

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: PR-503 - South-Southeast Puerto Rico CoC

1A-2. Collaborative Applicant Name: Coordinadora Moriviví, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Coordinadora Moriviví, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	
-------	--	--

In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	3
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	4
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	3
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	6
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	2
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	4

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	4
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Nonexistent	
30.	Street Outreach Team(s)	Yes	5
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	4
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	3
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	3
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	2
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Corrections/Reentry Organizations	Yes	2
47.	Landlords/Property Managers	Yes	1

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

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

(limit 2,500 characters)

PR-503 maintains an open, transparent process to invite new organizations and stakeholders to join the CoC throughout the year. The invitation to join is publicly available year-round on the CA website, where interested organizations can request membership at any time. Invitations to the CoC's semi-annual General Assemblies, open to members and non-members, were issued publicly on January 5 and May 27, 2026. Membership opportunities are also promoted through websites, social media, direct outreach to stakeholders, and presentations to associations of potential members. In December 2025, the CA convened the first Intersectoral Summit on Housing and Homelessness, bringing together state and municipal agencies, nonprofit community and faith-based organizations, health providers, academia, and people with lived experience, many of them not yet CoC members. Participants were expressly invited to join. As a result, eight (8) new organizations from academia, government, economic development, and service providers joined the CoC and gained representation on the CoC Board; five (5) of them submitted proposals. In 2026, outreach continued through two Office Hours webinars for non-member organizations on CoC activities and membership. Following publication of the FY 2026 NOFO, outreach expanded through a June 6 website posting, a June 9 press release published by mass media, mass emails, and partner networking, emphasizing that organizations did not need to be CoC members to apply. Targeted outreach reached municipalities without a CoC-funded project, foundations that shared information with grantees and partners, and faith-based and domestic violence organizations, including those served by the Governor's Office of Faith-Based Initiatives and organizations capable of administering federal funds, such as Cáritas de Puerto Rico (Catholic Charities). The CoC offered new applicants virtual Office Hours and technical assistance. All prospective applicants first submitted a project concept for review and feedback on eligible activities, requirements, and alignment with CoC/NOFO priorities before developing e-snaps applications, strengthening proposal quality and giving new applicants a fairer opportunity to compete with experienced applicants. Together, these strategies give organizations outside the CoC network meaningful opportunities to learn about the CoC, participate, pursue funding, and become members.

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

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

(limit 2,500 characters)

The CoC uses an open, transparent process to solicit and consider input on its performance, strategies, and priorities from individuals and organizations with knowledge of homelessness or an interest in preventing and ending it. Regional meetings are held annually across the five regions of the 54-municipality CoC area, organized in 2025 to support Integrated Municipal Outreach Plans. Meetings are open to the public, announced through social media and other channels, and engage municipalities, providers, and key partners. Monthly Planning Committee meetings provide an ongoing forum to identify needs, gaps, barriers, and strategies. Annual PIT Count results are presented in a public forum where stakeholders review trends and CoC performance and provide feedback. Targeted listening sessions broaden input. Health sessions included hospitals, FQHCs, and mental health and substance use providers; justice sessions included municipal and state police, probation, corrections, Drug Court, and the Access to Justice Division. Sessions with major shopping malls added private-sector perspectives. Engagement is also carried out by component (ES, TH, PH) and population (CH, youth, families, veterans, DV survivors). With MHAASA (YHSI grantee), youth homelessness planning included multisector listening sessions by cluster (health, employment, housing, justice) and direct input from youth with lived experience and the Youth Action Board (YAB). People experiencing homelessness are consulted through an annual CA-led consultation. Now in its second year, it surveyed 335 CoC project participants on access, barriers, needs, CoC performance, and opportunities for improvement, in person, or by telephone for DV project participants for safety and confidentiality.

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

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC accepts and considers proposals through public announcement of the funding opportunity with outreach beginning prior to the NOFO publication. After outreach, all prospective applicants received the FY26 CoC Competition Procedures Manual outlining requirements, evaluation criteria, scoring, and rating and ranking procedures. Eligible new projects were considered through the same transparent process using published criteria, including experience, project design, implementation readiness, cost-effectiveness, applicable required housing and health leverage commitments, and alignment with CoC priorities. For this competition, the CoC implemented broad, proactive outreach to ensure organizations, including faith-based, that had not previously received CoC Program funding were not only aware of the opportunity but had a meaningful opportunity to compete. The Governor's Office on Faith-Based Initiatives disseminated a notice to its listing inviting organizations to orientations. The CA posted the competition on its website on June 6, 2026, and mass media published the CoC's press release on June 9, 2026. The CA also publicized the competition through social media, partner websites, mass emails, and direct outreach to potential new applicants to expand participation beyond traditional CoC applicants. Public notices clearly stated that organizations without prior CoC funding could apply and provided submission requirements and deadlines. Recognizing that notification alone does not close the knowledge and experience gap for first-time applicants, the CoC took additional steps to bridge that gap. Dedicated virtual orientations and Office Hours for new applicants explained CoC requirements, the local competition process, e-snaps, and rating and ranking factors. All applicants—new and renewal—received feedback on project concepts before e-snaps submission and had access to technical assistance. Offering this support to all applicants kept the process fair while especially helping first-time applicants. These efforts produced measurable results: 15 organizations new to the CoC submitted Letters of Intent; 9 submitted applications in e-snaps, and 6 projects submitted by new organizations are recommended in the Project Priority Listing, including faith-based. Together, these steps helped new organizations move from awareness to effective participation in a fair, transparent competition.

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

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

CoC PR-503's core strategy links people on the streets to treatment and housing through Comprehensive Outreach Plans at municipal (54), regional (5) and CoC-wide levels (2024-2028 Strategic Plan). 1.Gap. The 2026 PIT counted 1,014 persons, 86.2% unsheltered. The chronic share nearly doubled (14.0% in 2024 to 26.3%); the unsheltered averaged 5.5 years homeless; 37.1% reported drug use and 26.9% mental illness. Data and stakeholders point to one gap: uneven municipal capacity to find people on the street and move them into treatment and housing. 2.Strategy. Each municipality works with police, courts, PATH, PAYAC, VA, treatment and faith-based providers to map encampments, keep a by-name list prioritized by treatment need, and set referral pathways. In line with 42 U.S.C. 11386b(d) and EO 14321, plans combine street outreach with warm handoffs and peer navigation, fast access to evidence-based SUD/SMI treatment, AOT and civil commitment (Law 408), compulsory SUD treatment (Law 67) when needed, humane encampment resolution, and housing that moves from TH and recovery housing to RRH for families and PSH, tied to treatment, work and benefits. Plans address chronically homeless, SMI/SUD, DV survivors, Veterans, youth, families and older adults. 3.Measures. From FY2025 SPM baselines, 2026 targets: average days homeless (SPM 1.2) 109 to 100; 24-month returns 11.82% to 9.46%; first-time homeless 723 to 578; PH exits from shelter/outreach 64.47% to 77.36%; earned income at exit 22.63% to 25%; 25% fewer chronic on the BNL; priority cases placed within 7 days. Through 2028: yearly cuts of 10% in time homeless and 20% in returns, and 20% more PH exits, up to 90%. 4.Timelines. All municipalities are trained with a named lead, and plans are advancing in 4 of 5 regions. By 12/2026, 75% of municipalities will have started plans and the 5 hubs with most homeless (Caguas, Ponce, Mayagüez, Humacao, Isabela) will have completed theirs; AOT will operate in Ponce and Caguas. Regional BNL teams meet biweekly and stakeholders quarterly. By 2027, all 54 municipal and 5 regional plans will be complete. 5.Funding. CoC SSO outreach and ESG; SAMHSA PATH (SMI); SUPTRS BG (SUD services); opioid settlement funds (residential treatment); MHAASA, municipal and mainstream resources. 6.Oversight. Irisbel Nuñez, CA Program Compliance Manager, has overall oversight, with Planning Committee monitoring; each municipality and region has a representative, and PATH and PAYAC designate BNL leads.

1B-5a Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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

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

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	53%

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

(limit 2,500 characters)

Not applicable.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC has a formal partnership with MHAASA, Puerto Rico's public behavioral health authority, providing CoC participants access to a comprehensive continuum of mental health and substance use disorder (SUD) treatment. MHAASA coordinates with CoC-funded housing, CES, street outreach, and supportive service providers to facilitate timely assessment, referral, continuity of treatment, and warm handoffs. Through MHAASA's treatment system, participants access care ranging from community-based and outpatient treatment to residential, crisis, and inpatient services when clinically indicated. Outpatient services include psychiatric evaluation, psychotherapy, psychosocial interventions, medication management, and recovery-oriented care. Crisis intervention and suicide prevention are available 24/7 through psychiatric crisis services and the PAS Line/988. Community-based access is strengthened through Community Outreach and Supportive Services (COSS), whose interdisciplinary team includes clinical social workers, physicians, nurses, psychologists, substance use counselors, occupational therapists, vocational counselors, and facilitators. COSS brings clinical and supportive services into the community to improve treatment engagement and continuity of care. Assertive Community Treatment (ACT) provides intensive, evidence-based community treatment for individuals with SUD and/or co-occurring mental health disorders requiring higher levels of support. For opioid use disorder, MHAASA's six regionalized Comprehensive Medication-Assisted Treatment Clinics (CTIAM) integrate medications for opioid use disorder (MOUD), medical and nursing care, psychological and social services, and recovery supports. The broader SUD treatment system provides counseling, therapy, MAT/MOUD when clinically appropriate, and recovery services through 10 regional Recovery-Oriented Centers. The CoC further expands regional outpatient access through agreements with FQHCs such as SANOS, NeoMed, MedCentro, and MedEx, which provide integrated primary care, mental health and SUD counseling, buprenorphine and other medication management, and through nonprofits providing onsite SUD treatment, medication management, and recovery support. Together, these partnerships provide multiple pathways to person-centered, evidence-based treatment matched to participants' clinical needs while promoting recovery, continuity of care, and housing stability.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Peer support is broadly integrated across the CoC's service system. Fourteen (14) of the 20 organizations submitting projects in the FY2026 competition (70%) incorporate trained and supervised peers at different levels of service delivery, ranging from peer-led organizations to programs that integrate peers into engagement, recovery, service navigation, and housing stabilization services offered to clients experiencing homelessness. The CoC's partnership with MHAASA strengthens this capacity through coordination with the agency's Mutual Support Center (MSC) that certifies all behavioral health peers in Puerto Rico, trains and certifies peer specialists and incorporates certified peers within MHAASA's and other community- and faith-based behavioral health and recovery services. Training includes SAMHSA's Recovery Model, mutual and peer support, person-centered and strengths-based practices, trauma-informed care, WRAP, motivational interviewing, and recovery coaching. In addition, MHAASA's MSC peers are implementing a Sequence Intercept Model with homeless individuals with MH/SUD processed through PR Laws 408 or 67 prior to court supervised treatment or hospitalization to assist in their transition. Certified peers are also incorporated by various CoC member organizations, including Guara Bi, Cristo Pobre, and Hogar Luz de Vida. Peer expertise is embedded in the CoC's system infrastructure. The Coordinated Entry System included in its FY2026 application a young adult with lived experience as Team Leader for youth engagement, helping ensure that youth navigation and system connections are informed by the experience and perspective of a youth with lived experience of homelessness. Across the CoC homeless services settings, specialized peers use lived experience to build trust and engage homeless individuals, including those difficult to engage, and to provide support to participants in reaching their recovery goals, in navigating applications for services and mainstream benefits, and to promote adherence and retention in treatment services to achieve recovery. Peer support contributes to the continued engagement of homeless clients with MH/SU disorders in treatment services and housing. Together, peer-led and peer-integrated projects, certified peer specialists, MHAASA's certification infrastructure, and lived-experience leadership within Coordinated Entry provide multiple pathways to person-centered, recovery-oriented peer support and navigation.

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

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

(limit 2,500 characters)

The CoC uses an integrated, community-based approach to identify people experiencing homelessness with serious mental illness (SMI) and connect them to the treatment, housing, and supportive services needed for stability. A core partner is the SAMHSA-funded PATH program, which provides targeted outreach, engagement, and case management to people with SMI and co-occurring conditions. PATH participates in the CoC's planning structure and work committees and leads the Community Listing initiative under the Municipal Outreach Plans. PATH staff from each of the CoC's five regions also join biweekly case conferencing. This creates a direct pathway to identify individuals with SMI, coordinate services, resolve barriers, and connect participants to treatment and housing. Municipalities and community providers work closely with PATH and the CoC to facilitate these connections. This coordination is reinforced by MHAASA's Community Outreach and Support (COSS) project, a centralized referral hub that links individuals to behavioral health and homelessness services based on assessed need. Resources include SMI outreach and treatment, SUD and co-occurring treatment, Assertive Community Treatment (ACT), SSO, TH, PSH, and other housing interventions. When a participant requires a more intensive level of care, the system connects them to the appropriate treatment setting. It does this through warm handoffs that ensure continuity, rather than through referrals alone. Housing and behavioral health providers coordinate to pair housing, whether CoC-funded or not, with treatment and supportive services matched to each participant's needs and preferences. MHAASA specialists also train providers and offer technical assistance on Puerto Rico's Mental Health Law (Law 408) and its substance use treatment law (Law 67). This training covers the legal mechanisms available when a person with SMI experiencing homelessness presents a danger to self or others and requires court-ordered involuntary treatment (civil commitment). In these cases, inpatient psychiatric care is available through MHAASA's three public psychiatric hospitals. Through regional case conferencing, municipal outreach planning, centralized referral, and cross-system coordination, the CoC maintains an integrated pathway from street outreach to treatment and housing at the least restrictive level each person needs for lasting stability.

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

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

(limit 500 characters)

PR-503 partners with the PR Courts Administration, which operates Drug and Mental Health Courts for persons with MH/SUD, through Judicial Branch Collaboration Agreement 2024-000190, signed by the CoC and MHAASA. The Drug Court Coordinator sits on the CoC Board. Through these courts, judges order Assisted Outpatient Treatment (AOT), court-supervised treatment at the appropriate level of care, and involuntary inpatient civil commitment, working with CES and MHAASA's PATH and PAYAC teams.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

PR-503 coordinates with the Puerto Rico Courts Administration and behavioral health partners to connect individuals experiencing homelessness with treatment, housing, and supports, using court intervention when clinically and legally appropriate. This coordination is formalized through Judicial Branch Collaboration Agreement 2024-000190, signed by the CoC, Coordinadora Moriviví, and MHAASA, operator of the proposed CES, Safe Access. It establishes a protocol for the care, orientation, and referral of persons experiencing homelessness who appear before the courts, including information exchange on services requested in court orders. The Drug Court Coordinator, a CoC Board member, links the courts to CoC planning. Coordination occurs through CES, PATH, PAYAC, specialty courts, and the public treatment system. For individuals with SMI, PATH conducts street outreach and assessment and coordinates access to treatment and housing. When an individual's condition and risk warrant judicial intervention, PATH works with treatment providers and the courts to pursue available mechanisms under PR Mental Health Law 408, including court-ordered treatment at the appropriate level of care. Court orders can help sustain treatment participation while PATH continues case management and works toward housing placement and community stabilization. For individuals with SUD, PAYAC provides specialized street outreach, assessment, treatment linkage, and recovery support. PAYAC coordinates with treatment providers and judicial partners when court-supervised or compulsory treatment is legally appropriate. Drug Courts also provide a structured treatment pathway for eligible justice-involved individuals with SUD, combining judicial supervision with treatment and recovery services. The CoC uses these legal mechanisms as part of a broader continuum rather than as stand-alone interventions. PATH, PAYAC, CES, and treatment providers coordinate warm handoffs, transportation, benefits, housing referrals, and follow-up across transitions in level of care. Individuals leaving inpatient, residential, or court-supervised treatment are reconnected to community services and housing to prevent a return to homelessness. The goal is to leverage court orders, when warranted, to support treatment engagement and stabilization, while progressively connecting individuals to the least restrictive community setting, stable housing, recovery supports, income, employment, and natural supports.

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

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

(limit 500 characters)

PR-503 has a formal partnership with MHAASA, PR's behavioral health authority, integrating CoC with Línea PAS/988 and its ten (10) mobile units, each of which is staffed with a Social Worker and Psychologist to give Mobile Crisis Intervention services onsite, including 24/7 crisis response, community-based intervention, crisis stabilization, and referrals throughout Puerto Rico. MHAASA's Community Outreach and Support Manager is the CoC Board President and serves as liaison.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	181

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

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

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

(limit 500 characters)

PR-503 maintains a network of formal partnerships, including signed MOU's with CCBHCs including Mennonite Hospital's CIMA and MedX's Wellbeing Clinic, and with CMHCs that include those of MHAASA and its SAMHSA-funded PATH provider. All CMHC's of PR are licensed by MHAASA. The CoC also partners with FQHCs such as NeoMed and SANOS and the PR Primary Health Association which groups all PR FQHC's, expanding access to integrated primary and behavioral health services.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

PR-503 has 11 existing and new CoC projects (181 units, 259 beds) that require SUD treatment (Att. 1C-1f). Guara Bi Mendoza (PR0078), an existing TH renewal in Caguas, operates sober housing per 24 CFR 578.93(b)(5), combining a recovery-oriented residence with on-site treatment. MHAASA's new De Vuelta a la Vida Sur TH will replicate its successful 10+ year Vuelta a la Vida I sober housing model in Bayamón, with 24/7 on-site services and integrated SUD treatment and recovery supports.

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

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

(limit 2,500 characters)

Partnerships. PR-503's warm hand-offs rest on formal partnerships with the programs named in 1C-1a through 1C-1i. The CoC has signed MOUs with two CCBHCs, Mennonite's CIMA and MedX Wellbeing Clinics, and with MHAASA's CMHCs, including PATH, and works with FQHCs NeoMed, SANOS and MedCentro. Partners also include MHAASA's COSS, ACT, CTIAM (MAT/MOUD), Recovery Oriented services, LíneaPAS/988, mobile crisis units, PAYAC and Mutual Support Center; peer recovery services at Guara Bi, Cristo Pobre and Hogar Luz de Vida; and the Drug and Mental Health Courts. Identification. Outreach, treatment staff and the Citizen's Services Offices of the 18 municipalities with CoC agreements refer persons at risk to CES. Per CoC Written Standards, CES completes referrals within 48 hours of assessment, and projects respond within 48 hours. Acceso Seguro, MHAASA's proposed CES project, adds a no-wrong-door, written warm hand-off protocol aligned with HUD's Treatment First Toolkit and a treatment-priority by-name list from first contact to housing. Prevention. Detox, residential and inpatient programs plan discharge from admission and notify CES, so no one leaves treatment to the street. Housing matches the stage of recovery: sober housing such as MHAASA's new De Vuelta a la Vida Sur in early recovery, stepping down to RRH, PSH or PHA housing with ongoing outpatient treatment. Municipal Plans maximize PHA resources, including Mainstream Vouchers and HCV homeless preferences adopted by several PHAs. Hand-off. A person-centered, face-to-face transition of care. The case manager or social worker briefs the individual about what to expect and engages him/her in service planning. With consent, the navigation staff briefs the housing provider on the client's background, needs, medications and triggers. Staff or a recovery peer accompanies the move and provides transportation. Under the new protocol, MOUD and medication continuity will be secured and the first outpatient visit set within 7 days. Follow-up. Case conferencing between referring and housing providers assesses adaptation and needs to promote retention and prevent returns to homelessness; persons stay on municipal Community Listings until stably housed. A relapse leads to re-engagement in treatment, not loss of housing. CES and HMIS will measure linkage and adherence, not only referrals: the share who attend a first treatment visit within 7 days, remain in treatment at 30 and 90 days, and stay housed at 6, 12 and 24 months.

1C-2.	Supportive Services Investment.	
-------	---------------------------------	--

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$14,770,845
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$11,511,500
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	78%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$2,646,125
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	96%

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

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC consults with all three ESG recipients serving PR-503 (the Municipalities of Ponce and Caguas and the Puerto Rico State ESG Program) through governance, formal agreements, a standing committee, and direct coordination. Governance and agreements: The Ponce and Caguas ESG grantees are voting members of the CoC Board, and the State ESG Director is a voting CoC member. The CoC has signed MOUs with Ponce and Caguas defining roles in planning, data sharing, outreach, referrals, and performance review, and holds one-on-one meetings with each to align ESG priorities and allocations with CoC strategies, including their Municipal Outreach Plans. ESG Committee: The quarterly ESG Committee convenes the three recipients and ESG subrecipients to review data, identify service and geographic gaps, address performance issues, and coordinate outreach, shelter, prevention, and rapid rehousing. Planning and allocation: The CoC participated in the public hearings of all three recipients (Caguas 12/9/2025, Ponce 2/26/2026, State ESG 3/6/2026) and submitted written comments to each, recommending priorities based on PIT/HIC, HMIS, and SPM data, which it also provides to Consolidated Plan jurisdictions. This input has shaped local ESG decisions: Ponce and Caguas increased prevention funding and expanded their use beyond arrears to rental assistance for households at imminent risk and persons leaving institutions. They also adopted CoC-recommended emergency shelter performance measures based on outcomes rather than occupancy. Performance and alignment: The CoC jointly evaluates ESG-funded activities with recipients using HMIS and SPM data and shares monitoring results to inform future allocations. ESG projects participate in CES and follow the CoC Written Standards, revised in 2026 to strengthen outreach, shelter, prevention, and rapid rehousing standards. State ESG: Coordination with the State is a key area for growth. The CoC held semiannual meetings with the State ESG Program in 2025 and joins monthly virtual information-exchange sessions with State subgrantees, building a foundation to more consistently reflect PR-503 data and needs in State ESG planning and allocation. Going forward, the CoC will sustain its local partnerships and make strengthening the State relationship a priority, seeking regular structured meetings, feedback on how CoC input is used, and closer alignment of State ESG resources with regional and municipal strategies.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC actively coordinates with emergency shelter (ES) providers to ensure individuals and families served are quickly connected to housing, treatment, supportive, and mainstream services. Given high unsheltered homelessness, the CoC recognizes shelters as a critical entry point and pathway to stabilization, treatment, recovery, and housing. In April 2026, the CoC convened a consultation and listening session with ES providers to identify barriers, service gaps, and strategies to strengthen connections among shelter service providers, CES, treatment, supportive services providers, and housing resources. Provider input and best practices informed the need for substantial expansion of the ES section of the CoC's Minimum Standards, establishing clearer expectations for coordination, housing-focused services, successful exits, and preserving family unity, when feasible. The CoC also trained shelter staff in the development of individualized service plans to strengthen assessment, service coordination, individualized goal setting, and exit planning. Under the revised standards, shelters promptly assess participants, initiate individualized service and exit planning, coordinate with CES, and actively connect participants to RRH, PSH, TH, MH/SUD treatment, and CoC and non-CoC housing. Shelters also coordinate mainstream resources, including health care, public benefits, employment, education, and other support needed for stabilization and successful exits. Family shelters work to preserve family unity and avoid separating family members as a condition of accessing shelter whenever possible. Coordination continues through regional Case Conferencing every other Wednesday. Shelter providers, CES, and system partners address housing barriers, coordinate and follow up on referrals, identify available resources, and resolve cases requiring additional interventions. PR-503 coordinates shelters funded through ESG, municipal, VOCA, and private resources. Common standards, training, CES, and Case Conferencing promote consistent service quality and performance regardless of funding source. The CoC is also working with funding partners to shift performance toward successful exits and housing stability to reduce returns to homelessness rather than primarily utilizing and supporting shorter stays. Population-specific strategies include age-appropriate housing and service pathways for youth and survivor-centered, trauma-informed, confidential pathways for DV survivors.

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

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

(limit 2,500 characters)

The CoC has consulted the HMIS Privacy Notice on data it can disclose. CoC routinely shares PIT, HIC, HMIS, and System Performance Measures (SPM) data with state and local partners to inform planning, identify gaps, and target resources. As a data-driven CoC, PR-503 uses HMIS and SPM data to analyze trends, assess strategy effectiveness, and adjust system-wide strategies. Under the Tactical Plan, the Planning Committee reviews progress quarterly using HMIS, SPM, PIT, and HIC data. In 2026, the CoC analyzed 2021–2025 SPM trends, finding that average length of time homeless fell 43% (from 165 to 95 days). Data sharing follows the CoC-approved HMIS Privacy Notice, Privacy Plan, and Security Plan, and the HMIS Committee reviews the Security Plan at least annually. Planning data are aggregated or de-identified unless participant-level disclosure is authorized and permitted. CoC data informs PR's State Consolidated Plan, Annual Action Plan, and the Consolidated Plans of the 19 entitlement municipalities within PR-503, and is shared with the three ESG recipients to align CoC and ESG resources. The CoC has collaborative agreements with the Multisectoral Council in Support of the Homeless Population and the PR Mental Health and Addiction Observatory, connecting homelessness data with behavioral health and substance use trends. PIT and HIC results are presented at an annual public event with stakeholders, and government representatives (May 11, 2026). An interactive PIT dashboard allows data to be analyzed by municipality and region, and PIT and HIC data are curated for each Municipal Outreach Plan to identify needs, housing and service capacity, geographic gaps, and priorities. The CoC also strengthens statewide data capacity with MHAASA's Youth Homelessness System Improvement (YHSI) initiative. In January 2026, the partners conducted Puerto Rico's first coordinated count focused on youth homelessness, presented to 250 stakeholders from across Puerto Rico at the YHSI Partnership Summit (June 26, 2026). On September 16, 2026, both counts were presented to Council members and municipal liaisons. Current work assesses HMIS quality and interoperability and develops agreements, with privacy safeguards, to cross-reference HMIS with other systems. Together, these mechanisms create a continuous data-to-action cycle: share and analyze data, identify trends, inform state and local strategies and resource decisions, measure results, and adjust strategies.

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

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

(limit 2,500 characters)

The CoC uses multiple administrative data sources alongside HMIS to better understand homelessness, identify high-need populations and geographic patterns, and improve care and healthcare utilization and promote better system planning. Through data-sharing partnerships with the Puerto Rico Mental Health and Addiction Observatory and the Multisectoral Council in Support of the Homeless Population, the CoC accesses analyses incorporating health care utilization and Medicaid/ASES claims data; behavioral health admission, discharge, and treatment data; law enforcement and corrections data from the PR Police Bureau and Department of Corrections; child welfare data; and demographic and mortality data from the PR Demographic Registry. The CoC also works closely with MHAASA through YHSI to analyze youth homelessness data and uses McKinney-Vento education data to identify children and youth who may not be fully represented in HMIS. These sources are analyzed alongside HMIS to identify patterns in health and behavioral health utilization, institutional transitions, housing instability, and homelessness. For example, an epidemiological analysis of ASES claims using ICD-10 Z codes identified 568 individuals with homelessness-specific codes during 2021–2023; 92.07% had a mental health diagnosis, including SUD. Geographic and demographic findings complement HMIS to inform outreach, behavioral health coordination, and regional planning. Because definitions and populations vary across systems, external data complement rather than replace HMIS. The CoC triangulates findings to identify trends, service gaps, and prevention opportunities and to strengthen referral pathways and cross-system coordination. Building on these partnerships, the CoC is working with the Multisectoral Council, whose members include MHAASA, ASES, the PR Police Bureau, and the Departments of Family, Health, Education, Labor, Housing, and Corrections, and with the Observatory to develop an integrated data system (IDS): a cross-system data warehouse linking HMIS with these agencies' data and with treatment and recovery indicators not captured in HMIS, through secure record linkage, data use agreements, and shared data governance. This will enable analysis of treatment engagement and utilization, recovery trajectories, system transitions, and gaps across the recovery process, strengthening data-driven decisions on care coordination, service strategies, and resource deployment.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

CoC PR-503 connects participants to employment and workforce development through formal partnerships at the system and project levels, as increased earned income is central to self-sufficiency and housing stability. System-level partnerships: Through formal MOUs, the CoC partners with WIOA Local Workforce Development Areas and their One-Stop/American Job Centers, including Alianza Municipal para el Desarrollo Económico La Montaña, Norte Central, Mayagüez-Las Marías, Conexión Laboral Ponce, and Alianza Municipal de Servicios Integrados (AMSI), as well as One-Stop Career Centers, PathStone Corporation, and AmeriCorps. The MOUs establish referral pathways, designated liaisons, and follow-up on employment outcomes, and employment goals are integrated into participant service plans. The State Vocational Rehabilitation Administration (PR Department of Labor) provides job training and employment for persons with disabilities, and the PR Department of Labor offers training for homeless individuals and a Homeless Veterans Reintegration Program in five municipalities. Services include career counseling, job readiness, occupational training, job search and placement, mentoring, and retention supports. Project-level partnerships: 24 CoC projects have formal agreements with employment and workforce organizations, and additional projects include strategies to increase participant income. Building provider capacity: In 2025, the CoC's Empleomanía initiative assessed the employment needs of 95 participants and staff, delivered six trainings to staff of 8–13 provider organizations each (interview preparation, digital, communication, and teamwork skills), and developed an employment workbook and five on-demand courses in the CoC Academy. Using SPM data, the CoC gave individualized technical assistance to five projects with low income-growth performance (Measure 4). Governance: INSEC, with 40 years of self-sufficiency experience, and business and economic development representatives joined the CoC Board. INSEC, which serves 76 municipalities using ROMA, proposes a new FY2026 SSO project, Impulso 360, focused on employment skills and financial education. The CoC is also working with municipalities to leverage CDBG and other local resources for employment supports. Results: From 2021 to 2025, the share of participants increasing earned income rose from 6% to 14.5% among stayers and from 11% to 22.6% among leavers (SPM 4.1 and 4.4).

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

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

(limit 2,500 characters)

CoC PR-503's street outreach has been led by MHAASA's PATH and PAYAC teams and ESG-funded outreach. In 2025, the CoC's "100 in 100" campaign, with outreach led by PATH and PAYAC, joined 26 organizations and state agencies and moved 114 people into permanent housing in under 100 days, laying the groundwork for this network. Results: successful exits from street outreach (SPM 7a.1) rose from 31.8% (191 of 600) in FY2024 to 33.9% (158 of 466) in FY2025, and 2-year returns after outreach placements fell from 15.6% to 8.9%. Under its Strategic Plan, the CoC is now building a coordinated network with municipalities, police, and first responders across its entire area, so encounters with law enforcement become a path to treatment and housing, not only enforcement. New FY2026 outreach projects had to show, through the CoC's Strategic Priorities Certification, participation in Municipal Outreach Plans and structured coordination with first responders, law enforcement, and courts, backed by written agreements (Attachment 1C-10). Ponce and Caguas recently launched municipal outreach teams with opioid settlement, CDBG, and ESG funds and CoC technical assistance, integrating Municipal Police and emergency teams; proposed CoC projects in Ponce, Caguas, and Humacao will expand this model. MHAASA's proposed Apoyo para Todos Sur will integrate PATH and PAYAC, and the proposed Acceso Seguro CES, with court and police agreements, will strengthen system-wide referrals. The CoC has formal agreements with 18 municipalities, including their police, and is party to Judicial Branch Agreement 2024-000190. Through MOUs with providers such as Guara Bi, Lucha Contra el SIDA, and La Red, state and municipal police, including De Vuelta a la Vida, identify and refer adults and youth to detox, treatment, or shelter, often with transport, and providers accept them. Outreach staff and officers respond together when needed. When someone is a danger to self or others, they coordinate evaluation and, when appropriate, assisted outpatient treatment under Mental Health Law 408, or compulsory SUD treatment under Law 67. Through the Municipal Outreach Plans, police, emergency management, and health offices help map hotspots and keep Community Listings that regional teams review every two weeks, and train jointly on engagement and referral. Outreach staff and peers then make warm handoffs, accompanying each person from the street to treatment, shelter, or housing, and follow up after placement.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

CoC PR-503 recipients incorporate family and support-network reunification into case management to strengthen natural supports that contribute to housing stability, recovery, and long-term independence. With participant consent, staff identify and reconnect participants with family, friends, trusted adults, and other significant supports; facilitate communication; assess whether relationships are safe and appropriate; and identify support that can realistically be provided, including housing, transportation, emotional support, childcare, employment, and treatment or recovery support.

