoS CoC Project Review and Ranking Policies.

Also on June 3, an email was sent to the full CoC membership and stakeholders (including Vaya Health), announcing the beginning of the local competition and pointing interested applicants to the timeline. Several reminder emails were sent, and several office hours were offered to applicants up until the local application deadline of July 24 at 5 PM.

On July 24 after 5 PM (5:50 PM), the Collaborative Applicant sent Vaya Health an email that said: "We closed the ZoomGrants portal at 5:01 PM today-- see screenshot attached. Submitting your local project application by the deadline is a Threshold on the Renewal Project Scorecard, so unfortunately we will not be able to consider late applications."

**2A-3 Is the project being eliminated to create one No  
or more transition grant applications?**

## 2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

| Amount Available for New CoC Project(s):<br>(Sum of All Reduced CoC Projects)   |                      |              |                       |                 |                                   |                                 |                                  |                   |
|---------------------------------------------------------------------------------|----------------------|--------------|-----------------------|-----------------|-----------------------------------|---------------------------------|----------------------------------|-------------------|
| \$5,119,168                                                                     |                      |              |                       |                 |                                   |                                 |                                  |                   |
| Amount available for New YHDP Project(s):<br>(Sum of All Reduced YHDP Projects) |                      |              |                       |                 |                                   |                                 |                                  |                   |
| \$0                                                                             |                      |              |                       |                 |                                   |                                 |                                  |                   |
| Amount available for New DV Project(s):<br>(Sum of All Reduced DV Projects)     |                      |              |                       |                 |                                   |                                 |                                  |                   |
| \$1,045,725                                                                     |                      |              |                       |                 |                                   |                                 |                                  |                   |
| Reduced Project Name                                                            | Reduced Grant Number | Funding Type | Annual Renewal Amount | Amount Retained | Amount available for YHDP Project | Amount available for DV Project | Amount available for New Project | Reallocation Type |
| 2024 Fifth Street...                                                            | NC0507L4F032503      | CoC Renewal  | \$194,912             | \$160,570       | \$0                               | \$0                             | \$34,342                         | No                |
| Safe at Home 2024                                                               | NC0465D4F032504      | DV Renewal   | \$3,778,194           | \$2,732,469     | \$0                               | \$1,045,725                     | \$0                              | No                |
| HUD CoC FY2024 Ne...                                                            | NC0556L4F032501      | CoC Renewal  | \$3,698,881           | \$1,849,441     | \$0                               | \$0                             | \$1,849,440                      | No                |
| Rural-PH-PSH                                                                    | NC0493R4F032501      | CoC Renewal  | \$872,269             | \$436,135       | \$0                               | \$0                             | \$436,134                        | No                |
| Rural-PH-RRH                                                                    | NC0494R4F032501      | CoC Renewal  | \$1,808,940           | \$1,356,705     | \$0                               | \$0                             | \$452,235                        | No                |
| Unsheltered-PH-PSH                                                              | NC0491H4F032501      | CoC Renewal  | \$1,363,974           | \$681,987       | \$0                               | \$0                             | \$681,987                        | No                |
| Unsheltered-PH-RRH                                                              | NC0492H4F032501      | CoC Renewal  | \$2,894,902           | \$2,171,177     | \$0                               | \$0                             | \$723,725                        | No                |

|                      |                 |             |             |           |     |     |           |     |
|----------------------|-----------------|-------------|-------------|-----------|-----|-----|-----------|-----|
| Unsheltered-SSO-S... | NC0490H4F032501 | CoC Renewal | \$1,386,724 | \$693,362 | \$0 | \$0 | \$693,362 | No  |
| Partners Consolid... | NC0042L4F032518 | CoC Renewal | \$356,203   | \$108,260 | \$0 | \$0 | \$247,943 | Yes |

## Reallocation - Grant(s) Reduced Details

**2B-1** Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

**Reduced Project Name:** 2024 Fifth Street Ministries PSH  
**Grant Number of Reduced Project:** NC0507L4F032503  
**Funding Type:** CoC Renewal  
**Reduced Project Current Annual Renewal Amount:** \$194,912  
**Amount Retained by Project:** \$160,570  
**Amount available for YHDP Project(s):** \$0  
(This amount will auto-calculate by selecting "Save" button)  
**Amount available for New DV Project(s):** \$0  
(This amount will auto-calculate by selecting "Save" button)  
**Amount available for New Project(s):** \$34,342  
(This amount will auto-calculate by selecting "Save" button)

**2B-2.** Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Diakonos, Inc. voluntarily reduced this project by \$34,342, with a slight reduction in their Supportive Services budget line item and updating their Rental Assistance request to Actual Rent instead of utilizing FMR. This decision was made by Diakonos, Inc. to approve future grant utilization rates and with the support of the CoC. No notification was sent since the reduction was decided by the applicant, and the reduction was approved when our Priority Listing was approved by the Governance Board on August 11.

**2B-3** Is the project applicant reallocating the grant, in part, to create one or more transition grants? No

## Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: Safe at Home 2024  
Grant Number of Reduced Project: NC0465D4F032504  
Funding Type: DV Renewal  
Reduced Project Current Annual Renewal Amount: \$3,778,194  
Amount Retained by Project: \$2,732,469  
Amount available for YHDP Project(s): \$0  
(This amount will auto-calculate by selecting "Save" button)  
Amount available for New DV Project(s): \$1,045,725  
(This amount will auto-calculate by selecting "Save" button)  
Amount available for New Project(s): \$0  
(This amount will auto-calculate by selecting "Save" button)

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The North Carolina Coalition Against Domestic Violence submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 25% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants? No

## Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: HUD CoC FY2024 New PSH Project  
Grant Number of Reduced Project: NC0556L4F032501  
Funding Type: CoC Renewal  
Reduced Project Current Annual Renewal Amount: \$3,698,881  
Amount Retained by Project: \$1,849,441  
Amount available for YHDP Project(s): \$0  
(This amount will auto-calculate by selecting "Save" button)  
Amount available for New DV Project(s): \$0  
(This amount will auto-calculate by selecting "Save" button)  
Amount available for New Project(s): \$1,849,440  
(This amount will auto-calculate by selecting "Save" button)

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction.  
(limit 750 characters)

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The NC Dept of Health and Human Services submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 50% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants? No

## Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: Rural-PH-PSH

Grant Number of Reduced Project: NC0493R4F032501

Funding Type: CoC Renewal

Reduced Project Current Annual Renewal Amount: \$872,269

Amount Retained by Project: \$436,135

Amount available for YHDP Project(s): \$0  
(This amount will auto-calculate by selecting "Save" button)

Amount available for New DV Project(s): \$0  
(This amount will auto-calculate by selecting "Save" button)

Amount available for New Project(s): \$436,134  
(This amount will auto-calculate by selecting "Save" button)

**2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The NC Dept of Health and Human Services submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 50% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

**2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?** No

## Reallocation - Grant(s) Reduced Details

**2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.**

**Reduced Project Name:** Rural-PH-RRH  
**Grant Number of Reduced Project:** NC0494R4F032501  
**Funding Type:** CoC Renewal  
**Reduced Project Current Annual Renewal Amount:** \$1,808,940  
**Amount Retained by Project:** \$1,356,705  
**Amount available for YHDP Project(s):** \$0  
 (This amount will auto-calculate by selecting "Save" button)

**Amount available for New DV Project(s): \$0**  
(This amount will auto-calculate by selecting  
"Save" button)

**Amount available for New Project(s): \$452,235**  
(This amount will auto-calculate by selecting  
"Save" button)

**2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The NC Dept of Health and Human Services submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 25% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

**2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?** No

## **Reallocation - Grant(s) Reduced Details**

**2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.**

**Reduced Project Name:** Unsheltered-PH-PSH

**Grant Number of Reduced Project:** NC0491H4F032501

**Funding Type:** CoC Renewal

**Reduced Project Current Annual Renewal Amount:** \$1,363,974

**Amount Retained by Project:** \$681,987

**Amount available for YHDP Project(s):** \$0  
(This amount will auto-calculate by selecting "Save" button)

**Amount available for New DV Project(s):** \$0  
(This amount will auto-calculate by selecting "Save" button)

**Amount available for New Project(s):** \$681,987  
(This amount will auto-calculate by selecting "Save" button)

**2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The NC Dept of Health and Human Services submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 50% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

**2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?** No

## Reallocation - Grant(s) Reduced Details

**2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.**

**Reduced Project Name:** Unsheltered-PH-RRH  
**Grant Number of Reduced Project:** NC0492H4F032501  
**Funding Type:** CoC Renewal  
**Reduced Project Current Annual Renewal Amount:** \$2,894,902  
**Amount Retained by Project:** \$2,171,177  
**Amount available for YHDP Project(s):** \$0  
 (This amount will auto-calculate by selecting "Save" button)  
**Amount available for New DV Project(s):** \$0  
 (This amount will auto-calculate by selecting "Save" button)  
**Amount available for New Project(s):** \$723,725  
 (This amount will auto-calculate by selecting "Save" button)

**2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The NC Dept of Health and Human Services submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 25% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

**2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?** No

## Reallocation - Grant(s) Reduced Details

**2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.**

**Reduced Project Name:** Unsheltered-SSO-SSO (Other)

**Grant Number of Reduced Project:** NC0490H4F032501

**Funding Type:** CoC Renewal

**Reduced Project Current Annual Renewal Amount:** \$1,386,724

**Amount Retained by Project:** \$693,362

**Amount available for YHDP Project(s):** \$0  
(This amount will auto-calculate by selecting "Save" button)

**Amount available for New DV Project(s):** \$0  
(This amount will auto-calculate by selecting "Save" button)

**Amount available for New Project(s):** \$693,362  
(This amount will auto-calculate by selecting "Save" button)

**2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)**

This project was involuntarily reduced by the CoC's Project Review Committee (PRC). The NC Dept of Health and Human Services submitted their local project application for consideration, and upon review, the PRC decided to involuntarily reduce this project by close to 50% of their ARA due to a low score from the renewal project scorecard and a history of grant underutilization. The NC BoS CoC Project Review and Ranking Policies state that involuntary reallocation may be recommended by the PRC if a project is identified as a lower-performing project.

This decision was then approved by the CoC's Governance Board when the Priority Listing was approved on August 11. The applicant was notified of this involuntary reduction in an email from the Collaborative Application on August 11.

**2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?** No

## Reallocation - Grant(s) Reduced Details

**2B-1** Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: Partners Consolidated Renewal 2024  
 Grant Number of Reduced Project: NC0042L4F032518  
 Funding Type: CoC Renewal  
 Reduced Project Current Annual Renewal Amount: \$356,203  
 Amount Retained by Project: \$108,260  
 Amount available for YHDP Project(s): \$0  
 (This amount will auto-calculate by selecting "Save" button)  
 Amount available for New DV Project(s): \$0  
 (This amount will auto-calculate by selecting "Save" button)  
 Amount available for New Project(s): \$247,943  
 (This amount will auto-calculate by selecting "Save" button)

**2B-2.** Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Partners Health Management voluntarily reduced this project by \$247,943 to utilize the Transition Grant process to partially transition this existing PSH project to a new TH project. This decision was made by Partners Health Management to diversify the CoC's portfolio and was made with the support of the CoC. Partners Health Management presented their proposal for a Transition Grant to the Governance Board and was notified of approval on July 7.

**2B-3** Is the project applicant reallocating the grant, in part, to create one or more transition grants? Yes

The Collaborative Applicant confirms the new transition grant(s) are for a new program component.

X

The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and

X

The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO.

X

## Continuum of Care (CoC) New Project Listing

### Instructions:

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

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

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

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

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

| Project Name         | Date Submitted       | Comp Type | Applicant Name       | Budget Amount | Grant Term | Funding Type | Transition Grant | Expansion | Rank | PSH/RRH |
|----------------------|----------------------|-----------|----------------------|---------------|------------|--------------|------------------|-----------|------|---------|
| 2026 - FY26 - Con... | 2026-09-24 13:18:... | TH        | Diakonos, Inc.       | \$161,818     | 1 Year     | Reallocation | No               | No        | 8    |         |
| FY26 COC-TH_UC CS    | 2026-09-24 17:02:... | TH        | Union County Comm... | \$119,314     | 1 Year     | Reallocation | No               | No        | 6    |         |
| Shelter Home of t... | 2026-09-24 15:32:... | PH        | Shelter Home of t... | \$52,036      | 1 Year     | Reallocation | No               | No        | 4    | RRH     |

|                             |                             |     |                                 |               |        |                  |     |    |    |  |
|-----------------------------|-----------------------------|-----|---------------------------------|---------------|--------|------------------|-----|----|----|--|
| FY2026<br>SSO<br>Only p...  | 2026-<br>09-24<br>17:16:... | SSO | Outreac<br>h<br>Mission<br>...  | \$136,12<br>5 | 1 Year | Realloca<br>tion | No  | No | 19 |  |
| Bassett<br>HTC TH<br>FY...  | 2026-<br>09-25<br>09:42:... | TH  | United<br>Commu<br>nity ...     | \$67,959      | 1 Year | Realloca<br>tion | No  | No | 18 |  |
| Transitio<br>nal Hous...    | 2026-<br>09-25<br>12:00:... | TH  | Homes<br>of Hope                | \$66,000      | 1 Year | Realloca<br>tion | No  | No | 31 |  |
| RCHH<br>Transitio<br>nal... | 2026-<br>09-25<br>13:51:... | TH  | Rocking<br>ham<br>County..<br>. | \$347,07<br>2 | 1 Year | Realloca<br>tion | No  | No | 5  |  |
| Partners<br>Forward<br>...  | 2026-<br>09-26<br>18:49:... | TH  | Partners<br>Health<br>M...      | \$247,94<br>3 | 1 Year | Realloca<br>tion | Yes |    | 7  |  |
| The<br>Shepher<br>d's Ho... | 2026-<br>09-27<br>13:57:... | SSO | The<br>Greater<br>Mt Ai...      | \$45,000      | 1 Year | Realloca<br>tion | No  | No | 12 |  |
| The<br>Shepher<br>d's Ho... | 2026-<br>09-27<br>16:34:... | TH  | The<br>Greater<br>Mt Ai...      | \$78,230      | 1 Year | Realloca<br>tion | No  | No | 30 |  |

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

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

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

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

☒

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

☒

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

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

| Project Name         | Date Submitted       | Grant Term | Applicant Name       | Budget Amount | Consolidation | Accepted? | Comp Type | Rank | Expansion | PSH/RRH | Consolidation Type |
|----------------------|----------------------|------------|----------------------|---------------|---------------|-----------|-----------|------|-----------|---------|--------------------|
| FY26 NC BoS SSO-C... | 2026-09-21 15:58:... | 1 Year     | North Carolina Co... | \$477,416     |               | Yes       | SSO       | 2    |           |         |                    |
| FY26 HMIS Renewal... | 2026-09-24 08:50:... | 1 Year     | North Carolina Co... | \$864,961     |               | Yes       | HMIS      | 1    |           |         |                    |
| 2026-FY26 - PSH ...  | 2026-09-24 11:53:... | 1 Year     | Diakonos, Inc.       | \$160,570     |               | Yes       | PH        | 11   |           | PSH     |                    |
| Trillium RRH FY26    | 2026-09-24 13:11:... | 1 Year     | Trillium Health R... | \$261,120     |               | Yes       | PH        | 21   |           | RRH     |                    |
| Trillium PSH Sout... | 2026-09-24 13:16:... | 1 Year     | Trillium Health R... | \$172,363     |               | Yes       | PH        | 20   |           | PSH     |                    |
| Trillium PSH Comb... | 2026-09-24 12:59:... | 1 Year     | Trillium Health R... | \$283,103     |               | Yes       | PH        | 14   |           | PSH     |                    |
| Trillium PSH #3 FY26 | 2026-09-24 13:03:... | 1 Year     | Trillium Health R... | \$320,272     |               | Yes       | PH        | 16   |           | PSH     |                    |
| Trillium PSH #1 FY26 | 2026-09-24 13:07:... | 1 Year     | Trillium Health R... | \$1,440,240   |               | Yes       | PH        | 17   |           | PSH     |                    |
| Partners Consolid... | 2026-09-25 08:37:... | 1 Year     | Partners Health M... | \$108,260     |               | Yes       | PH        | 9    |           | PSH     |                    |
| PittRR H2026         | 2026-09-24 18:24:... | 1 Year     | Pitt County          | \$142,825     |               | Yes       | PH        | 3    |           | RRH     |                    |
| Safe at Home FY2026  | 2026-09-25 10:42:... | 1 Year     | North Carolina Co... | \$2,732,469   |               | Yes       | PH        | 25   |           | RRH     |                    |

|                       |                      |        |                       |             |  |     |     |    |  |     |  |
|-----------------------|----------------------|--------|-----------------------|-------------|--|-----|-----|----|--|-----|--|
| Vaya Health PSH W...  | 2026-09-25 11:59:... | 1 Year | Vaya Health           | \$561,230   |  | Yes | PH  | 13 |  | PSH |  |
| Region 7 Perma nen... | 2026-09-25 17:08:... | 1 Year | Brick Capital Com...  | \$349,524   |  | Yes | PH  | 10 |  | PSH |  |
| Piedmo nt 1           | 2026-09-25 20:07:... | 1 Year | Brick Capital Com...  | \$1,429,418 |  | Yes | PH  | 22 |  | PSH |  |
| Unshelt ered RRH 2... | 2026-09-26 10:22:... | 1 Year | North Carolin a De... | \$2,171,177 |  | Yes | PH  | 28 |  | RRH |  |
| NCDH HS SSO 2026 C... | 2026-09-26 10:20:... | 1 Year | North Carolin a De... | \$693,362   |  | Yes | SSO | 29 |  |     |  |
| Unshelt ered PSH 2... | 2026-09-26 10:22:... | 1 Year | North Carolin a De... | \$681,987   |  | Yes | PH  | 24 |  | PSH |  |
| Rural RRH 2026 Co...  | 2026-09-26 10:21:... | 1 Year | North Carolin a De... | \$1,356,705 |  | Yes | PH  | 27 |  | RRH |  |
| NCDH HS Ded PSH 2026  | 2026-09-26 10:20:... | 1 Year | North Carolin a De... | \$1,849,441 |  | Yes | PH  | 23 |  | PSH |  |
| Rural PSH 2026 Co...  | 2026-09-26 10:21:... | 1 Year | North Carolin a De... | \$436,135   |  | Yes | PH  | 26 |  | PSH |  |
| FY26 COC-RRH_U CCS... | 2026-09-28 08:39:... | 1 Year | Union County Comm..   | \$281,606   |  | Yes | PH  | 15 |  | RRH |  |

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

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

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

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

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

| Project Name            | Date Submitted          | Grant Term | Applicant Name          | Budget Amount | Accepted? |
|-------------------------|-------------------------|------------|-------------------------|---------------|-----------|
| 2026 NC Balance<br>o... | 2026-09-24<br>14:38:... | 1 Year     | North Carolina<br>Co... | \$1,198,198   | Yes       |

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

### Instructions:

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

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

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

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

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

☐

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

☐

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

☒

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

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

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

### Instructions:

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

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

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

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

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

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

## 4. Consolidation & Expansion

**Instructions:**

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

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

## Funding Summary

### Instructions

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

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

| Title                                     | Total Amount |
|-------------------------------------------|--------------|
| CoC Renewal Amount                        | \$16,774,184 |
| New CoC Bonus and CoC Reallocation Amount | \$1,321,497  |
| New DV Bonus Amount                       | \$0          |
| New DV Reallocation Amount                | \$0          |
| YHDP Renewal and Replacement Amount       | \$0          |
| YHDP Reallocation Amount                  | \$0          |
| CoC Planning Amount                       | \$1,198,198  |
| Rejected Amount                           | \$0          |
| Total Funding Request                     | \$19,293,879 |

## Attachments

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

## Attachment Details

**Document Description:** State Certifications of Consistency

## Attachment Details

**Document Description:** Local Jurisdictions Certifications of Consistency

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

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

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

| Page                             | Last Updated      |
|----------------------------------|-------------------|
| Before Starting                  | No Input Required |
| 1. Collaborative Applicant       | 09/24/2026        |
| 2. Reallocation                  | 09/25/2026        |
| 2A. Grant(s) Eliminated          | 09/25/2026        |
| 2B. Grant(s) Reduced             | 09/28/2026        |
| 3A. CoC New Project Listing      | 09/28/2026        |
| 3B. CoC Renewal Project Listing  | 09/28/2026        |
| 3D. CoC Planning Project Listing | 09/26/2026        |
| 3E. YHDP Renewal Project Listing | No Input Required |
| Project Priority List FY2026     | Page 35           |
|                                  | 09/28/2026        |

**3F. YHDP Replacement and YHDP Reallocation  
Project Listing**

No Input Required

**4. Consolidation & Expansion**

09/26/2026

**Funding Summary**

No Input Required

**Attachments**

09/28/2026

**Submission Summary**

No Input Required

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number. 2501-0044  
Expiration Date: 2/28/2027

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

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

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

Applicant Name: See attached list of NC Balance of State CoC projects. (Page 2)

Project Name: See attached list of NC Balance of State CoC projects.

Location of the Project: See attached list of NC Balance of State CoC projects.

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

Continuum of Care Program

Name of Certifying Jurisdiction: State of North Carolina - NC Department of Commerce

Certifying Official of the Jurisdiction

Name: John F. Brooks

Title: CDBG Section Chief

DocuSigned by:

Signature: *John F. Brooks*

Date: 19-Sep-2026

006490909CB0474...

| <b>Organization</b>                                | <b>Project Type</b>          | <b>Coverage Area (Counties)</b>                                            |
|----------------------------------------------------|------------------------------|----------------------------------------------------------------------------|
| Brick Capital Community Development Corporation    | Permanent Supportive Housing | Davidson, Rowan, Stanly                                                    |
| Brick Capital Community Development Corporation    | Permanent Supportive Housing | Harnett, Lee, Moore                                                        |
| Diakonos, Inc.                                     | Permanent Supportive Housing | Iredell                                                                    |
| Diakonos, Inc.                                     | Transitional Housing         | Iredell, Davie, Surry, Stokes, Yadkin                                      |
| Homes of Hope, Inc.                                | Transitional Housing         | Stanly, Montgomery, Anson                                                  |
| NC Coalition Against Domestic Violence             | Rapid Rehousing              | Entire NC Balance of State Continuum of Care                               |
| NC Coalition to End Homelessness                   | HMIS (Database)              | Entire NC Balance of State Continuum of Care                               |
| NC Coalition to End Homelessness                   | Coordinated Entry            | Entire NC Balance of State Continuum of Care                               |
| NC Department of Health and Human Services         | Permanent Supportive Housing | Entire NC Balance of State Continuum of Care                               |
| NC Department of Health and Human Services         | Permanent Supportive Housing | Entire NC Balance of State Continuum of Care                               |
| NC Department of Health and Human Services         | Permanent Supportive Housing | Entire NC Balance of State Continuum of Care                               |
| NC Department of Health and Human Services         | Rapid Rehousing              | Entire NC Balance of State Continuum of Care                               |
| NC Department of Health and Human Services         | Rapid Rehousing              | Entire NC Balance of State Continuum of Care                               |
| NC Department of Health and Human Services         | Supportive Services Only     | Entire NC Balance of State Continuum of Care                               |
| Outreach Mission, Inc.                             | Supportive Services Only     | Anson, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Randolph, Richmond |
| Partners Health Management                         | Permanent Supportive Housing | Iredell, Surry, Catawba, Yadkin, Burke                                     |
| Partners Health Management                         | Transitional Housing         | Iredell, Surry, Catawba, Yadkin, Burke                                     |
| Pitt County                                        | Rapid Rehousing              | Pitt, Martin, Beaufort, Bertie, Washington                                 |
| Pitt County                                        | Rapid Rehousing              | Pitt, Martin, Beaufort, Bertie, Washington                                 |
| Rockingham County Help for Homeless                | Transitional Housing         | Rockingham                                                                 |
| Shelter Home of the Foothills                      | Rapid Rehousing              | Alexander, Caldwell, Catawba                                               |
| The Greater Mt. Airy Ministry of Hospitality, Inc. | Transitional Housing         | Stokes, Surry, Yadkin                                                      |
| The Greater Mt. Airy Ministry of Hospitality, Inc. | Supportive Services Only     | Stokes, Surry, Yadkin                                                      |
| Trillium Health Resources                          | Permanent Supportive Housing | Bladen, Columbus, Scotland, Robeson                                        |
| Trillium Health Resources                          | Permanent Supportive Housing | Wayne, Duplin, Lenoir, Sampson                                             |
| Trillium Health Resources                          | Permanent Supportive Housing | Wayne, Duplin, Lenoir, Sampson                                             |

|                                |                              |                                                                                        |
|--------------------------------|------------------------------|----------------------------------------------------------------------------------------|
| Trillium Health Resources      | Permanent Supportive Housing | Beaufort, Craven, Jones, Martin, Pamlico, Washington, Dare, Chowan, Pasquotank, Bertie |
| Trillium Health Resources      | Rapid Rehousing              | Jones, Craven, Onslow, Pamlico, Carteret                                               |
| Union County Community Shelter | Transitional Housing         | Union                                                                                  |
| Union County Community Shelter | Rapid Rehousing              | Union                                                                                  |
| United Community Ministries    | Transitional Housing         | Nash, Edgecombe                                                                        |
| Vaya Health                    | Permanent Supportive Housing | Haywood, Jackson, Clay, Cherokee, Graham, Macon, Swain                                 |

## General Information

and sexual assault. We receive funding from our rental units, housing counseling services, developer fees, and grant income to support our agency.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Affordable housing is very important to us, and we are a developer of affordable housing. Over the past six years, we have built 19 new single family homes for homeownership opportunities for low-to-moderate families. And we have plans to build another 100 affordable units by 2030.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

We are applying for the 2026 Continuum of Care Program. Specifically, we are applying for permanent supportive housing rental assistance for chronically homeless families. Currently, there is no permanent supportive housing in our region of the Balance of State of the NC Coalition to End Homelessness.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Fair housing is very important to us as we are a HUD approved housing counseling agency. All of our staff have been trained in the Fair Housing Act and we inform our clients of their rights under this act. Fair housing is also important to us as a property manager and we make sure that we are following it with our tenants.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

We have had no fair housing complaints against our agency.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

We have had no fair housing complaints against our agency.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source                 | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|--------------------------------|---------------|--------------|-------------------|
|   | Scattered Site                 |               |              |                   |
| X | Infrastructure                 | \$5,897,521   | 2022         | City of Sanford   |
|   | Urgent Needs                   |               |              |                   |
|   | IDA Funds                      |               |              |                   |
|   | Capacity Building              |               |              |                   |
|   | Economic Development           |               |              |                   |
|   | Housing Development            |               |              |                   |
|   | Catalyst                       |               |              |                   |
|   | NSP 1 Funding                  |               |              |                   |
|   | NSP 3 Funding                  |               |              |                   |
|   | Other <i>(please describe)</i> |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

The City of Sanford was awarded funding for two different projects through the CDBG-NR program in 2022 that will provide infrastructure funding that will benefit Brick Capital as a sub-recipient. This infrastructure funding will be provided on and near land that Brick Capital owns that will allow for the creation of 74 single family homes and a 16-unit apartment complex.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|------------------------------------------|---------------|--------------|----------------------|
|   | Urgent Repair                            |               |              |                      |
|   | Single Family Rehab                      |               |              |                      |
|   | Housing 400 Initiative                   |               |              |                      |
|   | Tax Credits                              |               |              |                      |
| X | Down Payment Assistance                  | \$6,000       | 2026         | Non-Profit           |
|   | IDA Loan Pool                            |               |              |                      |
|   | New Homes Loan Pool                      |               |              |                      |
|   | Duke Home Energy Loan Pool               |               |              |                      |
|   | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

We participate in NCHFA's Community Partners Loan Pool down payment assistance program. This program allows families who are at 80% or below the area median income to receive up to \$50,000 in down payment assistance. For each family that we are able to place into this program, we are awarded \$2,000, and in 2026 we have already placed three families into this program.

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|---------------------|---------------|--------------|----------------------|
|   | Homeless Prevention |               |              |                      |
|   | Operations          |               |              |                      |
|   | Supportive Services |               |              |                      |
|   | WAP                 |               |              |                      |
|   | CSBG                |               |              |                      |

N/A

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

[illegible]

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
| NC DHHS       | Back@Home / \$3,563,351       | Kim Crawford          |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

#### **Certification**

I Kerry Bashaw (Executive Director) certify that information reported in this form is accurate and true for Brick Capital Community Development Corporation (agency name) on 07/22/2026 (mm/dd/yyyy)

 7-22-26  
**Executive Director** **Date**

#### **Please mail the form back to:**

North Carolina Rural Economic Development Division  
 Attn: Angela Williams, Grants Management Representative  
 301 North Wilmington Street  
 4346 Mail Service Center  
 Raleigh, NC 27699-4346  
 (919) 814-4679 office/984-222-4121 mobile

## Determination of Certification Non-PHA

### General Information

Organization Name: Diakonos, Inc dba Fifth Street Ministries

Mailing Address: PO Box 5217, Statesville, NC 28687-5217

Executive Director/CEO Name and Phone # Tamara Roach, 704-872-4045, ext 204

Email Address of Executive Director: TRoach@FifthStreetMinistries.com

Fiscal Year Beginning (MM/YYYY): 07/2026

Type of Plan for Review: Other Special Project (Enter Name) FY26 CoC Program Competition

X Annual Plan Only      Five Year and Annual Plan      5 Year Plan Only

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency                    | Dollar Amount | Fiscal Year |
|---|-------------------------|---------------------------|---------------|-------------|
|   | CDBG                    |                           |               |             |
| X | Emergency Shelter Grant | NC BoS CoC<br>via NC DHHS | \$195,474     | FY25        |
|   | HOME Funds              |                           |               |             |
|   | IDA Funds               |                           |               |             |
|   | HOPWA                   |                           |               |             |
|   | Tax Credit Financing    |                           |               |             |
|   | Down Payment Assistance |                           |               |             |

Is your agency a non-profit agency XX YES      NO

- a) Year Started:      1988
- b) Board Chair      Dan Miglin

If not please describe type of agency: \_\_\_\_\_

**c) Briefly Describe the mission of the agency and funding sources used to support agency.**

Diakonos' mission is to compassionately serve men, women, and children experiencing homelessness, hunger, or domestic violence and/or sexual assault. We meet basic needs — clothing, food, and shelter — and connect individuals and families to healthcare, case management, and other community resources that support their path toward stability and self-sufficiency. We advocate for change and offer hope. Diakonos is funded through a

diverse mix of sources, including fundraisers, private and individual donations, foundation grants, state and federal grants (NC ESG, NC GCC, US DOJ/OVW, NC DHHS, US Department of Veterans Affairs, and NC HTC), United Way, and local government appropriations.

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### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

We work closely with the local housing authority as well as landlords and rental agencies in the community as well as other stakeholders to identify existing and affordable options and facilitate housing for our clients. We often lead advocacy efforts and community coalitions and frequently work with government officials to promote the development of new affordable housing options. We operate the only homeless shelter in Iredell County and serve hundreds of individuals per year via low-barrier emergency night shelter, PATH program, veterans housing, a domestic violence shelter, Rapid Rehousing Program, and a community kitchen. We operate six Tiny Homes, a transitional Veterans home, and duplexes for those re-entering from the justice system. We are transitioning two dorm suites into congregate Transitional Housing suites.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

CoC- Permanent Supportive Housing renewal program and a new Transitional Housing program.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Diakonos, Inc. strongly opposes discrimination of any kind and will not work with organizations or individuals that promote discriminatory practices. Our clients are among the most indigent in the community, and it's important that we continue cultivating relationships with local landlords who, along with our case managers, advocate for equal access to affordable housing for our clients. Our case managers are well-trained on tenant rights and educate clients on those rights when they are moving into housing. Among our community partners is Legal Aid, who are readily available for clients should violations occur, or further guidance is needed.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

N/A

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|----------------------------------|---------------|--------------|-------------------|
|   | Scattered Site                   | N/A           |              |                   |
|   | Infrastructure                   | N/A           |              |                   |
|   | Urgent Needs                     | N/A           |              |                   |
|   | IDA Funds                        | N/A           |              |                   |
|   | Capacity Building                | N/A           |              |                   |
|   | Economic Development             | N/A           |              |                   |
|   | Housing Development              | N/A           |              |                   |
|   | Catalyst                         | N/A           |              |                   |
|   | NSP 1 Funding                    | N/A           |              |                   |
|   | NSP 3 Funding                    | N/A           |              |                   |
|   | Other ( <i>please describe</i> ) | N/A           |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source          | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------|---------------|--------------|----------------------|
|   | Urgent Repair           | N/A           |              |                      |
|   | Single Family Rehab     | N/A           |              |                      |
|   | Housing 400 Initiative  | N/A           |              |                      |
|   | Tax Credits             | N/A           |              |                      |
|   | Down Payment Assistance | N/A           |              |                      |
|   | IDA Loan Pool           | N/A           |              |                      |

|  |                                          |     |  |  |
|--|------------------------------------------|-----|--|--|
|  | New Homes Loan Pool                      | N/A |  |  |
|  | Duke Home Energy Loan Pool               | N/A |  |  |
|  | Homeless Prevention and Rapid Re-Housing | N/A |  |  |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|--------------------------|---------------|--------------|----------------------|
| X   | Homeless Prevention/ RRH | \$68,600      |              | Diakonos, Inc        |
| X   | Operations/ Shelter      | \$38,336      |              | Diakonos, Inc        |
| N/A | Supportive Services      |               |              |                      |
| N/A | WAP                      |               |              |                      |
| N/A | CSBG                     |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

ESG funding is used to directly advance the Consolidated Plan's ESG Housing Stability and ESG Crisis Response goals. Through our Rapid Rehousing Program (RRH), we address the Housing Stability goal by moving homeless households into permanent housing as quickly as possible - paying outstanding utility bills and security deposits, and providing case management including guidance and support, resource identification and referrals, and basic life skills education. ESG funding also supports the Crisis Response goal by providing temporary emergency night shelter at Fifth Street Ministries. Our facility is in excellent condition, clean and well-maintained, and suitable for individuals as well as families, ensuring safe, low-barrier crisis housing for people experiencing homelessness in our service area.

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------------|---------------|--------------|----------------------|
|   | Rental Assistance             | N/A           |              |                      |
|   | Short Term Supportive Housing | N/A           |              |                      |
|   | Community Residence           | N/A           |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u>                                                   | <u>Program/Funding Amount</u>           | <u>Contact Person</u> |
|-----------------------------------------------------------------|-----------------------------------------|-----------------------|
| NC Governor's Crime Comm. (GCC)                                 | DV & SA Basic Services- \$141,877.64    | Alec McCauley         |
| NC Department of Health & Human Services (DHHS)                 | PATH Project- \$191,249                 | Matthew Byrne         |
| NC Department of Administration / Council for Women (DOA / CFW) | DV (\$31,832) and SA Program (\$58,756) | Lori Gerber           |
|                                                                 |                                         |                       |
|                                                                 |                                         |                       |
|                                                                 |                                         |                       |
|                                                                 |                                         |                       |

~~\*Please attach 1 hardcopy of the plan to be reviewed\*~~

### **Certification**

I Tamara Roach, Executive Director, certify that information reported in this form is accurate and true for Diakonos, Inc. on 7/10/2026.