CORMA, an American Baptist Home Mission Society community outreach ministry operating two CoC-funded PSH projects, illustrates this approach. Family engagement begins in case management and continues after housing. CORMA invites relatives to family dinners and Thanksgiving activities, engages them on the importance of maintaining supportive relationships, facilitates visits and short stays with family, and arranges transportation when needed. Efforts have included reconnecting participants with parents, supporting family involvement in treatment decisions, and maintaining connections with children living outside Puerto Rico. Chaplaincy is also available to participants and families throughout the reunification process. For older participants, CORMA complements these efforts through Programa Respira, providing respite and support to family caregivers, and a privately funded caregiver program with five caregivers who support participants and their families.

Across PR-503, when reunification involves relocation, case managers confirm receiving arrangements, address transportation and documentation, coordinate medications and benefits, and make warm handoffs to services at the destination, including outside of Puerto Rico. Reunification does not necessarily mean living with family; recipients also strengthen natural supports that help participants sustain housing, recovery, parenting, and community integration.

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

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

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

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

(limit 2,500 characters)

CoC PR-503 cooperates with, and does not interfere with or impede, state and municipal public-safety efforts, preserving the authority of law enforcement and first responders (Attachment 1C-10). Its 2026 Written Standards require every project to join Municipal Outreach Plans and Regional Coordination Networks and to complement, never impede, law-enforcement and first-responder functions, and they bar CoC funds from enabling illicit drug use. It convened federal probation and police and holds agreements with 18 municipalities and their police. Tents and encampments. The CoC trained representatives of all 54 municipalities on EO 14321 at the HUD San Juan Field Office and four regional meetings, and trained state and municipal police on their role in the Municipal Outreach Plans, enforcing Public Order Codes, and assisted outpatient treatment (AOT). Police, emergency management, CES, and outreach teams map hotspots and link people on site to treatment, shelter, or housing. Mapping in 20 municipalities has identified 104 hotspots and 16 encampments. Public drug use. The CoC supports enforcement of the PR Controlled Substances Act (Law 4-1971) and municipal Public Order Codes that prohibit drug use in public spaces, paired with rapid treatment access. Isabela's police agreement bars "safe" consumption spaces and paraphernalia distribution. Police, including De Vuelta a la Vida, refer and transport people to detox and treatment under MOUs with CoC providers, trained on the federal Best Practices Toolkit. Danger to self or others. The CoC Chair met four times with the Judicial Branch on Mental Health Law 408 (involuntary commitment and AOT) and Law 67 (compulsory SUD treatment); the CoC is party to Judicial Agreement 2024-000190; and a Moriviví-PATH agreement will extend Law 408 training to all five regions. SORNA. On June 12, 2026, the CoC trained all members on SORNA and PR Law 266-2004 and provided a compliance checklist covering Registry and NSOPW verification and information sharing, including location, with the PR Police Bureau. These priorities drive funding: new FY2026 outreach projects had to pass the CoC's Strategic Priorities Certification, requiring structured coordination with police, first responders, and courts, and misaligned proposals were not funded. The CoC amended its bylaws to seat law-enforcement officers on its Board, and CES gives first responders a direct path to housing and treatment, so police and providers play complementary roles.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

PR municipalities have legal authority to regulate public spaces through Public Order Codes authorized by Act 107-2020, as amended. Several CoC PR-503 municipalities regulate activities in public spaces, including overnight stays, tents, substance use, and obstruction of public rights-of-way. For example, Caguas Public Order Code Art. 3.054 regulates frequent or permanent overnight use of public spaces and abandoned structures and allows relief from an applicable fine when individuals engage in medical or MH/SU treatment, encouraging treatment engagement. Act 199-2007 requires public agencies interacting with people experiencing homelessness to maintain service protocols and train direct service personnel. These Codes have not been applied uniformly. Provisions, enforcement, local capacity, and referral services vary across 54 municipalities; some Codes are not publicly accessible; and concerns about displacement without resolving housing and service needs have contributed to inconsistent use. The CoC is leveraging Executive Order 14321, which addresses enforcement of prohibitions on public camping and open illicit drug use together with treatment, and existing municipal authorities. Through Municipal Outreach and Homelessness Response Plans, the CoC requested and received Public Order Codes from all 54 municipalities and is reviewing provisions on public-space use, camping, substance use, and obstruction. Findings inform municipal training and protocols that pair lawful enforcement with outreach, assessment, and connections to treatment, housing, and other services. When an encampment is identified for lawful clearance, the plans activate outreach before and during the response, require assessment of each resident's needs, and provide warm handoffs to treatment, shelter, housing, and other services, including intermunicipal resources. At an abandoned former CVS pharmacy in Ponce used as an encampment and drug-use site, the Municipality, police, outreach staff, CES, and treatment and housing providers engaged all 11 residents over four months; 7 (64%) exited to public housing, family/friends, or shelter; all were offered SUD treatment, 3 completed detox and entered methadone treatment, 1 was linked to mental health care, and 3 obtained health insurance. The owners secured the building. Ongoing encampment and hotspot mapping, Community By-Name Lists, and case reviews support follow-up and reduce displacement without resolution.

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

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

(limit 2,500 characters)

CoC PR-503 has identified relatively few traditional tent encampments; unsheltered homelessness in Puerto Rico occurs mostly in less visible settings, such as abandoned buildings, streets, plazas, under bridges, and vehicles. The January 2026 PIT counted 1,014 persons experiencing homelessness (1,029 in 2024), of whom 874 (86.2%) were unsheltered. Among unsheltered respondents reporting a sleeping location, 24.9% stayed in an abandoned house or building (down from 33.7% in 2022), 24.3% on a street or sidewalk, and only six in a tent or similar structure. These patterns require the CoC to look beyond visible tents. Operational definitions: HUD has no standard encampment definition; PR-503 draws on elements identified in HUD research (people sleeping at the same location for a sustained period, with structures or belongings). An encampment is a site, including tents and abandoned or makeshift structures, where more than three persons experiencing homelessness regularly sleep. A hotspot is a location, such as a plaza, gas station, or bridge, where persons experiencing homelessness frequently gather or stay but that does not meet the encampment threshold. Hotspots are monitored because they can become encampments.

Current inventory: Under the Municipal Outreach and Homelessness Response Plans, outreach teams, Municipal Police, Emergency Management, community leaders, and municipal planning offices (which hold records on abandoned properties) are mapping sites, including abandoned structures not visible in street counts. To date, 23 municipalities have submitted hotspot and By-Name List templates. Municipal mapping in 20 municipalities has identified 104 hotspots and 16 encampments, with the most encampments in Isabela (4), Lajas (4), and Caguas (3). One previously active encampment, the former CVS building in Ponce, has been resolved and secured (see 1C-10a). Monitoring: 19 municipalities actively maintain Community Listings, adding each identified person for continued outreach and case coordination and updating site records so the CoC can track whether each site remains active, is resolved, or recurs. Mapping of all 54 municipalities will be completed by the end of 2026, establishing a full baseline for site-level tracking.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Puerto Rico has a statewide legal and treatment framework for addressing illicit drug use in public spaces. The Controlled Substances Act (Act 4-1971, as amended) applies throughout PR-503's 54 municipalities, with enforcement by PR state and municipal police forces. PR Acts 67-1993 and 408-2000 support MHAASA's behavioral health and treatment functions, while Drug Courts and TASC provide treatment pathways for eligible justice-involved individuals. MHAASA's PATH and PAYAC programs provide specialized outreach and connection to mental health and substance use treatment. CoC PR-503 is leveraging Executive Order 14321, which specifically addresses enforcement of prohibitions on open illicit drug use and treatment interventions for individuals with mental health and substance use disorders, together with existing state and municipal authorities. The strategy is to make public drug-use encounters an opportunity for coordinated intervention: law enforcement addresses applicable public-safety concerns while outreach and behavioral health partners assess needs and rapidly connect individuals to the appropriate level of treatment and services. The joint focus on treatment engagement rather than only punitive interventions to clear public spaces mitigates harmful effects to the homeless population while leveraging beneficial public safety policies. Through its Municipal Outreach and Homelessness Response Plans, PR-503 is reviewing Public Order Codes from all 54 municipalities, including provisions addressing substance use in public spaces. Municipal and regional training brings together Municipal Police, Emergency Management, MHAASA, PATH, PAYAC, health providers, outreach teams, and other partners to clarify roles, treatment resources, and referral pathways. Barriers include differences in municipal response capacity, treatment availability, eligibility for Drug Court/TASC and other judicial interventions, and legal and clinical requirements governing court-ordered treatment. PR-503 addresses these barriers through cross-system protocols, intermunicipal referrals, coordinated outreach, and warm handoffs to available treatment. Community By-Name Lists and case reviews support continued engagement after the initial encounter. The objective is a predictable local response that combines appropriate law enforcement with rapid treatment access and follow-up, reducing repeated public drug use and repeated crisis-system involvement.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdoses and illicit drug use remain significant public-health and public-safety concerns across PR-503. The CoC uses MHAASA's Puerto Rico Overdose Observatory, together with information from outreach teams, first responders, Municipal Police, and municipal partners, to identify geographic concentrations of overdose activity and public locations where substance use, homelessness, and behavioral-health needs intersect. As of August 20, 2026, the Observatory recorded 6,497 overdose events and 236 overdose deaths in Puerto Rico since June 14, 2019. Of these, 3,798 events (58.5%) and 157 deaths (66.5%) occurred within PR-503's 54 municipalities. The five municipalities with the largest number of events—Ponce (961), Caguas (430), Aguadilla (329), Mayagüez (301), and Guayama (265)—accounted for approximately 60% of PR-503 overdose events and 66% of its overdose deaths. At the same time, overdose events were reported throughout the CoC, demonstrating that the problem extends across its South, Eastern, Western, Central, and Northwestern regions. Among people experiencing homelessness, the 2026 PIT identified 270 persons reporting chronic substance use. The Observatory measures overdose events and does not establish that every event occurred in a public space. CoC PR-503 therefore complements these data with field information from street outreach, PATH, PAYAC, first responders, and its Municipal Outreach and Homelessness Response Plans. Municipal partners are mapping hotspots and other locations where public illicit drug use and overdoses are observed, including plazas, streets, abandoned structures, and other places where people experiencing homelessness congregate or reside. This combined data-and-field approach is giving the CoC a more accurate picture of where overdose risk and public drug use are concentrated and is being used to target outreach and coordinated responses involving MHAASA, municipalities, treatment and healthcare providers, and public-safety partners. Joint efforts to engage homeless individuals with SUD in treatment prevent overdose events and save lives while addressing public safety concerns.

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

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

(limit 2,500 characters)

Puerto Rico has established legal mechanisms to intervene when an individual presents a danger to self or others while preserving clinical assessment and due-process protections. Mental Health Law 408-2000 provides a continuum of interventions based on clinical need and risk, including emergency evaluation, involuntary hospitalization when statutory criteria are met, and, under Article 4.11, court-ordered treatment at a less restrictive level when hospitalization is not required but the individual continues to present risk. This provides a pathway for AOT. For substance use disorders, Law 67-1993, Section 11 establishes a separate compulsory-treatment process initiated by the MHAASA Administrator through the Department of Justice, with judicial review, evaluation, treatment, and follow-up. The Judiciary's Interagency Collaboration Agreement 2024-000190 for the Homeless Persons Project (2023-2028), signed by CoC PR-503, MHAASA, and other agencies, supports coordination across these systems. The need is significant: in the 2026 PIT, 270 persons reported chronic substance use, and among adults surveyed, 37.1% reported drug use and 26.9% a mental health condition.

The principal barrier is operational implementation. Different statutory thresholds and procedures, inconsistent cross-system workflows, and limited treatment and step-down capacity can delay identification and activation of the appropriate pathway. To address these barriers, CoC Chair Yesenia Mojica has held four working meetings with Judge Cajiga, who oversees the specialized Mental Health and Drug Courts, and the CoC is coordinating with the Judicial Programs Directorate of the Office of Court Administration. On May 22, 2026, court staff and mental health and substance use providers met to identify barriers and strategies to improve structured treatment and AOT. The CoC Chair, Collaborative Applicant, and MHAASA staff are also working to expand the use of Law 67 for appropriate cases. Through the Municipal Outreach and Homelessness Response Plans and cross-system training, the CoC is strengthening protocols with police, hospitals, and providers to identify risk, obtain timely clinical evaluation, and select the appropriate legal pathway. Continued coordination will focus on AOT implementation, court and provider roles, and warm handoffs from crisis or compulsory treatment to behavioral health services, housing, and community supports to reduce repeated crises and homelessness.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Puerto Rico has an established framework for information sharing consistent with SORNA. Act 266-2004, as amended, establishes Puerto Rico's Sex Offender Registry, including registration, verification, public access to authorized information, community notification, and location reporting for registrants without a fixed address. Regulation 8447 implements these requirements, and law-enforcement authorities maintain the official Registry and verification records. CoC PR-503 leverages this framework to protect the public in its service area. The Collaborative Applicant (CA) and PR-503 have trained member organizations, including municipal governments throughout the CoC, on SORNA requirements, with particular attention to registered sex offenders without a fixed address. Training covers Registry requirements, verification of offender locations, lawful information sharing, and coordination between service providers and public-safety partners. The curriculum is available on the CA's website, and the CA developed an easy-to-use compliance tool with guidance and a checklist that will be incorporated into its Learning Management System (LMS).

PR-503's implementation practices include: (1) coordinating to verify the physical location of registered sex offenders, particularly those experiencing homelessness or without a fixed address; (2) exchanging appropriate information with law enforcement to support SORNA compliance; and (3) documenting location verification and SORNA-related information exchange over time. CoC organizations distinguish official Registry information from confidential participant information and coordinate with responsible authorities when additional verification is required. PR-503 has identified no local law or policy that prevents SORNA-compliant information sharing. The main barriers are operational: keeping location information current for persons without a fixed address and ensuring consistent understanding of confidentiality and disclosure requirements, which could otherwise lead to over- or under-sharing. To leverage this framework while protecting participant confidentiality, the CoC will continue annual training and use of the compliance checklist for member organizations and municipalities, document information-sharing practices, coordinate with municipal and state police, and use the official Registry and the National Sex Offender Public Website (NSOPW) to verify information so that sharing is accurate, lawful, and timely.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC is implementing a coordinated outreach strategy to identify and engage visible and less-visible homelessness across its 54 municipalities, including individuals, families, and populations requiring targeted approaches: youth, veterans, chronically homeless persons, DV survivors, and persons with behavioral health needs. The need is clear: the 2026 PIT counted 874 unsheltered persons, and municipal mapping has identified 104 hotspots and 16 encampments in 20 municipalities. The strategy integrates CoC and ESG resources with regional, specialized, and municipal capacity. Caguas and Ponce are ESG grantees, and their outreach teams are further supported with opioid settlement and CDBG funds. Proposed outreach projects include Pulso Criollo in Caguas, partnering with SANOS FQHC; Mano Amiga Ponceña in Ponce; and Safe Connections Outreach in Humacao. MHAASA's Apoyo para Todos covers all 54 municipalities and helps coordinate outreach under the Municipal Outreach Plans, complemented by PATH for persons with serious mental illness and PAYAC for persons with substance use disorders. Outreach teams coordinate with police and first responders. The Municipal Outreach Plans expand identification beyond homeless service providers. Municipalities map hotspots, resources, and gaps and build networks among municipal agencies, Police, Emergency Management, hospitals, behavioral health, schools, housing, faith-based and community organizations, businesses, and others likely to encounter homelessness. Partners know who to contact and the referral pathway, creating a No Wrong Door network where homelessness identified on the street, in a business, hospital, school, shelter, court, or other setting triggers outreach rather than going unaddressed. Street outreach targets unsheltered homelessness, while shelters and cross-system partners identify less-visible homelessness. The CoC uses assertive, relationship-based outreach: teams proactively return to known locations and hotspots, make repeated contacts, and continue engaging people who initially decline services. Nineteen municipalities maintain Community Listings reviewed in regular case coordination, so each person is followed until connected. Warm handoffs link people to CES assessment, treatment, healthcare, benefits, supportive services, and the most appropriate housing, inside or outside the CoC, prioritizing rapid access to structured treatment when needed.

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

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes

8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	ACUDEN Two-Generation (2 Gen) Early Childhood and Family Support Centers	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
---------	---	--

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

PR-503's policies and procedures are found in the CoC PR-503 Written Standards, amended in 2026, and are reinforced by the CoC's formal written agreement with the Puerto Rico Department of Education's McKinney-Vento Program for Homeless Children and Youth.

How participants are informed: The Written Standards require every project serving families with children or unaccompanied youth to inform participants who become homeless of their educational rights under the McKinney-Vento Act, including immediate school enrollment and the right to remain in the school of origin, and to actively connect them with the appropriate McKinney-Vento Education Liaison. Projects serving homeless families with children must designate a project Education Liaison who informs each family of these rights when they enter the project and helps them access and maintain connections to school, Head Start, early childhood development, childcare, and other applicable educational services. Projects serving youth must also incorporate strategies to strengthen education, employment, and independent living skills.

To ensure consistent implementation in all regions, the CoC developed an easy-to-use tool for project staff with information, step-by-step procedures, and contacts.

Documentation and follow-up: Each child's educational and developmental needs are addressed, as appropriate, through an Individualized Service Plan developed with the Education Liaison, which records needs, referrals, and follow-up on barriers to educational access.

School stability: Projects must consider children's educational needs when making housing placements and, whenever possible, support continuity in the school of origin. Families cannot be required to change schools or participate in educational or extracurricular activities as a condition of receiving housing or services.

Coordination with the education system: The agreement with the Department of Education's McKinney-Vento Program strengthens coordination between the CoC and the education system and supports timely identification, active referral, and connection of students and families experiencing or at risk of homelessness to educational services and resources.

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

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

(limit 2,500 characters)

PR-503 coordinates with Puerto Rico's child welfare program of the PR Department of the Family and its Independent Living Program to identify youth transitioning from foster care who are homeless or at risk of homelessness and connect them to housing and supportive services. This work is carried out in close partnership with MHAASA's HUD-funded Youth Homelessness System Improvement (YHSI) initiative, municipal PHAs, Family Courts, and youth-serving organizations of the CoC. Currently, CoC PR-503 has three dedicated youth-serving projects offering housing and youth-oriented supportive services, those of MHAASA, Coalicion de Coaliciones and the Network for the Rights of Children and Youth. A major accomplishment in 2026 was the implementation in Puerto Rico of HUD's Melania Trump Foster Youth to Independence (FYI) Initiative. Coordinadora Moriviví and the CoC PR-503 had promoted FYI as a needed housing resource since the initiative was created. In 2026, the close partnership with MHAASA-YHSI helped move this longstanding effort into implementation, creating a housing pathway for eligible youth ages 18–24 who have exited from foster care or will leave within 180 days and are homeless or at risk of homelessness. In May 2026, Puerto Rico's first six FYI partnership agreements were executed among the PR Department of the Family, as the public child welfare agency; MHAASA, as the supportive services partner; and six municipal PHAs, all within the CoC PR-503. Through this structure, child welfare identifies eligible youth and certifies eligibility; PHAs provide access to FYI vouchers; and MHAASA provides supportive services to promote housing stability and self-sufficiency. The CoC PR-503 is now working with additional municipalities to expand FYI availability. The CoC also has a formal agreement with Overcoming Adversity, a youth-led organization, ensuring that the lived experience of system-involved youth informs transition planning and system improvements designed to prevent youth from exiting public systems of care into homelessness.

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

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

(limit 2,500 characters)

Puerto Rico currently has no active providers funded through the HHS Family and Youth Services Bureau's Runaway and Homeless Youth (RHY) program, whether Street Outreach, Basic Center, Transitional Living, or Maternity Group Home. Implementation of RHY programming has historically been challenging due, in part, to the interaction between RHY requirements and Puerto Rico's child protection legal framework. PR-503 nevertheless maintains strong coordination with Red por los Derechos de la Niñez y la Juventud de Puerto Rico (La Red), a CoC member whose RHY grant has ended but which continues providing specialized services for youth experiencing or at risk of homelessness. La Red operates youth-focused outreach and a youth-dedicated emergency shelter and administers a CoC-funded youth project in PR-503, preserving RHY expertise and supporting coordinated referrals across outreach, shelter, housing, and supportive services.

La Red's Memorandum of Understanding with the Puerto Rico Police, signed July 13, 2026 and applicable across all judicial regions, establishes joint identification and referral of youth experiencing or at risk of homelessness, community outreach, information sharing, and police training (included in Attachment 1C-10). Youth identified through this pathway are connected to the CoC through CES and case coordination for housing, behavioral health, education, employment, and other supportive services. The need is documented. In 2026, MHAASA conducted Puerto Rico's first Youth Homelessness Count under HUD's Youth Homelessness System Improvement grant, in collaboration with PR-503, identifying 100 homeless youth ages 18-24 and 104 with housing instability. Vieques (22.3%) and Ponce (18.1%), both in PR-503, had the largest shares of homeless youth. MHAASA also launched Recuperación Joven, funded through Puerto Rico's State Opioid Response (PR-SOR), serving youth experiencing homelessness with opioid or stimulant use disorders through supportive services and crisis housing. Through these partnerships, PR-503 maintains an integrated youth response and is positioned to coordinate with any future RHY-funded provider in Puerto Rico.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Hogar Nueva Mujer Santa María de la Merced's Nueva Mujer Program (TH), which consolidates two existing Nueva Mujer projects, primarily serves families with children: more than 80% of the households it serves include at least one adult and one child. Cristo Pobre's new Nueva Promesa TH exclusively serves families with children. Both projects serve families consistent with 24 CFR 578.93(b).

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

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

(limit 2,500 characters)

Both TH projects identified in 1C-13 integrate employment and income growth into supportive services to help families achieve greater economic self-sufficiency and sustain rent after transitioning to permanent housing. Services include workforce development, job training and placement assistance, financial management, and budgeting. Both projects also provide childcare and transportation to reduce barriers that could otherwise prevent parents from participating in training, attending interviews, or maintaining employment. Nueva Mujer Program (Hogar Nueva Mujer Santa María de la Merced) provides weekly employment assistance, job training, and educational services and connects participants to Conexión Laboral and other workforce organizations for additional training and employment opportunities. The organization supplements these services with financial education and support for participants interested in starting a small business. The project targets at least 50% of participants exiting with employment income. Under its prior Rapid Rehousing grant, 82.5% of participants who exited moved to permanent housing, and APR results documented increases in participant income. Nueva Promesa (Centro Deambulantes Cristo Pobre) incorporates vocational training and employment assistance into each family's structured service plan. Each head of household develops an Individualized Service Plan with employment, education, income, and housing goals, and families prepare a household budget before transitioning to permanent housing to strengthen their ability to manage income and sustain housing costs. During the 24-month program period, participants receive at least 20 hours per week of structured supportive services tailored to their needs, including independent living skills, education, employment readiness, vocational training, job search assistance, and employment. These project-level services are reinforced through CoC partnerships with Local Workforce Development Areas under WIOA and One-Stop/American Job Centers, expanding families' access to career counseling, occupational and job-skills training, job placement and retention services and, when available, certifications, on-the-job training, career pathways, and registered apprenticeships. Together, these resources create a coordinated pathway from employment preparation and barrier reduction to increased earned income and greater capacity to maintain permanent housing after TH.

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

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

(limit 2,500 characters)

The projects identified in 1C-13 assist participating families to obtain benefits from mainstream systems so that CoC resources are not used to duplicate benefits and services available through other funding streams. The projects leverage mainstream family service systems through both project-level service coordination and CoC-wide strategies designed to improve access to resources available outside CoC funding. Families are assessed for income, benefits, childcare, health, employment, education, and other needs affecting housing stability. Project staff identify available mainstream resources for which families are eligible, assist with applications and documentation, make warm referrals, coordinate with partner agencies, and follow up to support successful access. Project staff connect eligible families to PR Department of the Family/ADSEF programs, including TANF and Nutrition Assistance, as well as publicly funded childcare and other family supports. PR's public Medicaid/Vital Health Insurance Plan is leveraged for eligible health and behavioral health services, while workforce, education, and other mainstream systems provide services within their respective funding streams. This reduces duplication and allows CoC resources to remain focused on eligible housing and housing-stability needs. The CoC strengthens these connections at the system level through cross-system training and resource fairs that bring CoC providers together with agencies and organizations administering mainstream benefits and services. These activities increase providers' knowledge of eligibility requirements, available resources, referral pathways, and points of contact, improving their ability to connect families to assistance. The CoC's Municipal Outreach Plans further institutionalize this approach across its five regions. Through regional planning, municipalities, CoC projects, public agencies, and community providers identify available resources, strengthen referral pathways, and increase mutual knowledge of the providers operating within each region. This creates a more coordinated local network through which families can access mainstream services regardless of where they enter the homeless response system. Together, individualized benefits navigation, cross-system capacity building, resource fairs, and regional coordination allow projects to leverage mainstream funding for income, food, health, childcare, employment, education, and other needs.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The TH projects for families with children identified in 1C-13, Hogar Nueva Mujer's Nueva Mujer Program and Cristo Pobre's Nueva Promesa, combine housing assistance with coordinated services that address the needs of parents and children. At enrollment and throughout participation, case managers assess each family's childcare, parenting, health, developmental, and educational needs and incorporate them into individualized service planning. Both projects provide childcare directly; Nueva Mujer also has a children's facilitator and nursing staff and offers parenting education. Collaborative agreements with healthcare, WIC and other programs help parenting and other families access services not provided onsite. Staff help families make appointments, refer and make warm handoffs to partner providers, and follow up to confirm that services were accessed and address barriers when they arise. In 2026, the CoC revised its Written Standards to strengthen and standardize services for families with children. The revised Written Standards require projects to consider children's educational and developmental needs in service and housing planning, promote school continuity, connect families with McKinney-Vento education liaisons of the PR Department of Education with which the CoC has an MOU, and facilitate access to school, Head Start, childcare, child development, and other appropriate services. The CoC also conducts cross-system training, so project staff understand the family, childcare, education, health, and community programs available, their eligibility requirements, and how to access them. Childcare and parenting needs are addressed as part of housing stabilization, including connections to childcare and child development programs, parenting education, and family-strengthening support. For pregnant participants and children, projects facilitate connections to health coverage and prenatal, maternal, and pediatric services. Educational needs are addressed through coordination with schools and education partners to support enrollment, school continuity, transportation, and access to appropriate educational services. Rather than relying on passive referrals, projects use warm handoffs and ongoing case management to connect families directly with the appropriate provider and follow the referral through completion. This approach combines housing assistance with the supports parents and children need to achieve family well-being and sustain permanent housing.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

CoC PR-503 partners with the VA through the Coalition for Homeless and Suicide Prevention, joint outreach, and monthly Veteran BNL meetings with VA, HUD, HMIS and CES that refer Veterans to VA, coordinate shelter, services and housing, maximize HUD-VASH use, share data as appropriate, and identify service gaps. MOUs with Endeavors and Casa del Peregrino provide outreach, case management, employment, behavioral health and housing-stabilization services for Veterans.

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

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

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

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

(limit 500 characters)

The CoC maintains a formalized response network linking victim service providers, municipalities, first responders, and specialized DV/gender violence courts. Formal MOU partners include Coordinadora Paz para la Mujer, Puerto Rico's domestic violence and sexual assault coalition, whose network includes anti-trafficking providers; the Puerto Rico Network of Gender-Based Violence Shelters; Hogar Nueva Mujer; and Proyecto Soy Libertad. CoC PR-503's network supports 9 CoC-funded DV projects.

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

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

(limit 500 characters)

Two CoC Board members, GuaraBi and MHAASA, operate BJA- and SAMHSA PR-SOR-funded re-entry programs, strengthening CoC's capacity to prevent homelessness in community reentry. The CoC maintains formal MOUs with re-entry providers PathStone and One Stop, U.S. Probation, and PRO-BONO, and works with PR correctional and juvenile institutions to strengthen discharge planning and coordinate housing, treatment, employment, and legal services for people transitioning from correctional facilities.

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

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

(limit 500 characters)

CoC PR-503 is party to Collaborative Agreement 2023-DS1851 with the PR Department of Health's HIV program, the Municipality of San Juan (HOPWA, Ryan White Part A), and others. HIV clinics screen patients for homelessness and refer them to PR-503's CES for housing, and CES refers homeless persons with HIV to HIV treatment and support services. The CoC also partners with the FQHCs SANOS and NeoMed for primary care and chronic-disease management, and with MHAASA's COSS and ACT teams.

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

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

(limit 500 characters)

Lucha Contra el SIDA's CoC-funded PSH projects, Lucero del Alba (50 units) and Remanso de Paz (40 units), serve chronically homeless adults, prioritizing persons over 55 with disabilities; the CoC's FQHC partners, including SANOS and NeoMed, provide primary care. Lucha and FUNDESCO also operate elderly housing with non-CoC funds, and Gurabo Elderly (86 units for adults 60+, with home care and caregivers) offers move-on housing. The 2026 PIT counted 149 homeless persons age 65+.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

MHAASA's Hogar Seguro del Sur and Hogar Seguro del Oeste are Permanent Supportive Housing (PSH) projects that prioritize individuals experiencing chronic homelessness with significant and complex service needs. Together, the projects provide 67 scattered-site PSH units with ongoing onsite supportive and behavioral health services and case management coordinated external services for participants to achieve housing stability and long-term recovery and reduce their return to homelessness.