  
Executive Director

7/10/26  
Date

# Determination of Certification Non-PHA

## General Information

Organization Name: Homes of Hope

Mailing Address: 1816 B E Main St Albemarle NC 28001

Executive Director/CEO Name and Phone # Tiera Mcdonald 704-982-3634

Email Address of Executive Director: homesofhope.tieramcdonald.com

Fiscal Year Beginning (MM/YYYY): 7/1/2026

Type of Plan for Review: Other Special Project (Enter Name) Transitional housing

x Annual Plan Only Five Year and Annual Plan 5 Year Plan Only

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency        | Dollar Amount | Fiscal Year    |
|---|-------------------------|---------------|---------------|----------------|
|   | CDBG                    |               | 0             |                |
| x | Emergency Shelter Grant | Homes of Hope | \$ \$52,500   | 7/1/25-6/30/26 |
|   | HOME Funds              |               | 0             |                |
|   | IDA Funds               |               | 0             |                |
|   | HOPWA                   |               | 0             |                |
|   | Tax Credit Financing    |               | 0             |                |
|   | Down Payment Assistance |               | 0             |                |

Is your agency a non-profit agency x YES NO

a) Year Started: 2005

b) Board Chair Yes

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Homes of Hope, Inc.'s Transitional Housing Program provides safe, stable housing and comprehensive case management to individuals and families experiencing homelessness as they work toward permanent housing and long-term self-sufficiency. Through individualized housing plans, life skills education, budgeting, employment assistance, and connections to community resources, participants are equipped to overcome barriers, increase income, and achieve lasting housing stability.

## **Affordable Housing**

### **1) What is your agency currently doing to promote affordable housing?**

We work closely with local landlords, public housing agencies, and community partners to identify affordable housing opportunities and reduce barriers to obtaining and maintaining housing. Our staff assists participants with housing searches, budgeting, employment, transportation, obtaining identification and essential documents, and connecting to mainstream benefits and supportive services. Through individualized case management, life skills education, and financial planning, we help participants build the skills and stability needed to successfully transition into affordable housing and remain housed long term. We also collaborate with community organizations to increase access to housing resources and advocate for solutions that expand affordable housing options within our service area.

### **2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

The program is consistent with the State of North Carolina's Consolidated Plan by expanding access to affordable housing, reducing homelessness, promoting housing stability, and assisting vulnerable populations in achieving permanent housing. Through housing-focused case management, life skills development, employment assistance, and connections to community resources, the program helps participants overcome barriers to self-sufficiency while supporting the State's goals of preventing and ending homelessness and increasing access to safe, decent, and affordable housing.

## **FAIR HOUSING**

### **1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Homes of Hope, Inc. is committed to promoting fair housing and ensuring compliance with all applicable federal, state, and local fair housing laws. We provide services without discrimination based on race, color, religion, sex, national origin, disability, familial status, age, or any other protected characteristic.

Our staff receive training on fair housing principles and equal access requirements and assist program participants in understanding their housing rights and responsibilities. We work with landlords, housing providers, public housing agencies, and community partners to ensure equal access to housing opportunities and advocate on behalf of participants who encounter barriers to obtaining housing.

### **2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

During the past fiscal year, Homes of Hope, Inc. received no fair housing complaints.

### **3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

The North Carolina Fair Housing Commission and the U.S. Department of Housing and Urban Development (HUD) have not received any fair housing complaints regarding Homes of Hope, Inc. During the reporting period, no investigations, findings, or enforcement actions related to fair housing were initiated against the agency.

### North Carolina Department of Commerce Rural Economic Development Division (REDD)

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓   | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|-----|----------------------------------|---------------|--------------|-------------------|
| N/A | Scattered Site                   | 0             |              | Non-Profit        |
| N/A | Infrastructure                   | 0             |              | Non-Profit        |
| N/A | Urgent Needs                     | 0             |              | Non-Profit        |
| N/A | IDA Funds                        | 0             |              | Non-Profit        |
| N/A | Capacity Building                | 0             |              | Non-Profit        |
| N/A | Economic Development             | 0             |              | Non-Profit        |
| N/A | Housing Development              | 0             |              | Non-Profit        |
| N/A | Catalyst                         | 0             |              | Non-Profit        |
| N/A | NSP 1 Funding                    | 0             |              | Non-Profit        |
| N/A | NSP 3 Funding                    | 0             |              | Non-Profit        |
| N/A | Other ( <i>please describe</i> ) | 0             |              | Non-Profit        |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

NA

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source          | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|-------------------------|---------------|--------------|----------------------|
| N/A | Urgent Repair           |               |              |                      |
| N/A | Single Family Rehab     |               |              |                      |
| N/A | Housing 400 Initiative  |               |              |                      |
| N/A | Tax Credits             |               |              |                      |
| N/A | Down Payment Assistance |               |              |                      |
| N/A | IDA Loan Pool           |               |              |                      |

|     |                                          |  |  |  |
|-----|------------------------------------------|--|--|--|
| N/A | New Homes Loan Pool                      |  |  |  |
| N/A | Duke Home Energy Loan Pool               |  |  |  |
| N/A | Homeless Prevention and Rapid Re-Housing |  |  |  |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

\_N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source      | Dollar Amount | Year Awarded  | Agency or Non-Profit |
|-----|---------------------|---------------|---------------|----------------------|
| N/A | Homeless Prevention |               |               |                      |
| x   | Operations          | \$40,000.00   | 7/2025-6/2026 | <b>Non-Profit</b>    |
| x   | Supportive Services | \$12,000.00   | 7/2025-6/2026 | <b>Non-Profit</b>    |
| N/A | WAP                 |               |               |                      |
| N/A | CSBG                |               |               |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Emergency Solutions Grant (ESG) funding supports Homes of Hope's emergency shelter operations and essential supportive services, directly advancing the goals of North Carolina's 2026–2030 Consolidated Plan by providing immediate access to safe, low-barrier emergency shelter for individuals and families experiencing homelessness. ESG funds help cover shelter operating costs and housing-focused case management that assists participants in obtaining identification, employment, income, healthcare, mainstream benefits, and permanent housing. These services reduce the length of time individuals experience homelessness, promote housing stability, and increase exits to permanent housing. As the only emergency homeless shelter in Stanly County, Homes of Hope serves residents of Stanly, Montgomery, and Anson counties while collaborating with local Continuum of Care partners to ensure coordinated access to housing resources and supportive services.

## HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|-------------------------------|---------------|--------------|----------------------|
| N/A | Rental Assistance             |               |              |                      |
| N/A | Short Term Supportive Housing |               |              |                      |
| N/A | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

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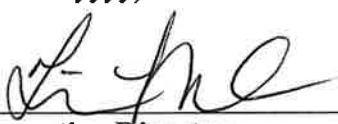
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |

**\*Please attach 1 hardcopy of the plan to be reviewed\***

### Certification

I Tiera McDonald (Executive Director) certify that information reported in this form is accurate and true for Homes of Hope (agency name) on 7/20/2026 (mm/dd/yyyy)

  
**Executive Director**

7/20/26  
**Date**



# Determination of Certification Non-PHA

## General Information

Organization Name: NCDHHS

Mailing Address: 1915 Health Services Way, Raleigh, NC 27607

Executive Director/CEO Name and Phone # 919-760-9562

Email Address of Executive Director: Jacquelin Clark-Lucas@dhhs.nc.gov

Fiscal Year Beginning (MM/YYYY): 07/01/2026

Type of Plan for Review: Other Special Project (Enter Name) State Consolidated Plan

   Annual Plan Only    Five Year and Annual Plan X 5 Year Plan Only   

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency       | Dollar Amount | Fiscal Year |
|---|-------------------------|--------------|---------------|-------------|
|   | CDBG                    |              |               |             |
| X | Emergency Shelter Grant | NCDHHS Aging | 2,550,000     | 25-26       |
|   | HOME Funds              |              |               |             |
|   | IDA Funds               |              |               |             |
|   | HOPWA                   |              |               |             |
|   | Tax Credit Financing    |              |               |             |
|   | Down Payment Assistance |              |               |             |

Is your agency a non-profit agency    YES X NO

a) Year Started:   

b) Board Chair   

If not please describe type of agency:   

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

NCDHHS is an umbrella agency that manages the delivery of a wide range of health and human related services. It is a cabinet level department of the government's executive branch, most invoiced with the wellbeing of the state's citizens. Its primary function is to supervise federally mandated, state-supervised, and county administered programs that provide a safety net for vulnerable populations, including children the elderly, individuals

with disabilities, and low-income families. NCDHHS Mission is to improve health, safety, and wellbeing for North Carolinians.

## **Affordable Housing**

### **1) What is your agency currently doing to promote affordable housing?**

NCDHHS supports affordable housing through strategic planning, supportive housing programs for vulnerable groups and initiatives such as Healthy Opportunities Pilots, which address housing needs as a health factor. The department collaborates with public and private partners to offer financial assistance, rent subsidies, and supportive services that promote housing stability.

### **2) What is your agency applying for that requires consistency to the consolidated plan for the State of North Carolina?**

NCDHHS is applying for funding and program support for the NCDHHS CoC Program that require consistency with the consolidated plan for the State of North Carolina in areas such as affordable housing initiatives and supportive housing programs for vulnerable populations. These efforts align with the state's consolidated plan by addressing housing as a social determinant of health, promoting housing stability, and collaborating with partners to improve the health, safety, and wellbeing of North Carolinians. Ensuring that these programs are consistent with the consolidated plan is essential for securing necessary resources and demonstrating strategic alignment with statewide priorities.

## **FAIR HOUSING**

### **1) How does your agency promote fair housing and ensure fair housing law is implemented?**

NCDHSS promotes fair housing and ensures the implementation of fair housing laws by integrating non-discrimination principles into its housing-related programs and policies. The agency works with both public and private partners to provide education on fair housing rights, offers training for staff and stakeholders on compliance with state and federal fair housing regulations, and actively monitors its housing initiatives to prevent discrimination based on race, color, national origin, religion, sex, familial status, or disability. NCDHHS also demonstrates its commitment to fair housing and regularly reviews practices to maintain compliance and address issues that arise.

### **2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

In the past year, NCDHHS has not received any fair housing complaints issued against the program. NCDHHS actively promotes fair housing by integrating non-discrimination principles into all housing related programs and policies, providing education training on fair housing rights, and closely monitoring compliance with state and federal fair housing regulations. These efforts help ensure that all individuals have equitable access to safe and affordable housing and minimize the likelihood of complaints related to discrimination or non-compliance with fair housing laws.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

In the past fiscal year, neither North Carolina Fair Housing Commission nor HUD has received any fair housing complaints about NCDHHS CoC Program. The agency actively promotes fair housing and minimizes the likelihood of complaints by embedding non-discrimination principles in all hosing related programs and polices. NCDHHS also provides ongoing education and training on fair housing rights and closely monitors compliance with both state and federal fair housing regulations. Through these proactive measures, NCDHHS ensures equitable access to safe and affordable housing for all individuals and maintains a strong record of compliance with fair housing. Laws.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓  | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|----|----------------------------------|---------------|--------------|-------------------|
| NA | Scattered Site                   |               |              |                   |
| NA | Infrastructure                   |               |              |                   |
| NA | Urgent Needs                     |               |              |                   |
| NA | IDA Funds                        |               |              |                   |
| NA | Capacity Building                |               |              |                   |
| NA | Economic Development             |               |              |                   |
| NA | Housing Development              |               |              |                   |
| NA | Catalyst                         |               |              |                   |
| NA | NSP 1 Funding                    |               |              |                   |
| NA | NSP 3 Funding                    |               |              |                   |
| NA | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|------------------------------------------|---------------|--------------|----------------------|
| NA | Urgent Repair                            |               |              |                      |
| NA | Single Family Rehab                      |               |              |                      |
| NA | Housing 400 Initiative                   |               |              |                      |
| NA | Tax Credits                              |               |              |                      |
| NA | Down Payment Assistance                  |               |              |                      |
| NA | IDA Loan Pool                            |               |              |                      |
| NA | New Homes Loan Pool                      |               |              |                      |
| NA | Duke Home Energy Loan Pool               |               |              |                      |
| NA | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|---------------------|---------------|--------------|----------------------|
|   | Homeless Prevention |               |              |                      |
|   | Operations          | 134,278       | 2024         | Agency               |
|   | Supportive Services | 275,000       | 2024         | Agency               |
|   | WAP                 |               |              |                      |
|   | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Funding from ESG to our agency, specifically through the NCDHHS CoC Program utilizing RUSH ESG funds during Hurricane Helene, was instrumental in advancing the goals and

**HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

5

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u>              | <u>Contact Person</u> |
|---------------|--------------------------------------------|-----------------------|
| NCDHHS        | State Fiscal recovery Funds<br>\$5,471,247 | Hunter Huffman        |
| NCDHHS ESG    | RUSH \$2,550.00                            | Lisa Worth            |
|               |                                            |                       |
|               |                                            |                       |
|               |                                            |                       |
|               |                                            |                       |
|               |                                            |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### **Certification**

I Jacqueline Clark-Lucas (Executive Director) certify that information reported in this form is accurate and true for NCDHHS CoC Program (agency name) on 07/10/2026 (mm/dd/yyyy)

*Jacqueline Clark-Lucas*

\_\_\_\_\_  
**Executive Director**

07/10/2026

**Date**

# Determination of Certification Non-PHA

## General Information

Organization Name: North Carolina Coalition Against Domestic Violence

Mailing Address: 3710 University Drive, Suite 300, Durham NC 27707

Executive Director/CEO Name and Phone #: Carianne Fisher, 919-956-9124

Email Address of Executive Director: cfisher@nccadv.org

Fiscal Year Beginning (MM/YYYY): 01/2028

Type of Plan for Review: Other Special Project (Enter Name) \_\_\_\_\_

☒ Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_\_ 5 Year Plan Only \_\_\_\_\_

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓  | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|----|-------------------------|--------|---------------|-------------|
| NA | CDBG                    |        |               |             |
| NA | Emergency Shelter Grant |        |               |             |
| NA | HOME Funds              |        |               |             |
| NA | IDA Funds               |        |               |             |
| NA | HOPWA                   |        |               |             |
| NA | Tax Credit Financing    |        |               |             |
| NA | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency ☒ YES \_\_\_\_\_ NO

a) Year Started: \_\_\_\_\_ 1981 \_\_\_\_\_

b) Board Chair \_\_\_\_\_ Jamie Sellers and Michael Wilson \_\_\_\_\_

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

NCCADV leads the state's movement to end domestic violence and to enhance the work with survivors through collaborative and innovative trainings, prevention, technical assistance, state policy development, and legal advocacy. NCCADV is supported by a

variety of funding sources including federal, state, and foundation funding (CDC Delta Project, Council for Women & Youth Involvement, Allstate Foundation).

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

NCCADV currently serves on the NC Balance of State CoC as an At-Large Member and advocates for the housing needs of survivors and domestic violence service providers (DVSPs). At different time periods during the COVID-19 pandemic, NCCADV provided direct financial assistance to domestic violence survivors whose safety and economic wellbeing had been impacted by the pandemic. NCCADV was able to cover 213 months of rent for survivors experiencing homelessness and housing insecurity with that funding. Additionally, NCCADV is partnered with experts and organizations throughout the state to improve access to affordable housing for survivors of domestic violence. NCCADV's state steering committee identified survivor housing needs, challenges, and promising practices to guide our work. This work included collaborating with UNC Master of Public Health students to develop best practices for housing DV survivors and assessments for DV service providers to engage in rapid rehousing. This work strives to promote affordable housing for survivors who are at particular risk of experiencing homelessness. NCCADV also receives funding from the Allstate Foundation Economic Empowerment Fund, which supports direct financial assistance to survivors. Many recipients of the funds are using them to pay for rent or utility bills. Finally, NCCADV is in its fourth full year of implementation of the Safe at Home DV Rapid Rehousing Program. Safe at Home is funded through HUD to serve homeless individuals under HUD Category IV definition, within the Balance of State. In its first year of implementation NCCADV partnered with 8 subrecipients across the Balance of State and is now working with 20 subrecipients to directly provide rental assistance and supportive services with the goal of connecting survivors to safe, permanent, and affordable housing.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

NA

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

NCCADV has worked to promote fair housing largely through our work on DV shelter policies and practices. NCCADV has offered trainings on the following: sheltering transgender survivors; sheltering LGBTQ survivors; housing rights (Legal Advocate's Institute); sheltering survivors with mental illness and substance use; rules reduction in shelters. NCCADV has also started a Shelter Community of Practice to connect advocates working in different shelters. NCCADV has provided technical assistance to DVSPs and other community partners on issues related to housing/homelessness and transitional housing. NCCADV also addressed issues of survivor evictions with the Charlotte Housing Authority. While survivors are not explicitly a protected class under the Fair Housing Act, HUD 2016 guidance provides insight that relates to survivors and

NCCADV has worked with partners to promote equitable, safe housing for survivors. In 2021, NCCADV also provided comment on HUD’s Discriminatory Effects Standard, in support of rescinding the 2020 disparate impact rule and reinstating the 2013 HUD regulation. Reinstatement of the 2013 regulation provides more protections for marginalized communities, including survivors of domestic violence. In 2026, NCCADV provided comment in opposition to HUD’s Equal Access to Housing in HUD Programs Revisions Proposed Rule, which would remove protections for LGBTQ individuals and would create more barriers to housing for survivors.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

NA

#### **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓  | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|----|----------------------------------|---------------|--------------|-------------------|
| NA | Scattered Site                   |               |              |                   |
| NA | Infrastructure                   |               |              |                   |
| NA | Urgent Needs                     |               |              |                   |
| NA | IDA Funds                        |               |              |                   |
| NA | Capacity Building                |               |              |                   |
| NA | Economic Development             |               |              |                   |
| NA | Housing Development              |               |              |                   |
| NA | Catalyst                         |               |              |                   |
| NA | NSP 1 Funding                    |               |              |                   |
| NA | NSP 3 Funding                    |               |              |                   |
| NA | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

NA

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|------------------------------------------|---------------|--------------|----------------------|
| NA | Urgent Repair                            |               |              |                      |
| NA | Single Family Rehab                      |               |              |                      |
| NA | Housing 400 Initiative                   |               |              |                      |
| NA | Tax Credits                              |               |              |                      |
| NA | Down Payment Assistance                  |               |              |                      |
| NA | IDA Loan Pool                            |               |              |                      |
| NA | New Homes Loan Pool                      |               |              |                      |
| NA | Duke Home Energy Loan Pool               |               |              |                      |
| NA | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

NA

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|---------------------|---------------|--------------|----------------------|
| NA | Homeless Prevention |               |              |                      |
| NA | Operations          |               |              |                      |
| NA | Supportive Services |               |              |                      |
| NA | WAP                 |               |              |                      |
| NA | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

NA

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|-------------------------------|---------------|--------------|----------------------|
| NA | Rental Assistance             |               |              |                      |
| NA | Short Term Supportive Housing |               |              |                      |
| NA | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

NA

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u>                           | <u>Program/Funding Amount</u>           | <u>Contact Person</u> |
|-----------------------------------------|-----------------------------------------|-----------------------|
| Governor's Crime Commission             | OVW DV Firearm Harm Reduction/\$100,000 | Brenda Washington     |
| Governor's Crime Commission             | OVW Language Justice/\$341,000          | Brenda Washington     |
| Council for Women & Youth Involvement   | DV Basic Funding/\$99,408.97            | Lisa McLaughlin       |
| Council for Women & Youth Involvement   | FVPSA Core/\$104,285.50                 | Barbara Smith         |
| NC Department of Information Technology | Digital Champions/\$300,000             | Adrienne Clark        |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### Certification

I, Carianne Fisher (Executive Director), certify that information reported in this form is accurate and true for NCCADV on 07/24/2026

Carianne Fisher  
Executive Director

08/03/2026  
Date

# Determination of Certification Non-PHA

## General Information

Organization Name: NORTH CAROLINA COALITION TO END HOMELESSNESS, INC

Mailing Address: PO Box 27692, Raleigh, NC 27611

Executive Director/CEO Name and Phone # Latonya L. Agard | 919.755.4353

Email Address of Executive Director: latonya.agard@ncceh.org

Fiscal Year Beginning (MM/YYYY): 01/2026

Type of Plan for Review: Other Special Project (Enter Name) HUD CoC Homeless Assistance Program

X Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_ 5 Year Plan Only \_\_\_\_\_

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|---|-------------------------|--------|---------------|-------------|
|   | CDBG                    |        |               |             |
| ✓ | Emergency Shelter Grant |        |               |             |
|   | HOME Funds              |        |               |             |
|   | IDA Funds               |        |               |             |
|   | HOPWA                   |        |               |             |
|   | Tax Credit Financing    |        |               |             |
|   | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency X YES \_\_\_\_\_ NO

a) Year Started: 2000

b) Board Chair Dr LaTonya Penny

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
The mission of the North Carolina Coalition to End Homelessness (NCCEH) is to uphold human dignity by pursuing justice and engaging innovative partnerships to end homelessness in North Carolina. NCCEH works with communities to address root causes of homelessness by developing and implementing data-driven strategies focused on permanent

housing and appropriate wrap-around support services. NCCEH's funding support comes from contracts with the NC DHHS, HUD CoC funding, the Orange County Housing Department, the City of Durham, private foundations, membership fees, donations, and training registration fees.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

As the Collaborative Applicant for NC-503, NCCEH supports the coordination and implementation of homelessness support services within the NC Balance of State Continuum of Care. To fulfill the Collaborative Applicant role, NCCEH relies heavily on HUD and NC DHHS grants to provide permanent supportive housing and rapid re-housing services to households experiencing homelessness. The organization is also piloting a statewide program in collaboration with the NC Housing Finance Agency and property owners to provide temporary rental assistance for households at risk of homelessness. Additionally, NCCEH works alongside the NC Housing Coalition on programs to provide housing to people experiencing homelessness and promote affordable, permanent housing in all 12 Continuums of Care throughout North Carolina. In partnership with the NC Department of Health and Human Services Office of Aging and Adult Services, NCCEH runs the annual Emergency Solutions Grants (ESG) competition within the Balance of State CoC. These funds support outreach, prevention, housing, operational, and HMIS support (see pg. 5) to direct service agencies serving clients in their local communities.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

NCCEH is submitting an application to HUD on behalf of NC-503 to secure Continuum of Care funding that will be distributed across its 79-county region. If awarded, these funds will provide rapid re-housing, permanent supportive housing, and supportive services to households experiencing homelessness within the NC-503, including families with children, people with disabilities, and those who are chronically homeless. NCCEH is also submitting applications for the CoC DV Bonus SSO-CE grant that will increase capacity to effectively reach households experiencing domestic violence in the NC Balance of State CoC. Finally, as the Homeless Management Information System (HMIS) Lead Agency for NC-503, NC-502 (Durham Co/City of Durham), and NC-513 (Orange Co/Chapel Hill), NCCEH is submitting an application for HMIS funds to increase its capacity to provide training and technical assistance to communities implementing their HUD-required coordinated assessment systems. These funds also support the implementation of the HUD-required HMIS across these CoCs.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**  
NCCEH advocates for fair housing principles in all areas of its work. NC Balance of State CoC grantees are required to promote fair housing through outreach to eligible program participants. NCCEH follows up on any fair housing complaint brought to its attention within the NC Balance of State CoC jurisdiction by contacting the claimant and referring him/her to the appropriate

agency, including HUD and Legal Aid of North Carolina. In addition, NCCEH continues to work closely with state partners at NC DHHS to secure permanent housing for people with disabilities so that they can live in integrated community housing instead of institutional settings.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|----------------------------------|---------------|--------------|-------------------|
|   | Scattered Site                   | N/A           |              |                   |
|   | Infrastructure                   | N/A           |              |                   |
|   | Urgent Needs                     | N/A           |              |                   |
|   | IDA Funds                        | N/A           |              |                   |
|   | Capacity Building                | N/A           |              |                   |
|   | Economic Development             | N/A           |              |                   |
|   | Housing Development              | N/A           |              |                   |
|   | Catalyst                         | N/A           |              |                   |
|   | NSP 1 Funding                    | N/A           |              |                   |
|   | NSP 3 Funding                    | N/A           |              |                   |
|   | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

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### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|------------------------------------------|---------------|--------------|----------------------|
|   | Urgent Repair                            | N/A           |              |                      |
|   | Single Family Rehab                      | N/A           |              |                      |
|   | Housing 400 Initiative                   | N/A           |              |                      |
|   | Tax Credits                              | N/A           |              |                      |
|   | Down Payment Assistance                  | N/A           |              |                      |
|   | IDA Loan Pool                            | N/A           |              |                      |
|   | New Homes Loan Pool                      | N/A           |              |                      |
|   | Duke Home Energy Loan Pool               | N/A           |              |                      |
|   | Homeless Prevention and Rapid Re-Housing | N/A           |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

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### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount    | Year Awarded | Agency or Non-Profit |
|---|---------------------|------------------|--------------|----------------------|
|   | Homeless Prevention |                  |              |                      |
| ✓ | Operations          | \$110,878 (HMIS) | 2026         | NC DHHS              |
|   | Supportive Services |                  |              |                      |
|   | WAP                 |                  |              |                      |
|   | CSBG                |                  |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

As the administrator for HMIS@NCCEH and the HMIS Lead Agency, NCCEH receives Emergency Solutions Grant funds to supplement the NC-503 (NC BoS CoC) HMIS grant, the NC-

504 (Durham County/City of Durham) HMIS grant, and CoC fees to implement HMIS@NCCEH. These funds help to ensure HMIS@NCCEH maintains compliance with HUD requirements for data quality, analysis, and reporting. The 2026 HMIS Emergency Solutions Grant covers allowable, allocable, and reasonable costs to provide training, technical assistance, data reporting, data collection, and data analysis for participating CoCs, their member organizations, and other community partners.

## HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------------|---------------|--------------|----------------------|
|   | Rental Assistance             | N/A           |              |                      |
|   | Short Term Supportive Housing | N/A           |              |                      |
|   | Community Residence           | N/A           |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
| NC DHHS       | SOAR - \$123,000              | Judith Cajigas        |
| SFRF/NC DHHS  | Bringing It Home - \$10,288   | Lisa Worth            |
|               |                               |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

## Certification

I Dr. Latonya L. Agard, (Executive Director) certify that information reported in this form is accurate and true for North Carolina Coalition to End Homelessness (agency name) on 07/22/2026 (mm/dd/yyyy)

  
Dr. Latonya L. Agard (Jul 22, 2026 15:26:19 CDT)  
**Executive Director**

July 22, 2026  
**Date**

## Determination of Certification Non-PHA

### General Information

Organization Name: Outreach Mission Inc.

Mailing Address: PO Box 476, Sanford NC, 27331

Executive Director/CEO Name and Phone # Laura Spivey 919-292-1508 Ext. 103

Email Address of Executive Director: lspivey@sanfordoutreachmission.com

Fiscal Year Beginning (MM/YYYY): 01/2026

Type of Plan for Review: Other Special Project (Enter Name) \_\_\_\_\_

X Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_\_ 5 Year Plan Only \_\_\_\_\_

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency                | Dollar Amount | Fiscal Year |
|---|-------------------------|-----------------------|---------------|-------------|
|   | CDBG                    |                       |               |             |
| X | Emergency Shelter Grant | Outreach Mission Inc. | \$154,903     | FY2026/27   |
|   | HOME Funds              |                       |               |             |
|   | IDA Funds               |                       |               |             |
|   | HOPWA                   |                       |               |             |
|   | Tax Credit Financing    |                       |               |             |
|   | Down Payment Assistance |                       |               |             |

Is your agency a non-profit agency X YES \_\_\_\_\_ NO

a) Year Started: 1988

b) Board Chair Mandy Moss

If not please describe type of agency: \_\_\_\_\_

**c) Briefly Describe the mission of the agency and funding sources used to support agency.**

Outreach Mission Inc. (OMI) is a faith-based, nonprofit organization dedicated to serving individuals and families experiencing homelessness and housing instability by providing emergency shelter, supportive services, housing navigation, and pathways to permanent housing.

Guided by our mission of helping people put their lives back together and our commitment to Housing First principles, OMI works collaboratively with community partners to reduce homelessness, remove barriers to housing, and promote long-term self-sufficiency throughout Lee County and the North Carolina Balance of State Region 7.

The agency operates the Samuel J. Wornom–SECU Community Shelter, a 76-bed low-barrier emergency shelter, and provides comprehensive supportive services including coordinated entry, case management, housing stabilization, employment and income assistance, benefits enrollment, transportation assistance, referrals to behavioral and physical healthcare, and connections to permanent housing resources.

OMI is supported through a diverse combination of funding sources, including federal, state, and local government grants; private and family foundations; corporate grants and sponsorships; faith-based organizations and churches; individual donations; fundraising events; and in-kind contributions from community partners. Current and anticipated funding sources include Emergency Solutions Grant (ESG) funds, Continuum of Care (CoC) funding, local government appropriations, foundation grants, private philanthropy, and community donations, ensuring the sustainability of programs that assist individuals and families experiencing homelessness.

### **Affordable Housing**

#### **1) What is your agency currently doing to promote affordable housing?**

Outreach Mission Inc. (OMI) promotes affordable housing by providing comprehensive housing-focused supportive services that help individuals and families experiencing homelessness obtain and maintain permanent housing. Through coordinated entry, individualized case management, housing navigation, landlord engagement, housing stability planning, and referrals to community resources, OMI assists clients in overcoming barriers to securing safe, affordable housing.

OMI collaborates with local housing authorities, landlords, developers, and community partners to increase access to affordable housing opportunities and permanent supportive housing. The agency also operates a Re-Housing Savings Program that helps clients build financial stability by encouraging savings for security deposits, utility deposits, and other move-in expenses while receiving intensive case management and budgeting support.

In addition, OMI provides employment referrals, income and benefits assistance, financial literacy education, transportation assistance, and connections to behavioral and physical healthcare services to improve long-term housing stability. By addressing the barriers that often prevent individuals from obtaining or maintaining housing, OMI helps increase successful exits from homelessness into permanent, affordable housing and reduces the likelihood of returns to homelessness.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Outreach Mission Inc. is applying for **HUD Continuum of Care (CoC) Program funding** to operate a **Supportive Services Only (SSO)** project that provides supportive services to individuals and families experiencing homelessness who are accessing emergency shelter services.

The proposed project is consistent with the North Carolina Consolidated Plan by supporting the state's priorities to prevent and end homelessness through coordinated entry, case management, housing navigation, housing stabilization, connections to mainstream resources, and referrals to permanent housing. The project will assist households in overcoming barriers to housing, increasing housing stability, and improving access to permanent housing opportunities within the North Carolina Balance of State Continuum of Care.

**FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Outreach Mission Inc. (OMI) is committed to promoting fair housing and ensuring equal access to housing opportunities for all individuals and families experiencing homelessness. OMI complies with the Fair Housing Act and all applicable federal, state, and local civil rights laws by providing services without discrimination based on race, color, religion, sex, gender identity, sexual orientation, national origin, disability, familial status, age, or any other protected characteristic.

OMI promotes fair housing by providing fair housing information to clients, conducting housing assessments based solely on program eligibility and client needs, and assisting participants with housing navigation, landlord engagement, and referrals to available housing opportunities. Staff receive training on fair housing requirements, nondiscrimination, cultural competency, and trauma-informed care to ensure services are delivered equitably and respectfully.

The agency has established policies and procedures to address discrimination concerns, provide reasonable accommodations for individuals with disabilities, and ensure meaningful access for persons with limited English proficiency whenever possible. Through collaboration with housing providers, landlords, public housing agencies, and community partners, OMI works to expand access to safe, affordable housing while advocating for equal housing opportunities for all clients.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

During the past fiscal year, Outreach Mission Inc. (OMI) did not receive any fair housing complaints. The agency has not been the subject of any complaints alleging violations of the Fair Housing Act or other fair housing laws.

OMI is committed to maintaining policies and procedures that promote equal access to housing and services, provide reasonable accommodations when appropriate, and ensure compliance with all applicable federal, state, and local fair housing and civil rights requirements. Staff receive ongoing training to support nondiscriminatory practices and to ensure all clients are treated fairly, respectfully, and equitably.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were that complaint resolved?**

This question does not apply to Outreach Mission Inc. During the past fiscal year, the North Carolina Fair Housing Commission and the U.S. Department of Housing and Urban Development (HUD) have not received any fair housing complaints regarding the agency. Therefore, there have been no investigations, findings, or complaint resolutions involving OMI.

Outreach Mission Inc. remains committed to complying with all applicable federal, state, and local fair housing and civil rights laws and maintains policies and practices that promote equal access to housing and supportive services for all eligible individuals.

#### **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓   | Funding Source       | Dollar Amount | Year Awarded | PHA or Non-Profit |
|-----|----------------------|---------------|--------------|-------------------|
| N/A | Scattered Site       |               |              |                   |
| N/A | Infrastructure       |               |              |                   |
| N/A | Urgent Needs         |               |              |                   |
| N/A | IDA Funds            |               |              |                   |
| N/A | Capacity Building    |               |              |                   |
| N/A | Economic Development |               |              |                   |
| N/A | Housing Development  |               |              |                   |
| N/A | Catalyst             |               |              |                   |

|     |                                  |  |  |  |
|-----|----------------------------------|--|--|--|
| N/A | NSP 1 Funding                    |  |  |  |
| N/A | NSP 3 Funding                    |  |  |  |
| N/A | Other ( <i>please describe</i> ) |  |  |  |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

This question is not applicable to Outreach Mission Inc. as the agency has not received funding from the North Carolina Division of Community Revitalization (formerly REDD).

Although OMI has not received REDD funding, the agency's programs and proposed Continuum of Care (CoC) Supportive Services Only (SSO) project support the goals and objectives of the 2026–2030 North Carolina Consolidated Plan by assisting individuals and families experiencing homelessness through coordinated entry, case management, housing navigation, housing stabilization services, and connections to permanent housing and mainstream resources. These efforts contribute to reducing homelessness, increasing housing stability, and expanding access to safe, affordable housing for vulnerable households.

#### **North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|------------------------------------------|---------------|--------------|----------------------|
|   | Urgent Repair                            |               |              |                      |
|   | Single Family Rehab                      |               |              |                      |
|   | Housing 400 Initiative                   |               |              |                      |
|   | Tax Credits                              |               |              |                      |
|   | Down Payment Assistance                  |               |              |                      |
|   | IDA Loan Pool                            |               |              |                      |
|   | New Homes Loan Pool                      |               |              |                      |
|   | Duke Home Energy Loan Pool               |               |              |                      |
| X | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

In 2025, Outreach Mission Inc. received a **\$900,000 loan from the North Carolina Housing Finance Agency (NCHFA)** to support the construction of the **Samuel J. Wornom–SECU Community Shelter**, a 76-bed, low-barrier emergency shelter serving individuals and families experiencing homelessness in Lee County and the North Carolina Balance of State Region 7.

The NCHFA-funded project advances the goals and objectives of the 2026–2030 North Carolina Consolidated Plan by expanding access to safe, decent, and accessible emergency shelter, reducing homelessness, and providing a pathway to permanent housing. The shelter serves as an entry point into the homeless response system, offering coordinated entry, comprehensive case management, housing navigation, employment and income assistance, connections to behavioral and physical healthcare, and referrals to permanent housing resources.