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

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

(limit 2,500 characters)

Hogar Seguro del Sur and Hogar Seguro del Oeste provide behavioral healthcare where participants live through an integrated, multidisciplinary model. Because the projects operate 67 scattered-site PSH units, behavioral-health services are brought directly to participants in their homes and communities, reducing barriers to treatment and supporting continued housing stability. Three multidisciplinary teams include clinical psychologists with hours of a psychiatrist, social workers, addiction counselors, rehabilitation counselors, and case managers for service coordination including services not provided on-site such as emergency or inpatient care. The teams provide behavioral-health assessment, mental health and substance use treatment, medication management and treatment-adherence support, recovery services, and ongoing monitoring based on each participant's needs, a comprehensive initial assessment and periodic re-assessments. The projects also coordinate closely with MHAASA's Community Outreach and Support Services (COSS), which deploys interdisciplinary teams to provide community-based behavioral-health services and continued clinical support where participants live. When greater treatment intensity is needed, participants can also receive services through MHAASA's Assertive Community Treatment (ACT) teams, providing intensive multidisciplinary treatment in the home and community. These on-site and community-based services are backed by MHAASA's broader treatment continuum, including specialized opioid use disorder treatment, substance use evaluation and detoxification, psychiatric services, and inpatient care when clinically necessary. The projects coordinate transitions to and from higher levels of care and reconnect participants receiving external services through case manager coordination with providers and hospitalized or institutionalized participants following discharge through coordinated discharge planning. This structure allows the intensity of behavioral healthcare to increase or decrease as participants' clinical needs change while maintaining their permanent housing, improving treatment engagement and adherence, reducing avoidable institutionalization and repeated crises, and supporting recovery and long-term housing stability avoiding returns to homelessness.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Hogar Seguro del Sur and Hogar Seguro del Oeste use an individualized, multidisciplinary assessment and service-planning process to determine the level of care each participant needs to remain safe, stable, and as independent as possible. At admission, participants receive comprehensive team-based clinical and functional assessments upon which individualized service plans are based. Thereafter, their needs are reassessed throughout participation based on changes in behavioral and physical health, changes in medication regimes, substance use, functioning, safety, and their ability to live independently. The projects' approach is to maintain participants in the least restrictive appropriate setting that meets their needs and to prevent unnecessary institutionalization. When needs increase, the multidisciplinary teams first determine whether additional services can be brought to the participant while maintaining PSH. Through MHAASA's integrated service system and community partnerships, the project can increase behavioral health, medical, substance use treatment, rehabilitation, recovery, and other community-based services. COSS and ACT provide additional interdisciplinary services in participants' homes and communities when greater intensity is needed. Changes such as repeated crises or hospitalizations, significant psychiatric or medical deterioration, functional or cognitive decline, or increased supervision needs trigger additional assessment and multidisciplinary case reviews. When community-based support can no longer safely meet the participant's needs, the team determines the appropriate level of care and coordinates access to MHAASA and partner resources, including residential treatment, detoxification, psychiatric hospitalization, assisted living, or other clinically appropriate care. The participant's individualized service plan is updated as needs change, and the teams coordinate clinical information, medications, benefits, transportation, and warm handoffs across providers. Following hospitalization or other institutional care, the team reassesses the participant's needs and coordinates appropriate community-based services whenever possible. This continuum allows participants to receive the right level of care at the right time while maximizing independence, continuity of care, and housing stability.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Hogar Seguro del Sur and Hogar Seguro del Oeste incorporate move-on readiness and increased self-sufficiency into individualized service planning for chronic homeless participants from enrollment and throughout participation and housing in a PSH setting. Participants who continue to need PSH may remain in the program, while the multidisciplinary teams work with each participant to achieve the greatest level of independence that can be safely sustained. Individualized goals address housing stability, behavioral and physical health, recovery, income and benefits, employment or education when appropriate, independent-living and financial-management skills, and development of natural supports. The teams also explore family and support-network reunification when desired, safe, and appropriate, strengthening relationships that can contribute to long-term stability and independence. Through periodic reassessment, the teams review progress and the level of housing assistance and supportive services that are still needed. When sustained stability indicates that a participant may be able to maintain permanent housing with less intensive assistance, the teams conduct a move-on readiness review considering housing stability, independent-living capacity, income and financial sustainability, treatment and recovery, past and recent crises, continuing service needs, available natural supports, and the participants' preferences and goals. Length of stay alone does not determine readiness. For participants who are ready and choose to move on, the teams develop an individualized transition plan and identify a sustainable option, which may include family reunification, subsidized housing, another permanent housing resource, or unsubsidized housing when financially feasible. Staff assist with housing search, documentation, benefits and income, move-in preparation, and connection to community-based services. Warm handoffs and follow-up help maintain continuity after transition. This systematic process promotes self-sufficiency, strengthens natural support systems, and matches housing and service intensity to changing needs, while maintaining PSH for participants who continue to require its intensive support.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
--------	--	--

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
--	---	------------

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
--	---	------------

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
--	---	-----

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/11/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
--------	--	--

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/11/2026
--	---	------------

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

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

(limit 2,500 characters)

1. In 2026, PR-503 revised its Written Standards including the written reallocation process to include a pre-ranking threshold review and alignment with CoC strategic priorities. Projects must meet minimum submission, fiscal, and compliance requirements, including applicable Single Audit/financial statement and Puerto Rico Treasury requirements. Candidates for reallocation include projects with low performance, underutilization of funds, duplication or reduced need, lack of cost-effectiveness, obsolescence, lack of alignment with CoC priorities, or noncompliance with federal requirements. Projects utilizing less than 90% of funds over two years may be considered for partial reallocation, and projects scoring below the 80% Quality Threshold may be considered low performing. Voluntary reallocation is also permitted. Projects passing threshold reviews are evaluated on performance, programmatic/fiscal compliance, population vulnerability, resource utilization, and cost-effectiveness. Reallocated funds may support eligible new projects that better meet CoC priorities. 2. Yes. During the FY2026 local competition, two renewal projects were identified as low performing through this process and selected for reallocation. 3. Yes. CoC PR-503 reallocated the two low-performing projects. Four additional projects were reallocated for other reasons: one Municipality of Hormigueros project voluntarily relinquished its funding, and three projects failed to meet minimum submission requirements. Affected applicants were notified, informed of the reallocation process, and provided an opportunity to appeal. The final ranking and reallocations were approved by the CoC Plenary on August 10, 2026, with written notifications issued August 11. 4. Not applicable. PR-503 reallocated funding from low-performing projects during the FY2026 competition.

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

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

2A. Homeless Management Information System (HMIS) and System Performance

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

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

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Foothold Technologies
--	---	-----------------------

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

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

2A-3.	PIT Count–Methodology Change.	
-------	-------------------------------	--

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. PR-503 conducts its unsheltered count every two years; its last unsheltered count before January 28, 2026 was in 2024, and no unsheltered count was conducted in 2025. For 2026, the CoC strengthened its methodology and data quality to improve coverage across its 54 municipalities and better identify populations historically underrepresented in traditional PIT methods. First, it added a self-administered digital survey link, available during the count period, to the traditional field-based interviews; digital and paper versions were pilot-tested before use, and volunteers in each municipality were trained the week of January 12. Second, PR-503 partnered with MHAASA to integrate Puerto Rico's first Youth Homeless Count, conducted under HUD's YHSI grant to identify homeless youth ages 18-24. Youth with lived experience and the Youth Advisory Board helped design and validate instruments, conduct fieldwork, and identify locations frequented by youth, and MHAASA and the CoC exchanged records of youth not identified by the other, avoiding duplication. Third, the CoC strengthened the identification of count locations by combining locations from prior PIT counts, input from municipalities, CoC members, and community providers, and pre-count field sweeps across all 54 municipalities. All locations were georeferenced, and municipality-specific maps were given to field teams. 2. These changes expanded the CoC's ability to identify people who may be missed through traditional approaches, particularly youth and people in less visible locations, while strengthening data quality and geographic coverage. The 2026 count included 800 surveys representing 956 persons. Despite the expanded methodology, the unsheltered count decreased slightly, from 889 persons in 2024 to 874 in 2026 (-1.7%), continuing a decline from 1,035 in 2022. Better location coverage captured more dispersed sleeping situations: the share of unsheltered respondents sleeping in vehicles rose from 2.7% in 2024 to 5.5% in 2026, while the share in abandoned buildings remained stable (25.7% and 24.9%). The Youth Count identified 100 homeless youth ages 18-24 in Puerto Rico, with Vieques and Ponce, both in PR-503, showing the largest shares, giving the CoC its first reliable baseline for this population and a clearer picture of the composition and geographic distribution of unsheltered homelessness across PR-503.

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

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

(limit 2,500 characters)

Before: During the evaluation period (January 1-December 31, 2024), PR-503 did not have site-level encampment data. The PIT survey records where each unsheltered person slept but does not count encampments, so the CoC estimated them from PIT data: 44 encampments with 190 persons at the start of the period, based on the January 2024 PIT, and 40 encampments with 178 persons by the end of 2024, interpolating between the 2024 and 2026 PIT counts.

Actions: Through coordination with municipal governments and outreach teams, the CoC identified locations where several individuals were living unsheltered and organized on-site service impacts, consistent with HUD's approach of resolving encampments through supported closure rather than displacement. These interventions brought multiple resources to a site at the same time so residents could be assessed and connected immediately rather than simply referred elsewhere, including municipal officials and police, MHAASA's PATH and PAYAC outreach teams, treatment and healthcare providers, CES, and housing programs. When a resident agreed to enter treatment, shelter, or housing, partners coordinated placement and transportation directly from the site. For example, at the former CVS pharmacy in Ponce, an abandoned building used as an encampment and drug-use site, the Municipality, police, outreach staff, CES, Guara Bi, De Vuelta a la Vida, and CITIAM engaged all 11 residents from late January through May 2024. Seven (64%) exited to public housing, family or friends, or shelter; three completed detox and entered methadone treatment; and three obtained health insurance. The owners then closed and secured the building, and the site ceased to operate as an encampment.

After: To replace estimates with documented data, the CoC's Strategic Plan (December 2024) established the Municipal Outreach and Homelessness Response Plans, and the CoC adopted an internal operational definition of encampment: a site where more than three persons experiencing homelessness reside or regularly sleep in close proximity in tents or abandoned or makeshift structures. Municipalities now map persons, hotspots, and encampments using this definition. To date, mapping in 20 municipalities has identified 104 hotspots and 16 encampments, and all 54 municipalities will complete mapping by the end of 2026, giving the CoC a complete, site-level baseline across its entire geographic area.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	44
2. Enter the reduction in the number of encampments during your evaluation period.	4

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	190
2. Enter the reduction in the number of people in encampments during your evaluation period.	12

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

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

(limit 2,500 characters)

The reduction reported in 2A-4a and 2A-4b is an estimate: site-level encampment data were not available for the evaluation period, so figures reflect 2024 PIT data and an interpolated estimate based on the 2026 PIT, showing a slight reduction. Since then, PR-503 has implemented a comprehensive strategy to identify and reduce encampments, hotspots, and homeless gathering sites across its 54 municipalities through its Municipal Outreach and Homelessness Response Plans, moving the CoC from periodic identification of visible concentrations to a systematic site-resolution process. Identification. Using the CoC's operational definition of encampment (a site where more than three homeless persons reside or regularly sleep in close proximity in tents or abandoned or makeshift structures), municipalities map hotspots, gathering sites, and encampments, including less-visible abandoned structures. Mapping is conducted with outreach teams, law enforcement, community leaders, municipal planning offices, which maintain records of abandoned structures, and other partners. To date, mapping in 20 municipalities has identified 104 hotspots and 16 encampments. Every person identified is added to the Community Listing for continued engagement and case coordination. Response. Each municipality uses its maps and Community Listing to identify partners, establish response protocols, and develop a strategy for each site. When a site is identified, outreach, health and behavioral health treatment, housing and homeless-service providers, and public-safety partners organize a coordinated response, engaging residents before any closure so each person has an alternative, and connecting them through warm handoffs to treatment, housing, healthcare, benefits, and other resources. Measurement. The CoC tracks each site from identification through engagement, assessment, referral, connection to treatment and housing, and resolution, and follows up to determine whether sites remain active, are resolved, or recur. The CoC will also add PIT survey questions on the type of site and the number of people sharing it. By the end of 2026, all 54 municipalities will complete mapping, giving PR-503 documented data on the location, characteristics, and residents of encampments and other living sites, together with municipality-specific strategies to reduce the number of persons living at these sites through housing and supportive services and to support their sustained resolution.

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

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

(limit 2,500 characters)

Preventing first-time homelessness is a core CoC strategy. The CoC's Tactical Plan established a 2026 goal of reducing first-time homelessness by 20%, measured through PIT and SPM 5.2. The CoC is moving prevention upstream by identifying housing instability where it first becomes visible and intervening before individuals or families become homeless. The strategy is informed by PIT/HMIS data; CES screenings; municipal, PHA and other subsidized housing programs' administrators; outreach teams; and CoC members. CA staff also engaged judges/Court Administration, hospital social workers, and municipal Citizen Assistance offices. This year, MHAASA/YHSI and regional listening sessions conducted through the Municipal Outreach Planning process further informed the strategy. Recurring risks include evictions, rising housing costs, income disruption due to hospitalization or disability, behavioral health needs, family instability, subsidized-housing lease issues, and institutional transitions. The CoC translates these findings into strategies for targeted prevention. Staff of Municipal Outreach Plans, Citizen Assistance offices, community- and faith-based organizations, health/behavioral health providers, and mainstream-service offices are trained to identify housing instability and use defined referral pathways, for early detection outside the homeless response system. Subsidized-housing administrators, including elderly housing, will identify at-risk tenants and connect them with on-site community supports before eviction. ESG prevention, PATH, MHAASA's COSS, Intercambios PR/GBHI, ACT, HRSA-funded health centers, and mainstream programs provide behavioral health, medical, benefits, and intensive supports to help at risk populations preserve housing. Critical transitions are another focus. Coordination with hospitals strengthens discharge planning of at-risk persons. Through YHSI and the PR Department of the Family, FYI was implemented this year with six PHAs, all within CoC PR-503, creating a PH pathway for youth transitioning from foster care. Finally, CES is being strengthened as a gateway to housing stability—not simply CoC projects—using housing problem-solving, diversion, mainstream resources, access to all housing options, and CoC/non-CoC supports. This no-wrong-door approach reduces fragmentation and closes pathways into homelessness through early identification, targeted intervention, and warm handoffs to services with follow-up.

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

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

(limit 2,500 characters)

Reducing length of time homeless is an area in which the CoC has demonstrated measurable progress, with SPM 1a showing a 43% reduction since 2021. The 2026 Tactical Plan seeks to build on this progress by reducing average length of time homeless by at least another 10%. A key strategy is strengthening assertive outreach and expanding Community Listings (By-name lists) across the CoC's 54 municipalities through the Municipal Outreach Plan initiative. Building on existing Community Listings for chronic homelessness and Veterans, municipalities and specialized outreach teams are identifying unsheltered persons in encampments and other gathering sites and establishing pathways to housing, treatment, benefits, and other services. Since August, Community Listings have been actively worked through biweekly regional case conferencing, where partners review individual cases, identify barriers, assign follow-up actions, and track unresolved cases. The CoC also coordinates closely with MHAASA and the courts to improve access to behavioral health and SUD treatment. PATH supports persons experiencing homelessness with SMI, while PAYAC provides specialized outreach and treatment linkages for persons with SUD. Opioid settlement funds support voluntary residential SUD treatment when appropriate, while coordination with MHAASA and the courts facilitates AOT for persons with SMI who meet applicable criteria. Housing planning occurs concurrently. CE and Housing Navigators address documentation, eligibility, benefits, and other barriers delaying placement and connect participants to CoC and non-CoC housing. Partnerships with PHAs, multifamily and elderly housing providers, and landlords expand housing options, while improved CE inventory management supports faster matching and referrals. For persons with intensive needs, the CoC leverages CoC resources with SAMHSA- and HRSA-funded treatment, health, outreach, and community supports. Community Listings and recurring case conferencing provide a structured mechanism to identify who remains homeless, determine barriers, assign responsibility for next steps, and coordinate housing and treatment interventions that shorten homelessness and promote recovery, housing stability, and self-sufficiency.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	32.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

Using the PR-503 HMIS operated during FY2025 (Conexión Boricua HMIS), the CoC used HMIS ReportBuilder to extract project exits from Transitional Housing (TH), PH-Rapid Re-Housing (RRH), and PH-Permanent Supportive Housing (PSH) projects participating in the PR-503 HMIS. The analysis included persons with a project exit date between October 1, 2024, and September 30, 2025, consistent with the CoC's FY2025 System Performance Measures reporting period. To calculate people rather than the number of project's exits to avoid duplication, each person was counted once using the person's last exit during the reporting period. Persons whose destination indicated "Deceased" were excluded. The resulting denominator was 397 persons: 59 TH, 252 RRH, and 86 PSH. For this analysis, an unsubsidized housing exit was defined as an exit to a permanent housing destination without an ongoing housing subsidy. Using the HMIS Destination and Destination Subsidy Type fields, this included: "Rental by client, no ongoing housing subsidy" (47); "Owned by client, no ongoing housing subsidy" (4); "Staying or living with family, permanent tenure" (65); and "Staying or living with friends, permanent tenure" (11). Permanent tenure with family or friends was included because the person exited to a permanent housing arrangement without an ongoing housing subsidy. This resulted in 127 unsubsidized permanent housing exits. Rentals with an ongoing subsidy, including public housing, HCV, VASH, PSH, RRH, or other subsidies—were not included in the numerator. The percentage was calculated as $127 \div 397 = 32.0\%$. Of the 397 persons, 51 (12.8%) exited to rental or owner-occupied housing without subsidy and 76 (19.1%) exited to permanent tenure with family or friends. Data from domestic violence providers using a comparable database are not included in this calculation.

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

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

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

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
---	-----

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

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
-------	---	--

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	100	6	106	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	75	23	98	100.00%
4. Rapid Re-Housing (RRH) beds	276	128	404	100.00%
5. Permanent Supportive Housing (PSH) beds	441	0	441	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

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

(limit 2,500 characters)

Not applicable. HMIS Bed coverage is at 100%.

3A. Policy Initiatives

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

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

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

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

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

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

No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1. HUD-2996 Ce...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/29/2026
11. Other	No		

Attachment Details

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

Attachment Details

Document Description: 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: 3A-1. HUD-2996 Certification for Opportunity
Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to
Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required



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

PR-503 South-Southeast Puerto Rico CoC – FY2026 CoC Program Competition (NOFO Section V.B.1.c.(5))

Collaborative Applicant: Coordinadora Morivivi, Inc.

Total TH/RRH/PSH projects	Projects with on-site SUD treatment	Percentage with on-site SUD treatment
34	18	52.9%

#	Project Name	Organization	Component	On-Site SUD Treatment (Yes/No)	Treatment Provided By	External Treatment Provider (if applicable)
1	Vereda del Río	Corporación Milagros del Amor	PSH	Yes	Both (applicant and external provider)	Mental Health & Anti-Addiction Services Administration
2	Puertas de Estancia	Lucha Contra el SIDA, Inc.	TH	Yes	External provider	Mental Health & Anti-Addiction Services Administration
3	Alianza de Amor	Centro Deambulantes Cristo Pobre, Inc.	TH	Yes	Both (applicant and external provider)	Mental Health & Anti-Addiction Services Administration
4	Guara Bi Siba	Guara Bi, Inc.	TH	Yes	External provider	Madre Dominga, and Intercambios PR
5	Isabela Rental Assistance – DV	Municipality of Isabela	TH	No	—	—
6	Por Mi Hogar I	Corporación Milagros del Amor	PSH	Yes	Both (applicant and external provider)	Mental Health & Anti-Addiction Services Administration
7	Guara Bi Caguas (Mendoza)	Guara Bi, Inc.	TH	Yes	Both (applicant and external provider)	Intercambios PR, and Mental Health & Anti-Addiction Services Administration
8	Lucero del Alba	Lucha Contra el SIDA, Inc.	PSH	No	—	—
9	Guara Bi Carib	Guara Bi, Inc.	PSH	Yes	Both (applicant and external provider)	Intercambios PR, and Mental Health & Anti-Addiction Services Administration
10	Jóvenes Seguros del Sur	Mental Health & Anti-Addiction Services Administration (MHAASA)	TH	Yes	Applicant organization (other program/division)	Mental Health & Anti-Addiction Services Administration
11	Nuevo Comienzo	Mental Health & Anti-Addiction Services Administration (MHAASA)	TH	Yes	Applicant organization (other program/division)	Mental Health & Anti-Addiction Services Administration
12	Programa de Casa Abierta (PCA)	Instituto Pre-Vocacional e Industrial de PR (IPVI)	TH	No	—	—
13	Nueva Mujer Program	Hogar Nueva Mujer Santa María de la Merced, Inc.	TH	No	—	—
14	Realojamiento Rápido Jóvenes	Coalición de Coaliciones Pro Personas Sin Hogar de PR, Inc.	TH	No	—	—
15	Casa Ramón-1	Red por los Derechos de la Niñez y la Juventud de PR	TH	No	—	—
16	¡Vuelvo a Casa...Segure!	Coalición de Coaliciones Pro Personas Sin Hogar de PR, Inc.	TH	No	—	—

#	Project Name	Organization	Component	On-Site SUD Treatment (Yes/No)	Treatment Provided By	External Treatment Provider (if applicable)
17	Casa Elizabeth	Red por los Derechos de la Niñez y la Juventud de PR	TH	No	—	—
18	El Salvador	Fundación de Desarrollo Comunal de PR (FUNDESCO)	TH	Yes	External provider	Mental Health & Anti-Addiction Services Administration
19	Remanso de Paz	Lucha Contra el SIDA, Inc.	PSH	No	—	—
20	Juntos de la Mano – Sur	Mental Health & Anti-Addiction Services Administration (MHAASA)	TH	Yes	Applicant organization (other program/division)	Mental Health & Anti-Addiction Services Administration
21	Hogar Seguro del Oeste	Mental Health & Anti-Addiction Services Administration (MHAASA)	PSH	Yes	Project staff	Mental Health & Anti-Addiction Services Administration
22	Vivienda Permanente La Caridad de Cristo	Centro Deambulantes Cristo Pobre, Inc.	PSH	Yes	Both (applicant and external provider)	Mental Health & Anti-Addiction Services Administration
23	Transitional Housing Project	Hogar Luz de Vida, Inc.	TH	Yes	Both (applicant and external provider)	Mental Health & Anti-Addiction Services Administration
24	Mayagüez Permanent Housing Project	Municipality of Mayagüez	PSH	No	—	—
25	Humacao Transitional Housing	Municipality of Humacao	TH	No	—	—
26	Hogar Seguro del Sur	Mental Health & Anti-Addiction Services Administration (MHAASA)	PSH	Yes	Project staff	Mental Health & Anti-Addiction Services Administration
27	Transitional Housing Program	Casa de la Bondad, Inc.	TH	No	—	—
28	Guara Bi Natiao	Guara Bi, Inc.	TH	Yes	Both (applicant and external provider)	Intercambios PR, and Mental Health & Anti-Addiction Services Administration
29	Proyecto Nueva Promesa	Centro Deambulantes Cristo Pobre, Inc.	TH	Yes	Both (applicant and external provider)	Mental Health & Anti-Addiction Services Administration
30	De Vuelta a la Vida Sur	Mental Health & Anti-Addiction Services Administration (MHAASA)	TH	Yes	Project staff	Mental Health & Anti-Addiction Services Administration
31	Hogar Transformación	Municipality of Aguadilla	TH	No	—	—
32	Puerta Violeta Housing Program	Rehaciendo Comunidades con Esperanza, Inc.	TH	No	—	—
33	La Piedad	Fundación de Desarrollo Comunal de PR (FUNDESCO)	TH	No	—	—
34	Safe Connections Haven	Municipality of Humacao	TH	No	—	—

FY 2026 CoC Program Competition – CoC Consolidated Application
PR-503 South-Southeast Puerto Rico CoC | Collaborative Applicant: Coordinadora Moriviví, Inc.

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

#	Project Name	Project Applicant	Component	Units	Beds
1	El Salvador (PR0137)	Fundación de Desarrollo Comunal de Puerto Rico, Inc. (FUNDESCO)	TH (Transition)	43	43
2	Hogar Seguro del Sur (PR0158)	Mental Health & Anti-Addiction Services Administration (MHAASA)	PH-PSH (Renewal)	42	42
3	Nuevo Comienzo (PR0184)	Mental Health & Anti-Addiction Services Administration (MHAASA)	TH (Transition)	32	32
4	Hogar Seguro del Oeste (PR0183)	Mental Health & Anti-Addiction Services Administration (MHAASA)	PH-PSH (Renewal)	25	25
5	Guara Bi Natiao	Guara Bi, Inc.	TH (New)	22	22
6	Puertas de Estancia (PR0122)	Lucha Contra el SIDA, Inc.	TH (Transition)	12	17
7	De Vuelta a la Vida Sur	Mental Health & Anti-Addiction Services Administration (MHAASA)	TH (New)	1	20
8	Alianza de Amor (PR0205)	Centro Deambulantes Cristo Pobre, Inc.	TH (Transition)	1	20
9	Guara Bi Mendoza, formerly Guara Bi Caguas (PR0078)	Guara Bi, Inc.	TH (Renewal)	1	15
10	Vivienda Permanente La Caridad de Cristo (PR0073)	Centro Deambulantes Cristo Pobre, Inc.	PH-PSH (Renewal)	1	15
11	Vivienda Transitoria (PR0071)	Hogar Luz de Vida, Inc.	TH (Renewal)	1	8
Total CoC Program-funded units and beds with a substance abuse treatment requirement				181	259

Note: All projects listed require program participants to engage in substance use disorder treatment services as a condition of continued participation, in accordance with 24 CFR 578.75(h). This requirement is established in each project's occupancy agreement, lease, or program participation agreement.

CONTINUUM OF CARE PR-503
FY2026 CoC Program Competition – CoC Application

Language from Project Supportive Service Agreements

1. CoC PR-503 Requirement

CoC PR-503 requires its projects to include supportive services participation language in their participant agreements. For the FY2026 competition, every project applicant had to certify, in Section 1 of the **Organizational Certification – FY2026 CoC Program NOFO**, that each participant will be required, as a program requirement, to participate in supportive services appropriate to their needs under 24 CFR 578.75(h), including case management, job training, education, and substance use disorder treatment. The certification had to be supported by an occupancy agreement or contract with a clear services participation clause, or by a policy or orientation protocol that explains the requirement to the participant, available in both Spanish and English.

The excerpts below reproduce the participation language from agreements and orientation forms submitted by CoC PR-503 organizations. The source documents follow as exhibits, with the relevant language highlighted in yellow by the Collaborative Applicant.

2. Summary

Organization	Source document	Exhibit
ASSMCA (Mental Health and Anti-Addiction Services Administration)	Occupancy Agreement	A
Fundación de Desarrollo Comunal de Puerto Rico, Inc. (FUNDESCO)	Initial Orientation and Supportive Services Participation Agreement (Spanish and English)	B
Autonomous Municipality of Humacao	Supportive Services Participation orientation form; Participant Rights and Responsibilities acknowledgment (Spanish and English)	C

3. Excerpts

A. ASSMCA (Mental Health and Anti-Addiction Services Administration)

Original (Spanish)	English version
<i>“[...] se establece que el/la participante se le requerirá: 1. Ser evaluado por el equipo interdisciplinario. Recibir y cumplir con las intervenciones terapéuticas determinadas por cada profesional, como parte integral de su proceso de recuperación.”</i>	“[...] it is established that the participant will be required to: 1. Be evaluated by the interdisciplinary team. Receive and comply with the therapeutic interventions determined by each professional as an integral part of their recovery process.”
<i>“2. Acatar las recomendaciones establecidas por el equipo interdisciplinario, conforme al Plan Individualizado de Servicios [...]. 3. Cumplir con las citas establecidas, dentro de las cuales se incluyen las diversas modalidades de tratamiento [...], así como actividades de empleo o estudio.”</i>	“2. Follow the recommendations established by the interdisciplinary team, in accordance with the Individualized Service Plan [...]. 3. Comply with the scheduled appointments, which include the various treatment modalities [...], as well as employment or educational activities.”
<i>“Repetidas violaciones al siguiente acuerdo de ocupación, podrá afectar la permanencia en el programa.”</i>	“Repeated violations of this occupancy agreement may affect continued participation in the program. [Translation by the Collaborative Applicant]”

Source: ASSMCA, Acuerdo de Ocupación / Occupancy Agreement (ASSMCA-AAC-004, rev. 03/2026). Exhibit A.

B. Fundación de Desarrollo Comunal de Puerto Rico, Inc. (FUNDESCO)

Projects: El Salvador Renewal Project; La Piedad.

Original (Spanish)	English version
<i>“2. La participación en servicios de apoyo apropiados a mis necesidades es un requisito del programa, conforme a 24 CFR 578.75(h).”</i>	“2. Participation in supportive services appropriate to my needs is a program requirement, pursuant to 24 CFR 578.75(h).”
<i>“3. Los servicios de apoyo pueden incluir, entre otros: manejo de casos, capacitación laboral, educación, tratamiento para trastornos por uso de sustancias, servicios de salud mental [...].”</i>	“3. Supportive services may include, among others: case management, job training, education, substance use disorder treatment, mental health services [...].”
<i>“6. El rehusar participar en servicios de apoyo puede tener consecuencias programáticas, las cuales me serán comunicadas por escrito y estarán sujetas al procedimiento de querellas y apelación de FUNDESCO.”</i>	“6. Refusal to participate in supportive services may carry program consequences, which will be communicated to me in writing and are subject to FUNDESCO’s grievance and appeal procedure.”

Source: FUNDESCO, *Orientación Inicial y Acuerdo de Participación en Servicios de Apoyo / Initial Orientation and Supportive Services Participation Agreement, Sections B and C. Exhibit B.*

C. Autonomous Municipality of Humacao

Projects: Humacao Rental Assistance 2026; Humacao Transitional; Safe Connections Beacon; Safe Connections Haven; Safe Connections Outreach.

Original (Spanish)	English version
<i>“Formulario de Orientación y Reconocimiento sobre Participación en Servicios de Apoyo (24 CFR 578.75(h)). [...] se me ha orientado sobre la importancia de participar activamente en los servicios de apoyo ofrecidos por el programa.”</i>	“Acknowledgment of Receipt and Understanding: Supportive Services Participation. [...] I have received information regarding the importance of actively participating in the supportive services offered through the program.”
<i>“Comprendo que mi participación en estos servicios es un componente del Programa Continuum of Care conforme a la reglamentación aplicable.”</i>	“I understand that participation in supportive services is an important component of the Continuum of Care Program in accordance with applicable federal regulations.”
<i>“Entiendo que me corresponde: [...] Participar, según corresponda, en las reuniones de manejo de casos y en los servicios de apoyo acordados.”</i>	“I understand that I am responsible for: [...] Participating, as appropriate, in case management meetings and agreed-upon supportive services.”

Source: Municipality of Humacao, *Office of Federal Programs: Supportive Services Participation orientation form and Participant Rights and Responsibilities acknowledgment (Spanish and English versions). Exhibit C.*

GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN (ASSMCA)
ÁREA DE ALCANCE Y APOYO COMUNITARIO

ACUERDO DE OCUPACIÓN

Nombre del participante:

Número de Expediente:

Programa:

El presente acuerdo de ocupación ha sido elaborado con el propósito de garantizar un entorno de recuperación digno y adecuado para cada participante dentro de nuestros programas de vivienda con servicios de apoyo. En este sentido, se establece que el/la participante se le requerirá:

1. Ser evaluado por el equipo interdisciplinario. Recibir y cumplir con las intervenciones terapéuticas determinadas por cada profesional, como parte integral de su proceso de recuperación.
2. Acatar las recomendaciones establecidas por el equipo interdisciplinario, conforme al Plan Individualizado de Servicios, el cual será diseñado juntamente con él/ella.
3. Cumplir con las citas establecidas, dentro de las cuales se incluyen las diversas modalidades de tratamiento con los miembros del equipo interdisciplinario y proveedores externos, así como actividades de empleo o estudio.
4. Recibir en su hogar al personal del equipo interdisciplinario, las veces que sea requerido. Esto siempre, manteniendo un marco de respeto.
5. Autorizar al personal a corroborar estatus de empleo, estudios u otras gestiones relacionadas a su recuperación.
6. Del participante tener algún tipo de diversidad funcional y/o alguna otra limitación, el programa se encargará de proveerle el acomodo razonable necesario para la mejor prestación de servicios.
7. Actuar con moderación, en y fuera de su residencia. No llevar a cabo actividades que interfieran con la tranquilidad de su vecindario.
8. No se permite el uso, venta o distribución de sustancias ilícitas o parafernalia en las unidades o instalaciones.
9. No guardar o almacenar objetos advenidos ilegalmente.