By increasing emergency shelter capacity and providing housing-focused supportive services, the project helps stabilize vulnerable households, reduces barriers to obtaining permanent housing, and strengthens the community's ability to prevent and end homelessness. The NCHFA investment has significantly expanded OMI's capacity to serve individuals and families experiencing housing crises while supporting long-term housing stability and the objectives outlined in the State's Consolidated Plan.

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit  |
|---|---------------------|---------------|--------------|-----------------------|
|   | Homeless Prevention |               |              |                       |
| X | Operations          | \$154,903     | FY2026       | Outreach Mission Inc. |
|   | Supportive Services |               |              |                       |
|   | WAP                 |               |              |                       |
|   | CSBG                |               |              |                       |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Outreach Mission Inc. recently received **Emergency Solutions Grant (ESG) RUSH funding** to support Emergency Shelter Operations and Homeless Management Information System (HMIS) activities serving Lee County. This funding strengthens the agency's ability to provide safe, low-barrier emergency shelter and maintain a coordinated, data-driven response to homelessness.

ESG funding supports the operation of the Samuel J. Wornom–SECU Community Shelter by helping ensure individuals and families experiencing homelessness have immediate access to safe shelter while receiving housing-focused case management, coordinated entry, housing navigation, and referrals to mainstream resources and permanent housing opportunities. HMIS funding enables OMI to accurately collect, manage, and report client and program data, improving coordination with community partners, measuring outcomes, and supporting compliance with Continuum of Care and ESG program requirements.

The ESG-funded activities directly support the goals and objectives of the 2026–2030 North Carolina Consolidated Plan by reducing homelessness, improving access to emergency shelter, strengthening the homeless response system, promoting data-informed decision-making, and helping individuals and families achieve safe, stable, and permanent housing.

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|-------------------------------|---------------|--------------|----------------------|
| N/A | Rental Assistance             |               |              |                      |
| N/A | Short Term Supportive Housing |               |              |                      |
| N/A | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

\_\_N/A

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Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
| N/A           | N/A                           | N/A                   |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### Certification

I Laura S. Spivey (Executive Director) certify that information reported in this form is accurate and true for Outreach Mission Inc. (agency name) on 07/21/2026 (mm/dd/yyyy)

Laura S. Spivey      July 21, 2026  
 Executive Director      Date

# Determination of Certification Non-PHA

## General Information

Organization Name: Partners Health Management

Mailing Address: 901 S. New Hope Road Gastonia, NC 28054

Executive Director/CEO Name and Phone # Libby McCraw 704-884-2501

Email Address of Executive Director: lmccraw@partnersbhmorg

Fiscal Year Beginning (MM/YYYY): 7/2026

Type of Plan for Review: Other Special Project (Enter Name) HUD Continuum of Care

NA Annual Plan Only NA Five Year and Annual Plan NA 5 Year Plan Only

NA ROSS GRANT

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓  | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|----|-------------------------|--------|---------------|-------------|
| NA | CDBG                    |        |               |             |
| NA | Emergency Shelter Grant |        |               |             |
| NA | HOME Funds              |        |               |             |
| NA | IDA Funds               |        |               |             |
| NA | HOPWA                   |        |               |             |
| NA | Tax Credit Financing    |        |               |             |
| NA | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency YES X NO

a) Year Started: merged 2012 – prior 1965

b) Board Chair David Williams

If not please describe type of agency: LME/MCO

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Partners mission is improve lives and strengthen communities by managing a behavioral health care system funded by federal, state and local taxpayer dollars. We ensure all individuals who are eligible have access to quality providers and effective services. We improve lives and strengthen our communities by focusing on positive outcomes and the proper use of funds entrusted to us.

## **Affordable Housing**

### **1) What is your agency currently doing to promote affordable housing?**

Partners Health Management currently administers permanent supportive housing programs for individuals that are homeless. Our agency is also involved in the Continuum of Care activities in the counties of our LME/MCO catchment area to support, promote, and create affordable housing. Partners has also implemented a comprehensive housing plan to address gaps and increase affordable housing options for people with mental health, substance use disorder, and intellectual developmental disabilities. Partners collaborates with NCHFA as well as PHAs and RHAs in our counties to increase affordable housing options. Our agency also works with the Transition to Community Living program to housing those that are coming out of adult care homes or at risk for going into adult care homes.

### **2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Partners is applying for a renewal Permanent Supportive grant as well as a new Transitional Housing grant through the Balance of State Continuum of Care. Both of the grants will cover five counties within the catchment are (Burke, Catawba, Iredell, Surry and Yadkin).

## **FAIR HOUSING**

### **1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Partners works with the Housing Finance Agency and Legal Aid to promote and educate consumers, landlords, and members of the community on landlord tenant laws for people with disabilities and reasonable accommodations and modifications for individuals with disabilities. Our agency also operates its grant programs in compliance with fair housing laws as well as adhering to HUD quality standards guidelines. Our staff have assisted with many reasonable accommodation request for individuals and families. Our agency is working to meet the requirements in the Transition to Community Living programs to ensure people with severe and persistent mental health diagnosis have an opportunity to equal and fair housing.

### **2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

Partners has had no fair housing complaints over the past year.

### **3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

Our agency has not been notified by the NC Fair Housing Commission or HUD of any complaints against our agency.

## **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts

that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓  | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|----|----------------------------------|---------------|--------------|-------------------|
| NA | Scattered Site                   |               |              |                   |
| NA | Infrastructure                   |               |              |                   |
| NA | Urgent Needs                     |               |              |                   |
| NA | IDA Funds                        |               |              |                   |
| NA | Capacity Building                |               |              |                   |
| NA | Economic Development             |               |              |                   |
| NA | Housing Development              |               |              |                   |
| NA | Catalyst                         |               |              |                   |
| NA | NSP 1 Funding                    |               |              |                   |
| NA | NSP 3 Funding                    |               |              |                   |
| NA | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

NA

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|------------------------------------------|---------------|--------------|----------------------|
| NA | Urgent Repair                            |               |              |                      |
| NA | Single Family Rehab                      |               |              |                      |
| NA | Housing 400 Initiative                   |               |              |                      |
| NA | Tax Credits                              |               |              |                      |
| NA | Down Payment Assistance                  |               |              |                      |
| NA | IDA Loan Pool                            |               |              |                      |
| NA | New Homes Loan Pool                      |               |              |                      |
| NA | Duke Home Energy Loan Pool               |               |              |                      |
| NA | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

NA

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|---------------------|---------------|--------------|----------------------|
| NA | Homeless Prevention |               |              |                      |
| NA | Operations          |               |              |                      |
| NA | Supportive Services |               |              |                      |
| NA | WAP                 |               |              |                      |
| NC | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

NA

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓  | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|----|-------------------------------|---------------|--------------|----------------------|
| NA | Rental Assistance             |               |              |                      |
| NA | Short Term Supportive Housing |               |              |                      |
| NA | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2021-2025 Consolidated Plan.**

NA

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u>                                                                              | <u>Contact Person</u> |
|---------------|------------------------------------------------------------------------------------------------------------|-----------------------|
| NCDHHS        | IPRS and other allocations for behavioral health treatment and service for contract providers \$75 million | NC Secretary of DHHS  |
|               |                                                                                                            |                       |
|               |                                                                                                            |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### **Certification**

I Rachel Porter (Deputy Chief Executive Officer) certify that information reported in this form is accurate and true for Partners Health Management (agency name) on \_\_\_\_\_ (mm/dd/yyyy)

  
 \_\_\_\_\_  
**Deputy Chief Executive Officer**

7/21/2026  
**Date**

# Determination of Certification Non-PHA

## General Information

Organization Name: County of Pitt – Planning Department

Mailing Address: 1717 W. 5<sup>th</sup> Street Greenville, NC 27834

Executive Director/CEO Name and Phone # Janis E. Gallagher/(252)902-2954

Email Address of Executive Director: [janis.gallagher@pittcountync.gov](mailto:janis.gallagher@pittcountync.gov)

Fiscal Year Beginning (MM/YYYY): 07/2026

Type of Plan for Review: Other Special Project (Enter Name) HUD Continuum of Care

     Annual Plan Only      Five Year and Annual Plan   X   5 Year Plan Only     

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source                                            | Agency                                                    | Dollar Amount                                                 | Fiscal Year                          |
|---|-----------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|--------------------------------------|
| ✓ | CDBG                                                      | City of Greenville                                        | \$21,574.53                                                   | 2024                                 |
| ✓ | Emergency Solutions Grant                                 | NCDHHS,<br>Division of<br>Aging Services                  | \$124,428<br>\$92,634<br>\$81,616<br>\$68,285<br>\$103,828    | 2022<br>2023<br>2024<br>2025<br>2026 |
|   | HOME Funds                                                |                                                           |                                                               |                                      |
| ✓ | ESFR                                                      | NCHFA                                                     | \$190,000<br>\$273,000                                        | 2023<br>2026                         |
| ✓ | Urgent Repair                                             | NCHFA                                                     | \$132,000<br>\$132,000<br>\$165,000                           | 2023<br>2024<br>2026                 |
| ✓ | Continuum of Care –<br>Special Needs Assistance<br>(SNAP) | US Dept. of<br>Housing &<br>Urban<br>Development<br>(HUD) | \$120,986<br>\$123,278<br>\$130,382<br>\$132,167<br>\$138,914 | 2022<br>2023<br>2024<br>2025<br>2026 |
| ✓ | American Rescue Plan<br>Act/US Dept. of Treasury          | County of Pitt                                            | \$3,300,000                                                   | 2023                                 |
| ✓ | State Fiscal Recovery<br>Funds                            | NCDHHS                                                    | \$105,587                                                     | 2024                                 |

Is your agency a non-profit agency \_\_\_\_\_ YES   X   NO

a) Year Started: 1761

b) Board Chair Mark C. Smith

If not please describe type of agency: Unit of local government

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
The mission of Pitt County Government is: "Enhancing the community's well-being with care, respect, and efficiency". Pitt Count is committed to serving all citizens to the extent possible, especially those who are most vulnerable, including the population experiencing homelessness. The County uses locally collected taxes and fees to provide services in addition to grants from a variety of sources as noted in the chart on page 1.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Pitt County actively administers a Rapid Rehousing program in Region12 of the NC Balance of State Continuum of Care. The program supports 5 eastern NC counties to assist those who are experiencing homelessness. Pitt County also administers housing rehabilitation programs that provide financial support for low income, elderly and disabled homeowners to make necessary home repairs for healthy and safe occupancy. As needed, Pitt County also participates in hurricane disaster relief, having previously administered buyout programs that allow qualifying households to relocate to a dwelling that is outside the floodplain for future hazard mitigation. All of these initiatives are advertised via newspaper and cable access TV/Pitt County public information channel and through social media; posted on the Pitt County website; and presented in public meetings that are lived streamed. For programs specific to older adults, Pitt County advertises at senior centers throughout the county. For programs specific to those experiencing homelessness, the county circulates information through a network of providers working with this population. All of these programs address ways of assisting those with limited incomes to access and/or remain in housing that is affordable.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Pitt County is applying for Rapid Rehousing homeless assistance funds from the US Department of Housing and Urban Development. The application is part of the NC Balance of State Continuum of Care submission to renew and expand funds for continuation of the Rapid Rehousing program. These funds align with low barrier housing initiatives, so that households experiencing homelessness can be stably housed. Homeless initiatives that reduce the number of homeless people in NC are a priority in the State consolidated plan. This request will be paired with Emergency Solutions Grant (ESG) funds Pitt County receives from the NCDHHS Division of Aging and Adult Services to increase the funding that is available.

## **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**  
Pitt County has a Fair Housing Plan. As part of this plan, the County posts Fair Housing Posters and documents provided by the NC Human Relations Commission in strategic places in County facilities and makes these documents available for display and dissemination in public locations, such as libraries, and banks. Additionally, the County incorporates Fair Housing information into housing program public meetings, as well as includes Fair Housing information on cable access TV/County Public Information Channel, social media, Pitt County website and in housing program public notices and housing documents. The County also does targeted mailing to contractors, service recipients, and landlords, coupled with workshops for these groups to provide information about fair housing. The County also trains staff to assist clients/citizens that are not familiar with how to make a Fair Housing complaint. There are provisions in place to assist households that speak languages other than English. Housing Coordinators/case managers also make sure that landlords and tenants understand their respective rights and responsibilities when working with funds from Pitt County programs. The Rapid Rehousing Program Handbook also contains information about Fair Housing. This information is provided to all clients enrolled in the RRH program.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

There have been no complaints in the past fiscal year that required the support of Pitt County.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaints resolved?**

There have been no complaints.

### **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source    | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|-------------------|---------------|--------------|-------------------|
|   | Scattered Site    |               |              |                   |
|   | Infrastructure    |               |              |                   |
|   | Urgent Needs      |               |              |                   |
|   | IDA Funds         |               |              |                   |
|   | Capacity Building |               |              |                   |

|  |                                  |  |  |  |
|--|----------------------------------|--|--|--|
|  | Economic Development             |  |  |  |
|  | Housing Development              |  |  |  |
|  | Catalyst                         |  |  |  |
|  | NSP 1 Funding                    |  |  |  |
|  | NSP 3 Funding                    |  |  |  |
|  | Other ( <i>please describe</i> ) |  |  |  |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                           | Dollar Amount                       | Year Awarded         | Agency or Non-Profit                           |
|---|------------------------------------------|-------------------------------------|----------------------|------------------------------------------------|
| ✓ | Urgent Repair                            | \$132,000<br>\$132,000<br>\$165,000 | 2023<br>2024<br>2026 | County of Pitt,<br>Unit of local<br>government |
| ✓ | Single Family Rehab (ESFR)               | \$190,000<br>\$273,000              | 2023<br>2026         | County of Pitt,<br>Unit of local<br>government |
|   | Housing 400 Initiative                   |                                     |                      |                                                |
|   | Tax Credits                              |                                     |                      |                                                |
|   | Down Payment Assistance                  |                                     |                      |                                                |
|   | IDA Loan Pool                            |                                     |                      |                                                |
|   | New Homes Loan Pool                      |                                     |                      |                                                |
|   | Duke Home Energy Loan Pool               |                                     |                      |                                                |
|   | Homeless Prevention and Rapid Re-Housing |                                     |                      |                                                |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Pitt County uses Urgent Repair and Essential Single Family Rehabilitation funds to perform repair and rehabilitation to homes occupied by households with low incomes. Incomes must be at or below 50% of AMR for Urgent Repair and at or below 80% of AMI for Essential Single Family Rehabilitation. Funds are used for a range of activities to ensure homes remain safe for occupancy. Assistance may include HVAC, flooring, roofing, windows, insulation, plumbing, septic, and

electrical improvements. When available, home repair assistance has previously been provided for hurricane survivors who experienced damage during hurricanes and tropical storms during emergency disaster declarations. The widening housing gap, and increase in the cost of housing, makes it more important than ever that units of government provide resources to keep the Urgent Repair and ESFR target populations safely housed. Without these programs, many would not be able to afford other housing, making them vulnerable to homelessness. Prevention of homelessness is in keeping with the current Consolidated Plan.

### **Emergency Solutions Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount                                                           | Year Awarded                                         | Agency or Non-Profit |
|---|---------------------|-------------------------------------------------------------------------|------------------------------------------------------|----------------------|
|   | Homeless Prevention |                                                                         |                                                      |                      |
|   | Operations          |                                                                         |                                                      |                      |
| ✓ | Supportive Services | \$124,428<br>\$92,634<br>\$81,616<br>\$68,285<br>\$103,828<br>\$104,000 | 2022<br>2023<br>2024<br>2025<br>2026<br>2027 pending |                      |
|   | WAP                 |                                                                         |                                                      |                      |
|   | CSBG                |                                                                         |                                                      |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Rapid Rehousing funds are used for the placement of households experiencing homelessness into permanent housing. Funds are specifically used for financial assistance (security deposits, rent, utility assistance, rent arrears, etc.), housing search, unit inspection, housing placement, and follow-up. Funds are also used for housing stabilization planning/case management. The program places households as quickly as possible, with amounts and duration of assistance tailored to the specific needs of the individual or family. The 2026-2030 Consolidated Plan specifically addresses the expansion of ESG. Pitt County has increased its requests for ESG funding during the past two years to make more funds available to address the rising cost of housing. It requires more rental assistance and supportive services in the current housing market to stably place households experiencing homelessness. Additionally, the ESG grant coordinates with other providers for wrap around services to help with housing stability. This type of collaboration is essential to maximize the effectiveness of Rapid Rehousing. Through its participation in the local coordinated entry system, referrals are accepted from a cross section of agencies serving various subpopulations, including those previously incarcerated; those experiencing mental illness and developmental

disabilities; and those with physical disabilities, many of whom are chronically homeless. This type of coordination is also in keeping with the intent of the current consolidated plan.

## HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------------|---------------|--------------|----------------------|
|   | Rental Assistance             |               |              |                      |
|   | Short Term Supportive Housing |               |              |                      |
|   | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

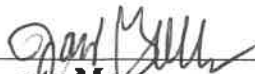
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
| N/A           |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |

**\*Please attach 1 hardcopy of the plan to be reviewed\***

## Certification

I Janis E. Gallagher (County Manager) certify that information reported in this form is accurate and true for County of Pitt – Planning Department on 07/21/2026 (mm/dd/yyyy)

  
County Manager

7/21/26  
Date

# Determination of Certification Non-PHA

## General Information

Organization Name: Rockingham County Help for Homeless

Mailing Address: P.O. Box 406, Madison, NC 27025

Executive Director/CEO Name and Phone #: Amy Steele/336-552-9853

Email Address of Executive Director: amysteele67@gmail.com

Fiscal Year Beginning (MM/YYYY): 10/2027

Type of Plan for Review: Annual Plan Only

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|---|-------------------------|--------|---------------|-------------|
|   | CDBG                    |        |               |             |
|   | Emergency Shelter Grant |        |               |             |
|   | HOME Funds              |        |               |             |
|   | IDA Funds               |        |               |             |
|   | HOPWA                   |        |               |             |
|   | Tax Credit Financing    |        |               |             |
|   | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency: YES

a) Year Started: 2000

b) Board Chair Al Jolly

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Rockingham County Help for Homeless, Inc. is a non-profit 501(c)3/faith-based organization providing supportive services and affordable housing options to individuals and families in Rockingham County who are experiencing homelessness. Our mission is to help our clients become self-sufficient and productive members of our community. Rockingham County Help for Homeless depends on the faith-based community, businesses, civic organizations and individuals for financial support

## **Affordable Housing**

### **1) What is your agency currently doing to promote affordable housing?**

RCHH is placing families who have been homeless into affordable housing within Rockingham County. RCHH has developed relationships with area property managers and landlords who are willing to place our clients into their properties even though many of our clients have significant backgrounds. As an agency, we currently have 18 families in housing in Rockingham County.