GOVERNMENT OF PUERTO RICO
ADMINISTRATION OF MENTAL HEALTH AND ANTI-ADDICTION SERVICES
OUTREACH AND COMMUNITY SUPPORT AREA

OCCUPANCY AGREEMENT

Participant's Name: _____

Program: _____

Case Number: _____

The present occupancy agreement has been prepared with the purpose of ensuring a dignified and suitable recovery environment for each participant within our supportive housing programs. In this regard, it is established that the participant will be required to:

1. Be evaluated by the interdisciplinary team. Receive and comply with the therapeutic interventions determined by each professional as an integral part of their recovery process.
2. Follow the recommendations established by the interdisciplinary team, in accordance with the Individualized Service Plan, which will be designed jointly with him/her.
3. Comply with the scheduled appointments, which include the various treatment modalities provided by members of the interdisciplinary team and external providers, as well as employment or educational activities.
4. Receive the interdisciplinary team members in their home as often as required, always maintaining an atmosphere of respect.
5. Authorize staff to verify employment status, studies, or other matters related to their recovery.
6. If the participant has any functional diversity and/or other limitation, the program will provide the reasonable accommodation necessary for optimal service provision.
7. Act with moderation inside and outside the residence. Avoid engaging in activities that disturb the peace of the neighborhood.
8. Not use, sell, or distribute illicit substances or paraphernalia in the units or facilities.
9. Not store or keep items obtained illegally.
10. Not allow any form of physical, verbal, or sexual aggression toward staff, landlords, neighbors, or any person.

PROTOCOLO DE ADMISIÓN
Área de Alcance y Apoyo Comunitario
Proyectos de Vivienda

Propósito

Establecer un proceso uniforme de admisión para todos los proyectos de vivienda del Área de Alcance y Apoyo Comunitario, garantizando que las personas admitidas comprendan los requisitos de participación, las normas de convivencia y los compromisos relacionados con el tratamiento de salud mental y/o trastornos por uso de sustancias.

Aplicabilidad

Este protocolo aplica a los programas Permanent Supportive Housing (PSH), Transitional Housing (TH), Joint TH-RRH, Scattered Site y programas de Vivienda para Sobrevivientes de Violencia Doméstica, cuando corresponda.

Procedimiento de Admisión

1 – Referido

El participante podrá ingresar mediante referido del Sistema Coordinado de Entrada, de personas provenientes de hospitales, instituciones correccionales, programas de tratamiento, agencias comunitarias, programas internos, personas pernoctando en lugares no aptos u otros referidos autorizados.

2 – Verificación de Elegibilidad

Se verificará la elegibilidad, documentación requerida, criterios del programa y disponibilidad de unidad.

3 – Evaluación Inicial

Se realizará una evaluación de necesidades de vivienda, salud física, salud mental, uso de sustancias, riesgos de seguridad y servicios de apoyo.

4 – Orientación

Se orientará sobre servicios, derechos y responsabilidades, normas de convivencia, confidencialidad, querellas y consecuencias por incumplimiento.

5 – Participación en Tratamiento

Como condición de participación, toda persona con una condición de salud mental y/o trastorno por uso de sustancias deberá participar activamente en el tratamiento

recomendado, asistir a las citas programadas, colaborar con su Plan Individual de Servicios y mantener comunicación con el equipo clínico. Cuando no esté vinculada a tratamiento, el programa realizará las coordinaciones necesarias. La negativa persistente será evaluada conforme a las políticas del programa y la reglamentación aplicable.

6 – Política sobre Alcohol, Drogas y Parafernalia

Está estrictamente prohibida la posesión, consumo, fabricación, distribución o venta de sustancias controladas ilícitas, así como la posesión de parafernalia relacionada con drogas dentro de las instalaciones, unidades o actividades del programa. También se prohíbe permitir que visitantes incurran en estas conductas. Los medicamentos recetados deberán utilizarse únicamente conforme a la prescripción médica.

7 – Firma de Documentos

Se completarán el acuerdo de ubicación, consentimientos, autorizaciones, normas de convivencia, política de alcohol y drogas, derechos y responsabilidades y el Plan Individual de Servicios.

8 – Ingreso

Se asignará la unidad correspondiente, se entregarán las llaves cuando aplique, se realizará la orientación final.

Incumplimiento

El incumplimiento de las políticas relacionadas con la participación en servicios requeridos o con la posesión, consumo, distribución de sustancias o posesión de parafernalia será evaluado individualmente considerando la seguridad, el plan clínico, las políticas institucionales y los requisitos de HUD. Las intervenciones podrán incluir orientación, intervención clínica, revisión del Plan Individual de Servicios, referido a un nivel de tratamiento más intensivo, medidas administrativas y, cuando corresponda conforme a la reglamentación aplicable, la terminación de la participación en el programa.

Documentación Requerida

- Evaluación inicial
- Verificación de elegibilidad
- Orientación Pintura de Plomo
- Normas del programa firmadas
- Política de alcohol y drogas firmada
- Plan Individual de Servicios
- Consentimientos y autorizaciones

ADMISSION PROTOCOL
Community Outreach and Support Area
Housing Projects

Purpose

To establish a uniform admission process for all housing projects within the Community Outreach and Support Area, ensuring that admitted individuals understand participation requirements, rules of coexistence, and commitments related to mental health treatment and/or substance use disorders.

Applicability

This protocol applies to the Permanent Supportive Housing (PSH), Transitional Housing (TH), Joint TH-RRH, Scattered Site programs, and Housing Programs for Survivors of Domestic Violence, when applicable.

Admission Procedure

1 – Referral

Participants may enter through a referral from the Coordinated Entry System, individuals coming from hospitals, correctional institutions, treatment programs, community agencies, internal programs, persons sleeping in unsuitable locations, or other authorized referrals.

2 – Eligibility Verification

Eligibility, required documentation, program criteria, and unit availability will be verified.

3 – Initial Assessment

An assessment will be conducted to evaluate housing needs, physical health, mental health, substance use, safety risks, and support services.

4 – Orientation

Participants will receive orientation regarding services, rights and responsibilities, coexistence rules, confidentiality, grievances, and consequences for noncompliance.

5 – Participation in Treatment

As a condition for participation, any person with a mental health condition and/or substance use disorder must actively participate in recommended treatment, attend scheduled appointments, collaborate with their Individual Service Plan, and maintain communication with the clinical team. When the person is not linked to treatment, the program will make the necessary arrangements. Persistent refusal will be evaluated according to program policies and applicable regulations.

6 – Policy on Alcohol, Drugs, and Paraphernalia

Possession, consumption, manufacturing, distribution, or sale of illicit controlled substances, as well as possession of drug-related paraphernalia, is strictly prohibited within program facilities, units, or activities. Allowing visitors to engage in such behavior is also prohibited. Prescription medications must be used only as directed by a medical provider.

7 – Signing of Documents

The occupancy agreement, consents, authorizations, coexistence rules, alcohol and drug policy, rights and responsibilities, and the Individual Service Plan will be completed.

8 – Admission

The corresponding unit will be assigned, keys will be delivered when applicable, and final orientation will be provided.

Noncompliance

Noncompliance with policies related to participation in required services or with possession, consumption, distribution of substances, or possession of paraphernalia will be evaluated individually, considering safety, the clinical plan, institutional policies, and HUD requirements. Interventions may include orientation, clinical intervention, review of the Individual Service Plan, referral to a more intensive level of treatment, administrative measures, and, when applicable under the relevant regulations, termination of participation in the program.

Required Documentation

- Initial assessment
- Eligibility verification
- Lead-based paint orientation
- Signed program rules
- Signed alcohol and drug policy
- Individual Service Plan
- Consents and authorizations
- Treatment coordination documents



Orientación Inicial y Acuerdo de Participación en Servicios de Apoyo

FUNDESCO | Programa Continuum of Care | 24 CFR 578.75(h)

Sección A — Información del Participante

Nombre del participante	[REDACTED]
Número de expediente / HMIS	[REDACTED]
Proyecto / Programa	El Salvador
Fecha de orientación	13/julio/2026
Manejador(a) de caso	Luis E. Ventura

Sección B — Requisito de Participación en Servicios de Apoyo

Como parte de mi participación en este programa, se me ha explicado y entiendo lo siguiente:

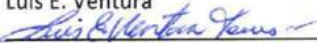
1. FUNDESCO es responsable de proveer o coordinar los servicios de apoyo requeridos para este tipo de proyecto.
2. La participación en servicios de apoyo apropiados a mis necesidades es un requisito del programa, conforme a 24 CFR 578.75(h).
3. Los servicios de apoyo pueden incluir, entre otros: manejo de casos, capacitación laboral, educación, tratamiento para trastornos por uso de sustancias, servicios de salud mental, y otros servicios dirigidos a promover mi estabilidad de vivienda y autosuficiencia.
4. Los servicios se acordarán conmigo mediante un plan de servicio individualizado con metas dirigidas a mantener vivienda estable y mejorar mi bienestar general.
5. Este requisito se aplicará de manera razonable y con acomodo a mis circunstancias individuales, incluyendo acomodos razonables por discapacidad conforme a la Sección 504 y la Ley de Vivienda Justa.
6. El rehusar participar en servicios de apoyo puede tener consecuencias programáticas, las cuales me serán comunicadas por escrito y estarán sujetas al procedimiento de querellas y apelación de FUNDESCO.

Servicios identificados en esta orientación:

- Manejo de caso individual y por seguimiento
- Coordinación de Servicios (Coordinación de citas y referidos)
- Revisión de documentos, seguimiento de Plan Individualizado
- Promoción de Empleo y referido a Programa de Educación de Adultos del Municipio Autónomo de Caguas

Sección C — Certificación del Participante

Certifico que se me explicó el requisito de participación en servicios de apoyo, que se me entregó copia de este documento y que tuve oportunidad de hacer preguntas. Se me ofreció este documento en español y en inglés.

Firma del participante 	Fecha 13/julio/2026
Firma del personal que orienta Luis E. Ventura 	Fecha 13/julio/2026



Initial Orientation and Supportive Services Participation Agreement

FUNDESCO | Continuum of Care Program | 24 CFR 578.75(h)

Section A — Participant Information

Participant name	[REDACTED]
File / HMIS number	[REDACTED]
Project / Program	El Salvador
Orientation date	July 13, 2026
Case manager	Luis E. Ventura

Section B — Supportive Services Participation Requirement

As part of my participation in this program, the following has been explained to me, and I understand it:

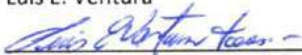
1. FUNDESCO is responsible for providing or coordinating the supportive services required for this project type.
2. Participation in supportive services appropriate to my needs is a program requirement, pursuant to 24 CFR 578.75(h).
3. Supportive services may include, among others: case management, job training, education, substance use disorder treatment, mental health services, and other services intended to promote my housing stability and self-sufficiency.
4. Services will be agreed upon with me through an individualized service plan with goals directed at maintaining stable housing and improving my overall well-being.
5. This requirement will be applied reasonably and with accommodation to my individual circumstances, including reasonable accommodation for disability under Section 504 and the Fair Housing Act.
6. Refusal to participate in supportive services may carry program consequences, which will be communicated to me in writing and are subject to FUNDESCO's grievance and appeal procedure.

Services identified during this orientation:

- Individual Case Management and Follow-Up
- Service Coordination (Scheduling Appointments and Referrals)
- Document Review and Follow-Up on the Individualized Service Plan
- Employment Promotion and Referral to the Adult Education Program of the Autonomous Municipality of Caguas

Section C — Participant Certification

I certify that the supportive services participation requirement was explained to me, that I received a copy of this document, and that I had the opportunity to ask questions. This document was offered to me in both Spanish and English.

Participant signature 	Date July 13, 2026
Staff signature Luis E. Ventura 	Date July 13, 2026



ROSAMAR TRUJILLO PLUMEY
ALCALDESA

Programa Continuum of Care (CoC)

FORMULARIO DE ORIENTACIÓN Y RECONOCIMIENTO SOBRE PARTICIPACIÓN EN SERVICIOS DE APOYO (24 CFR 578.75(h))

Nombre del participante: _____

Número de expediente: _____

Proyecto: _____

Fecha: ____ / ____ / ____

Orientación

Como participante del Programa Continuum of Care (CoC) administrado por el Municipio Autónomo de Humacao, se me ha orientado sobre la importancia de participar activamente en los servicios de apoyo ofrecidos por el programa.

Se me explicó que dichos servicios tienen el propósito de ayudarme a mantener una vivienda estable, fortalecer mi autosuficiencia y mejorar mi bienestar personal y familiar.

Los servicios podrán incluir, según mis necesidades individuales:

- ☐ Manejo de casos
- ☐ Plan Individualizado de Servicios
- ☐ Referidos a servicios médicos
- ☐ Referidos a servicios de salud mental
- ☐ Referidos para tratamiento por uso de sustancias, cuando sea apropiado
- ☐ Apoyo para empleo y educación
- ☐ Educación financiera
- ☐ Desarrollo de destrezas para la vida independiente
- ☐ Coordinación de beneficios
- ☐ Otros servicios de apoyo elegibles

OFICINA DE PROGRAMAS FEDERALES

Programa Continuum of Care
P.O. Box 178 • HUMACAO, PR 00792



Reconocimiento del participante

Con mi firma certifico que:

- He recibido orientación sobre los servicios de apoyo disponibles.
- Comprendo que mi participación en estos servicios es un componente del Programa Continuum of Care conforme a la reglamentación aplicable.
- He tenido la oportunidad de hacer preguntas y recibir respuestas.
- Recibí copia de esta orientación, de ser solicitada.

Firma del participante: _____ Fecha: _____

Nombre del participante: _____

Firma del manejador(a) de casos: _____ Fecha: _____

Nombre del manejador(a) de casos: _____



ROSAMAR TRUJILLO PLUMEY
ALCALDESA

CONTINUUM OF CARE (CoC) PROGRAM

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING Supportive Services Participation

PARTICIPANT INFORMATION

Participant Name: _____
Case Number: _____
Project: _____
Case Manager: _____
Date: _____

PARTICIPANT ORIENTATION

As a participant in the Continuum of Care (CoC) Program administered by the Municipality of Humacao, I have received information regarding the importance of actively participating in the supportive services offered through the program.

I understand that these services are intended to help me maintain stable housing, increase my self-sufficiency, and improve my overall well-being.

Supportive services may include, based on my individual needs:

- ☐ Case Management
- ☐ Individualized Service Plan
- ☐ Medical Referrals
- ☐ Mental Health Referrals
- ☐ Substance Use Treatment Referrals, when appropriate
- ☐ Employment and Educational Assistance
- ☐ Financial Literacy Services
- ☐ Independent Living Skills Development
- ☐ Benefits Coordination
- ☐ Other Eligible Supportive Services

OFICINA DE PROGRAMAS FEDERALES

Programa Continuum of Care
P.O. Box 178 • HUMACAO, PR 00792



PARTICIPANT ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have received orientation regarding the supportive services available through the program.
- I understand that participation in supportive services is an important component of the Continuum of Care Program in accordance with applicable federal regulations.
- I have had the opportunity to ask questions and receive satisfactory answers.
- I may request a copy of this orientation for my records.

PARTICIPANT

Name: _____

Signature: _____

Date: _____

PROGRAM STAFF

Name: _____

Title: _____

Signature: _____

Date: _____



MIS RESPONSABILIDADES

Entiendo que me corresponde:

- ☐ Mantener comunicación con el personal del programa.
- ☐ Participar, según corresponda, en las reuniones de manejo de casos y en los servicios de apoyo acordados.
- ☐ Proveer información veraz y notificar oportunamente cualquier cambio que pueda afectar mi participación en el programa.
- ☐ Cumplir con las políticas, normas de seguridad y reglamentos aplicables al programa.
- ☐ Tratar con respeto al personal, propietarios, proveedores y demás participantes.
- ☐ Contribuir al mantenimiento de un ambiente seguro y respetuoso.

RECONOCIMIENTO DEL PARTICIPANTE

Con mi firma certifico que:

- Recibí orientación sobre mis derechos y responsabilidades como participante del Programa Continuum of Care (CoC).
- Tuve la oportunidad de realizar preguntas y recibir las aclaraciones correspondientes.
- Comprendo la información recibida y acepto cumplir con las responsabilidades aplicables durante mi participación en el programa.

PARTICIPANTE

Nombre: _____

Firma: _____

Fecha: _____

PERSONAL DEL PROGRAMA

Nombre: _____

Puesto: _____

Firma: _____

Fecha: _____

OBSERVACIONES



- ☐ Have my personal information handled confidentially in accordance with applicable laws and regulations.
- ☐ Request information, assistance, and referrals to community resources when needed.
- ☐ Express concerns or file complaints regarding program services without fear of retaliation.

MY RESPONSIBILITIES

I understand that I am responsible for:

- ☐ Maintaining communication with program staff.
- ☐ Participating, as appropriate, in case management meetings and agreed-upon supportive services.
- ☐ Providing accurate information and notifying program staff of any changes that may affect my participation.
- ☐ Complying with program policies, safety requirements, and applicable regulations.
- ☐ Treating staff, landlords, service providers, and fellow participants with respect.
- ☐ Helping maintain a safe and respectful environment.

PARTICIPANT ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have received orientation regarding my rights and responsibilities as a participant in the Continuum of Care (CoC) Program.
- I have had the opportunity to ask questions and receive satisfactory answers.
- I understand the information provided and agree to fulfill my responsibilities while participating in the program.



CONTINUUM OF CARE PR-503, SOUTH-SOUTHEAST PUERTO RICO

FY2026 CoC Program Competition – CoC Application, Question 1C-10

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

Purpose of this attachment. This attachment documents how CoC PR-503 cooperates with, and does not interfere with or impede, local efforts to advance public safety, and how it assists first responders in serving people experiencing homelessness. The evidence is organized in eight sections: policy (the Minimum Standards that bind every project); practice (direct coordination with law enforcement, courts, municipalities and first responders); capacity-building (trainings on Puerto Rico Laws 408 and 67, Treatment First and SORNA); accountability (how these priorities were built into the FY2026 local competition); and institutionalization (law-enforcement and judiciary seats on the CoC Board).

Key passages are reproduced in the original Spanish alongside an English translation prepared by the Collaborative Applicant.

Crosswalk of Evidence to the NOFO Public-Safety Objectives

Codes: **C** = cooperation and non-interference; **FR** = assisting first responders; **EN** = tents and encampments (1C-10a/b); **DR** = public illicit drug use (1C-10c/d); **DS** = danger to self or others (1C-10e); **SO** = SORNA information sharing (1C-10f).

#	Evidence	Key dates	Objectives
1	CoC PR-503 Minimum Standards (2026): non-interference, first responders, Municipal Plans, Regional Networks	Aug 30, 2026	C, FR, EN
2	Direct coordination with law enforcement and public-safety agencies	Aug. 19, 2025; June 29, 2026	C, FR, EN
3	Courts and Laws 408/67: judiciary meetings, trainings, agreements	Sept. 12, 2025; Oct. 31, 2025; Dec. 19, 2025; Jan. 20, 2026; Mar. 9, 2026; May 22, 2026	DS, DR, FR
4	Treatment First / Best Practices Toolkit training	Sept. 2, 2026	DR, DS
5	Executive Order orientation and Municipal Comprehensive Outreach Plans	Aug. 22, 2025; Feb. 27, 2026; May–June 2026; Sept. 16, 2026	C, FR, EN, DR
6	FY2026 Strategic Priorities Certification and local competition scoring	Approved June 30, 2026	C, FR, EN, DR, DS
7	SORNA Orientation for CoC organizations	June 12, 2026	SO, C
8	Governance: law-enforcement and judiciary seats on the CoC Board	Current	C, FR

1. Minimum Standards PR-503 (2026): Non-Interference Built into CoC Policy

Supports: cooperation and non-interference; assisting first responders; encampment response (1C-10, 1C-10a).

The CoC PR-503 Minimum Standards, which bind every CoC-funded project, organize the homeless response in three complementary levels: **Municipal Comprehensive Outreach and Response Plans, Regional Coordination Networks**, and CoC-level planning, including the **Coordinated Entry System (CES)** and HMIS. First responders are named participants at the municipal and regional levels, and projects are required to identify people experiencing homelessness, encampments and “hot spots” through coordinated outreach.

The Standards establish as an operating requirement that all project activity must **complement, without interfering with**, the functions of public safety and of the competent government agencies. Non-interference is therefore a written, enforceable standard for every project, not only a stated intention of the CoC.

Original (Spanish)	English translation
<i>“La coordinación desarrollada mediante los Planes Integrales Municipales y las Redes Regionales deberá [...] promover una respuesta coordinada que complemente, sin interferir, con las funciones de seguridad pública y las demás responsabilidades de las agencias gubernamentales competentes.”</i>	“Coordination carried out through the Municipal Comprehensive Plans and the Regional Networks shall [...] promote a coordinated response that complements, without interfering with, public safety functions and the other responsibilities of the competent government agencies.”
<i>“Los proyectos desarrollarán sus intervenciones de manera que complementen y no interfieran con las funciones legítimas de seguridad pública ni con los esfuerzos coordinados de las autoridades competentes, respetando en todo momento los derechos, la dignidad y la confidencialidad de las personas participantes.”</i>	“Projects shall carry out their interventions in a manner that complements and does not interfere with legitimate public safety functions or with the coordinated efforts of the competent authorities, respecting at all times the rights, dignity and confidentiality of participants.”
<i>“Todos los proyectos deberán colaborar con los esfuerzos coordinados dirigidos a proteger la salud y seguridad de las personas y las comunidades, facilitar el acceso oportuno a vivienda, tratamiento y servicios, y apoyar la implementación de los Planes Integrales Municipales [...], las Redes Regionales de Coordinación y el Sistema Coordinado de Entrada (CES).”</i>	“All projects shall collaborate with coordinated efforts aimed at protecting the health and safety of individuals and communities, facilitating timely access to housing, treatment and services, and supporting implementation of the Municipal Comprehensive Plans [...], the Regional Coordination Networks and the Coordinated Entry System (CES).”
<i>“Cada Plan será liderado por el municipio con el apoyo técnico del CoC PR-503 y la participación de [...] programas de tratamiento, primeros respondedores y demás organizaciones pertinentes.”</i>	“Each Plan shall be led by the municipality with technical support from CoC PR-503 and the participation of [...] treatment programs, first responders and other relevant organizations.”
<i>“Participar en estrategias de alcance comunitario para identificar personas sin hogar, campamentos, hot spots y otras áreas de alta incidencia.”</i>	“Participate in community outreach strategies to identify people experiencing homelessness, encampments, hot spots and other high-incidence areas.”
<i>“Las Redes Regionales tendrán las siguientes responsabilidades: [...] Fortalecer la coordinación</i>	“The Regional Networks shall have the following responsibilities: [...] Strengthen coordination among

Original (Spanish)	English translation
<i>entre proyectos, municipios, hospitales, programas de salud física y salud mental, programas de tratamiento, primeros respondedores y demás aliados estratégicos.”</i>	projects, municipalities, hospitals, physical and mental health programs, treatment programs, first responders and other strategic partners.”

Exhibit 1-A – CoC PR-503 Minimum Standards (2026), Section II (General Standards Applicable to All Projects), pp. 6–7: excerpts in English translation (unofficial translation; original in Spanish).

CoC PR-503 Minimum Standards 2026 — Section II. General Standards Applicable to All Projects p. 6 Municipal Comprehensive Outreach and Homelessness Response Plans Projects operating or providing services in the municipality shall: [...] • Coordinate, when applicable, with hospitals, mental health and substance use treatment programs, first responders, municipalities, and other partners to facilitate early interventions, continuity of treatment, and access to housing. • Collaborate with municipal strategies aimed at serving persons with complex needs, including the use of assisted outpatient treatment by court order (AOT) or other alternatives permitted by law, when appropriate.
CoC PR-503 Minimum Standards 2026 — Section II. General Standards Applicable to All Projects p. 7 Coordination with First Responders and Public Safety CoC PR-503 recognizes that an effective response to homelessness requires collaboration among housing and service providers, municipalities, health systems, treatment providers, first responders, and public safety agencies. All projects shall collaborate with coordinated efforts aimed at protecting the health and safety of individuals and communities, facilitating timely access to housing, treatment, and services, and supporting the implementation of the Municipal Comprehensive Outreach and Homelessness Response Plans, the Regional Coordination Networks, and the Coordinated Entry System (CES). Projects shall carry out their interventions in a manner that complements, and does not interfere with, legitimate public safety functions or the coordinated efforts of the competent authorities, while respecting at all times the rights, dignity, and confidentiality of participants. When appropriate, projects shall coordinate with hospitals, treatment programs, first responders, courts, municipalities, and other relevant entities to facilitate timely access to housing, treatment, and other
CoC PR-503 Minimum Standards 2026 — Section II. General Standards Applicable to All Projects pp. 6–7 Regional Coordination Networks The Regional Coordination Networks are the mechanism through which CoC PR-503 coordinates the response to homelessness among the municipalities of each region and strengthens the implementation of the Municipal Comprehensive Plans. All projects shall actively participate in the Regional Network corresponding to the municipalities where they operate or provide services. [...] The coordination developed through the Municipal Comprehensive Plans and the Regional Networks shall strengthen the early identification of persons experiencing homelessness, facilitate timely access to housing, treatment, and services, support continuity of care, and promote a coordinated response that complements, without interfering with, public safety functions and the other responsibilities of the competent government agencies. Unofficial English translation prepared by Coordinadora Moravia, Inc. Original document in Spanish. [...] indicates omitted text; highlighting added.

2. Direct Coordination with Law Enforcement and First Responders

Supports: cooperation and non-interference; assisting first responders; encampment response (1C-10, 1C-10a).

CoC PR-503 convenes law-enforcement and public-safety agencies directly, rather than relying only on individual projects to do so. On **August 19, 2025**, the CoC held a **Dialogue and Collaboration Session between CoC PR-503 and public-safety agencies**, with representatives of the **U.S. Probation Office (Federal Probation), the Puerto Rico Police Bureau, municipal police departments and other justice and public-safety actors**. The agenda moved from the current homelessness landscape and current practices to a group exercise and to concrete collaboration models and opportunities. On **June 29, 2026**, the CoC held an **Executive Meeting on Municipal Comprehensive Outreach Plans with the State and Municipal Police**, bringing State and Municipal Police representatives into the discussion of the municipal plans through which encampment response, referral routes and service connection are organized.

These sessions give first responders a direct line into the homeless response system: a clear referral route to CES, knowledge of available shelter, treatment and housing, and a shared plan for each municipality. This is the practical meaning of “assisting first responders” in PR-503.



Photo 1. Executive Meeting with State and Municipal Police, June 29, 2026.



Photo 2. Executive Meeting with State and Municipal Police, June 29, 2026.



Photo 3. Dialogue and Collaboration Session with Public-Safety Agencies, August 19, 2025.



Photo 4. Dialogue and Collaboration Session with Public-Safety Agencies, August 19, 2025.

CoC PR-503 Law Enforcement and First Responder Agreements

The organizations in CoC PR-503 partner with the Puerto Rico Police, municipal police departments, and the justice system to engage people living in places not meant for human habitation and connect them to emergency shelter, treatment, recovery, and housing. It responds to Section III.B.6 of the NOFO, *Advancing Public Safety for All*, which calls on CoCs to cooperate with law enforcement, reduce encampments, public camping, and public illicit drug use, and ensure first responders can triage individuals into appropriate services. It also supports the expectation that project applicants partner with first responders and law enforcement and do not interfere with or impede the enforcement of local laws, including public camping and public drug use laws. The agreements are summarized below and reproduced as Exhibits 2-A through 2-F.

CoC PR-503: Organizations with Law Enforcement Agreements (FY 2026)

Organization	Projects
Autonomous Municipality of Aguadilla	Hogar Transformación
Autonomous Municipality of Caguas	Proyecto Libera Tus Alas, Pulso Criollo
Autonomous Municipality of Humacao	Humacao Rental Assistance, Humacao Transitional Safe Connections Beacon, Safe Connections Haven Safe Connections Outreach
Autonomous Municipality of Isabela	Isabela Rental Assistance-DV 2024, Northwest Supportive Services Project
Autonomous Municipality of Mayagüez	Municipality of Mayagüez Permanent Housing Project
Autonomous Municipality of Ponce	Mano Amiga Ponceña - Outreach
Centro Deambulantes Cristo Pobre, Inc.	Alianza de Amor, Cristo Pobre Permanent Housing CD Proyecto Nueva Promesa, Vivienda Permanente La Caridad de Cristo
Corporación Milagros del Amor (CorMA)	Homeless Support, Por Mi Hogar I, Vereda del Rio
Fundación de Desarrollo Comunal de Puerto Rico, Inc. (FUNDESCO)	El Salvador Renewal Project, La Piedad
Guara Bi, Inc.	Guara Bi Caguas, Guara Bi Carib, Guara Bi Natiao, Guara Bi Siba
Hogar Luz de Vida, Inc.	Transitional Housing Project 2024
Hogar Nueva Mujer Santa María de la Merced, Inc.	NUEVA MUJER PROGRAM, NUEVA MUJER RAPID REHOUSING PROGRAM
Lucha Contra el SIDA, Inc.	Lucero del Alba, Puertas de Estancia Remanso de Paz
Mental Health and Anti-Addiction Services Administration (ASSMCA)	Apoyo para Todos Sur, De Vuelta a la Vida Sur Hogar Seguro del Oeste, Hogar Seguro del Sur, Juntos de la Mano – Sur, Jóvenes Seguros del Sur, Nuevas Oportunidades Sur, Nuevo Comienzo, Nuevo Comienzo del Oeste
Red por los Derechos de la Niñez y la Juventud de Puerto Rico	CASA ELIZABETH, Casa Ramón-1
Rehaciendo Comunidades con Esperanza, Inc. (REHACE)	Puerta Violeta Housing Program

System-level framework: Judicial Branch Interagency Agreement Attachment A, B-1 a B-5 Collaboration Agreement on the Homeless Persons Project (Tribunal General de Justicia)
Executed December 19, 2023 | In effect through June 30, 2028 | Excerpt: cover, parties, commitments, term, signatures

A multi-party agreement led by the Puerto Rico Judicial Branch with 28 signatories, including the Puerto Rico Police (signed by its Commissioner), the Department of Public Safety, the Mental Health and Anti-Addiction Services Administration (ASSMCA), the Department of Justice, and the Department of Corrections. **CoC PR-503 and Coordinadora Morivivi, Inc. are signatory parties.** The parties commit to a uniform protocol, across all 13 judicial regions, for the attention, orientation, and referral of homeless persons who appear before the courts; to coordinate and provide services; to share statistical data and information; to designate liaisons; and to participate in regional interagency committees.