### **2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

RCHH is applying for renewal of their Permanent Supportive Housing grant. This funds 20 Permanent Supportive housing units with leasing, operating, supportive services and HMIS reporting.

## **FAIR HOUSING**

### **1) How does your agency promote fair housing and ensure fair housing law is implemented?**

RCHH does not discriminate based on race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, veteran status or any other protected characteristic under applicable law. Our application and selection process screens applicants for qualifications of our particular grant. We follow HUD guidelines and have developed policies and procedures that protect our clients and the landlords we use. Our landlords follow the tenancy laws of the land. If a client violates the rules, regulations, or procedures of our program, RCHH has clear guidelines and processes for termination which also includes an appeals process.

### **2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None

### **3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None

### North Carolina Department of Commerce Rural Economic Development Division (REDD)

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|----------------------------------|---------------|--------------|-------------------|
|   | Scattered Site                   |               |              |                   |
|   | Infrastructure                   |               |              |                   |
|   | Urgent Needs                     |               |              |                   |
|   | IDA Funds                        |               |              |                   |
|   | Capacity Building                |               |              |                   |
|   | Economic Development             |               |              |                   |
|   | Housing Development              |               |              |                   |
|   | Catalyst                         |               |              |                   |
|   | NSP 1 Funding                    |               |              |                   |
|   | NSP 3 Funding                    |               |              |                   |
|   | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source             | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|----------------------------|---------------|--------------|----------------------|
|   | Urgent Repair              |               |              |                      |
|   | Single Family Rehab        |               |              |                      |
|   | Housing 400 Initiative     |               |              |                      |
|   | Tax Credits                |               |              |                      |
|   | Down Payment Assistance    |               |              |                      |
|   | IDA Loan Pool              |               |              |                      |
|   | New Homes Loan Pool        |               |              |                      |
|   | Duke Home Energy Loan Pool |               |              |                      |

|  |                                          |  |  |  |
|--|------------------------------------------|--|--|--|
|  | Homeless Prevention and Rapid Re-Housing |  |  |  |
|--|------------------------------------------|--|--|--|

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|---------------------|---------------|--------------|----------------------|
|   | Homeless Prevention |               |              |                      |
|   | Operations          |               |              |                      |
|   | Supportive Services |               |              |                      |
|   | WAP                 |               |              |                      |
|   | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------------|---------------|--------------|----------------------|
|   | Rental Assistance             |               |              |                      |
|   | Short Term Supportive Housing |               |              |                      |
|   | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |
|               |                               |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

#### **Certification**

I, Amy Steele (Executive Director) certify that information reported in this form is accurate and true for Rockingham County Help for Homeless on 7/08/2026.

  
Executive Director

7-9-26  
Date

# Determination of Certification Non-PHA

## General Information

Organization Name: Shelter Home of the Foothills \_\_\_\_\_

Mailing Address: PO Box 426, Lenoir, NC  
28645 \_\_\_\_\_

Executive Director/CEO Name and Phone # Lisa A. Clontz (828) 758-  
0888 \_\_\_\_\_

Email Address of Executive Director:  
directr@shelterhomecc.org \_\_\_\_\_

Fiscal Year Beginning (MM/YYYY): 07/2026 \_\_\_\_\_

Type of Plan for Review: Other Special Project (Enter Name) \_\_\_\_\_

☒ Annual Plan Only ☐ Five Year and Annual Plan ☐ 5 Year Plan Only ☐

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓   | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|-----|-------------------------|--------|---------------|-------------|
| N/A | CDBG                    |        |               |             |
| N/A | Emergency Shelter Grant |        |               |             |
| N/A | HOME Funds              |        |               |             |
| N/A | IDA Funds               |        |               |             |
| N/A | HOPWA                   |        |               |             |
| N/A | Tax Credit Financing    |        |               |             |
| N/A | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency ☒ YES ☐ NO

- a) Year Started: 1978  
b) Board Chair Kimberly Edmisten

If not please describe type of agency: \_\_\_\_\_

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Shelter Home of the Foothills' mission is to provide trauma-informed, survivor-centered shelter, housing assistance, and supportive services that promote safety,

stability, and a successful transition to permanent or independent living. The organization's primary service population consists of victims of domestic violence, rape, sexual assault, and human trafficking, as well as their children, particularly those who are experiencing homelessness, housing instability, or immediate danger as a result of victimization. Through emergency shelter, housing-focused intervention, and supportive services, SHOF works to reduce the length of homelessness, remove barriers to safety and housing, and help survivors achieve long-term stability.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

SHOF is currently promoting affordable housing by helping survivors of domestic violence, rape, sexual assault, human trafficking, and their children move from emergency shelter into safe, stable, and affordable permanent housing. The agency will utilize Rapid Rehousing and other housing assistance funds to cover critical move-in and housing stabilization costs such as application fees, security deposits, rent, and utilities. SHOF also partners with property owners and landlords to expand housing options for clients and works in coordination with the Regional Coordinated Entry System to connect households to the most appropriate available housing resources. In addition, SHOF provides housing navigation, case management, safety planning, and supportive services that help participants overcome barriers, maintain housing, and reduce the length of homelessness s.

**2) What is your agency applying for that requires consistency to the consolidated plan for the State of North Carolina?**

Shelter Home of the Foothills is applying for funding to support a Rapid Rehousing and housing stabilization project that assists victims of domestic violence, rape, sexual assault, human trafficking, and their children in moving from emergency shelter to safe, stable, and affordable permanent housing. This application requires consistency with the State of North Carolina Consolidated Plan because the proposed project addresses homelessness, housing instability, and access to affordable housing for a highly vulnerable population.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

SHOF promotes fair housing by operating its programs through a low-barrier, trauma-informed, and survivor-centered approach that supports equal access to shelter, housing assistance, and supportive services. The agency does not screen out otherwise eligible participants solely because of low or no income, history of substance use, or experiences of domestic violence, rape, sexual assault, human trafficking, or other interpersonal violence. SHOF also minimizes documentation barriers, provides reasonable

accommodation and modifications when needed, protects client confidentiality, and uses due process in any termination decision. In addition, SHOF works in coordination with the Regional Coordinated Entry System and applicable North Carolina Continuum of Care requirements to help ensure that housing referrals, access, and service delivery are carried out in a fair, consistent, and nondiscriminatory manner in accordance with fair housing laws.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

N/A

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

N/A

### **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓   | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|-----|----------------------------------|---------------|--------------|-------------------|
| N/A | Scattered Site                   |               |              |                   |
| N/A | Infrastructure                   |               |              |                   |
| N/A | Urgent Needs                     |               |              |                   |
| N/A | IDA Funds                        |               |              |                   |
| N/A | Capacity Building                |               |              |                   |
| N/A | Economic Development             |               |              |                   |
| N/A | Housing Development              |               |              |                   |
| N/A | Catalyst                         |               |              |                   |
| N/A | NSP 1 Funding                    |               |              |                   |
| N/A | NSP 3 Funding                    |               |              |                   |
| N/A | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

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**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|------------------------------------------|---------------|--------------|----------------------|
| N/A | Urgent Repair                            |               |              |                      |
| N/A | Single Family Rehab                      |               |              |                      |
| N/A | Housing 400 Initiative                   |               |              |                      |
| N/A | Tax Credits                              |               |              |                      |
| N/A | Down Payment Assistance                  |               |              |                      |
| N/A | IDA Loan Pool                            |               |              |                      |
| N/A | New Homes Loan Pool                      |               |              |                      |
| N/A | Duke Home Energy Loan Pool               |               |              |                      |
| N/A | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|---------------------|---------------|--------------|----------------------|
| N/A | Homeless Prevention |               |              |                      |
| N/A | Operations          |               |              |                      |
| N/A | Supportive Services |               |              |                      |
| N/A | WAP                 |               |              |                      |
| N/A | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

## HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|-------------------------------|---------------|--------------|----------------------|
| N/A | Rental Assistance             |               |              |                      |
| N/A | Short Term Supportive Housing |               |              |                      |
| N/A | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
| N/A           |                               |                       |
| N/A           |                               |                       |
| N/A           |                               |                       |
| N/A           |                               |                       |
| N/A           |                               |                       |
| N/A           |                               |                       |
| N/A           |                               |                       |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### Certification

I Lisa A. Clontz (Executive Director) certify that information reported in this form is accurate and true for Shelter Home of the Foothills on July 23<sup>rd</sup>, 2026.

  
Executive Director

07-23-26  
Date

# Determination of Certification Non-PHA

## General Information

Organization Name: Trillium Health Resources

Mailing Address: P.O. Box 12797, Durham, NC 27709

Executive Director/CEO Name and Phone # Joy Futrell, 866-998-2597

Email Address of Executive Director: [Joy.Futrell@Trilliumnc.org](mailto:Joy.Futrell@Trilliumnc.org)

Fiscal Year Beginning (MM/YYYY): 07/01/2026

Type of Plan for Review: Other Special Project (Enter Name) HUD Continuum of Care Homeless Assistance Program

N/A Annual Plan Only, N/A Five Year and Annual Plan, N/A 5 Year Plan Only

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|---|-------------------------|--------|---------------|-------------|
|   | CDBG                    |        |               |             |
|   | Emergency Shelter Grant |        |               |             |
|   | HOME Funds              |        |               |             |
|   | IDA Funds               |        |               |             |
|   | HOPWA                   |        |               |             |
|   | Tax Credit Financing    |        |               |             |
|   | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency \_\_\_\_\_ YES ☒ NO

a) Year Started: \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: Local Management Entity/Managed Care Organization/Tailored Plan

- c) **Briefly Describe the mission of the agency and funding sources used to support agency.**  
Trillium Health Resources works in partnership with people who face significant challenges related to substance use, mental health issues and/or intellectual developmental disabilities. Our commitment is to provide consistently excellent, person-centered, family-oriented

services within a recovery-based system that is flexible, accessible and respects the individual's freedom of choice.

We receive federal, state, and county funds to support our agency.

## **Affordable Housing**

### **1) What is your agency currently doing to promote affordable housing?**

Trillium Health Resources currently administers 4 HUD funded permanent supportive grants, 1 rapid rehousing grant, a SSO-CE grant covering regions 9, 10, 11, 12, and 13.

Trillium also administering the Back@Home-BoS grant in 26 counties.

Trillium participates in and partners with the N.C. Balance of State Continuum of Care and Regional Committees (subcommittees of the NC Balance of State CoC) throughout its catchment area. We work to build relationships with local housing authorities and other agencies that administer rent subsidized programs, the NC Housing Finance Agency, as well as property managers, owners and developers.

### **2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Trillium is applying for 5 renewal grants and a new project:

1. Trillium PSH #1
2. Eastpointe Shelter Plus Care #1 Combine renewal
3. Eastpointe Shelter Plus Care Renewal
4. Eastpointe Shelter Plus Care Southeast Renewal
5. Trillium Housing for Hope Transitional Housing

## **FAIR HOUSING**

### **1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Trillium Health Resources works closely with Legal Aid of NC and NC DHHS to bring Fair Housing Training to providers and internal staff throughout its catchment area. Should legal issues arise regarding fair housing that may require their expertise we contact Legal Aide of NC.

### **2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

None have reported

### **3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

None have been reported

## **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds

directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|----------------------------------|---------------|--------------|-------------------|
|   | Scattered Site                   |               |              |                   |
|   | Infrastructure                   |               |              |                   |
|   | Urgent Needs                     |               |              |                   |
|   | IDA Funds                        |               |              |                   |
|   | Capacity Building                |               |              |                   |
|   | Economic Development             |               |              |                   |
|   | Housing Development              |               |              |                   |
|   | Catalyst                         |               |              |                   |
|   | NSP 1 Funding                    |               |              |                   |
|   | NSP 3 Funding                    |               |              |                   |
|   | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|------------------------------------------|---------------|--------------|----------------------|
|   | Urgent Repair                            |               |              |                      |
|   | Single Family Rehab                      |               |              |                      |
|   | Housing 400 Initiative                   |               |              |                      |
|   | Tax Credits                              |               |              |                      |
|   | Down Payment Assistance                  |               |              |                      |
|   | IDA Loan Pool                            |               |              |                      |
|   | New Homes Loan Pool                      |               |              |                      |
|   | Duke Home Energy Loan Pool               |               |              |                      |
|   | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|---------------------|---------------|--------------|----------------------|
|   | Homeless Prevention |               |              |                      |
|   | Operations          |               |              |                      |
|   | Supportive Services |               |              |                      |
|   | WAP                 |               |              |                      |
|   | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------------|---------------|--------------|----------------------|
|   | Rental Assistance             |               |              |                      |
|   | Short Term Supportive Housing |               |              |                      |
|   | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u> | <u>Program/Funding Amount</u> | <u>Contact Person</u> |
|---------------|-------------------------------|-----------------------|
| NC DHHS       | \$2,409,019                   | Jacqueline Lucas      |

\*Please attach 1 hardcopy of the plan to be reviewed\*

**Certification**

I, Joy Futrell (Chief Executive Director) certify that information reported in this form is accurate and true for Trillium Health Resources on 07/10/2026

**Joy B Futrell**

Digitally signed by Joy B Futrell  
DN: CN = Joy B Futrell email = joy.  
futrell@trilliumnc.org C = US O = Trillium Health  
Resources OU = CEO  
Date: 2026.07.10 13:45:26 -0400

**Executive Director**

**Date**

## Determination of Certification Non-PHA

### General Information

Organization Name: Union County Community Shelter

Mailing Address: 160 Meadow Street, Monroe, NC 28110

Executive Director/CEO Name and Phone # Melissa McKeown, 704-261-3495

Email Address of Executive Director: melissa.mckeown@unionshelter.org

Fiscal Year Beginning (MM/YYYY): 07/2026

Type of Plan for Review: Other Special Project (Enter Name) \_\_\_\_\_

\_\_\_\_ Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_ 5 Year Plan Only \_\_\_\_

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency                                                                           | Dollar Amount | Fiscal Year |
|---|-------------------------|----------------------------------------------------------------------------------|---------------|-------------|
| X | CDBG                    | Office of<br>Community &<br>Economic<br>Development –<br>Union County            | \$20,000      | 2026        |
| X | Emergency Shelter Grant | NC Department<br>of Health &<br>Human Services<br>– Emergency<br>Solutions Grant | \$197,213     | 2026        |
|   | HOME Funds              |                                                                                  |               |             |
|   | IDA Funds               |                                                                                  |               |             |
|   | HOPWA                   |                                                                                  |               |             |
|   | Tax Credit Financing    |                                                                                  |               |             |
|   | Down Payment Assistance |                                                                                  |               |             |

Is your agency a non-profit agency \_\_\_\_X\_\_\_\_ YES \_\_\_\_\_ NO

a) Year Started: 1993

b) Board Chair Shane Fraser

If not please describe type of agency: \_\_\_\_\_

**c) Briefly Describe the mission of the agency and funding sources used to support agency.**

Union County Community Shelter provides Emergency Shelter, Food, and Rehousing. Our low-barrier services support equitable opportunities because safe, affordable housing and access to food are basic human rights. The agency fulfills its mission through a combination of federal, state, local, foundation, corporate, faith-based, and individual funding, including Continuum of Care, Emergency Solutions Grant, Community Development Block Grant, United Way, private foundations, special events, and community donations. These diverse funding sources enable Union County Community Shelter to provide emergency shelter, food assistance, permanent housing, and supportive services that promote housing stability and reduce homelessness in Union County.

### **Affordable Housing**

**1) What is your agency currently doing to promote affordable housing?**

Union County Community Shelter promotes affordable housing by helping individuals and families quickly move from homelessness to permanent housing while working to increase the availability of affordable housing throughout Union County. Our Rapid Rehousing program provides housing navigation, landlord engagement, financial assistance, individualized case management, and ongoing support to help households obtain and maintain permanent housing.

Beyond direct services, Union County Community Shelter collaborates with local governments, housing providers, developers, and community partners to identify barriers to housing and advance practical solutions. We educate the community about local housing needs, participate in regional planning efforts, and advocate for policies, partnerships, and investments that expand access to safe, stable, and affordable housing.

The agency also provides leadership through Thrive! Union's Affordable Housing Action Team and utilizes an Affordable Housing Advocacy Decision Framework to guide thoughtful, evidence-based advocacy that supports long-term housing solutions for our community.

**2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

Union County Community Shelter is applying for renewal funding through HUD's Continuum of Care (CoC) Program to continue operating its Rapid Rehousing (RRH) project. The project helps individuals and families experiencing homelessness quickly obtain permanent housing and supports the goals of North Carolina's Consolidated Plan by reducing homelessness and increasing housing stability.

### **FAIR HOUSING**

**1) How does your agency promote fair housing and ensure fair housing law is implemented?**

Union County Community Shelter promotes fair housing by ensuring equitable access to shelter, housing, and supportive services for all eligible individuals and families experiencing homelessness. The agency implements a low-barrier housing approach that removes unnecessary barriers to assistance and complies with all applicable federal, state, and local fair housing laws.

Fair housing principles are integrated throughout agency operations through nondiscrimination policies, staff training, reasonable accommodations for individuals with disabilities, and procedures that ensure consistent and equitable access to services. Participants are informed of their rights and responsibilities, and supportive services are offered but not required as a condition of participation, and the agency maintains procedures for addressing concerns and complaints. Union County Community Shelter regularly reviews its policies and practices to ensure continued compliance with fair housing requirements and to promote equitable access to housing opportunities.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

Union County Community Shelter received no fair housing complaints during the past fiscal year.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

No fair housing complaints regarding Union County Community Shelter have been received by the North Carolina Fair Housing Commission or HUD during the reporting period.

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓   | Funding Source       | Dollar Amount | Year Awarded | PHA or Non-Profit |
|-----|----------------------|---------------|--------------|-------------------|
| N/A | Scattered Site       |               |              |                   |
| N/A | Infrastructure       |               |              |                   |
| N/A | Urgent Needs         |               |              |                   |
| N/A | IDA Funds            |               |              |                   |
| N/A | Capacity Building    |               |              |                   |
| N/A | Economic Development |               |              |                   |
| N/A | Housing Development  |               |              |                   |
| N/A | Catalyst             |               |              |                   |
| N/A | NSP 1 Funding        |               |              |                   |

|     |                                  |  |  |  |
|-----|----------------------------------|--|--|--|
| N/A | NSP 3 Funding                    |  |  |  |
| N/A | Other ( <i>please describe</i> ) |  |  |  |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                           | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|------------------------------------------|---------------|--------------|----------------------|
| N/A | Urgent Repair                            |               |              |                      |
| N/A | Single Family Rehab                      |               |              |                      |
| N/A | Housing 400 Initiative                   |               |              |                      |
| N/A | Tax Credits                              |               |              |                      |
| N/A | Down Payment Assistance                  |               |              |                      |
| N/A | IDA Loan Pool                            |               |              |                      |
| N/A | New Homes Loan Pool                      |               |              |                      |
| N/A | Duke Home Energy Loan Pool               |               |              |                      |
| N/A | Homeless Prevention and Rapid Re-Housing |               |              |                      |

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Union County Community Shelter does not currently receive funding through the NCHFA programs listed above. However, the agency received \$700,000 in permanent financing through the North Carolina Housing Finance Agency to support the development of permanent affordable housing. This investment advances the goals of the 2026–2030 Consolidated Plan by increasing the supply of affordable housing and expanding housing opportunities for households experiencing or at risk of homelessness.

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|---------------------|---------------|--------------|----------------------|
| N/A | Homeless Prevention |               |              |                      |
| X   | Operations          | \$40,000      | 2026         | NP                   |
| X   | Supportive Services | \$157,213     | 2026         | NP                   |
| N/A | WAP                 |               |              |                      |
| N/A | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

Emergency Solutions Grant (ESG) funding supports Union County Community Shelter's Street Outreach, Emergency Shelter, and Rapid Rehousing programs. These services help individuals and families experiencing homelessness access safe shelter, address immediate housing crises, and quickly transition to permanent housing. ESG funding also supports housing stability services that reduce returns to homelessness and connect participants with mainstream benefits, employment, healthcare, and other community resources. By providing low-barrier services and prioritizing rapid exits to permanent housing, ESG funding directly advances the goals and objectives of North Carolina's 2026–2030 Consolidated Plan.

### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|-------------------------------|---------------|--------------|----------------------|
| N/A | Rental Assistance             |               |              |                      |
| N/A | Short Term Supportive Housing |               |              |                      |
| N/A | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

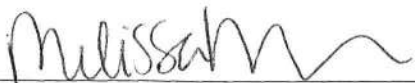
| Agency | Program/Funding Amount | Contact Person |
|--------|------------------------|----------------|
|--------|------------------------|----------------|

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\*Please attach 1 hardcopy of the plan to be reviewed\*

### **Certification**

I, Melissa McKeown (Executive Director), certify that information reported in this form is accurate and true for Union County Community Shelter on July 15, 2026.



**Executive Director**

7/15/2026

**Date**

# Determination of Certification Non-PHA

## General Information

Organization Name: United Community Ministries, Inc.

Mailing Address: P.O. Box 2624, Rocky Mount, NC 27802

Executive Director/CEO Name and Phone # Linda Brinson 252-985-0078

Email Address of Executive Director: lbrinson.lb@gmail.com

Fiscal Year Beginning (MM/YYYY): 07/2026

Type of Plan for Review: Other Special Project (Enter Name) \_\_\_\_\_

☒ Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_ 5 Year Plan Only \_\_\_\_\_

**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency              | Dollar Amount | Fiscal Year |
|---|-------------------------|---------------------|---------------|-------------|
| X | CDBG                    | City of Rocky Mount | \$35,000      | 2026 & 2027 |
|   | Emergency Shelter Grant |                     |               |             |
|   | HOME Funds              |                     |               |             |
|   | IDA Funds               |                     |               |             |
|   | HOPWA                   |                     |               |             |
|   | Tax Credit Financing    |                     |               |             |
|   | Down Payment Assistance |                     |               |             |

Is your agency a non-profit agency ☒ YES \_\_\_\_\_ NO

a) Year Started: 1977

b) Board Chair David Johnson

If not please describe type of agency: \_\_\_\_\_

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

United Community Ministries' mission is to provide a nurturing and supportive environment for homeless and nearly homeless individuals and families as they move toward wholeness and long-term stability.

The organization is supported through a diverse combination of funding sources, including local government, private foundations, corporate and business partners, faith-based organizations, civic groups, individual donors, community fundraising efforts, and program fees. This diversified funding strategy helps sustain the agency's programs and services for individuals and families experiencing homelessness.

## **Affordable Housing**

### **1) What is your agency currently doing to promote affordable housing?**

Although United Community Ministries is not an affordable housing developer, we promote affordable housing by providing emergency shelter and transitional housing while helping individuals and families transition into safe, stable, and affordable permanent housing. Through case management, housing navigation, budgeting, employment assistance, and connections to community resources, we assist participants in locating and maintaining affordable housing and achieving long-term housing stability.

### **2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?**

United Community Ministries is applying for Continuum of Care (CoC) Transitional Housing funding. The proposed project is consistent with the North Carolina Consolidated Plan by providing transitional housing and supportive services to families experiencing homelessness, promoting housing stability, increasing access to permanent housing, and supporting the state's goals of preventing and ending homelessness through coordinated housing and supportive service interventions.

## **FAIR HOUSING**

### **1) How does your agency promote fair housing and ensure fair housing law is implemented?**

United Community Ministries is committed to promoting fair housing by ensuring equal access to housing opportunities and services without discrimination based on race, color, national origin, religion, sex, disability, familial status, age, or any other protected characteristic. The agency follows a Housing First, low-barrier approach and provides services in compliance with all applicable federal and state fair housing laws.

Fair housing is implemented through nondiscriminatory admission practices, equal access to programs and services, reasonable accommodations for individuals with disabilities, consistent application of agency policies, and ongoing staff training to ensure every individual and family is treated with dignity, respect, and fairness.

**2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.**

United Community Ministries has not received any fair housing complaints during the past fiscal year. The agency is committed to complying with all applicable federal and state fair housing laws and maintains nondiscriminatory policies and practices to ensure equal access to housing and services for all eligible individuals and families.

**3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?**

To the best of our knowledge, neither the North Carolina Fair Housing Commission nor the U.S. Department of Housing and Urban Development (HUD) has received any fair housing complaints regarding United Community Ministries. The agency is committed to complying with all applicable federal and state fair housing laws and maintains policies and practices that promote equal access to housing and services for all eligible individuals and families.

#### **North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓   | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|-----|----------------------------------|---------------|--------------|-------------------|
| N/A | Scattered Site                   |               |              |                   |
| N/A | Infrastructure                   |               |              |                   |
| N/A | Urgent Needs                     |               |              |                   |
| N/A | IDA Funds                        |               |              |                   |
| N/A | Capacity Building                |               |              |                   |
| N/A | Economic Development             |               |              |                   |
| N/A | Housing Development              |               |              |                   |
| N/A | Catalyst                         |               |              |                   |
| N/A | NSP 1 Funding                    |               |              |                   |
| N/A | NSP 3 Funding                    |               |              |                   |
| N/A | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

[illegible]

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

### Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|---------------------|---------------|--------------|----------------------|
| N/A | Homeless Prevention |               |              |                      |
| N/A | Operations          |               |              |                      |
| N/A | Supportive Services |               |              |                      |
| N/A | WAP                 |               |              |                      |
| N/A | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

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### HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓   | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|-----|-------------------------------|---------------|--------------|----------------------|
| N/A | Rental Assistance             |               |              |                      |
| N/A | Short Term Supportive Housing |               |              |                      |
| N/A | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u>       | <u>Program/Funding Amount</u> | <u>Contact Person</u>  |
|---------------------|-------------------------------|------------------------|
| City of Rocky Mount | Transitional Housing \$15,000 | Cornelia McGee-Anthony |
| City of Rocky Mount | Emergency Shelter \$20,000    | Cornelia McGee-Anthony |
|                     |                               |                        |
|                     |                               |                        |
|                     |                               |                        |
|                     |                               |                        |
|                     |                               |                        |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### **Certification**

I Linda Brinson (Executive Director) certify that information reported in this form is accurate and true for United Community Ministries (07/22/2026)

  
Executive Director

7-22-26  
Date

# Determination of Certification Non-PHA

## General Information

Organization Name: Vaya Health

Mailing Address: 200 Ridgefield Court Suite 218,  
Asheville, NC 28806

Executive Director/CEO Name and Phone # Tracy J. Hayes, JD, CHC  
Area Director and Chief Executive Officer  
(828) 225-2785- 5154

Email Address of Executive Director: tracy.hayes@vayahealth.com

Fiscal Year Beginning (MM/YYYY): 07/01/2026

Type of Plan for Review: Other Special Project (Enter Name) HUD Continuum of Care  
Homeless Assistance Program (Permanent Supportive Housing)

☒ Annual Plan Only \_\_\_\_\_ Five Year and Annual Plan \_\_\_\_ 5 Year Plan Only \_\_\_\_\_

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**Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:**

| ✓ | Funding Source          | Agency | Dollar Amount | Fiscal Year |
|---|-------------------------|--------|---------------|-------------|
|   | CDBG                    |        |               |             |
|   | Emergency Shelter Grant |        |               |             |
|   | HOME Funds              |        |               |             |
|   | IDA Funds               |        |               |             |
|   | HOPWA                   |        |               |             |
|   | Tax Credit Financing    |        |               |             |
|   | Down Payment Assistance |        |               |             |

Is your agency a non-profit agency \_\_\_\_\_ YES ☒ NO

a) Year Started: \_\_\_\_\_

b) Board Chair \_\_\_\_\_

If not please describe type of agency: Political subdivision of the state of North Carolina

- c) Briefly Describe the mission of the agency and funding sources used to support agency.

Vaya is a public local management entity/managed care organization (LME/MCO) that manages Medicaid, federal, state and local funding for services and supports related to mental health, substance use disorder, intellectual/developmental disabilities, and traumatic brain injuries.

### Affordable Housing

- 1) What is your agency currently doing to promote affordable housing?

Vaya works to leverage expertise and resources to further develop relationships with housing partners and developers. Vaya is currently working with three affordable housing developers on four Integrated Supportive Housing Program projects. In addition, Vaya provides information to participants and stakeholders on affordable housing options and opportunities via Vaya's Housing Supports line and website. Vaya housing staff actively participates in county and state-wide initiatives aimed at increasing affordable housing.

- 2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?

HUD Continuum of Care Housing Program (Permanent Supportive Housing & Transitional Housing)

### FAIR HOUSING

- 1) How does your agency promote fair housing and ensure fair housing law is implemented?

Vaya provides education and material on fair housing to program participants, landlords, providers, and community stakeholders. Vaya partners with HFA and Legal Aid of NC to provide fair housing trainings to stakeholders noted. Vaya promotes reasonable accommodations and modifications when necessary. Vaya ensures program participants receive the education needed on advocacy and grievance resources (local, state, and federal) at time of program orientation, recertification and when needed. Vaya provides technical support to internal and external stakeholders for these types of requests. Vaya staff are knowledgeable and aware of local resources and connect participants to the services of a licensed attorney, non-profit legal aid, or a pro bono legal agency when necessary.

- 2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None received.

- 3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

**None received.**

**North Carolina Department of Commerce Rural Economic Development Division (REDD)**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

| ✓ | Funding Source                   | Dollar Amount | Year Awarded | PHA or Non-Profit |
|---|----------------------------------|---------------|--------------|-------------------|
|   | Scattered Site                   |               |              |                   |
|   | Infrastructure                   |               |              |                   |
|   | Urgent Needs                     |               |              |                   |
|   | IDA Funds                        |               |              |                   |
|   | Capacity Building                |               |              |                   |
|   | Economic Development             |               |              |                   |
|   | Housing Development              |               |              |                   |
|   | Catalyst                         |               |              |                   |
|   | NSP 1 Funding                    |               |              |                   |
|   | NSP 3 Funding                    |               |              |                   |
|   | Other ( <i>please describe</i> ) |               |              |                   |

**Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

**N/A**

**North Carolina Housing Finance Agency**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source             | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|----------------------------|---------------|--------------|----------------------|
|   | Urgent Repair              |               |              |                      |
|   | Single Family Rehab        |               |              |                      |
|   | Housing 400 Initiative     |               |              |                      |
|   | Tax Credits                |               |              |                      |
|   | Down Payment Assistance    |               |              |                      |
|   | IDA Loan Pool              |               |              |                      |
|   | New Homes Loan Pool        |               |              |                      |
|   | Duke Home Energy Loan Pool |               |              |                      |

|  |                                          |  |  |  |
|--|------------------------------------------|--|--|--|
|  | Homeless Prevention and Rapid Re-Housing |  |  |  |
|--|------------------------------------------|--|--|--|

**Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **Emergency Shelter Grant**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source      | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|---------------------|---------------|--------------|----------------------|
|   | Homeless Prevention |               |              |                      |
|   | Operations          |               |              |                      |
|   | Supportive Services |               |              |                      |
|   | WAP                 |               |              |                      |
|   | CSBG                |               |              |                      |

**Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

### **HOPWA**

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

| ✓ | Funding Source                | Dollar Amount | Year Awarded | Agency or Non-Profit |
|---|-------------------------------|---------------|--------------|----------------------|
|   | Rental Assistance             |               |              |                      |
|   | Short Term Supportive Housing |               |              |                      |
|   | Community Residence           |               |              |                      |

**Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2026-2030 Consolidated Plan.**

N/A

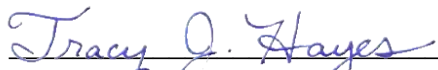
Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

| <u>Agency</u>                                                            | <u>Program/Funding Amount</u>                                                                           | <u>Contact Person</u>                                                                                                                                                                             |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DHHS-Division of<br/>MH/SU/IDD</b>                                    | <b>FY26-27 budget -<br/>\$130,999,509<br/>Please see attachment and<br/>caveat.</b>                     | <b>Deidra Oates<br/>Business Allocations<br/>Manager<br/>Business &amp; Financial<br/>Operations Division of<br/>Mental Health,<br/>Developmental Disabilities<br/>and Substance Use Services</b> |
|                                                                          |                                                                                                         |                                                                                                                                                                                                   |
| <b>DHHS Central<br/>Management and Support -<br/>Office of Secretary</b> | <b>Back@Home Balance of<br/>State and Helene (CoC,<br/>SFRF, and ERA2 funding)<br/><br/>\$1,087,519</b> | <b>Jackie Lucas<br/>Human Services<br/>Program Manager 1<br/>Back@Home/Olmstead<br/>Office</b>                                                                                                    |
|                                                                          |                                                                                                         |                                                                                                                                                                                                   |
|                                                                          |                                                                                                         |                                                                                                                                                                                                   |
|                                                                          |                                                                                                         |                                                                                                                                                                                                   |
|                                                                          |                                                                                                         |                                                                                                                                                                                                   |

\*Please attach 1 hardcopy of the plan to be reviewed\*

### **Certification**

I, Tracy J. Hayes, JD, CHC (Area Director and CEO) certify that information reported in this form is accurate and true for Vaya Health on July 21, 2026.

  
 Tracy J. Hayes, JD, CHC  
 Area Director and Chief Executive Officer

7/21/2026  
 Date

**Additional Funding Received from State Agencies  
FY26-27 Currently Budgeted State/Federal Funds**

Budgeted from DHHS - Division of MH/SU/IDD

|                                    |                                |
|------------------------------------|--------------------------------|
| Single Stream Funds                | \$ 57,232,175                  |
| State 3-Way Funds                  | 4,783,702                      |
| State Non-UCR Funds                | 52,996,148                     |
| State UCR Funds                    | 891,000                        |
| Federal UCR Funds                  | 4,981,183                      |
| Federal Non-UCR Funds              | 10,115,301                     |
| MDE and Forensic Eval Funding      | -                              |
|                                    | <hr/>                          |
| Total State/Federal Budgeted Funds | <u><u>\$ 130,999,509</u></u> * |

**\* The numbers contained in the Vaya Health budget will likely change to accommodate changes in the State fiscal budget and any subsequent allocations received during the year.**

**Contact Person at the Division: Deidra Oates**



**NC DEPARTMENT  
of COMMERCE**  
RURAL ECONOMIC  
DEVELOPMENT

Josh Stein  
GOVERNOR

Lee Lilley  
SECRETARY

Reginald Speight  
ASSISTANT SECRETARY

December 22, 2025

Ms. Jana Elliot, Executive Director  
The Greater Mt Airy Ministry of Hospitality, Inc. d.b.a. The Shepherd's House  
P. O. Box 1722  
Mt. Airy, NC 27030

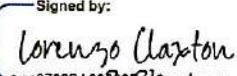
Subject: Certificate of Consistency HUD 50077-SL Form

Dear Ms. Elliot:

Your agency recently requested certification from the North Carolina Department of Commerce that The Greater Mt Airy Ministry of Hospitality, Inc. d.b.a. The Shepherd's House proposed activities are consistent with the State of North Carolina's 2021-2025 Consolidated Plan. We have completed our review of the request and have determined that the proposed activities are consistent and approved.