Alignment: Establishes a court-linked referral pathway in which CoC PR-503 and the Puerto Rico Police are co-signatories, consistent with the NOFO's encouragement of partnerships with drug courts and addiction and severe mental illness treatment providers (Section III.B.4).

Organizational agreements

La Red por los Derechos de la Niñez y la Juventud and the Puerto Rico Police

Signed July 13, 2026 | Three-year term (through July 2029) | Signatories: Superintendent, Puerto Rico Police; President and Founder, La Red

The Police agree to identify and refer youth experiencing or at risk of homelessness, collaborate in outreach, promote awareness among police personnel of available services, and coordinate referrals in a timely manner, subject to operational needs. La Red agrees to receive and evaluate police referrals and train police personnel. Both parties commit to serving identified youth across all judicial regions in close collaboration with the Coordinated Entry System of CoC 503.

Alignment: Island-wide, Superintendent-level commitment that routes law enforcement encounters with homeless youth into the CoC's Coordinated Entry System while preserving police operational discretion.

Corporación Milagros del Amor (CorMA) and the Puerto Rico Police; supported by CorMA and the Caguas Municipal Police

Both signed July 7, 2026 | Puerto Rico Police: through June 30, 2027 (signed by the Superintendent) | Caguas Municipal Police: covers 2027-2029 (signed by the Commissioner)

The Puerto Rico Police (Humacao and Caguas area) will support CorMA through preventive patrols; assistance with proceedings under the Puerto Rico Mental Health Act (Act 408), which governs involuntary admission to treatment during mental health crises, and under the domestic violence statute (Act 54); transportation to treatment programs through its *De Vuelta a la Vida* program; and education. The Caguas Municipal Police will support CorMA initiatives provided they are consistent with the policing function and **do not interfere with police operations or with emergency response.**

Alignment: Combines engagement into treatment, including involuntary treatment where legally warranted, with an express non-interference clause, covering the full FY2026 grant period.

Municipality of Isabela, Office of Federal Programs (Isabela Rental Assistance DV) and the Isabela Municipal Police

Signed June 22, 2026 | Term: September 1, 2027 to August 31, 2028 | Signatories: Director, Office of Federal Programs; Commissioner, Municipal Police

The Municipal Police will provide outreach to persons who are homeless, at risk of homelessness, or victims of domestic violence; intervene to stabilize persons experiencing homelessness in crisis; provide transportation when needed; and offer orientation on public safety laws. The agreement also commits to monitoring against practices framed as "harm reduction": identifying and eliminating so-called "safe places" for drug consumption, no distribution of drug paraphernalia, no use or distribution of illicit substances in facilities under the parties' control, and no activity HUD interprets as conducted under the guise of harm reduction.

Alignment: Mirrors the NOFO's treatment and public safety provisions (Sections III.B.4 and III.B.6), with a term aligned to the grant period.

Humacao Municipal Police Department: Certification of Institutional Support

Issued July 6, 2026 | Effective upon HUD approval and throughout project implementation | Signatory: Commissioner

The Police Department certifies its commitment to five named FY2026 CoC projects, including *Safe Connections Outreach*, by providing public safety coordination, assistance during outreach activities when requested, emergency response coordination, welfare checks, incident response, and community policing support, in coordination with the Municipality's Office of Federal Programs and CoC partners, with emphasis on participant safety.

Alignment: Project-specific law enforcement support for street outreach, subject to the Department's operational priorities and applicable law.

Guara Bi, Inc.-WestCare and the Puerto Rico Police, De Vuelta a la Vida Program

Signed January 20, 2026 | Five-year term | Signatories: Program Agent, Puerto Rico Police; Program Coordinator, Guara Bi

The parties agree to coordinate security and prevention, including preventive patrols and support in risk situations and during community outreach; coordinate safe transportation; establish referral protocols for timely care; and deliver workshops on safety, prevention, and crisis management. Participants are survivors of domestic violence, including homeless women who may have problematic substance use. Client information is protected under HIPAA and 42 CFR Part 2.

Alignment: Law enforcement collaboration designed to protect survivors and staff while minimizing trauma (Section III.B.7) and safeguarding confidentiality.

3. Courts and Puerto Rico Laws 408 and 67: Danger to Self or Others

Supports: standards to address danger to self or others (1C-10e); illicit drug use (1C-10c); assisting first responders.

In Puerto Rico, the local legal framework for mental health and substance use emergencies rests on **Law 408-2000** (Puerto Rico Mental Health Act) and **Law 67-1993** (the enabling statute of the Mental Health and Anti-Addiction Services Administration, ASSMCA). These laws provide the procedures through which a person who presents a danger to self or others can be evaluated and connected to treatment, including through court orders. CoC PR-503 has worked on both the judicial side and the provider side of that framework, so that the standards are applied in practice and not only discussed in training.

Judicial Coordination

The President of CoC PR-503 met with the Honorable Raiza Cajigas Campbell, Judge and Director of the Judicial Programs Directorate, Puerto Rico Office of Court Administration on several occasions specifically to improve the implementation of Laws 408 and 67 for people experiencing homelessness.

The Judicial Programs Directorate of the Puerto Rico Office of Court Administration (OCA) coordinates and supports specialized judicial programs designed to address specific types of cases and populations through specialized court-based approaches. Its work includes initiatives related to behavioral health, substance use disorders, domestic violence, vulnerable populations, access to justice, and specialized court programs. These may include Drug Courts (Specialized Drug Courts), mental health-related initiatives, and coordination mechanisms between the courts, government agencies, treatment providers, and community-based organizations.

In practical terms, the Judicial Programs Directorate may:

- Develop, administer, and evaluate specialized judicial programs.
- Coordinate implementation of these programs across Puerto Rico's judicial regions.
- Facilitate collaboration among judges, court personnel, ASSMCA, the Department of Corrections and Rehabilitation, the Department of the Family, treatment providers, and community-based organizations.
- Support referrals and linkages to treatment, social services, and other community-based supports, when appropriate.
- Develop protocols, procedures, and training for court personnel serving populations with specialized needs.
- Support data collection and evaluation of program implementation and outcomes.

For CoC PR-503, the Directorate can be particularly relevant to coordination involving Drug Courts, individuals with substance use disorders or mental health conditions, reentry, homelessness prevention, and warm handoffs from the judicial system to housing, treatment, and supportive services.

Date	Participants	Purpose
December 19, 2025	CoC PR-503 President; Judge Cajigas; Waldomar Gómez Sosa; Laura Arroyo-Mental Health Courts; Maribel Pagán & Ivelisse Gaya- Drug Courts	Meeting to improve the implementation of Laws 408 and 67 for people experiencing homelessness
January 20, 2026	CoC PR-503 President; Judge Cajigas; Waldomar Gómez Sosa; Laura Arroyo-Mental Health Courts; Maribel Pagán & Ivelisse Gaya- Drug Courts	Follow-up meeting on the implementation of Laws 408 and 67
March 9, 2026	CoC PR-503 President; Judge Cajigas; Waldomar Gómez Sosa; Laura Arroyo-Mental Health Courts; Maribel Pagán & Ivelisse Gaya- Drug Courts	Follow-up meeting on the implementation of Laws 408 and 67
May 22, 2026	Puerto Rico Judicial Branch personnel; 50 mental health and substance use providers for residential treatment, hospitals, mental health clinics and other levels or care; CoC PR-503	Orientation on the application of Laws 408 and 67 for people experiencing homelessness including the discussions of barriers and strategies for better practices.

Provider Capacity-Building

Workshop on Managing Mental Health and Substance Use Emergencies Applying Law 67: Understand the legal framework of Law 67-1993 (ASSMCA); Identify mental health and substance use emergencies.

Law 408 training (September 12, 2025, 8:30 a.m.–12:30 p.m.). The training reviewed the Puerto Rico Mental Health Act (Law 408-2000) as it applies to people experiencing homelessness: the rights of persons receiving mental health services; the criteria and procedure for evaluation and treatment when a person presents a danger to self or others, including petitions before the court; the respective roles of families, service providers, police and first responders in that process; and how to connect the person to treatment, shelter or housing after an emergency intervention. Participants included ASSMCA, shelters and CoC/ESG providers (among them Centro Cristo Pobre, Coalición de Coaliciones, Corp. SANOS, Milagros del Amor, Guara Bi, IPVI-PR, La Fondita de Jesús, Lucha Contra el SIDA, Luz de Vida, Proyecto Amor Que Sana, Red por los Derechos de la Niñez y la Juventud and FUNDESCO), the Puerto Rico Department of Housing, and the municipalities of CoC 503.

Law 67 training (October 31, 2025, Guayama). “Management of Mental Health and Substance Use Emergencies Applying Law 67,” delivered by the Institute for Research, Education and Services in Addiction (IRESA) of the Universidad Central del Caribe School of Medicine, with the Northeast & Caribbean Addiction Technology Transfer Center (Exhibit 3-A).





UNIVERSIDAD CENTRAL DEL CARIBE
ESCUELA DE MEDICINA
INSTITUTO DE INVESTIGACIÓN, EDUCACIÓN Y SERVICIOS EN ADICCIÓN
IRESA

Manejo de Emergencias de Salud Mental y Uso de Sustancias Aplicando la Ley 67

Agenda

Lugar: Anfiteatro de la Escuela de Bellas Artes Leopoldo Sanabria, Guayama
 Día: 31 de octubre de 2025
 Hora: 8:00am – 4:00pm
 Recurso: Dr. Carlos Riveras Lluveras

8:30AM - 9:00AM	Registro
9:00am -12:00md	Taller Manejo de Emergencias de Salud Mental y Uso de Sustancias Aplicando la Ley 67 - Comprender el marco legal de la Ley 67-1993 (ASSMCA) - Identificar emergencias de salud mental y uso de sustancias
12:00md-1:00pm	Almuerzo Identificar emergencias de salud mental y uso de sustancias
3:50pm-4:00pm	Conclusión, evaluación y cierre

Instituto de Investigación, Educación y Servicios en Adicción (IRESA)
PO Box 40027, Bayamón, PR 00940-0027 / TEL: (787) 288-4252 / (787) 798-5081 Ext. 2123



Exhibit 3-A – Agenda, Law 67 workshop (IRESA), Oct. 31, 2025.

September 16, 2026

Keilyn Vale Lasalle
Executive Director
Coordinadora Moriviví, Inc.
Caguas, Puerto Rico

Re: ASSMCA 2027 Third-Party In-Kind Services Commitment – CoC PR-503

Dear Ms. Vale:

This letter provides additional information regarding the services committed by the Puerto Rico Mental Health and Anti-Addiction Services Administration (ASSMCA) to Coordinadora Moriviví, Inc. for calendar year 2027, as described in our collaboration agreement.

ASSMCA unconditionally commits to provide the services described below, at no cost to Coordinadora Moriviví, Inc., in support of eligible CoC PR-503 Planning Grant activities. The total committed value of these third-party in-kind services is \$35,000 for the period of January 1 through December 31, 2027.

1. Assisted Outpatient Treatment (AOT) and Puerto Rico Act 408 Regional Trainings — \$2,500

Through its Projects for Assistance in Transition from Homelessness (PATH) program, ASSMCA will provide five regional trainings on Assisted Outpatient Treatment (AOT) and the processes available under Puerto Rico Act 408. One training will be provided in each of the five regional networks — Ponce, Caguas, Humacao, Mayagüez, and Isabela — which collectively cover the 54 municipalities comprising the CoC PR-503 geographic area.

Each training will consist of four (4) hours of instruction and approximately 1.5 hours of preparation and coordination, for a total of 5.5 professional hours per person. Each training will be provided by three ASSMCA professionals:

- Jessie Flores, Licensed Clinical Social Worker with more than 15 years of experience with Puerto Rico Act 408, at an hourly rate of \$50.00; and
- Two ASSMCA social work professionals assigned to the respective regional area, at applicable hourly rates ranging from \$22.00 to \$27.00, depending on professional qualifications.

Exhibit 3-B – ASSMCA letter, Sept. 16, 2026 (p. 1): 2027 commitment, through its PATH program, to deliver AOT and Act 408 trainings in each of the five regional networks.

4. Treatment First: Training the CoC to Connect Public Drug Use to Treatment

Supports: decreasing public illicit drug use and connecting people to services (1C-10c); danger to self or others (1C-10e).

At its monthly **Planning Committee** meeting on **September 2, 2026**, CoC PR-503 delivered a training titled **“Best Practices Toolkit: Addressing Homelessness and Addiction through ‘Treatment First’ – Implications and Opportunities for CoC PR-503,”** presented by Dr. Teresa T. Carrero Giraldo. During the training, the collaborative applicant distributed the presentation and a “Treatment First” Toolkit infographic (Exhibit 4-A) to all CoC members and partners.

The training translates the federal Best Practices Toolkit into CoC operating policy: when a person is using illicit drugs in public, the PR-503 system does not rely on enforcement alone. It builds the capacity of outreach teams, shelters and housing providers to connect that person quickly to treatment and recovery services, in coordination with first responders and the courts.



Photo 5. Planning Committee, Treatment First training, September 2, 2026.

5. Executive Order Orientation and Municipal Comprehensive Outreach Plans

Supports: cooperation and non-interference; assisting first responders; encampments (1C-10a/b); public drug use (1C-10c).

CoC PR-503 covers 54 municipalities. Following Executive Order “Ending Crime and Disorder on America’s Streets” (July 24, 2025), the CoC oriented municipal governments on the Order and on how to organize a local response that coordinates first responders with treatment and housing. The work progressed in four steps:

August 22, 2025, HUD Office, San Juan: “Integration of Municipal Services and Federal Funds to Serve People Experiencing Homelessness.” The sign-in sheet records 27 entries from municipal governments. Presentation material framed the Executive Order and identified public-safety collaborations for municipalities.

February 27, 2026, HUD Office, 3rd floor: Executive Meeting addressed to the mayors of the CoC PR-503 municipalities on the Municipal Comprehensive Outreach and Response Plan. The minutes record the discussion of the Executive Order and of the municipal role, including coordination with health, public safety and the CoC. The sign-in sheets record 40 entries from municipal leaders and outreach programs (Exhibit 5-A).

May–June 2026, regional working meetings: The CoC held four regional meetings, in Caguas, Humacao, Isabela and Mayagüez, to move implementation of the Municipal Comprehensive Outreach and Response Plan to the regional level. The sign-in sheets record 66 participants from 26 municipalities. Sample slides are shown in Exhibit 5-B. The meeting for the fifth region, Ponce, is scheduled for October 2026.

September 16, 2026, Cataño Convention Center: Representatives of all 54 CoC PR-503 municipalities were convened to the first Municipal Liaisons meeting with the Multisectoral Council in Support of the Homeless Population, together with ASSMCA and its PATH program.

Photo 6. First Municipal Liaisons meeting, Cataño Convention Center, September 16, 2026



Coordinadora Moriviví, Inc. participated as Collaborative Applicant to connect the liaisons to the CoC's Regional Coordination Networks and Municipal Plans. It also reinforced the coordinated model under the Executive Order, which links first responders, treatment and housing through a single municipal referral pathway. .



Exhibit 5-B – Sample slides, CoC PR-503 regional working meetings, May–June 2026.

6. FY2026 Strategic Priorities Certification and Competition Scoring

CoC PR-503 did not limit these priorities to training; it built them into how it selects and ranks projects. The FY2026 Competition Process Manual and Prioritization Instrument, approved by the CoC on June 30, 2026, make the **Certification of Strategic Priorities for CoC PR-503** a threshold condition: a project that fails any threshold criterion is not eligible to be evaluated. The Certification limits new programmatic investment to three priority modalities: Transitional Housing for recovery housing, sober living or crisis housing; Supportive Services Only with on-site clinical, treatment or self-sufficiency services; and **SSO-Street Outreach using assertive outreach framed within the Municipal Comprehensive Outreach Plans and coordinated with first responders**. SSO-Street Outreach applicants must document attendance at the Municipal Comprehensive Plan meetings and show that their proposals implement the municipal plans, prioritize the immediate connection of unsheltered people to treatment or housing, and include structured coordination with first responders, law enforcement and the courts to apply Laws 408 and 67. The scoring instrument then awards points for law-enforcement and first-responder collaboration and for outreach that incorporates public-order codes and Laws 408 and 67.

Original (Spanish)	English translation
<i>“SSO-Outreach — Modalidad assertive outreach, enmarcada en los Planes Municipales Integrales de Alcance y en coordinación con primeros respondedores.”</i>	“SSO-Outreach — assertive outreach modality, framed within the Municipal Comprehensive Outreach Plans and coordinated with first responders.” [Priority modality for new investment]
<i>“Participó en el desarrollo o implementación de los Planes Integrales Municipales de Alcance promovidos por el CoC PR-503.” Evidencia: “Lista de asistencia de las reuniones.”</i>	“Participated in the development or implementation of the Municipal Comprehensive Outreach Plans promoted by CoC PR-503.” Evidence: “Attendance lists of the meetings.” [SSO-Outreach]
<i>“Prioriza la identificación y conexión inmediata a tratamiento y/o vivienda de personas no albergadas.”</i>	“Prioritizes the identification and immediate connection of unsheltered people to treatment and/or housing.” [SSO-Outreach]
<i>“Incluye coordinación estructurada con primeros respondedores, fuerzas del orden, tribunales y otras entidades para la implementación de leyes y códigos vigentes, incluyendo las Leyes 408 y 67.”</i>	“Includes structured coordination with first responders, law enforcement, courts and other entities to implement current laws and codes, including Laws 408 and 67.” [SSO-Outreach]
<i>“Incluye coordinación para facilitar transiciones entre sistemas de salud, corrección, cuidado sustituto u otros sistemas relevantes.”</i>	“Includes coordination to facilitate transitions between health, corrections, foster care or other relevant systems.” [SSO-Outreach]
<i>“4. Cumplió con la Certificación de Prioridades Estratégicas para el CoC PR 503. La entidad solicitante demuestra una trayectoria verificable de acción e impacto comunitario dentro del área geográfica del CoC PR-503 que contribuye al adelanto de una o más de las prioridades estratégicas del CoC.”</i>	“4. Met the Certification of Strategic Priorities for CoC PR-503. The applicant demonstrates a verifiable record of action and community impact within the CoC PR-503 geographic area that contributes to advancing one or more of the CoC’s strategic priorities. [Threshold criterion]”

Source: *Certificación de Prioridades Estratégicas; Manual de Proceso de Competencia FY2026 and Instrumento de Priorización*, approved June 30, 2026 (Exhibit 6-A).

7. SORNA Orientation for CoC Organizations

Supports: sharing information in accordance with SORNA (1C-10f); cooperation and non-interference.

On **June 12, 2026**, CoC PR-503 delivered an orientation titled **“SORNA for CoC 503 Organizations: Compliance, Public Safety and NOFO 2026 Preparation.”** The session covered the legal framework of the Sex Offender Registration and Notification Act (34 U.S.C. 20901 et seq.), how registration obligations apply to people without a fixed address, the relationship between SORNA, HUD and the CoC, and the internal policies and confidentiality protocols organizations need in order to coordinate with law enforcement. The sign-in record lists more than 45 participants from CoC PR 503 organizations.

Original (Spanish)	English translation
“La condición de no tener domicilio fijo no elimina las obligaciones de registro bajo SORNA. Las jurisdicciones deben registrar a personas sin hogar, y las organizaciones del CoC deben comprender cómo manejar esta información de forma responsable y conforme a la ley.”	“Lacking a fixed address does not eliminate registration obligations under SORNA. Jurisdictions must register people experiencing homelessness, and CoC organizations must understand how to handle this information responsibly and in accordance with the law.”
“Rol del CoC: El CoC debe demostrar coordinación con autoridades locales y no interferencia con esfuerzos de seguridad pública. Protocolos: Las entidades deben operar con protocolos consistentes que reflejen cumplimiento con SORNA.”	“Role of the CoC: The CoC must demonstrate coordination with local authorities and non-interference with public safety efforts. Protocols: Entities must operate with consistent protocols that reflect SORNA compliance.”

Exhibit 7-A – Slides from the SORNA orientation presentation, June 12, 2026. Original in Spanish.



8. Governance: Public Safety Institutionalized in the CoC Board

Coordination with public safety is institutionalized in CoC PR-503's governance. The CoC Board of Directors has 21 seats (20 filled, 1 vacancy), including **two Law Enforcement representatives, one Judicial Branch representative** and **three Elected Public Officials**, alongside providers, people with lived experience, the HMIS/CES lead and the business sector. Public-safety and judicial perspectives therefore take part in the decisions that shape the CoC's strategy, standards and funding priorities (Exhibit 8-A).

Board members also take part directly in the field. The Mayor of Ponce, who holds the Elected Public Official seat on the Board, joined CoC PR-503 in a Community outreach activity in Ponce with people experiencing homelessness (Photo 7).



Photo 7. Community outreach activity in Ponce with the Mayor of Ponce, member of the CoC PR-503 Board of Directors (Elected Public Official seat).

Exhibit 8-A – CoC PR-503 Board of Directors: seat composition by component.

CoC PR-503 Board of Directors

21 seats | 20 filled | 1 vacant

PUBLIC SECTOR, PUBLIC SAFETY AND ECONOMIC PARTICIPATION



HOMELESS ASSISTANCE SYSTEM AND LIVED EXPERIENCE



* One dedicated seat; two additional elected municipal officials also serve in provider seats (domestic violence and permanent housing).

Exhibit 5-A – Minutes: Executive Meeting on the Municipal Comprehensive Outreach and Response Plan, Feb. 27, 2026
Source record, original language (Spanish).



Reunión Ejecutiva – Plan Integral Municipal de Atención
y Respuesta al Sinhogarismo

27 de febrero de 2026
10:00 a.m.
HUD Office 3er piso

Responsable:
Beatriz Grau,
Yessenia Mejías,
Kerlyn Vale

Encargado de
tomar notas: Lisette Mejías

Presentes: Líderes Municipales (Adjunto lista de asistencia)

Minuta

Puntos de la agenda:

- I. Bienvenida
- II. ¿Quiénes Somos?
CoC PR-503 y Coordinadora Morivivi
- III. Sinhogarismo en Puerto Rico
- IV. Marco de Política Pública y Contexto Actual
- V. Plan Integral Municipal de Atención y Respuesta al Sinhogarismo
 - Objetivo del Plan
 - Componentes principales
 - Red municipal y aliados estratégicos
 - Arquitectura institucional
 - Acompañamiento técnico del CoC
- VI. Espacio de Diálogo
- VII. Próximos Pasos

Discusión

I. Bienvenida – Yessenia Mejías

- Da la bienvenida a las organizaciones participantes, expresa agradecimientos y reconoce a quienes hicieron posible la actividad.
- Presenta el tema del sinhogarismo en Puerto Rico, incluyendo:
 - Retos actuales.
 - Necesidades identificadas.
 - Importancia de la coordinación interinstitucional.
- Destaca la importancia de garantizar que las personas vulnerables reciban servicios y que las planificaciones municipales se conviertan en un obstáculo.

II. ¿Quiénes Somos? – Kerlyn Vale

- Introduce la agenda del día y los puntos principales.
- Explica el concepto de Continuum of Care (CoC), su base legal federal y las responsabilidades de los CoC.
- Señala que el enfoque del CoC incluye:
 - Autosuficiencia
 - Inserción laboral para personas sin hogar
- Indica que la población sin hogar presenta características distintas en diferentes regiones de Puerto Rico.
- Elementos clave de planificación:
 - Gobierno
 - Planificación
 - HMIS Data
 - Sistema Coordinado
- Menciona que Coordinadora Morivivi es responsable de coordinar alianzas entre municipios y asegurar que las organizaciones trabajen conforme a sus propuestas.

III. Sinhogarismo en Puerto Rico – Beatriz Grau

- Da la bienvenida e invita a los participantes a presentarse.
- Presenta información demográfica basada en el censo de 2024, incluyendo:
 - Razones por las cuales las personas se encuentran en situación de calle.
- Explica el origen de los fondos y la financiación de los albergues.

IV. Marco de Política Pública – Beatriz Grau

- Se discute la orden ejecutiva del presidente, que destaca el sinhogarismo como un asunto de seguridad pública, salud mental, tratamiento y acceso a fondos.
- Se enfatiza el rol municipal:
 - Planes territoriales claros.
 - Coordinación con salud, seguridad y CoC.
 - Identificación temprana y prevención.
 - Evidencia y documentación adecuada.
 - Capacitación del personal municipal para manejar reportes y servicios.

V. Plan Integral Municipal y Aliance

- El plan integral municipal es una herramienta de organización municipal. Un mapa claro de cómo responder al sinhogarismo en su jurisdicción.
- Componentes del plan:
 - Identificación de zonas de mayor incidencia (visibles e invisibles). Mapas de aliados municipales y comunitarios, ruta clara de referido al sistema de entrada coordinada, protocolo básico de coordinación interagencial e indicadores simples de seguimiento.
- Se enfatiza la necesidad de conocer:

Law Enforcement Partnerships and Non-Interference with the Enforcement of Local Laws Attachments

Att.	Document	Highlighted provisions
A	Tribunal General de Justicia (excerpt, 4 pp.)	Agreement title; CoC PR-503 and Coordinadora Moriviví as parties; First clause (protocol); CoC PR-503 and Moriviví signatures
B-1	La Red and Puerto Rico Police (excerpt, 3 pp.)	Police as party; clause One; clause Three(c) (Coordinated Entry of CoC 503); signatures
B-2	CorMA and Puerto Rico Police; CorMA and Caguas Municipal Police (2 pp.)	Police commitments; non-interference clause; terms
B-3	Isabela Rental Assistance and Municipal Police (2 pp.)	Police responsibilities; harm reduction provisions; term; services
B-4	Humacao Municipal Police Certification (1 p.)	Outreach project; commitments; effective period
B-5	Guara Bi-WestCare and Puerto Rico Police (excerpt, 6 pp.)	Recitals on collaboration with the Puerto Rico Police; term; confidentiality

**ESTADO LIBRE ASOCIADO DE PUERTO RICO
TRIBUNAL GENERAL DE JUSTICIA**

**ACUERDO DE COLABORACIÓN EN TORNO AL
PROYECTO DE PERSONAS SIN HOGAR**

COMPARECEN

—DE LA PRIMERA PARTE: El TRIBUNAL GENERAL DE JUSTICIA, organizado al amparo de la Ley Núm. 201-2003, según enmendada, representado en este acto por la Hon. Maite D. Oronoz Rodríguez, Jueza Presidenta del Tribunal Supremo de Puerto Rico, mayor de edad, casada y vecina de San Juan, Puerto Rico; en adelante denominado: "PODER JUDICIAL".

—DE LA SEGUNDA PARTE: La ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN, organizada al amparo de la Ley Núm. 67 del 7 de agosto de 1993, según enmendada, representada en este acto por su Administradora, la Lda. Carmen Bonet Vázquez, mayor de edad, soltera y vecina de Manatí, Puerto Rico; en adelante denominada: "ASSMCA".

—DE LA TERCERA PARTE: La ADMINISTRACIÓN DE SERVICIOS MÉDICOS, organizada al amparo de la Ley Núm. 66 de 22 de junio de 1978, según enmendada, representada en este acto por la Directora de la Oficina de Asesoramiento Legal, Contratos e HIPAA, Lda. Michelle Agostini Campos, mayor de edad, casada y vecina de San Juan, Puerto Rico; en adelante denominada: "ASEM".

—DE LA CUARTA PARTE: La ADMINISTRACIÓN DE VIVIENDA PÚBLICA, organizada al amparo de Ley Núm. 66 de 17 de agosto de 1989, según enmendada, representada en este acto por su Administrador, el Ldo. Alejandro E. Salgado Colón, mayor de edad, casado, y vecino de Caguas, Puerto Rico; en adelante denominada: "AVP".

—DE LA QUINTA PARTE: El DEPARTAMENTO DE CORRECCIÓN Y REHABILITACIÓN, organizado al amparo del Plan de Reorganización Núm. 2-2011, según enmendado, representado en este acto por su Secretaria, la Hon. Ana I. Escobar Pabón, mayor de edad, soltera y vecina de Toa Alta, Puerto Rico; en adelante denominado: "DEPARTAMENTO DE CORRECCIÓN".

—DE LA SEXTA PARTE: El DEPARTAMENTO DE JUSTICIA, organizado al amparo

RECOMENDADO

Lda: *[Signature]*

Fecha: 18/12/23

denominada: "COALICIÓN DE COALICIONES".

—DE LA VIGÉSIMA SEGUNDA PARTE: El SISTEMA CONTINUO DE CUIDADO (COC) A PERSONAS SIN HOGAR DEL PR-502, una entidad representada en este acto por la Secretaría del DEPARTAMENTO DE LA FAMILIA, Sra. Ciení Rodríguez Troche, MSW, mayor de edad, soltera y vecina de San Juan, Puerto Rico; y la Presidenta de su Junta de Directores, Sra. Belinda Hill Beaulieu, mayor de edad, soltera y vecina de Fajardo, Puerto Rico; en adelante denominada: "COC PR-502".

—DE LA VIGÉSIMA TERCERA PARTE: El SISTEMA CONTINUO DE CUIDADO (COC) A PERSONAS SIN HOGAR DEL PR-503, una entidad representada en este acto por la Presidenta de su Junta de Directores y de su entidad colaboradora COORDINADORA MORIVIVÍ, INC., Sra. Yesenia Mojica Figueroa, mayor de edad, soltera y vecina de Dorado, Puerto Rico; en adelante denominada: "COC PR-503".

—DE LA VIGÉSIMA CUARTA PARTE: COORDINADORA MORIVIVÍ, INC., una corporación sin fines de lucro organizada al amparo de las leyes del Estado Libre Asociado de Puerto Rico, representada en este acto por la Presidenta de su Junta de Directores, Sra. Yesenia Mojica Figueroa, mayor de edad, soltera y vecina de Dorado, Puerto Rico; en adelante denominada: "COORDINADORA MORIVIVÍ".

—DE LA VIGÉSIMA QUINTA PARTE: INICIATIVA COMUNITARIA DE INVESTIGACIÓN, INC., una corporación sin fines de lucro organizada al amparo de las leyes del Estado Libre Asociado de Puerto Rico, representada en este acto por su Directora Ejecutiva, la Sra. Yorelys Rivera Amador, mayor de edad, casada y vecina de Carolina, Puerto Rico; en adelante denominada: "INICIATIVA COMUNITARIA".

—DE LA VIGÉSIMA SEXTA PARTE: CORPORACIÓN LA FONDITA DE JESÚS, una entidad sin fines de lucro organizada al amparo de las leyes del Estado Libre Asociado de Puerto Rico, representada en este acto por su Director Ejecutivo, el Sr. Josué M. Maysonet-Colón, mayor de edad, casado y vecino de San Juan, Puerto Rico; en adelante denominada: "LA FONDITA".

—DE LA VIGÉSIMA SÉPTIMA PARTE: La RED NACIONAL DE ALBERGUES DE VIOLENCIA DE GÉNERO CORPORACIÓN, una entidad sin fines de lucro organizada al amparo de las leyes del Estado Libre Asociado de Puerto Rico, representada en este

RECOMENDADO

Loda: JSC

Fecha: 18/12/23

—NOVENO: En mérito de lo expuesto, las Partes comparecientes en este Acuerdo se comprometen a contribuir con el funcionamiento del Proyecto PSH y a trabajar en equipo para implementar un nuevo Protocolo que garantice el acceso a la justicia y la canalización ágil y eficiente de servicios a las personas sin hogar o en riesgo de perderlo.

CLÁUSULAS Y CONDICIONES

—PRIMERA. Responsabilidades de las Partes: En virtud de este Acuerdo, las Partes se comprometen a aunar esfuerzos para crear un nuevo Protocolo para la atención, orientación y referido de las personas sin hogar que se presentan en el Tribunal de Primera Instancia (en adelante, "Protocolo"). Este se implementará en las trece (13) regiones judiciales de manera uniforme. El éxito del referido Protocolo requerirá de la colaboración estrecha entre todos los componentes del Poder Judicial y las entidades gubernamentales y no gubernamentales que integran sus programas y proyectos para beneficio de las personas sin hogar o en riesgo de perderlo. En particular, las Partes se comprometen, pero sin limitarse, a lo siguiente:

PODER JUDICIAL

—1. Brindará seguimiento a la implementación del Protocolo, el cual establece el proceso y las guías a seguir por parte de los jueces, las juezas, el funcionariado y el personal de apoyo del sistema judicial, al momento de atender o intervenir con las personas sin hogar o en riesgo de perderlo que acuden a los tribunales.

—2. Divulgará y mantendrá actualizado un Directorio de Servicios para Personas sin Hogar. Este servirá como herramienta de fácil referencia para identificar agencias o dependencias del Poder Ejecutivo y municipales, así como organizaciones no gubernamentales, que brindan diversos servicios a esta población. Si alguna de las Partes cambia su dirección o número de teléfono, deberá notificarlo de inmediato a la Dirección de Programas Judiciales ("DPJ") de la OAT, para que esta actualice dicho Directorio, así como las guías que contiene el Protocolo.

—3. Promoverá, planificará y ofrecerá adiestramientos a todo su personal, incluyendo a los jueces y a las juezas, sobre diversos aspectos relacionados con las personas sin hogar o en riesgo de perderlo.

—4. Convocará a reuniones periódicas con representantes de organizaciones

RECOMENDADO

Loda: *[Signature]*

Fecha: 18/12/23


**SR. FRANCISCO J. RODRÍGUEZ
FRATICELLI**
Presidente Ejecutivo
COALICIÓN DE COALICIONES
francisco@coalicionecoaliciones.org
N.I.P. 660-63-5484


SRA. BELINDA HILL BEAULIEU
Presidenta de la Junta de Directores
COC PR-502
belinhill@hotmail.com


SRA. YESENIA MOJICA FIGUEROA
Presidenta de la Junta de Directores
COC PR-503
ymojica@morivivipr.org
info@morivivipr.org


SRA. YESENIA MOJICA FIGUEROA
Presidenta de la Junta de Directores
COORDINADORA MORIVIVI
ymojica@morivivipr.org
N.I.P. 660-93-6262


SRA. YORELYS RIVERA AMADOR
Directora
INICIATIVA COMUNITARIA
yrivera@iniciativacomunitaria.org
N.I.P. 660-48-3960


SR. JOSUÉ MAYSONET COLÓN
Director Ejecutivo
LA FONDITA
cartas@lafonditadejesus.org
N.I.P. 66-0426787


SRA. JESSICA X. FUENTES CÁTALA
Directora Ejecutiva
RED NACIONAL DE ALBERGUES DE
VIOLENCIA DE GÉNERO
coordinacionredalberguespr@gmail.com
N.I.P. 66-0971530


SR. MARCOS SANTANA ANDUJAR
Presidente
RED POR LOS DERECHOS DE LA
NIÑEZ Y JUVENTUD
msantana@ninezpr.org
N.I.P. 66-08-37840

Certifico que el Acuerdo cumple con los
requisitos de forma legal y recomendamos la
firma del mismo.


Firma

18/12/23
Fecha

**MEMORANDUM OF UNDERSTANDING
BETWEEN RED POR LOS DERECHOS DE LA NIÑEZ Y LA
JUVENTUD AND PUERTO RICO POLICE**

REGARDING: YOUTH EXPERIENCING HOMELESSNESS

PARTIES

FIRST PARTY: THE PUERTO RICO POLICE a government entity, represented in this act by its Superintendent, Joseph González Falcón, of legal age, married, and resident of Dorado, Puerto Rico, and/or by its Associate Superintendent, Colonel Diana Crispín Reyes, of legal age, single, and resident of Bayamón, Puerto Rico. This agency was created by Act No. 83-2025, known as the "Puerto Rico Police Act." All legal representatives have the authority to sign this contract, based on the aforementioned laws and/or the corresponding Administrative Order, hereinafter referred to as "PRP" or the "FIRST PARTY".

SECOND PARTY: La Red por los Derechos de la Niñez y la Juventud, is a 501(c)(3) nonprofit organization, with expertise in matters related to children, youth, and families, known for advancing systemic change to eliminate violence against children and youth, represented herein by its President and Founder, Marcos Santana Andújar, of legal age, single, and resident of San Juan, Puerto Rico; hereinafter referred to as "La Red." Or the "SECOND PARTY".

The first party and the second party are henceforth known together as the "Parties".

The parties recognize their legal capacity to enter into this Agreement, in which freely and voluntarily:

RECITALS

WHEREAS: The Constitution of the Commonwealth of Puerto Rico recognizes in Article II, Section 1, that human dignity is inviolable and that all people are equal before the law. Therefore, it is a ministerial duty of the State to protect the rights of its citizens, particularly when they experience one or more conditions of vulnerability, such as youth experiencing homelessness or at risk of homelessness. The definition of "youth experiencing homelessness" is contained in Housing and Urban Development (HUD) regulations.

WHEREAS: The parties to this Memorandum of Understanding ("MOU") commit to jointly contribute and work as a team to identify, refer, and efficiently channel services for youth experiencing homelessness.

TERMS AND CONDITIONS

ONE: The first party agrees to:

- a. Identify and refer youth who may benefit from the services and programs available through La Red and its affiliated organizations.
- b. Collaborate with La Red in community outreach efforts and initiatives directed toward youth experiencing homelessness, youth at risk of homelessness, and other vulnerable populations.
- c. Facilitate opportunities for La Red to participate in appropriate community-oriented activities, educational events, prevention initiatives, and outreach efforts coordinated by the PRP.
- d. Promote awareness among Police personnel regarding the services, programs, and resources available through La Red.
- e. Coordinate referrals and communications with La Red in a timely manner, subject to operational needs and available resources.

TWO: The second party agrees to:

- a. Receive and evaluate referrals made by the PRP for youth experiencing homelessness, youth at risk of homelessness, victims of domestic violence, and other vulnerable youth populations.
- b. Provide information, guidance, and access to available services and resources for eligible youth, subject to program requirements and resource availability.
- c. Offer PRP personnel workshops, training sessions, educational activities, and prevention programs related to youth homelessness, child maltreatment prevention, violence prevention, independent living skills, employment readiness, leadership development, and related topics.
- d. Participate, when feasible and subject to the availability of resources, in community outreach efforts, prevention initiatives, educational activities, and events organized by the PRP.
- e. Maintain and share information regarding available community resources and services for youth experiencing homelessness and other vulnerable populations.
- f. La Red shall maintain an updated Directory of Services for Youth Experiencing Homelessness. This will serve as an easy-reference tool to identify governmental, municipal, and non-governmental agencies that provide various services to this population.

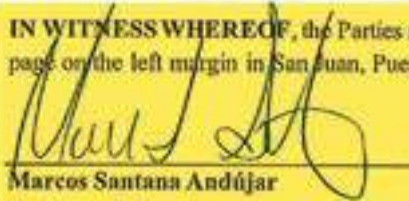
THREE: Both parties agree to:

- a. Maintain open communication and coordination regarding activities, referrals, and services contemplated under this Memorandum of Understanding.
- b. Promote mutual participation in community outreach activities, educational initiatives, service fairs, and prevention efforts when appropriate.
- c. The parties commit to combining efforts to serve identified youth across all judicial regions in Puerto Rico. Close collaboration is expected among the components of the Coordinated Entry System of CoC 503.

ACCEPTANCE AND SIGNATURE

The Parties state that they have read and understood the entire content of this MOU and hereby accept it, having found it drafted to their full satisfaction and faithfully reflecting the terms agreed upon.

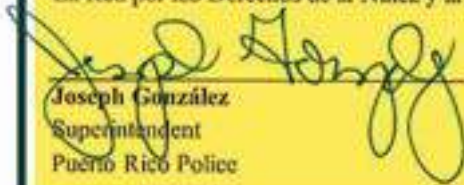
IN WITNESS WHEREOF, the Parties sign this MOU at the end of this document and initial each page on the left margin in San Juan, Puerto Rico, on this 13 day of July 2026.



Marcos Santana Andújar

President & Founder

La Red por los Derechos de la Niñez y la Juventud



Joseph González

Superintendent

Puerto Rico Police



Calle Gaudier Benítez 475
PO Box 6445, Caguas, PR 00726-6445
T: (787) 745-4405, 745-3335, 744-2870 F: 744-2920
info@cornapr.org | www.cornapr.org

Acuerdo Colaborativo

Corporación Milagros del Amor (CorMA) y Policía de Puerto Rico

Corporación Milagros del Amor, entidad sin fines de lucro con base de fe que ha brindado diversos servicios de apoyo y vivienda a individuos y familias sin hogar con discapacidad, problemas de uso de sustancias y alcohol, y pacientes de salud mental que permanecen en las calles o en condiciones inhumanas en Caguas y pueblos cercanos durante más de 29 años.

CorMA continuará la labor de servicio a la misma población para fortalecer la salud pública y la convivencia comunitaria a través de un equipo multidisciplinario que incluirá manejo de casos, trabajo social, psicología, terapia ocupacional, consejería en adicción, referidos para oportunidades de empleo, transporte, vestimenta, alimentos listos para comer, entre otros. La meta de nuestros programas es reducir la deambulancia y aumentar el acceso a servicios esenciales y recursos para que las personas logren la autosuficiencia y vivienda estable y segura.

Policía de Puerto Rico, Área de Humacao y Caguas, institución de servicio público que se dedica a salvaguardar vida y propiedad, y a mantener la sana convivencia comunitaria y los espacios seguros para que la ciudadanía pueda hacer uso de estos adecuadamente. Atiende principalmente los municipios de Caguas, Gurabo, Aguas Buenas, Cidra, Juncos, San Lorenzo, Las Piedras, Humacao, Naguabo, Yabucoa y Mairabo.

La Policía de Puerto Rico continuará apoyando la gestión de seguridad y prevención que realiza CorMA para beneficio de toda la ciudadanía, ofreciendo apoyo en la tramitación de Ley 408 (admisión compulsoria a tratamiento por crisis de salud mental), Ley 54 (violencia doméstica), transporte para programas de tratamiento (Devuelto a la Vida), rondas preventivas, educación y otros temas o trámites relacionados, según sea necesario o solicitado y los recursos estén disponibles.

Reconociendo la excelente labor y apoyo que brindan diferentes organizaciones, agencias públicas y otros grupos en la comunidad, es nuestra intención establecer acuerdos que evidencien la colaboración de la que ya somos parte.

Este acuerdo entrará en vigor desde su otorgamiento hasta el 30 junio 2027.

Otorgado en San Juan, Puerto Rico, a 7 de julio de 2026.


Joseph González
Superintendente
Policía de Puerto Rico


Gladys Rodríguez Pérez
Directora Ejecutiva
Corporación Milagros del Amor
Gladys.rodriguez@cornapr.org





Calle Goulier Benítez #78
PO Box 6445, Caguas, PR 00726-6445
T. (787) 745-4605, 745-3335, 744-2870 F. 744-2920
info@cormapr.org | www.cormapr.org

Acuerdo Colaborativo

Corporación Milagros del Amor (CorMA) y Policía Municipal de Caguas

Corporación Milagros del Amor, entidad sin fines de lucro con base de fe que ha brindado diversos servicios de apoyo y vivienda a individuos y familias sin hogar con discapacidad y 55 años o más que pernoctan en Caguas y pueblos cercanos durante más de 24 años.

CorMA continuará la labor de servicio a la misma población para fortalecer la salud pública y la sana convivencia comunitaria a través de un equipo multidisciplinario que incluirá manejo de casos, trabajo social, psicología, educación en salud, consejería en adicción, desarrollo de destrezas para la autosuficiencia y el empleo, transportación, vestimenta, alimentos listos para comer, entre otros. La meta de nuestros programas es reducir la deambulancia y aumentar el acceso a servicios esenciales y recursos para que las personas logren vivienda estable y segura.

Policía Municipal de Caguas, institución de servicio público que se dedica a salvaguardar vida y propiedad, y a mantener la sana convivencia comunitaria y los espacios seguros para que la ciudadanía pueda hacer uso de estos adecuadamente.

La Policía Municipal de Caguas apoyará, en la medida en que sus funciones y recursos lo permitan, con aquellas iniciativas que promueva CorMA, siempre y cuando las mismas sean cónsonas con la función policial y no interfieran con las actividades operacionales ni con la atención de situaciones de emergencia o que requieran intervención inmediata. Cualquier colaboración se evaluará conforme a la disponibilidad, pertinencia y naturaleza de los servicios solicitados.

Reconociendo la excelente labor y apoyo que brindan diferentes organizaciones, agencias públicas y otros grupos en la comunidad, es nuestra intención establecer acuerdos que evidencien la colaboración de la que ya somos parte.

Este acuerdo cubrirá el periodo del 2027-2029 y es firmado el 07 de julio de 2026.


William Marrero Ayala
Comisionado
Policía Municipal de Caguas
Marrero.William@caguas.gov.pr


Gladys Rodríguez Pérez
Directora Ejecutiva
Corporación Milagros del Amor
Gladys.rodriguez@cormapr.org





ACUERDO DE COLABORACIÓN

Objetivo: Establecer una relación profesional directa entre la Oficina de Programas Federales como Gestión del Proyecto de Asistencia de Alquiler de Isabela (*Isabela Rental Assistance – DV*) y la Policía Municipal, con el acuerdo de que ambas partes trabajarán para fomentar una relación mutuamente respetuosa y productiva para proporcionar los servicios a la población sin hogar atendida en nuestro municipio.

Este acuerdo es firmado entre **la Oficina de Programas Federales**, representada por la directora, la Sra. Heidy Santiago Quiñones, y **la Policía Municipal de Isabela**, representada por el Comisionado de la Policía Municipal, el inspector Juan E. Castillo.

Responsabilidades:

La Oficina de Programas Federales es responsable de:

1. Ser beneficiario de los fondos cuyo principal oficial electo es el alcalde Hon. Miguel E. Méndez Pérez.
2. Elaborar y recibir los referidos de los ciudadanos a servir, según la necesidad.
3. Gestión de casos y estabilización de casos de personas sin hogar, víctimas de violencia doméstica en el Municipio de Isabela.

La Policía Municipal es responsable de:

1. Servicios de alcance y divulgación para personas que cumplan los siguientes criterios:
 - a. Sin hogar o en riesgo de quedarse sin hogar
 - b. Víctimas de violencia doméstica
2. Intervención para la estabilización de casos de personas sin hogar en crisis.



3. Generar impacto monitorizando áreas bajo la categoría de "reducción de daños", incluyendo:

- ☐ Identificar y erradicar los "lugares seguros" para consumir.
- ☐ No distribuir parafernalia relacionada con el consumo de sustancias.
- ☐ No permitir el uso o distribución de sustancias ilícitas en instalaciones bajo su control.
- ☐ Cualquier actividad que el HUD interprete como realizada "bajo el pretexto de reducción de daños".

Duración del Acuerdo

1. La duración de este acuerdo será de uno (1) año desde el 1 de septiembre de 2027 hasta 31 de agosto de 2028.

Disposiciones adicionales

1. Los servicios que se ofrecerán se desglosan de la siguiente manera:

- ☐ Servicios de Alcance Comunitario
- ☐ Servicios de transporte (si es necesario)
- ☐ Orientaciones sobre Ley 54, Ley 408, Ley 67, Ley 140 y otras leyes aplicables para la seguridad pública.

Las partes han hecho un pacto entre ellas y lo aceptan en todas sus partes sin objeción alguna, y en virtud de ello proceden a firmarlo, en Isabela, Puerto Rico, hoy 22 de junio de 2026

Sra. Heidi Santiago Quiñones
Directora
Oficina de Programas Federales
Municipio de Isabela

Inspector Juan E. Castillo
Comisionado Policía Municipal
Municipio de Isabela



ROSAMAR TRUJILLO PLUMIEY
ALCALDESA

MUNICIPAL DEPARTMENT CERTIFICATION OF INSTITUTIONAL SUPPORT

July 6, 2026

The Humacao Municipal Police Department hereby certifies its institutional commitment to support the Municipality of Humacao in the implementation of the following proposed projects submitted under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program – FY 2026 Competition:

- Humacao Transitional Housing I
- Humacao Transitional Housing II
- Safe Connections Outreach
- Safe Connections Beacon
- Safe Connections Haven

Subject to the availability of municipal resources, personnel, operational priorities, and applicable federal, Commonwealth, and municipal laws, the Humacao Municipal Police Department will support the implementation of these projects by providing public safety coordination, assistance during outreach activities when requested, emergency response coordination, welfare checks as appropriate, incident response, community policing support, and coordination with other municipal departments and Continuum of Care partners.

The Humacao Municipal Police Department further certifies its commitment to continue collaborating with the Municipality's Office of Federal Programs and community partners in promoting participant safety, coordinated service delivery, and effective responses to situations involving individuals and families experiencing homelessness.

This Certification is issued in support of the Municipality of Humacao's FY 2026 Continuum of Care application and shall become effective upon HUD approval of the proposed projects and throughout their implementation.

Certified by:

A blue ink signature of José J. García Díaz, Commissioner of the Humacao Municipal Police Department.

José J. García Díaz
Commissioner

MUNICIPAL POLICE DEPARTMENT
P.O. Box 178 • HUMACAO, PR 00792



MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter referred to as MOU) is executed this

January 20, 2026, by and Devuelta a la vida, Policia de Puerto Rico with its primary address at Ponce PR and Guara Bi, Inc.- WestCare, a not-profit corporation (501 c3) with its primary address at Calle Herbert Hoover U-144 Jose Mercado, Caguas PR 00726. Collectively Contractor and Guara Bi, Inc.- WestCare are hereafter the "parties".

Recitals

WHEREAS, Guara Bi, Inc.- WestCare, is a non-profit operating in Puerto Rico providing behavioral social services and such other services as needed within the communities it operates in.

WHEREAS, brought back to life with the help of the Puerto Rico Police, collaborating efforts for the safety of the participants.

WHEREAS, Contract and WestCare now desire to work together under the terms of this MOU

WHEREAS, the parties wish to collaborate under the terms of this Memorandum of Understanding (MOU) to establish a cooperation agreement with the Puerto Rico Police Department, aimed at benefiting participants who are survivors of domestic violence, including homeless women who may have problematic substance use.

NOW, THEREFORE, for valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties hereby agree that the Recitals set forth above are incorporated into this MOU by this reference and are hereby stipulated to be true and correct, and the parties further agree as follows:

Services

MEMORANDO DE ENTENDIMIENTO

Este Memorando de Entendimiento (en adelante, MOU) se ejecuta este

20 de enero de 2026 entre Devuelta a la vida, Policia de Puerto Rico con su dirección principal en Ponce PR y Guara Bi, Inc.- WestCare, una corporación sin fines de lucro (501 c3) con su dirección principal en Calle Herbert Hoover U-144 José Mercado, Caguas PR 00726. Colectivamente, el Contratista y Guara Bi Inc.- WestCare son en lo sucesivo las "partes".

Acuerdos

CONSIDERANDO QUE, Guara Bi, Inc.- WestCare es una organización sin fines de lucro en Puerto Rico que opera en la prestación de servicios sociales y otros servicios según sea necesario dentro de las comunidades en las que opera.

CONSIDERANDO QUE, Devuelta a la vida con la Policía de Puerto Rico, colaborando esfuerzos para la seguridad, transportación, referidos y charlas a las participantes y empleados.

CONSIDERANDO QUE, las partes desean colaborar bajo los términos del presente Memorando de Entendimiento (MOU) para establecer un acuerdo de colaboración con la Policía de Puerto Rico, dirigido a beneficiar a las participantes sobrevivientes de violencia doméstica, incluyendo mujeres sin hogar que puedan presentar uso problemático de sustancias.

AHORA, POR LO TANTO, A título oneroso, cuya recepción y adecuación se reconocen por la presente, las partes acuerdan que los términos expuestos anteriormente se incorporan a este MOU por referencia y se estipula que son verdaderos y correctos. Además, las partes acuerdan lo siguiente:"

Servicios



Each party will perform those services set forth in Exhibit A, attached hereto and incorporated herein by and through this reference.

Cada parte prestará los servicios establecidos en el Exhibit A (Anejo A), que se adjuntará y se incorporará aquí por referencia.

Term

This MOU shall commence on the Effective Date and shall remain in effect for a period of five (5) years. Foregoing notwithstanding, either party hereto may terminate this MOU for any reason upon not less than thirty (30) days prior written notice to the other party.

Término

Este MOU entrará en vigor en la Fecha de Efectividad y permanecerá vigente por un período de cinco (5) años. No obstante, cualquiera de las partes puede rescindir este MOU por cualquier motivo con no menos de treinta (30) días de notificación por escrito a la otra parte.

Confidentiality

Both parties hereto shall treat as confidential all information relating to either party's operations or the general business affairs or any of the operations or general business affairs of the party (including the party's parent, affiliate or subsidiary companies) which the other party may observe or which may be disclosed as a result of the party's performance under this MOU. Neither party shall not disclose any information, including without limitation any information contained in this MOU, to third parties or use any such information for any purpose other than the performance under this MOU, without the prior written consent of the other party. Additionally, the parties agree to abide by all State and Federal laws, rules and regulations, HIPAA and 42 C.F.R., Part 2. Both parties agree not to divulge any information concerning any individual client to any unauthorized person or agency without the written consent of the client and participant.

Confidencialidad

Ambas partes acuerdan tratar como confidencial toda información relacionada con las operaciones o asuntos comerciales generales de cualquiera de las partes, incluyendo sus empresas matrices, afiliadas o subsidiarias, que pueda ser observada o divulgada como resultado del cumplimiento de este MOU. Ninguna de las partes divulgará información alguna, incluyendo, sin limitación, la contenida en este MOU, a terceros ni la utilizará para fines distintos al cumplimiento del mismo, sin el consentimiento previo por escrito de la otra parte. Asimismo, las partes se comprometen a cumplir con todas las leyes, normas y regulaciones estatales y federales aplicables, incluyendo HIPAA y 42 C.F.R., Parte 2. Igualmente, acuerdan no revelar información sobre ningún cliente individual a personas o entidades no autorizadas sin el consentimiento por escrito del cliente y participante.

Indemnification

Each party hereto shall indemnify, defend and hold the other party, including, without limitation, the other party's subsidiaries, affiliates, officers, directors, employees, representatives, independent contractors and agents harmless for, from and against any and all losses, expenses, costs, liabilities, damages, claims, suits and

Indemnización

Cada parte del presente acuerdo deberá indemnizar, defender y mantener indemne a la otra parte, incluyendo, sin limitación, a sus subsidiarias, afiliadas, directivos, funcionarios, empleados, representantes, contratistas independientes y agentes, frente a cualquier y toda pérdida, gasto, costo, responsabilidad, daño, reclamo, demanda o acción (incluyendo, sin limitación,



demands (including without limitation attorney's fees and costs) arising from or attributable to the negligent acts or omissions of the indemnifying party (including but not limited to the indemnifying party's officers, directors, employees, representatives, sub-contractors and agents).

Notices

Any notices required or permitted to be given pursuant to this MOU shall be in writing and sent by certified mail, postage prepaid, return receipt requested to the party's address noted above. Notice shall be deemed to be given upon the date three (3) days after such notice is deposited in the mail. Notices may also be delivered by courier, electronic transmission (including email) or by facsimile transmission and shall be deemed to be delivered when received by the party to whom such notice is directed with confirmation of receipt. All notices of default, breach, termination, legal demand or claim, or demand for indemnity to Guara Bi Inc.- WestCare shall also be copied to the following address in addition to the notice address above:

Guara Bi Inc- WestCare.
Attn: Office of the General Counsel
PO Box 6581
Caguas, PR 00726

Remedy and Waiver

In the event of any action or proceeding to compel compliance with, or with respect to any breach of this MOU, the prevailing party shall be entitled to recover all reasonable costs and reasonable expenses of such action or proceeding including without limitation. Its reasonable attorneys' fees and costs are incurred in connection therewith regardless of whether any formal legal action is commenced or whether such fees and costs are incurred at or in connection with trial or appellate proceedings. Any failure by either party at any time to enforce or require the other party's compliance with any of the terms and conditions of this MOU shall not constitute a waiver of such terms and conditions in any way, or the right of the non-defaulting party at any

honorarios y costos de abogados) que surja o sea atribuible a actos u omisiones negligentes de la parte que indemniza (incluyendo, pero no limitado a, sus directivos, funcionarios, empleados, representantes, subcontratistas y agentes).

Avisos

Cualquier notificación requerida o permitida de conformidad con este MOU se hará por escrito y se enviará por correo certificado, canjeo prepago, con acuse de recibo solicitado a la dirección de la parte indicada anteriormente. La notificación se considerará entregada en la fecha de tres (3) días después de que dicha notificación se deposite por correo. Las notificaciones también pueden entregarse por mensajería, transmisión electrónica (incluido el correo electrónico) o transmisión por fax y se considerarán entregadas cuando las reciba la parte a la que se dirige dicha notificación con confirmación de recepción. Todas las notificaciones de incumplimiento, violación, terminación, demanda legal o reclamación, o solicitud de indemnización dirigidas a Guara Bi Inc.- WestCare deberán ser también enviadas con copia a la siguiente dirección, además de la dirección de notificación indicada arriba:

Guara Bi Inc- WestCare.
Attn: Oficina del Asesor Jurídico
PO Box 6581
Caguas, PR 00726

Remedio y renuncia

En caso de cualquier acción o procedimiento para exigir el cumplimiento de este MOU, o con respecto a cualquier incumplimiento del mismo, la parte vencedora tendrá derecho a recuperar todos los costos y gastos razonables de dicha acción o procedimiento, incluyendo, sin limitación, los honorarios y costos razonables de abogados que se generen en relación con los mismos, independientemente de si se inicia o no alguna acción legal formal o si dichos honorarios y costos se incurren



time to avail itself of any and all remedies it may have for any breach of said terms and conditions including without limitation any right to terminate this MOU. The remedies of the parties provided for in this MOU shall be cumulative with all other remedies that either party may have against the other party at law or in equity.

Entire Understanding

This MOU sets for the entire arrangement between the parties and supersedes all prior oral and written understanding, representation, and discussions between the parties respecting the subject matter of this MOU.

This MOU is effective as of the Effective Date above and upon signature and shall be renewed every five (5) years. Any changes or amendments to this MOU shall only be valid and enforceable if made in writing and signed by both parties hereto.

No Assignment

Neither party may assign this MOU as a whole or in part or assign, pledge or otherwise transfer either party's obligations hereunder except with the prior written consent of the non-assigning party, which consent shall not be unreasonably withheld.

Governing Law

This MOU shall be governed by and construed in accordance with the laws of Puerto Rico. The venue for any dispute arising under this MOU shall be a court of competent jurisdiction located within any municipality in Puerto Rico.

Permits and Licenses

Each party hereto shall be responsible for securing all necessary licenses and permits required for the full and faithful performance of the terms of this MOU.

Insurance

en relación con un juicio o procedimientos de apelación. Cualquier incumplimiento por parte de cualquiera de las partes en cualquier momento de hacer cumplir o exigir el cumplimiento de la otra parte con cualquiera de los términos y condiciones de este MOU no constituirá una renuncia a dichos términos y condiciones de ninguna manera, ni afectará el derecho de la parte no incumplidora en cualquier momento de valerse de todos y cada uno de los recursos que pueda tener por cualquier incumplimiento de dichos términos y condiciones, incluyendo, sin limitación, el derecho a terminar este MOU. Los recursos proporcionados a las partes en este MOU serán acumulativos con todos los demás recursos que cualquiera de las partes pueda tener en contra de la otra, ya sea en derecho o en equidad.

Comprensión completa

Este MOU establece el acuerdo completo entre las partes y reemplaza todo entendimiento, representación y discusión oral y escrita anterior entre las partes con respecto al tema de este MOU.

Este MOU entra en vigencia a partir de la Fecha de vigencia anterior y en el momento de la firma y se renovará cada cinco (5) años. Cualquier cambio o enmienda a este MOU solo será válido y ejecutable si se realiza por escrito y está firmado por ambas partes.

Sin asignación

Ninguna de las partes podrá ceder este MOU, total o parcialmente, ni ceder, comprometer o transferir de otro modo las obligaciones de cualquiera de las partes en virtud del mismo, excepto con el consentimiento previo por escrito de la parte que no realiza la cesión, consentimiento que no será retenido de manera irrazonable

Ley aplicable

Este MOU se registrará e interpretará de acuerdo con las leyes de Puerto Rico. El lugar para cualquier disputa que surja bajo este MOU será un tribunal de jurisdicción



Each party hereto shall be responsible for providing its own insurance coverage, including general liability, workers compensation and professional liability (if applicable).

Independent Contractors

The parties to this MOU are acting as independent contractors and independent employers. Nothing contained in this MOU shall create or be construed as creating a partnership, joint venture or agency relationship between the parties.

Neither party shall have the authority to bind the other party in any respect.

This MOU may be executed by one or more entities. The parties have executed this MOU as of the date set forth above.

competente ubicado dentro de cualquier municipio de Puerto Rico.

Permisos y licencias

Cada parte del presente será responsable de obtener todas las licencias y permisos necesarios para el cumplimiento completo y fiel de los términos de este MOU.

Seguro

Cada parte del presente acuerdo será responsable de proporcionar su propia cobertura de seguro, incluyendo seguro de responsabilidad civil general, compensación laboral y responsabilidad profesional (si aplica).

Contratistas independientes

Las partes de este MOU actúan como contratistas y empleadores independientes. Nada de lo contenido en este MOU creará o se interpretará como la creación de una sociedad, empresa conjunta o relación de agencia entre las partes.

Ninguna de las partes tendrá la autoridad para obligar a la otra parte en ningún aspecto.

Este MOU puede ser ejecutado por una o más entidades. Las partes han ejecutado este MOU a partir de la fecha establecida anteriormente.



Contractor: <u>P.R. Police</u>	Contratista: <u>P.R. Police</u>
Signature: <u>[Signature]</u> 1979	Firma: <u>[Signature]</u> 1979
Name: <u>Alfonso Rios Rios 1979</u>	Nombre: <u>Alfonso Rios Rios 1979</u>
Title: <u>Agent</u>	Título: <u>Agente</u>
Date: <u>20/ene/2026</u>	Fecha: <u>20/ene/2026</u>
WestCare: Guara Bi, Inc. A nonprofit corporation.	WestCare: Guara Bi, Inc. Una corporación sin fines de lucro.
Signature: <u>[Signature]</u>	Firma: <u>[Signature]</u>
Name: <u>Zanet Del Valle Rosado</u>	Nombre: <u>Zanet Del Valle Rosado</u>
Title: <u>Program Coordinator</u>	Título: <u>Coordinador Guara Bi Siba</u>
Date: <u>January 20, 2026</u>	Fecha: <u>20/ene/2026</u>



FY 2026 CoC Program Competition – CoC Consolidated Application

PR-503 South-Southeast Puerto Rico CoC | Collaborative Applicant: Coordinadora Moriviví, Inc.