Attached is the signed Certificate of Consistency form. If you have any questions, please contact Mrs. Tamisha I. Evans, CDBG Compliance Specialist at (919) 814-4705 or [tamisha.evans@commerce.nc.gov](mailto:tamisha.evans@commerce.nc.gov).

Sincerely,

Signed by:  
  
Lorenzo S. Claxton  
Director  
Community Development Block Grant Programs

cc: File

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

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

Applicant Name: The Greater Mt Airy Ministry of Hospitality, Inc. d.b.a. The Shepherd's House

Project Name: The Shepherd's House Street Outreach

Location of the Project: 246 Spring St, Mt. Airy, NC 27030. Street Outreach activities will be performed in Stokes, Surry, and Yadkin counties

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

FY2025 Continuum of Care Competition

Name of Certifying Jurisdiction: Surry County

Certifying Official of the Jurisdiction

Name: Lorenzo S. Claxton

Title: Director, Community Development Block Grant.

Signature:

Lorenzo Claxton

Date: 22-Dec-2025

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number. 2501-0044  
Expiration Date: 2/28/2027

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

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

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

Applicant Name: Brick Capital Community Development Corporation

Project Name: Piedmont 1 Transfer

Location of the Project: Region 5, North Carolina

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

Continuum of Care Program

Name of Certifying Jurisdiction: City of Concord

Certifying Official of the Jurisdiction  
Name: Lloyd Payne

Title: City Manager

Signature:  D1306B5C48ED4B6...

Date: 7/28/2026 | 8:35 AM PDT

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: Brick Capital Community Development Corporation

Project Name: Piedmont 1 Transfer

Location of the Project: Region 5, North Carolina

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

Continuum of Care Program

Name of Certifying Jurisdiction: City of Burlington - Lead Entity for the Burlington HOME Consortium

Certifying Official of the Jurisdiction

Name: Robert Patterson

Title: City Manager

Signature:



Date: 07/29/2024

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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

Applicant Name: Diakonos, Inc

Project Name: FY 26 - Diakonos, PSH

Location of the Project: Iredell County NC

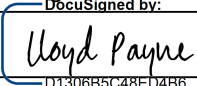
Name of the Federal Program to which the applicant is applying:

Continuum of Care program

Name of Certifying Jurisdiction: City of Concord

Certifying Official of the Jurisdiction  
Name: Lloyd Payne

Title: City Manager

Signature:   
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Date: 7/14/2026 | 8:57 AM PDT

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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

Applicant Name: Diakonos, Inc

Project Name: FY 26 - Diakonos, TH

Location of the Project: Iredell County, NC (but also serving Davie, Surry, Stokes and Yadkin counties)

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

Continuum of Care program

Name of Certifying Jurisdiction: City of Concord

Certifying Official of the Jurisdiction  
Name: Lloyd Payne

Title: City Manager

DocuSigned by:

Signature: Lloyd Payne

D1306B5C48ED4B6...

Date: 7/14/2026 | 8:57 AM PDT

**Certification of Consistency with the Consolidated Plan**

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

OMB Number: 2501-0044  
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Applicant Name: Diakonos, Inc

Project Name: FY 26 - Diakonos, TH

Location of the Project: Iredell County, NC (but also serving Davie, Surry, Stokes and Yadkin counties)

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

Continuum of Care program

Name of Certifying Jurisdiction: Surry County HOME Consortium

Certifying Official of the Jurisdiction

Name: Chris Knopf

Title: County Manager

Signature:



Date:

7/28/26

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: The Greater Mt Airy Ministry of Hospitality, Inc. d.b.a. The Shepherd's House

Project Name: The Shepherd's House Transitional Housing Program

Location of the Project: 246 Spring St, Mt. Airy, NC 27030. Transitional Housing

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

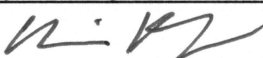
FY2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Surry County HIOME Consortium

Certifying Official of the Jurisdiction

Name: Chris Knopf

Title: County Manager

Signature: 

Date: 7/28/26

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: The Greater Mt Airy Ministry of Hospitality, Inc. d.b.a. The Shepherd's House

Project Name: The Shepherd's House Street Outreach

Location of the Project: 246 Spring St, Mt. Airy, NC 27030. Outreach will be conducted in Surry, Stokes, and Yadkin counties

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

FY2026 Continuum of Care Competition

Name of Certifying Jurisdiction: Surry County Home Consortium

Certifying Official of the Jurisdiction

Name: Chris Knopf

Title: County Manager

Signature: 

Date: 7/29/26

**Certification of Consistency with the Consolidated Plan**

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

OMB Number: 2501-0044  
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Applicant Name: Outreach Mission Inc.

Project Name: FY 2026 - SSO only project - OMI

Location of the Project: Lee County - Samuel J. Wornom- SECU Community Shelter - 507 S. Third Street, Sanford NC 27330

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

U.S. Department of Housing and Urban Development (HUD) Continuum of Care (COC) Program

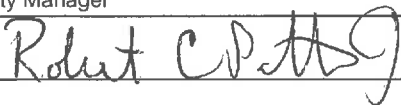
Name of Certifying Jurisdiction: City of Burlington (Lead Entity for the Burlington HOME Consortium)

Certifying Official of the Jurisdiction

Name: Robert Patterson

Title: City Manager

Signature:



Date: 07/29/2026

**Certification of Consistency with the Consolidated Plan**

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

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

Applicant Name: Partners Health Management

Project Name: forward and Upward Transitional Housing and PSH Renewal

Location of the Project: Burke, Catawba, Iredell, Surry and Yadkin

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

HUD Continuum of Care

Name of Certifying Jurisdiction: Surry County HOME Consortium

Certifying Official of the Jurisdiction

Name: Chris Knopf

Title: County Manager

Signature:



Date:

7/24/26

**Certification of Consistency with the Consolidated Plan**

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

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

Applicant Name: Partners Health Management

Project Name: forward and Upward Transitional Housing and PSH Renewal

Location of the Project: Burke, Catawba, Iredell, Surry and Yadkin

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

HUD Continuum of Care

Name of Certifying Jurisdiction: City of Hickory

Certifying Official of the Jurisdiction

Name: Warren Wood

Title: Hickory City Manager

Signature: 

Date: 7.6.26

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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

Applicant Name: Partners Health Management

Project Name: Partners Consolidated Renewal 2026 and Partners Forward and Upward Transitional Housing Program

Location of the Project: Burke, Catawba, Iredell, Surry and Yadkin counties

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

HUD Continuum of Care

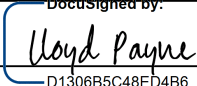
Name of Certifying Jurisdiction: City of Concord - Cabarrus/Iredell/Rowan HOME Consortium

Certifying Official of the Jurisdiction

Name: Lloyd Payne

Title: City Manager

DocuSigned by:

Signature:   
D1306B5C48ED4B6...

Date: 7/28/2026 | 9:52 AM PDT

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

**Certification of Consistency Plan  
with the Consolidated Plan  
for the Continuum of Care  
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: County of Pitt

Project Name: PittRRH2026

Location of the Project: All of the jurisdiction of Pitt County, NC

Name of  
Certifying Jurisdiction: City of Greenville

Certifying Official  
of the Jurisdiction Name: Michael Cowin

Title: City Manager

Signature: Michael Cowin

Date: July 17, 2026 | 2:26 PM EDT

**Public reporting burden** for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.). HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

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

Applicant Name:

Project Name:

Location of the Project:

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

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction  
Name:

Title:

Signature: **Christina P. Wells**

Digitally signed by Christina P. Wells  
Date: 2026.07.28 09:27:07 -04'00'

Date:

**Certification of Consistency with the Consolidated Plan**

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

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

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

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

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

Applicant Name: Rockingham County Help for Homeless

Project Name: RCHH Transitional Housing Project

Location of the Project: Madison, NC - Rockingham County

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

HUD Continuum of Care FY 2026 Renewal

Name of Certifying Jurisdiction: City of Burlington - Lead Entity for the Burlington HOME Consortium

Certifying Official of the Jurisdiction

Name: Robert Patterson

Title: City Manager

Signature:



Date: 07/29/2024

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Combined

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Bertie/Halifax/(Lead Entity)/Hertford/Martin/Northampton Counties

Certifying Official of the Jurisdiction

Name: Dia H. Denton

Title: County Manager

Signature: 

Date: 7/13/2026

**Certification of Consistency with the Consolidated Plan**

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

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

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

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Southeast

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Bertie/Halifax/(Lead Entity)/Hertford/Martin/Northampton Counties

Certifying Official of the Jurisdiction

Name: Dia H. Denton

Title: County Manager

Signature: 

Date: 7/13/2026

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

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

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Bertie/Halifax/(Lead Entity)/Hertford/Martin/Northampton Counties

Certifying Official of the Jurisdiction

Name: Dia H. Denton

Title: County Manager

Signature: 

Date: 7/13/2026

**Certification of Consistency with the Consolidated Plan**

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

OMB Number: 2501-0044  
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Applicant Name: Trillium Health Resources

Project Name: Trillium RRH

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

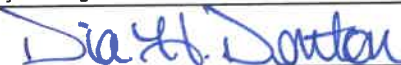
HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Bertie/Halifax/(Lead Entity)/Hertford/Martin/Northampton Counties

Certifying Official of the Jurisdiction

Name: Dia H. Denton

Title: County Manager

Signature: 

Date: 7/13/2026

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

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

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care 3

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Bertie/Halifax/(Lead Entity)/Hertford/Martin/Northampton Counties

Certifying Official of the Jurisdiction

Name: Dia H. Denton

Title: County Manager

Signature:



Date: 7/13/2026

**Certification of Consistency with the Consolidated Plan**

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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Combined

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Goldsboro

Certifying Official of the Jurisdiction

Name: Charles P. Gaylor, IV

Title: Mayor

Signature:



Date: 07-24-26

**Certification of Consistency with the Consolidated Plan**

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

OMB Number, 2501-0044  
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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Southeast

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Goldsboro

Certifying Official of the Jurisdiction

Name: Charles P. Gaylor, IV

Title: Mayor

Signature: 

Date: 07-23-2026

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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care 3

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Goldsboro

Certifying Official of the Jurisdiction

Name: Charles P. Gaylor, IV

Title: Mayor

Signature:



Date: 07-23-2026

**Certification of Consistency with the Consolidated Plan**

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

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Applicant Name: Trillium Health Resources

Project Name: Trillium RRH

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Goldsboro

Certifying Official of the Jurisdiction

Name: Charles P. Gaylor, IV

Title: Mayor

Signature:



Date: 07-23-2026

**Certification of Consistency with the Consolidated Plan**

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

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Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Goldsboro

Certifying Official of the Jurisdiction

Name: Charles P. Gaylor, IV

Title: Mayor

Signature: 

Date: 07-23-2026

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care 3

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction

Name: Michael Cowin

Title: City Manager

Signature: Michael Cowin

Date: July 17, 2026 | 9:59 AM EDT

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

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

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Southeast

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction

Name: Michael Cowin

Title: City Manager

Signature: *Michael Cowin*

Date: July 17, 2026 | 9:59 AM EDT

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number. 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Combined

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction

Name: Michael Cowin

Title: City Manager

Signature: Michael Cowin

Date: July 17, 2026 | 9:59 AM EDT

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

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction

Name: Michael Cowin

Title: City Manager

Signature: *Michael Cowin*

Date: July 17, 2026 | 9:59 AM EDT

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

Applicant Name: Trillium Health Resources

Project Name: Trillium RRH

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Greenville

Certifying Official of the Jurisdiction

Name: Michael Cowin

Title: City Manager

Signature: *Michael Cowin*

Date: July 17, 2026 | 9:59 AM EDT

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

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care 3

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction

Name: Joshua W. Ray

Title: City Manager

Signature:



Date: 7/20/26

**Certification of Consistency with the Consolidated Plan**

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

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

Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Southeast

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction

Name: Joshua W. Ray

Title: City Manager

Signature:



Date: 7/20/26

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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Combined

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction

Name: Joshua W. Ray

Title: City Manager

Signature:



Date:

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Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction

Name: Joshua W. Ray

Title: City Manager

Signature:



Date:

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Applicant Name: Trillium Health Resources

Project Name: Trillium RRH

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Jacksonville

Certifying Official of the Jurisdiction

Name: Joshua W. Ray

Title: City Manager

Signature: 

Date: 7/20/20

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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care 3

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Rocky Mount (Lead Entity) and Nash/Edgecombe Counties

Certifying Official of the Jurisdiction

Name: *Elton Daniels*

Title: *City Manager*

Signature: 

Date: *7/17/26*

**Certification of Consistency with the Consolidated Plan**

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

OMB Number: 2501-0044  
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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Southeast

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

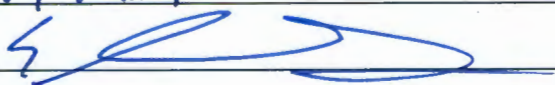
HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Rocky Mount (Lead Entity) and Nash/Edgecombe Counties

Certifying Official of the Jurisdiction

Name: Elton Daniels

Title: City Manager

Signature: 

Date: 7/17/26

**Certification of Consistency with the Consolidated Plan**

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

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Applicant Name: Trillium Health Resources

Project Name: Eastpointe Shelter Plus Care Combined

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

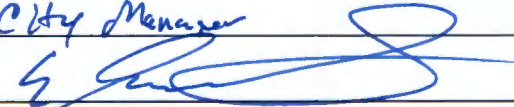
HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Rocky Mount (Lead Entity) and Nash/Edgecombe Counties

Certifying Official of the Jurisdiction

Name: Elden Dautels

Title: City Manager

Signature: 

Date: 7/17/26

**Certification of Consistency with the Consolidated Plan**

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

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

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I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate.  
Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

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

Applicant Name: Trillium Health Resources

Project Name: Trillium PSH #1

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

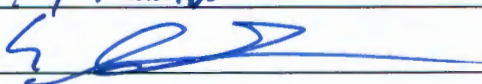
HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Rocky Mount (Lead Entity) and Nash/Edgecombe Counties

Certifying Official of the Jurisdiction

Name: Eileen Daniels

Title: City Manager

Signature: 

Date: 7/17/26

**Certification of Consistency with the Consolidated Plan**

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Applicant Name: Trillium Health Resources

Project Name: Trillium RRH

Location of the Project: 1019 WH Smith Blvd., Greenville, NC 27834-5052

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

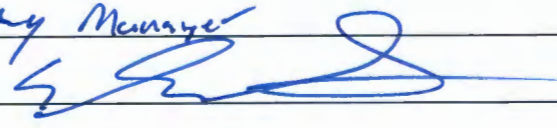
HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: City of Rocky Mount (Lead Entity) and Nash/Edgecombe Counties

Certifying Official of the Jurisdiction

Name: *Elton Daniels*

Title: *City Manager*

Signature: 

Date: *7/17/26*

**Certification of Consistency with the Consolidated Plan**

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

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Applicant Name: United Community Ministries

Project Name: Bassett Center House the Children Transitional Housing

Location of the Project: 916 Branch Street Rocky Mount, NC 27801

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

Continuum of Care

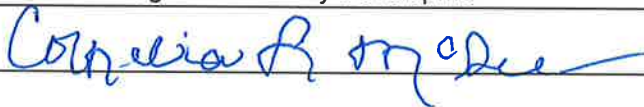
Name of Certifying Jurisdiction: City of Rocky Mount, NC

Certifying Official of the Jurisdiction

Name: Cornelia L. McGee

Title: Director of Housing & Community Development

Signature:



Date: 7/23/2026

**Certification of Consistency with the Consolidated Plan**

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Applicant Name: Union County Community Shelter

Project Name: FY26 COC-RRH\_UCCS\_Renewal\_Grant

Location of the Project: 160 Meadow Street, Monroe, NC 28110

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

Continuum of Care Program Competition

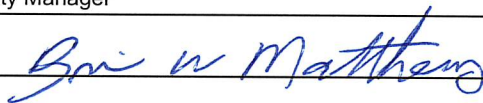
Name of Certifying Jurisdiction: Union County, NC

Certifying Official of the Jurisdiction

Name: Brian W. Matthews

Title: County Manager

Signature:



Date:

7/17/26

**Certification of Consistency with the Consolidated Plan****U.S. Department of Housing and Urban Development**OMB Number: 2501-0044  
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**Applicant Name:** Vaya Health

**Project Name:** Vaya Health PSH Western Combo (Renewal Project Application)

**Location of the Project:** Haywood/Clay/Graham/Jackson/Macon/Swain Counties

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

Housing and Urban Development

**Name of Certifying Jurisdiction:** Haywood County

**Certifying Official of the Jurisdiction**

**Name:** Bryant Morehead

**Title:** County Manager, Haywood County

**Signature:** 

**Date:** 7/23/2026

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

Applicant Name: Vaya Health

Project Name: Vaya Health PSH Western Combo (Renewal Project Application)

Location of the Project: Haywood/Clay/Graham/Jackson/Swain/Macon/Madison/Cherokee

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

Housing & Urban Development

Name of Certifying Jurisdiction: City of Asheville

Certifying Official of the Jurisdiction

Name: Nikki Reid

Title: Community and Economic Development Director

Signature:

*Nikki Reid*

Date:

7-24-2026