Attachment 1D-1. Local Competition Scoring Tools

CoC PR-503 used the attached objective scoring tools, approved by the CoC membership on June 30, 2026, to review, rate, rank, and select project applications. The review had three stages: an initial threshold screening, component-specific threshold reviews, and a technical evaluation.

In the initial threshold, each applicant had to submit a Strategic Priorities Certification showing a verifiable record of community impact that advances CoC PR-503's strategic priorities. Reviewers applied a cost reasonableness guide, consistent with 2 CFR 200.404, to confirm that the average cost per participant or household was reasonable for the population served.

Under the tools, CoC PR-503:

- established total points available for each project application type;
- based at least 50 percent of total available points on objective criteria drawn from APR/CAPER, HMIS, eLOCCS, and certification data;
- based at least 25 percent of total available points on system performance measures, with the Performance section weighted at 35 percent;
- considered returns to homelessness within 12 and 24 months in rating housing projects (TH, PH-PSH, PH-RRH);
- considered increases in employment income, compared against the CoC average, in rating housing projects;
- considered supportive service participation requirements, set through the 2026 Organizational Certification and the component thresholds.

Continuum of Care PR-503
PROJECT PRIORITIZATION TOOL 2026



CoC PR-503 will evaluate the project applications submitted for the FY 2026 CoC Program Competition as described in the “Project Evaluation Standards” section of the 2026 Local Competition Procedures Manual, consistent with the regulations at 24 CFR part 578. The following will be used as reference: APR/CAPER reports (from the Sage system or, for projects that are not yet required to submit their first APR/CAPER, the report generated from the AWARDS system as of May 31, 2026), the Single Audit or financial statements, HUD monitoring reviews, and any other document required under the approved procedures. The HMIS and CES certifications corresponding to the operating year of the project under review will be evaluated. For the Collaborative Applicant certification, the participation period considered will be July 1, 2024 through May 31, 2026. For projects transitioning to another component, performance will be evaluated based on the current project type, unless otherwise specified. If a criterion does not apply during the review, its points will not be counted in the total points of the denominator. In the event of a tie, organizational performance will be evaluated on the following criteria: (i) expenditure of the awarded budget during the last two completed operating years with APRs submitted to HUD, and (ii) bed utilization during those periods. In addition, the participation of authorized representatives in CoC general membership meetings and committee meetings, as established in the CoC Governance Charter, will be taken into consideration. For more details, please refer to the 2026 Competition Manual.

I. BASELINE SCREENING AND STRATEGIC ALIGNMENT CRITERIA

Note: *If the entity does not meet ALL of the criteria below, the project is NOT eligible for review.*

Type R=Renewal N=New T=Transition	CRITERION	INDICATOR	PSH	RRH	TH	DV-PSH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	1. Submitted all screening documents on the Good Grants platform within the established deadline and meets the minimum requirements for the use of CoC Program funds.	☐ Yes, met ☐ Not met	X	X	X	X	X	X	X	X
R, N, T	2. Submitted the pre-application on the Good Grants platform on or before the deadline established by the CoC.	☐ Yes, met ☐ Not met	X	X	X	X	X	X	X	X
R, N, T	3. Submitted the project application in e-snaps on time, on or before the deadline established by the CoC.	☐ Yes, met ☐ Not met	X	X	X	X	X	X	X	X
R, N, T	4. Completed the Strategic Priorities Certification for CoC PR-503 The applicant demonstrates a verifiable track record of community action and impact within the CoC PR-503 geographic area that contributes to advancing one or more of the CoC’s strategic priorities (timeframe: past, present, and future projection; geography: within the CoC area; strategic component based on the CoC’s priorities, strategic plan, and/or tactical plan).	☐ Yes, met ☐ Not met	X	X	X	X	X	X	X	X
R, N, T	5. 2026 Organizational Certification: a. Required Participation in Supportive Services - The project requires program participants to participate in supportive services aimed at housing stability, recovery, and self-sufficiency, with the applicable safeguards for survivors under VAWA. Evidence: occupancy agreement, lease, or other equivalent document. b. Certification of Non-Operation of Drug Injection or “Safe Consumption” Sites - The entity certifies that it will not operate drug injection sites or “safe consumption sites,” will not knowingly distribute drug	☐ Yes, met ☐ Not met	X	X	X	X	X	X	X	X

	paraphernalia for the use of illicit drugs, will not permit the use or distribution of illicit drugs on properties under its control, and will not conduct these activities under a harm reduction approach. c. Eligibility and Immigration Status Verification- The entity certifies that it will comply with all applicable Federal requirements related to participant eligibility and immigration status verification for the provision of Federal public benefits. d. Certification of Nondiscrimination and Prohibited Preferences.- The entity certifies that it will not engage in unlawful discrimination or grant preferences prohibited under applicable Federal law.								
	Overall Screening Result	☐ Yes, met all (continue) ☐ Did not meet all (stop the review; do not proceed to the Threshold Review)							

II. COMPONENT-SPECIFIC THRESHOLD REVIEW

Note: *Component threshold requirements (Threshold Reviews) will be applied based on the project type for which funding is requested. If the project does not meet any of the criteria for the project type under which it applies, it is NOT eligible for review.*

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	1. The applicant has previous experience operating <u>transitional housing</u> and/or other homeless projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has an established plan to ensure this occurs.	APR/CAPER from the most recent TH or RRH project operating under a CoC or ESG grant - Q23c (successful exits) - Q22b (length of participation) <u>AND</u> - Project Application Narrative – Plan to achieve successful exits	☐ ≥50% of exits are successful <u>AND</u> the average length of participation in the program is ≤24 months (Meets) <u>or</u> Has a plan for successful exits. ☐ Does not meet one or more of the criteria (Does Not Meet)				X			X		

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	2. The applicant has operated or currently operates transitional housing or another homeless project <u>or, alternatively, has a plan</u> that ensures that: ▪ ≥50% of participants exit to permanent housing within 24 months, and ▪ ≥50% of participants exit with employment income. Or has an established plan to ensure this occurs.	<u>With experience</u> in TH / RRH programs: ▪ APR/CAPER from the most recent TH or RRH project operating under a CoC or ESG grant ○ Q23c (successful exits) ○ Q22b or Q22c (length of participation) ○ Q19a2 or Q19a1 (increase in employment income) OR ▪ Project Application Narrative – Plan to address employment	☐ ≥50% of exits are successful AND the average length of participation in the program is ≤24 months AND ≥50% of participants exit with employment income OR Describes a clear and defined plan to ensure that participants exit on or before 24 months and to promote increased employment income (Meets) ☐ Does not meet one or more of the criteria (Does Not Meet)				X			X		
R, N, T	3. The applicant has previously operated homeless projects in which employment income outcomes were better than the CoC average.	▪ APR/CAPER Q19a-Employment Income 50% OR Project Application Narrative – Plan to address employment	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)			X			X			
R, N, T	4. The project demonstrates that the average cost per participant/household served is reasonable in accordance with 2 CFR 200.404. The housing and service costs provided by the project are consistent with the population it proposes to serve.	▪ Project Application Narrative ▪ Budget	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)		X	X	X	X	X	X	X	X
R, N, T	5. The project will be supplemented with resources from public or private sources, which may include mainstream health, social services, and employment programs (e.g., Medicare, Medicaid, SNAP).	▪ Description in the project application of how supportive services will be provided or accessed to serve participants.	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)		X	X	X	X	X	X	X	X
R, N, T	6. Demonstrate that the project will provide 20 hours per week of specialized services. Hours may be reduced proportionally for employed participants. Does not apply to persons age 62 or older or persons with physical or developmental disabilities (not including Substance Use Disorder). The project will create individualized service plans for each participant that include: the services provided, frequency of services, who is responsible for providing the services, participant goals, strategies, and target dates for achieving goals that lead to financial stability and self-sufficiency.	▪ Self-Sufficiency Plan Narrative ▪ Letters of Commitment and Collaboration Agreements supporting the services to be offered	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)				X			X		

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	7. The applicant demonstrates experience or capacity to collaborate with first responders, local authorities, or other agencies in engaging persons living in places not meant for human habitation, facilitating their access to emergency services, treatment, family reunification, transitional housing, or permanent housing.	Collaboration Agreements (MOU)	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)									X
R, N, T	8. The project application demonstrates that the project will cooperate with the efforts of first responders and appropriate authorities to connect homeless individuals with services, and that it will not interfere with the enforcement of state laws and/or municipal ordinances related to public camping, illicit drug use, or other applicable provisions.	Project Application Narrative (must comply with court-supervised treatment)	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)									X
R, N, T	9. The types of supportive services and assistance proposed will ensure that participants can successfully obtain and maintain permanent housing in a manner responsive to their needs (e.g., transportation, safety planning, intensive case management). If expanding the project, the applicant must demonstrate how it will expand supportive services, including, where appropriate, on-site supportive services.	- Project Application Narrative - Letters of Support and Collaboration Agreements	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)		X			X				
R, N, T	10. The applicant demonstrates in the project application that it has experience or a plan to provide street outreach services consistent with 24 CFR 578.53(e)(13), and has a plan for or has demonstrated effectiveness in helping persons move from places not meant for human habitation into shelter, treatment, transitional housing, or permanent housing.	Project Application Narrative containing an effective service plan.	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)									X
R, N, T	11. The project will provide and/or partner with other organizations to provide the supportive services necessary to assist participants in obtaining and maintaining housing.	List of services supporting participant supportive services / MOU with organizations that will provide supportive services.	☐ Description of the supportive services positions the program will offer OR Submitted evidence of a collaborative agreement with organizations that will provide supportive services (Meets) ☐ Did not submit evidence (Does Not Meet)				X			X		
R, N, T	12. The proposed type of housing, including the number and configuration of units, will fit the needs of program participants and complies with housing quality standards.	- Project Application Narrative (based on approved needs) - Collaborative Applicant Certification	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)		X			X				

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	13. The project will serve homeless individuals or families with disabilities (at least one family member) in accordance with 24 CFR 578.37(a)(1)(i).	Project Application Narrative	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)		X			X				
R, N, T	14. The rental assistance will help individuals and families achieve self-sufficiency within 24 months.	Project Application Narrative – activities and services	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)			X			X			
R, N, T	15. The types of supportive services and assistance proposed demonstrate the capacity to support participants in achieving self-sufficiency and exiting homelessness .	Project Application Narrative – activities and services E.g., case management, substance use treatment, mental health treatment, and employment assistance	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)			X			X			
R, N, T	16. The project includes at least one clearly defined strategy to provide supportive services to eligible participants, including those with a history of unsheltered homelessness and those who do not typically engage in services.	Project Application Narrative SSO – E.g., service plan, annual needs assessment, description in the project application, evidence-based modalities, defined frequency and intensity.	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)								X	X
R, N, T	17. The project is necessary to help people exit homelessness and increase their self-sufficiency, and provides for conducting an annual needs assessment.	Project Application Narrative – must include an Annual Needs Assessment	☐ Yes, meets (Meets) ☐ Does not meet (Does Not Meet)								X	
If any of the criteria described above is not met, stop here. The program does not meet the minimum expected Review Factors.				Total:								

III. TECHNICAL EVALUATION

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
A. System Contribution and Strategic Priorities Role of the project within the CoC and alignment with Federal/local priorities.												

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
N, R, T	18. The project demonstrates that it addresses a gap or need identified in the CoC and contributes to strengthening the strategic priorities of the system and of the region where it will operate. The review will consider existing service gaps and will favor projects that strengthen regional response capacity. The following are considered priorities: • TH – Recovery Housing/Sober Transitional: Projects serving persons in recovery from substance use disorders • TH – Crisis Housing: Projects serving persons who require immediate stabilization, with an emphasis on women (who are not eligible for DV projects) and other populations with protection or specialized care needs. Projects serving families who are not eligible for DV projects • SSO- Street Outreach Unsheltered persons. Persons with substance use disorders and/or mental health conditions • SSO- Supportive Services: Self-sufficiency, employment, and economic development services. Treatment and recovery services, preferably through on-site services or formal partnerships. Older adults (55+).	▪ Project Application Narrative (description of the population to be served)	☐ Yes, the project addresses a CoC strategic priority, demonstrates the need for the proposed population or service, and strengthens the service network in the region where it will operate (5 points) ☐ No, the project does not address a CoC strategic priority or does not demonstrate the need for the proposed service or population (0 points)		X	X	X	X	X	X	X	X
R, N, T	19. The project dedicates 50% or more of its beds to chronically homeless individuals or families (including DedicatedPLUS), to individuals or families who are veterans, or to youth who are parents. <i>Note: Not applicable to programs without an APR or with only a first-year implementation APR.</i>	▪ APR Q25a, APR Q26a, or APR Q27b	☐ ≥50% in at least one of the options (5 points) ☐ <50% in all options (0 points)		X	X	X	X	X	X	X	X
R, N, T	20. 50% or more of the persons served by the project have more than one disability and/or zero income. <i>Note: Not applicable to programs without an APR</i>	▪ APR Q13a2 (sum of 2 conditions and 3 or more conditions), APR Q16, respectively.	☐ ≥50% in at least one of the options (5 points) ☐ <50% in all options (0 points)		X	X	X	X	X	X	X	X

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	21. The project demonstrates that at least 30% of the participants served belong to one or more of the following populations - Survivors of domestic violence (DV) – Q14A - Youth (ages 18–24) – Q11 - Older adults (age 55 or older) – Q11 - Persons with a physical or developmental disability – Q13A1 - Persons with a chronic health condition – Q13A5 <i>Note: Not applicable to programs without an APR</i>	APR Q14a, Q11, Q13A	☐ Yes (2 points) ☐ No (0 points)		X	X	X	X	X	X	X	X
R, N, T	22. At least 50% of participants come from places not meant for human habitation, the street, or an emergency shelter <i>Note: Not applicable to programs without an APR</i>	APR Q15	☐ Yes (10 points) ☐ No (0 points)		X	X	X				X	X
R, N, T	23. At least 30% of project participants have a mental health condition. <i>Note: Not applicable to programs without an APR</i>	APR Q13a	☐ Yes (2 points) ☐ No (0 points)									
R, N, T	24. At least 30% of project participants have a substance use disorder. <i>Note: Not applicable to programs without an APR</i>	APR Q13a	☐ Yes (2 points) ☐ No (0 points)									
R, N, T	25. The entity includes persons with lived experience of homelessness on its Board of Directors, advisory body, or other formal governance structure that participates in organizational decision-making.	<u>Renewal:</u> - Certification of Integration of Persons with Lived Experience <u>New:</u> - Project Application Narrative	☐ Has formal representation (2 points) ☐ ☐ Does not have representation (0 points)		X	X	X	X	X	X	X	X
R, N, T	26. The entity has formal mechanisms to receive, document, and incorporate feedback from persons with lived experience in the design, implementation, and continuous improvement of its programs.	<u>Renewal:</u> - Certification of Integration of Persons with Lived Experience <u>New:</u> - Project Application Narrative	☐ Demonstrates formal processes. (2 points) ☐ Does not demonstrate formal processes. (0 points)		X	X	X	X	X	X	X	X
R, N, T	27. The entity incorporates persons with lived experience as Peer Support Specialists, peer navigators, or other equivalent roles in service delivery.	<u>Renewal:</u> - Certification of Integration of Persons with Lived Experience <u>New:</u> - Project Application Narrative	☐ Integrates persons with lived experience in service delivery. (2 points) ☐ Does not integrate them. (0 points)		X	X	X	X	X	X	X	X
R, N, T	28. The project will help reduce geographic gaps in service availability by providing the proposed component in regions or municipalities identified by the CoC as underserved for that type of intervention.	Project Application Narrative – Municipality(ies) where services are provided.	☐ Yes (5 points) ☐ No (0 points)		X	X	X	X	X	X	X	X

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, T	29. The project is located in or will provide services within an Opportunity Zone	Opportunity Zone Map – HUD	☐ Yes (2 points) ☐ No (0 points)		X	X	X	X	X	X	X	X
R, T	30. The project maintains documented mechanisms to respond in a timely manner to participants experiencing domestic violence, dating violence, sexual assault, or stalking	Narratives: Internal Protocols, Referral Procedures	☐ Yes (5 points) ☐ No (0 points)		X	X	X	X	X	X		
R, N, T	31. Amount expended at the end of the operating year vs. amount awarded	<u>With a submitted and approved APR/CAPER:</u> - eLOCCS report for that operating year, according to the submitted and approved APR. <u>Without a submitted and approved APR/CAPER (first year of implementation):</u> - Not applicable; the points will not be counted in the total points of the denominator <u>Without homelessness experience:</u> - Description of effective experience in the use of Federal funds, including public funds from existing projects (timely reimbursement, regular drawdowns, and reports for existing grants)	☐ ≥99% (5 points) ☐ 98%-95% (3 points) ☐ 94%-90% (1 point) ☐ ≤89% (0 points)		X	X	X	X	X	X	X	X
R, N, T	32. Cost-effectiveness of services based on the most recently submitted APR. TH= PH=	<i>Collaborative Applicant Certification using the APR and fiscal area.</i> <i>Table generated for cost-effectiveness based on participants.</i>	Costs below the average = Cost-effective. (5) ☐ Costs above the average = Not cost-effective. (0)		X	X	X	X	X	X		

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	33. Coordination with Health and Housing Services (match) <i>Note: Match or leverage will be considered according to what is expected for the project type under which the project applies.</i>	▪ Certification of Coordination with Health and Housing Services for the corresponding 2026 Competition project application. For SSO/TH: ▪ <i>For SSO, only the service-related scoring will apply, not scoring related to housing. Maximum score if health services are provided.</i>	☐ Yes (5 points) At least 25% of the total amount requested was contributed (match/leverage) for health services. AND At least 25% of the project’s total units were funded with sources other than CoC or ESG. ☐ Yes (3 points) At least 25% of the total amount requested was contributed (match/leverage) for health services. OR At least 25% of the project’s total units were funded with sources other than CoC or ESG. ☐ Does not demonstrate evidence (0 points)		X	X	X	X	X	X	X	X
R, N, T	34. The project demonstrates formal collaboration agreements or funding sources that ensure participant access to employment services, workforce development, and educational opportunities.	• MOU / Formal agreements	☐ Evidence (meets at least one of the following): (5 points) Formal agreement with an employment or workforce development service provider. Formal agreement with an educational institution or educational service provider. Evidence of funding or programmatic integration (with funds external to the CoC) that facilitates participant access to these services. ☐ Does not meet (0 points)		X	X	X	X	X	X	X	

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N,T	35. Describes plans for how it will assist participants in coordinating and obtaining benefits .	- Project Application Narrative (description of service coordination processes and benefits acquisition). - Collaboration Agreements and/or Letters of Support	☐ Describes how it will assist participants in accessing the benefits for which they are eligible, such as TANF/NAP (PAN), Social Security, and health insurance. (3 points) ☐ Has no experience and does not describe how it will assist participants with benefits. (0 points)		X	X	X	X	X	X	X	X
R, N, T	36. Participation in at least 75% of CoC general membership meetings .	Coordinadora Moriviví Certification	☐ ≥75% participation (1 point) ☐ <75% participation (0 points)		X	X	X	X	X	X	X	X
R, N, T	37. Participation in at least 75% of the meetings of a working committee .	Coordinadora Moriviví Certification	☐ ≥75% participation (1 point) ☐ <75% participation (0 points)		X	X	X	X	X	X	X	X
R, N, T	38. Participation in more than one working committee . <i>Note: An entity that is only registered in a committee without attending its meetings will not be considered.</i>	Coordinadora Moriviví Certification	☐ Yes (1 point) ☐ No (0 points)		X	X	X	X	X	X	X	X
R, N	39. Compliance with the collaboration agreement between the entity and the CES for calendar year 2025. The agreement must be signed at the start of the grant term. <i>Note: Agreements signed retroactively will not be accepted as valid.</i>	CES Certification Copy of the entity’s MOU <u>New without homelessness experience:</u> - Not applicable to applicants without a history in CoC PR-503; the points will not be counted in the total points of the denominator	☐ Yes, evidences compliance (3 points) ☐ No, agreement signed after the start of the grant. (0 points)		X	X	X	X	X	X	X	X
B. Performance – (35% weight – NOFO minimum requirement 25%) Past, measurable, and verifiable outcomes (SPM). NOTE: Performance measures apply only to renewal projects, transition projects, and new projects with a CoC and/or ESG history. For new projects, it is recommended to use the APR of a project of the same component and program design. If there is more than one project of the same component and design, the APR of the project that has been operating the longest will be used. If the applicant has no previous homelessness experience, these measures do not apply and are removed from the denominator.												
Self-Sufficiency												

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	40. Percentage of participants who exit with increased or new employment income. *If the evidence is based on a CAPER, only exits with income will be measured.	- If exits were recorded (leavers): - APR Q19a2 or CAPER Q17 - Adults with earned income (employment) - If no exits were recorded (stayers): - APR Q19a1 or CAPER Q17 - Latest status for stayers	☐ ≥25% of participants increased or exited with income (10 points) ☐ 20%-24% of participants increased or exited with income (5 points) ☐ 10%-19% of participants increased or exited with income (3 points) ☐ <10% of participants increased or exited with income (0 points)		X	X	X	X	X	X	X	X
R, N, T	41. Percentage of participants who exit with increased or new income from other sources (non-employment), including cash and non-cash income.	- If exits were recorded (leavers): - APR Q19a2 / CAPER Q17 - Adults with other income. - If no exits were recorded (stayers): - APR Q19a1 / CAPER Q17 - Latest status for stayers	☐ ≥25% of participants increased or exited with income from other sources (8 points) ☐ 20%-24% of participants increased or exited with income from other sources (5 points) ☐ 10%-19% of participants increased or exited with income from other sources (3 points) ☐ <10% of participants increased or exited with income from other sources (0 points)		X	X	X	X	X	X	X	X
R, N, T	42. The percentage of participants who increased total income in the project is equal to or greater than the CoC average.	<u>With experience</u> in homeless projects: APR/CAPER Q19a-Any Income Latest Status= 32.12% (SPM 2025) <u>Without experience</u> in homeless projects: not applicable	☐ Yes, meets (5 points) ☐ Does not meet (0 points)		X	X	X	X	X	X		
R, N, T	43. The percentage of participants who increased employment income in the project is equal to or greater than the CoC average.	<u>With experience</u> in homeless projects: APR/CAPER Q19a-Employment Income Latest Status= 22.63% (SPM 2025) <u>Without experience</u> in homeless projects: not applicable	☐ Yes, meets (5 points) ☐ Does not meet (0 points)		X	X	X	X	X	X		

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	44. Percentage of participants who exit to unsubsidized housing .	- APR/CAPER Q23c Exit Destinations Formula: (Total exits – homeless situations – temporary situations – rental with ongoing subsidy – owned with ongoing subsidy – other situations) ÷ Total exits	☐ ≥20% (10 points) ☐ <20% (0 points)		X	X	X	X	X	X		
Housing Retention												
R, N, T	45. Percentage of participants who exit to or remain in permanent housing .	- PH RRH: APR/CAPER Formula $\frac{(Q5\ stayers + Q23c\ leavers\ to\ PH\ (subtotal\ PH))}{Q07a\ total\ participant - Q23c\ deceased}$ - TH: APR/CAPER Formula $\frac{(Q23c\ leavers\ to\ PH\ (subtotal\ PH))}{Q07a\ total\ participant - Q23c\ deceased}$	☐ ≥90% (5 points) ☐ 85%-89% (3 points) ☐ 70%-84% (1 point) ☐ <70% (0 points)		X	X	X	X	X	X		
R, N, T	46. Returns to homelessness – Percentage of participants who exit to permanent housing and return to homelessness within 12 months of moving in. <i>Note: Not applicable to programs without experience in programs serving people experiencing homelessness. If there are no cases followed for 12 months, not applicable.</i>	<u>With experience in homeless projects:</u> - HMIS Certification <u>New without homelessness experience:</u> - Not applicable; the points will not be counted in the total points of the denominator	☐ ≤5% (5 points) ☐ 6%-10% (3 points) ☐ >10% (0 points)		X	X	X	X	X	X	X	X
R, N, T	47. Returns to homelessness – Percentage of participants who exit to permanent housing and return to homelessness within 24 months of moving in. <i>Note: Not applicable to programs without experience in programs serving people experiencing homelessness. If there are no cases followed for 24 months, not applicable.</i>	<u>With experience in homeless projects:</u> - HMIS Certification <u>New without homelessness experience:</u> - Not applicable; the points will not be counted in the total points of the denominator	☐ ≤8% (5 points) ☐ 9%-15% (3 points) ☐ >15% (0 points)		X	X	X	X	X	X	X	X
Efficiency												

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	48. Average daily bed or unit utilization rate during the operating year.	<u>With a submitted and approved APR/CAPER:</u> ▪ APR/CAPER Q02: Bed and Unit Inventory & Utilization <u>Without a submitted and approved APR/CAPER (first year of implementation):</u> ▪ Not applicable; the points will not be counted in the total points of the denominator <u>New without homelessness experience:</u> ▪ Not applicable; the points will not be counted in the total points of the denominator	☐ ≥85% (5 points) ☐ 80%-84% (3 points) ☐ 75%-79% (1 point) ☐ ≤74% (0 points)		X	X	X	X	X	X	X	X
Data Quality												
R, N, T	49. Level of HMIS data quality completeness.	<u>Programs with APR/CAPER:</u> ▪ APR/CAPER Q06-Data Quality (a-f) <u>Programs without a submitted and approved APR/CAPER:</u> ▪ HMIS AWARDS Certification <u>New without homelessness experience:</u> ▪ Not applicable; the points will not be counted in the total points of the denominator	☐ <5% of data with errors or missing (3 points) ☐ ≥5% of data with errors or missing (0 points)		X	X	X	X	X	X	X	X
R, N, T	50. Average time (days) for data entry of cases into HMIS (for both entries and exits) (timeliness).	<u>Programs without a submitted and approved APR/CAPER:</u> ▪ AWARDS APR Report <u>Programs with APR/CAPER:</u> ▪ APR/CAPER Q06-Data Quality (a-f) <u>New without homelessness experience:</u> ▪ Not applicable; the points will not be counted in the total points of the denominator	☐ ≤2 days (3 points) ☐ >2 days (0 points)		X	X	X	X	X	X	X	X
R, N, T	51. Percentage of participants with no exit destination information.	▪ APR/CAPER Q23c Exit Destinations ▪ Formula: Data not Collected ÷ Total exits	☐ ≤10% (10 points) ☐ >10% (0 points)		X	X	X	X	X	X		

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
C. Project Design and Intervention Strategies Evaluates the project design, the integration of services and supports, and the strategies implemented to facilitate housing stability and participants’ progress toward greater self-sufficiency												
Treatment and Recovery												
R, N, T	52. The project includes behavioral health and/or substance use treatment on-site or evidences agreements to provide behavioral health and/or substance use treatment. <i>Note: Criterion applicable based on the project type under which the project applies</i>	- Project Application Narrative – Activities and/or - Formal agreements aligned with supportive services.	☐ Yes (10 points) ☐ No (0 points)		X	X	X	X	X	X	X	
R, N, T	53. The project demonstrates formal collaboration agreements or funding sources that ensure participant access to treatment and recovery services.	Formal agreements or funding sources - Outpatient treatment services for mental health and substance use disorders. - Services for persons with serious mental illness (SMI). - Services related to Drug Courts or other specialized courts. - A Certified Community Behavioral Health Clinic (330 Center) or a Community Health Clinic. - SAMHSA Projects for Assistance in Transition from Homelessness (PATH), - Grants for the Benefit of Homeless Individuals (GBHI)	☐ Yes, meets at least one of the agreements or funding sources described (5 points) ☐ No, does not meet (0 points)		X	X	X	X	X	X	X	X
R, N, T	54. The program includes in its budget, or has collaborative agreements that ensure, robust supportive services with a reasonable ratio of direct service staff to participants. (Robust wraparound services)	- Budget and/or - Formal agreements aligned with supportive services.	☐ At least 30% of the budget is dedicated to supportive services. OR The value of supportive services funded with CoC funds, leverage, match, and other formal partnerships equals at least 50% of the funds requested. (5 points) ☐ Does not meet expectations (0 points)		X	X	X	X	X	X	X	

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	55. Access to 24/7 detoxification services or guaranteed linkages. <i>Note: Criterion applicable based on the project type under which the project applies.</i>	- Project Application Narrative - MOU / Formal agreements	☐ Yes (5 points) ☐ No (0 points)		X	X	X				X	X
Employment, Self-Sufficiency, and Safety												
N, T, R	56. Describes how participants will be assisted to obtain employment / increase income or maximize independent living skills.	- Project Application Narrative - MOUs with employers and job training programs. - Collaboration Agreements and/or Letters of Support	☐ Describes appropriate processes for the population to be served related to obtaining employment or increasing income. (5 points) ☐ Does not describe the processes, or the processes are not appropriate for the population to be served. (0 points)		X	X	X	X	X	X	X	
R, N, T	57. Documented supports for child care or other barriers to employment. <i>Note: Criterion applicable based on the project type under which the project applies.</i>	- Project Application Narrative - MOU / Formal agreements	☐ Yes (5 points) ☐ No (0 points)		X	X	X	X	X	X	X	
R, N, T	58. The program includes, within its required supportive services, services that promote self-sufficiency , including: employment skills, budgeting, and independent living skills. <i>Note: Criterion applicable based on the project type under which the project applies</i>	Project Application Narrative – Activities	☐ Yes (5 points) ☐ No (0 points)		X	X	X	X	X	X	X	
R, N, T	59. The program includes commitments and/or evidence of compliance and collaboration with local law enforcement agencies and first responders .	- Project Application Narrative - Agreements with local law enforcement agencies.	☐ Describes experience with current collaborations with local law enforcement agencies and first responders and provides evidence of the agreements. (5 points) ☐ Describes experience with current collaborations with local law enforcement agencies and first responders without evidence of the agreements. (1 point) ☐ No, the program does not describe a commitment to local law enforcement agencies and does not evidence collaboration with them. (0 points)		X	X	X	X	X	X	X	

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
N, T	60. The applicant demonstrates in the project application that it will provide street outreach services consistent with 24 CFR 578.53(e)(13), specifically including law enforcement activities, public order codes, Puerto Rico Law 408, and Law 67.	- Project Application Narrative - MOU / Formal agreements	☐ Describes and evidences street outreach services, including law enforcement activities, public order codes, Law 408, and Law 67 (15 points) ☐ Does not describe the processes, specifically law enforcement activities, public order codes, Law 408, and Law 67. (0 points)									X
D. Organizational Capacity and Risk Administrative, fiscal, legal, and compliance strength of the organization.												
N	61. Describes and demonstrates experience working with the proposed population and providing housing similar to that described in the project application.	Project Application Narrative.	☐ Demonstrates 4 or more years of experience administering projects for the proposed population. (5 points) ☐ Demonstrates 2 years to 3 years and 11 months of experience administering projects for the proposed population. (3 points) ☐ Less than 2 years of experience or an unsatisfactory track record. (0 points)		X	X	X	X	X	X	X	X
N, T	62. Describes a program implementation plan , detailing activities at 60, 120, and 180 days after HUD approval.	- Project milestones - Site control	☐ Details a plan and proposes activities at 60, 120, and 180 days. (3 points) ☐ Does not detail a plan and/or does not propose activities at 60, 120, and 180 days. (0 points)		X	X	X	X	X	X	X	X
N	63. The entity has demonstrated implementation of new projects consistent with its project application. (New project application – 2024 Competition) <i>Note: Applies only to entities with new project applications in the 2024 Competition.</i>	CoC Implementation Certification	☐ Demonstrates implementation consistent with the project application after grant agreement execution (5 points) ☐ Demonstrates poor or no implementation consistent with the project application after grant agreement execution. (0 points)		X	X	X	X	X	X	X	X

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
N	64. Describes an administrative and financial track record with Federal funds , including HUD grants or any other.	- Project Application Narrative - Fiscal documentation submitted	☐ Describes experience in the project application and it is evidenced in the documentation submitted (financial statements, Single Audit) (5 points) ☐ Describes experience only in the project application (1 point) ☐ Does not demonstrate experience (0 points)		X	X	X	X	X	X	X	X
R, N, T	65. Conducts at least one quarterly drawdown in accordance with the term of the HUD grant agreement for the grant corresponding to the APR under review.	<u>With a submitted and approved APR/CAPER:</u> - eLOCCS report detailing expenditures for the grant operating year corresponding to the APR/CAPER under review. <u>Without a submitted and approved APR/CAPER:</u> - Must submit evidence of drawdowns to date. <u>Without homelessness experience:</u> - Not applicable	☐ Yes (3 points) ☐ No (0 points)		X	X	X	X	X	X	X	X
R, N, T	66. No open findings in the Single Audit (entities expending \$1,000,000 or more in Federal funds) or current financial statements, as applicable.	- Fiscal Matters Certification – Coordinadora Morivivi. <u>If there are findings,</u> - submit a copy of the corrective action plan; otherwise, 0 points will be awarded. (Open findings in the Single Audit).	☐ No findings, or findings have been resolved. Has current financial statements (5 points) ☐ Findings with a Corrective Action Plan (3 points) ☐ Findings without a Corrective Action Plan. Does not have current financial statements. (0 points)		X	X	X	X	X	X	X	X

Type R=Renewal N=New T=Transition	CRITERION	RESOURCES / EVIDENCE	INDICATOR	PTS	PSH	RRH	TH	DV-PH	DV-RRH	DV-TH	SSO	SSO-Out
R, N, T	67. Federal monitoring findings <i>Note: If the entity has had no HUD or internal monitoring, the criterion does not apply.</i>	- Monitoring Certification - HUD monitoring	Renewal/Transition: ☐ No monitoring findings (5 points) ☐ Has a corrective action plan for monitoring findings (3 points) ☐ Has monitoring findings / “overdue” findings (0 points) <u>New:</u> ☐ No findings, or has demonstrated that findings were resolved in a timely manner. (5 points) ☐ Has findings with a Corrective Action Plan. (1 point) ☐ Has findings without a Corrective Action Plan. (0 points)									
					X	X	X	X	X	X	X	X

V. REQUIRED DOCUMENTATION

Note: *If the entity does not meet ALL of the criteria below, the project CANNOT be recommended.*

Documentation	INDICATOR
1. Copy of the current Code of Conduct	☐ Yes, met ☐ Not met
2. Copy of the Certificate of <i>Good Standing</i> , for nonprofit organizations	☐ Yes, met ☐ Not met
3. Certification of Consistency with the Consolidated Plan	☐ Yes, met ☐ Not met
4. Shows evidence of match commitments equal to 25% of the total funds requested for the project application.	☐ Yes, met ☐ Not met

Puerto Rico Continuum of Care PR CoC-503

PROJECT PRIORITIZATION INSTRUMENT -2026

SSO - CE



I. BASELINE SCREENING

Note: If the proposal does not meet ALL of the criteria below, the project is NOT eligible to be evaluated.

Screening	
1. Submitted all screening documents and meets the minimum criteria for the use of CoC funds.	☐ Yes, met ☐ Not met
2. Submitted the Letter of Intent on or before the deadline established by the CoC.	☐ Yes, met ☐ Not met
3. Submitted the proposal on time in e-snaps on or before the deadline established by the CoC.	☐ Yes, met ☐ Not met
4. The entity meets the minimum requirements to serve as the CoC lead agency, as stipulated in the Competition Manual (Section X.b.).	☐ Yes, met ☐ Not met
Overall Screening Result	☐ Yes, met all (continue to proposal screening) ☐ Did not meet all (stop proposal screening)

II. REQUIREMENTS REVIEW (Threshold Review)

Note: Rating factors will be applied based on the type of project for which funds are requested. If the project does not meet all requirements for its project type, it is NOT eligible to be evaluated.

CE Project

1. The Coordinated Entry System is easily accessible to all persons within the CoC's geographic area who are seeking homelessness-related assistance. The system is also accessible to persons with disabilities within the CoC's geographic area.	<u>Evidence:</u> Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
2. There is an outreach and engagement strategy specifically designed to identify and reach the individuals and families experiencing homelessness who have the greatest need for assistance.	<u>Evidence:</u> ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
3. The Coordinated Entry System has a standardized needs assessment process.	<u>Evidence:</u> ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
4. The project will ensure that participants are referred and connected to the housing option and services that best meet their needs.	<u>Evidence:</u> ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
5. Demonstrates Match Sources of 25% of the total amount requested.	Match evidence for the proposal being submitted.	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
CE Result		If not all criteria are met, the project does NOT qualify to be evaluated
Operational Performance and Efficiency Measures		
Criterion	Evidence	Indicator
1. The project describes how it will ensure timely and equitable access to the Coordinated Entry System for eligible persons throughout the CoC's geographic area.	The proposal will be reviewed to verify that it includes: ☐ Multiple access points or access mechanisms. ☐ Strategies for rural or hard-to-reach areas.	1 point per element up to a maximum of 5

	☐ Accessibility for persons with disabilities and communication needs. ☐ Hours or mechanisms for continuous access. ☐ Procedure for handling referrals from agencies and first responders.	
2. The project describes the mechanisms it will use to coordinate participants' access to the appropriate housing option and services.	Drawn from the Proposal Narratives ☐ Procedure for referrals to CoC projects. ☐ Coordination with external providers. ☐ Participation in case conferencing. ☐ Follow-up on referrals made. ☐ Procedure for documenting referral outcomes.	1 point per element up to a maximum of 5
3. Interagency Coordination for the Identification and Referral of Persons Experiencing Homelessness The project demonstrates how it will establish and maintain collaboration agreements with hospitals, public safety agencies, first responders, and other strategic entities to identify, refer,	Drawn from the Proposal Narratives ☐ Agreements (MOU) or letters of commitment with hospitals, health centers, or treatment programs. ☐ Agreements with the State Police, Municipal Police, or other public safety agencies. ☐ Agreements with Emergency Management, EMS, Fire Department, or other first responders.	2 points per element up to a maximum of 6

and promptly connect persons experiencing homelessness to the Coordinated Entry System		
4. Organizational Capacity to Implement the Project The organization demonstrates that it has the organizational, administrative, operational, and technical structure necessary to administer the project and fulfill the responsibilities of the Lead Agency.	• Proposal Narratives • Updated organizational chart. • Administrative and supervisory structure. • Assigned key personnel and their roles. • Administrative, fiscal, and technological systems.	2 points per element up to a maximum of 8 Presents an organizational chart that clearly identifies the administration, supervision, and operations structure of the project. Identifies the key personnel required to administer the project, including roles and level of effort. Demonstrates that it has systems or procedures for financial management, procurement, human resources, and records management. Describes the technological and administrative infrastructure necessary to operate the project (equipment, platforms, information security, physical space, or other applicable resources).
5. The project demonstrates that the organization has the human, administrative, technological, and operational resources necessary to assume administration of the project from the first day of the	• Proposal Narratives • Implementation timeline. • Personnel available at project start. • Strategies to prevent service interruptions.	2 points per element up to a maximum of 10 Presents a transition timeline with implementation activities and dates

agreement's term, without interruption of services		Identifies the trained personnel responsible for carrying out and supervising the transition Describes the critical activities necessary to complete the transition. Describes the procedures to ensure operational continuity during the transition. Includes specific measures to prevent or mitigate service interruptions and establishes contingency plans for identified risks.
--	--	---

CoC Measures		
Criterion	Evidence	Indicator
1. The project demonstrates how it will coordinate the Coordinated Entry System with municipal governments and first-response entities to strengthen the implementation of the Municipal Comprehensive Plans to Address Homelessness.	Drawn from the Proposal Narrative	Yes (1 point) No (0 points)
2. The entity integrates persons with lived experience of homelessness into its staff and/or board of directors, or receives their	Certification of integration of persons with lived experience.	Yes (1) No (0)

feedback through formal consultations or other processes.		
3. No open Single Audit findings (for entities receiving \$750,000 or more in federal funds) or current Financial Statements (as of December 2024), as applicable.	Coordinadora Moriviví fiscal matters evidence	No findings, or findings have been resolved. Has up-to-date financial statements (5). Findings with a Corrective Action Plan (3). Findings without a Corrective Action Plan. Does not have up-to-date financial statements. (0)
4. Federal monitoring / CoC programmatic evaluation findings.	Monitoring Certification	No monitoring findings. (5) Has a corrective plan for monitoring findings. (3) Has monitoring findings / “overdue” findings. (0)
Bonus		
5. Participation in at least 75% of the orientations and trainings provided to CoC PR 503.	Coordinadora Moriviví Certification	≥75% of trainings (3 points) <75% of trainings (0 points)
Maximum score: Bonus: 3		

III- REQUIRED DOCUMENTATION

Note: If the entity does not meet ALL of the criteria below, the project CANNOT be recommended.

Documentation	INDICATOR
Copy of the current Code of Conduct	☐ Yes, met ☐ Not met
Copy of <i>Good Standing</i> Certificate, for nonprofit organizations	☐ Yes, met ☐ Not met
Certificate of Consistency	☐ Yes, met ☐ Not met
Organizational Certification 2026	☐ Yes, met ☐ Not met
Copy of the proposal submitted in e-snaps for the <i>grant</i> under evaluation	☐ Yes, met ☐ Not met
Memorandum of Understanding with the CoC	☐ Yes, met ☐ Not met

Puerto Rico Continuum of Care PR CoC-503

PROJECT PRIORITIZATION INSTRUMENT -2026

HMIS



I. BASELINE SCREENING

Note: If the proposal does not meet ALL of the criteria below, the project is NOT eligible to be evaluated.

Screening		
1. Submitted all screening documents and meets the minimum criteria for the use of CoC funds.	☐ Yes, met ☐ Not met	
2. Submitted the Letter of Intent on or before the deadline established by the CoC.	☐ Yes, met ☐ Not met	
3. Submitted the proposal on time in e-snaps on or before the deadline established by the CoC.	☐ Yes, met ☐ Not met	
4. The entity meets the minimum requirements to serve as the CoC lead agency, as stipulated in the Competition Manual (Section X.b.).	☐ Yes, met ☐ Not met	
Overall Screening Result		☐ Yes, met all (continue to proposal screening) ☐ Did not meet all (stop proposal screening)

II. REQUIREMENTS REVIEW (Threshold Review)

Note: Rating factors will be applied based on the type of project for which funds are requested. If the project does not meet all requirements for its project type, it is NOT eligible to be evaluated.

HMIS Project		
1. The HMIS has a plan to direct funds to strengthen the capacity to use HMIS as a proactive case management tool to promote treatment and recovery.	Evidence: ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
2. The HMIS collects all universal data elements set forth in the HMIS Data Standards .	Evidence: ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
3. The HMIS has the capacity to prevent duplication of participant records.	Evidence: ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)

4. The HMIS produces all HUD-required reports and the data needed for HUD reports (e.g., APR, quarterly reports, CAPER/ESG) and other federal reports.	Evidence: ☐ Drawn from the Proposal Narratives	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
5. Demonstrates Match Sources of 25% of the total amount requested.	Match evidence for the proposal being submitted.	☐ Yes, meets (1 point) ☐ Does not meet (0 points)
HMIS Result If not all criteria are met, the project does NOT qualify to be evaluated		
Operational Performance and Efficiency Measures		
Criterion	Evidence	Indicator
1. The project presents a Data Quality .	The proposal will be reviewed to verify that it includes: ☐ Procedure for periodic data quality monitoring. ☐ Data quality indicators to be monitored. ☐ Procedure for notifying participating projects of findings. ☐ Procedure for developing corrective action plans. ☐ Procedure for verifying completion of corrective actions.	1 point per element up to a maximum of 5
2. The project presents a plan to train and provide technical assistance to HMIS users.	Drawn from the Proposal Narratives ☐ Annual training plan. ☐ Training for new users. ☐ Ongoing or refresher training. ☐ Procedure for requesting technical assistance. ☐ Response time or mechanism for addressing requests.	1 point per element up to a maximum of 5

3. The project presents procedures for the secure administration of HMIS.	Drawn from the Proposal Narratives 1. ☐ User and permissions administration policy. 2. ☐ Procedure for protecting confidential information. 3. ☐ Procedure for information backup. 4. ☐ Procedure for operational continuity or incident recovery. 5. ☐ Procedure for system updates and maintenance.	1 point per element up to a maximum of 5
---	---	--

4. Organizational Capacity to Implement the Project The organization demonstrates that it has the organizational, administrative, operational, and technical structure necessary to administer the project and fulfill the responsibilities of the Lead Agency.	• Proposal Narratives • Updated organizational chart. • Administrative and supervisory structure. • Assigned key personnel and their roles. • Administrative, fiscal, and technological systems.	2 points per element up to a maximum of 8 Presents an organizational chart that clearly identifies the administration, supervision, and operations structure of the project. Identifies the key personnel required to administer the project, including roles and level of effort. Demonstrates that it has systems or procedures for financial management, procurement, human resources, and records management. Describes the technological and administrative infrastructure necessary to operate the project (equipment, platforms, information security, physical space, or other applicable resources).
5. The project demonstrates that the organization has the human, administrative, technological, and operational resources necessary to assume administration of the project from the first day of the agreement's term, without interruption of services	• Proposal Narratives • Implementation timeline. • Personnel available at project start.	2 points per element up to a maximum of 10 Presents a transition timeline with implementation activities and dates Identifies the trained personnel responsible for carrying out and supervising the transition

		Describes the critical activities necessary to complete the transition. Describes the procedures to ensure operational continuity during the transition. Includes specific measures to prevent or mitigate service interruptions and establishes contingency plans for identified risks.
--	--	---

CoC Measures		
Criterion	Evidence	Indicator
6. The entity integrates persons with lived experience of homelessness into its staff and/or board of directors, or receives their feedback through formal consultations or other processes.	Certification of integration of persons with lived experience.	Yes (1) No (0)
7. No open Single Audit findings (for entities receiving \$750,000 or more in federal funds) or current Financial Statements (as of December 2024), as applicable.	Coordinadora Moriviví fiscal matters evidence	No findings, or findings have been resolved. Has up-to-date financial statements (5). Findings with a Corrective Action Plan (3). Findings without a Corrective Action Plan. Does not have up-to-date financial statements. (0)
8. Federal monitoring / CoC programmatic evaluation findings.	Monitoring Certification	No monitoring findings. (5) Has a corrective plan for monitoring findings. (3)

		Has monitoring findings / “overdue” findings. (0)
Bonus		
9. Participation in at least 75% of the orientations and trainings provided to CoC PR 503.	Coordinadora Moriviví Certification	≥75% of trainings (3 points) <75% of trainings (0 points)
Maximum score: Bonus 3:		

III- REQUIRED DOCUMENTATION

Note: *If the entity does not meet ALL of the criteria below, the project CANNOT be recommended.*

Documentation	INDICATOR
• Copy of the current Code of Conduct	☐ Yes, met ☐ Not met
• Copy of <i>Good Standing</i> Certificate, for nonprofit organizations	☐ Yes, met ☐ Not met
• Certificate of Consistency	☐ Yes, met ☐ Not met
• Organizational Certification 2026	☐ Yes, met ☐ Not met
• Copy of the proposal submitted in e-snaps for the <i>grant</i> under evaluation	☐ Yes, met ☐ Not met
• Memorandum of Understanding with the CoC	☐ Yes, met ☐ Not met



Reference Guide for Assessing Cost Reasonableness

Cost per participant is a useful indicator for assessing the reasonableness of a proposal; however, **not all projects within the same component offer the same level of services.**

A project offering basic services will naturally cost less than one offering an interdisciplinary team, specialized services, or high-intensity interventions. Therefore, budget reasonableness must be assessed in light of the proposed services, the population to be served, and the expected outcomes.

The following ranges provide a reference to support the technical review. They do not represent mandatory maximum or minimum limits.

Component	Intensity Level	Reference Annual Cost per Participant
Outreach	Basic Initial contact, assessment, referrals, and basic follow-up. (NOT ALIGNED WITH COC PRIORITIES)	\$500 – 1,000
	Intermediate Intensive outreach, initial case management, navigation of the Coordinated Entry System (CES) and other housing options, document acquisition, and housing and/or treatment coordination.	\$650 – 1,100
	High / Specialized Crisis intervention, housing navigation, treatment coordination, ongoing follow-up, and regional coordination. Includes intervention involving AOT, specialized courts, co-response, mental health, and/or substance use.	US\$1,200 – 4,500
SSO – Behavioral Health	Basic Referrals and coordination of clinical services.	US\$2,500 – 4,500
	Interdisciplinary On-site services with a physician, nursing, psychology, counseling, groups, and clinical coordination.	US\$5,500 – 9,500
	High Intensity Highly specialized clinical model with intensive follow-up and reduced caseload	US\$9,000 – 15,000+ (requires additional justification).
	(NOT ALIGNED WITH THE COC'S 2026 COST-EFFECTIVENESS PRIORITIES)	
SSO – Self-Sufficiency and Employment	Basic Employability and strengths assessment, development of an individualized self-sufficiency plan based on the participant's goals, guidance on public benefits, obtaining personal documents, résumé preparation, coordination with workforce development consortia, referrals, and follow-up.	\$1,500 – 3,500



Component	Intensity Level	Reference Annual Cost per Participant
Transitional Housing (TH)	Intermediate In addition to the above, ongoing employment navigation, support in carrying out the individualized self-sufficiency plan, financial literacy, interview preparation, training programs, and other community resources, with periodic progress monitoring. Coordination with employers and training programs, and job retention support.	\$3,000 – 5,500
	Intensive In addition to the above, intensive services for participants facing greater barriers to employment or self-sufficiency, through coordination with specialized resources, individualized interventions, and extended follow-up to achieve employment and housing stability.	\$4,500 – 9,000
	Specialized Includes specialized certifications, tools, stipends, or other direct supports for job placement.	\$9,000 – 12,000 (when properly justified).
	(NOT ALIGNED WITH THE COC'S 2026 COST-EFFECTIVENESS PRIORITIES)	
	Basic Temporary housing, case management, and essential supportive services, including coordination and/or structured programming of 20 hours of service per week.	\$8,000 – 20,000
Permanent Supportive Housing (PSH)	Recovery Housing / Sober Living Housing, structured recovery programming, peer support, clinical coordination, and housing navigation.	\$18,000 – 30,000
	High Intensity Recovery Housing with specialized clinical services and intensive 24/7 programming.	\$25,000 – 40,000+
	Basic Permanent housing assistance, case management, housing stability monitoring, benefits coordination, referrals, and periodic follow-up.	\$8,000–15,000
	Intermediate In addition to the above, intensive housing navigation, coordination with physical and behavioral health providers, housing retention support, treatment adherence support, crisis intervention when needed, and frequent coordination with the landlord.	\$12,000–20,000
	High Intensity Multidisciplinary services for people with serious mental illness, substance use disorders, or a prolonged history of homelessness. Includes frequent follow-up, integrated clinical teams, intensive interventions, and ongoing interagency coordination.	\$18,000–30,000

STRATEGIC PRIORITIES CERTIFICATION

FY 2026 Competition · NOFO CPD-2600-DC-0025

Applicant organization	
Project name	
Component / Project model	
Evaluation date	

PURPOSE

As part of its responsibility to plan and coordinate a comprehensive response to homelessness, CoC PR-503 establishes strategic priorities to direct available resources toward interventions with the greatest potential systemwide impact.

This certification is intended to verify that the applicant has demonstrated a documented history of work and collaboration within the CoC geographic area consistent with those priorities, and that the submitted proposal strengthens and continues the strategies established by the Continuum.

Its objective is to ensure that competitive CoC resources advance the goals and priorities adopted by the system, maximizing coordination among agencies, continuity of strategic initiatives, and the collective impact of public investment.

THE APPLICANT MUST PROVIDE EVIDENCE OF:

- **Documented track record**

During the past twenty-four (24) months, its projects, policies, and organizational practices have consistently aligned with the strategic priorities of CoC PR-503 within its geographic area.

- **Strategic participation**

It has actively participated in initiatives, collaborative processes, networks, or partnerships promoted by CoC PR-503 to advance the strategic priorities related to the proposed component.

- **Strategic continuity**

The submitted proposal continues, strengthens, or expands the strategies advanced by the CoC for the applicable component and contributes to implementation of the CoC Strategic Plan and Tactical Plan.

New program investment

Any project that represents a new program investment in the CoC portfolio must correspond to a component and project model approved as a priority for the FY 2026 Competition:

- TH — Recovery Housing / Sober Living or Crisis Housing model.
- SSO — On-site clinical and treatment services and/or services focused on self-sufficiency.
- SSO-Outreach — Assertive outreach model, framed by the Comprehensive Municipal Outreach Plans and coordinated with first responders.

☐ Meets criteria ☐ Does not meet criteria

EVALUATOR OBSERVATIONS:

SSO – OUTREACH / STREET OUTREACH

Component evaluated

A. Documented track record and strategic participation

Criterion	Required evidence	Meets criterion
<i>Participated in the development or implementation of the Comprehensive Municipal Outreach Plans promoted by CoC PR-503.</i>	<i>Meeting attendance records. Must have participated in at least one (1) meeting concerning the Comprehensive Plans: the general meetings (2) at HUD and/or a regional meeting (4).</i>	☐ Yes ☐ No
<i>For municipalities, completed Templates 2 and 4 of the planning process for the Comprehensive Municipal Outreach Plans.</i>	<i>Copies of submitted templates or validation by Coordinadora Morivivi.</i>	☐ Yes ☐ No ☐ N/A

B. Strategic continuity and proposal alignment

Criterion	Required evidence	Meets criterion
<i>Implements the Comprehensive Municipal Outreach Plans.</i>	<i>Proposal narrative.</i>	☐ Yes ☐ No
<i>Actively participates in the Regional Network and Community Listings, as applicable.</i>	<i>Proposal narrative.</i>	☐ Yes ☐ No ☐ N/A
<i>Prioritizes identifying and immediately connecting unsheltered persons to treatment and/or housing (except projects specialized for youth or domestic violence).</i>	<i>Proposal narrative. Description of the target population, eligibility criteria, and/or outreach methodology.</i>	☐ Yes ☐ No ☐ N/A
<i>Includes structured coordination with first responders, law enforcement, courts, and other entities to implement applicable laws and codes, including Laws 408 and 67.</i>	<i>Proposal narrative.</i>	☐ Yes ☐ No
<i>Includes coordination to facilitate transitions among health care, correctional, foster care, or other relevant systems.</i>	<i>Narrative, protocols, MOU, or letters of collaboration.</i>	☐ Yes ☐ No

SSO – CLINICAL STABILIZATION, RECOVERY, AND SOCIAL INTEGRATION AND/OR SELF-SUFFICIENCY

Component evaluated

A. Verifiable track record and strategic participation

Criterion	Required evidence	Meets criterion
<i>During the past twenty-four (24) months, provided supportive services for housing stabilization, treatment, recovery, community reintegration, employment, and/or self-sufficiency within PR-503.</i>	<i>Contracts, program reports, certifications, or program descriptions.</i>	☐ Yes ☐ No
<i>For a municipality and/or public housing agency (PHA), persons experiencing homelessness are the first preference or admission priority established in the Administrative Plan (Housing Choice Voucher) and the Admissions and Continued Occupancy Policy (ACOP), as applicable.</i>	<i>Certification or official document and excerpt from the Action Plan and ACOP, as applicable.</i>	☐ Yes ☐ No ☐ N/A

B. Strategic continuity and proposal alignment

Criterion	Required evidence	Meets criterion
Integrates the following types of on-site services: (i) clinical and recovery services; and/or (ii) employment, education, income development, and self-sufficiency.	<i>Proposal narrative.</i>	☐ Yes ☐ No

TRANSITIONAL HOUSING (TH)

Component evaluated

A. Documented track record and strategic participation

Criterion	Required evidence	Meets criterion
<i>Has operated emergency, transitional, or permanent housing projects with supportive services within PR-503.</i>	<i>Contracts, funding agreements, performance reports, HMIS, or other program evidence.</i>	☐ Yes ☐ No
<i>For a municipality and/or PHA, persons experiencing homelessness are the first preference or admission priority established in the Administrative Plan (Housing Choice Voucher) and the Admissions and Continued Occupancy Policy (ACOP), as applicable.</i>	<i>Certification or official document and excerpt from the Action Plan and ACOP, as applicable.</i>	☐ Yes ☐ No ☐ N/A

B. Strategic continuity and proposal alignment

Criterion	Required evidence	Meets criterion
<i>Serves one or more population priorities identified by the CoC (unsheltered persons; persons with substance use disorders; persons with disabilities; women; families; survivors of domestic violence).</i>	<i>Proposal narrative.</i>	☐ Yes ☐ No
Implements a housing model prioritized by the CoC: • Recovery-oriented TH integrating intensive clinical and/or treatment services, including Recovery Housing and/or Sober Living models. • TH addressing immediate temporary shelter needs (crisis housing).	<i>Project design, narrative, and operating model.</i>	☐ Yes ☐ No
<i>Follows an individualized, person-centered service model consistent with HUD requirements (includes structured individualized programming of 20 hours per week).</i>	<i>Program design, policies and procedures, or service narrative.</i>	☐ Yes ☐ No

PERMANENT HOUSING (PH)

Component evaluated

A. Documented track record and strategic participation

Criterion	Required evidence	Meets criterion
<i>Provides housing with supportive services in the CoC PR-503 geographic area.</i>	<i>Current grant agreement.</i>	☐ Yes ☐ No
<i>Meets the Certification of Demonstrated Need, Program Compliance, and Housing Quality.</i>	<i>Certification.</i>	☐ Yes ☐ No

B. Strategic continuity and proposal alignment

Criterion	Required evidence	Meets criterion
Serves one or more population priorities identified by the CoC for PH: • Unsheltered persons. • Persons with physical or mental health disabilities. • Persons age 62 or older. • Families (NOFO priority: 1 project).	<i>Proposal narrative.</i>	☐ Yes ☐ No
<i>Includes supportive services appropriate for the population to be served.</i>	<i>Project design, budget, narrative, and operating model.</i>	☐ Yes ☐ No
<i>Implements a systematic process to assess participants' continuing need for services and facilitate their transition ("Move-On") to appropriate permanent housing alternatives, freeing capacity to serve persons with greater support needs.</i>	<i>Project design, narrative, and operating model.</i>	☐ Yes ☐ No

EVALUATOR OBSERVATIONS

FINAL DETERMINATION

- ☐ **Meets the Strategic Priorities of CoC PR-503.**
- ☐ **Does not meet the Strategic Priorities of CoC PR-503.**

Evaluator signature

Date

Evaluator signature

Date

Ranking List | CoC FY2026

Approved by the CoC General Assembly August 10, 2026

Field Office:	San Juan								
CoC Number:	PR-503								
CoC Name:	South-Southeast Puerto Rico CoC								
CA Name:	Coordinadora Morivivi, Inc.								
DV ARD (Estimated):	\$4,419,005	(Reallocation Restriction)	PPRN	\$	11,989,098	Planning	\$	738,542	
YHDP ARD (Estimated):	\$0		Tier 1	\$	8,862,507	2/3 Tier 1			
CoC's ARD (Estimated):	\$14,770,845		CoC Bonus	\$	2,215,627	Tier 2	\$	5,908,338	
			DV Bonus	\$	2,397,820				
			ARD + CoC Bonus	\$	16,986,472	ARD + CoC + DV Bonus	\$	19,384,292	

Applicant and Project Information										
Rank	Applicant Name	Project Name	Grant Number	Project Component	Restriction (DV or YHDP)	Score	Status	Amount Requested	Reallocated Funds	Running Total
1	Corporacion Milagros del Amor	Vereda del Rio	PR0146L4N032506	PH		100	Accepted Renewal	\$507,842		\$507,842
Not Ranked	Lucha Contra el Sida, Inc.	Puertas de Estancia	PR0122L4N032504	PH		100	Accepted Transition	\$0	\$ 157,822	\$507,842
2	Lucha Contra el Sida, Inc.	Puertas de Estancia		TH		100	Accepted New Transition	\$157,822		\$665,664
Not Ranked	Centro Deambulantes Cristo Pobre, Inc.,	Cristo Pobre Permanent Housing CD	PR0205L4N032501	PH		95.9	Accepted Transition	\$0	\$ 426,423	\$665,664
3	Centro Deambulantes Cristo Pobre, Inc.,	Alianza de Amor		TH		95.9	Accepted New Transition	\$426,423		\$1,092,087
Not Ranked	Guara BI,Inc.	Guara Bi Siba	PR0174D4N032502	Joint TH & PH-RRH	DV	95.4	Accepted Transition	\$0	\$ 808,845	\$1,092,087
4	Guara BI,Inc.	Guara Bi Siba		TH	DV	95.4	Accepted New Transition	\$808,845		\$1,900,932
Not Ranked	MUNICIPALITY OF ISABELA	Isabela Rental Assistance-DV 2024	PR0163D4N032504	PH	DV	95	Accepted Transition	\$0	\$ 55,865	\$1,900,932
5	MUNICIPALITY OF ISABELA	Isabela Rental Assistance-DV 2026		TH	DV	95	Accepted New Transition	\$55,865		\$1,956,797
6	Corporacion Milagros del Amor	Por Mi Hogar I	PR0114L4N032511	PH		93.9	Accepted Renewal	\$469,270		\$2,426,067
7	Guara BI, Inc.	Guara Bi Caguas (Mendoza)	PR0078L4N032513	TH		93.4	Accepted Renewal	\$217,628		\$2,643,695
8	Lucha Contra el Sida, Inc.	Lucero del Alba	PR0133L4N032512	PH		93	Accepted Renewal	\$446,029		\$3,089,724
9	Guara BI, Inc.	Guara Bi Carib	PR0079L4N032510	PH		91.2	Accepted Renewal	\$754,558		\$3,844,282
Not Ranked	Mental Health & Anti-Addiction Services Administration	Jóvenes Seguros del Sur	PR0171L4N032502	Joint TH & PH-RRH		90.7	Accepted Transition	\$0	\$ 327,093	\$3,844,282
10	Mental Health & Anti-Addiction Services Administration	Jóvenes Seguros del Sur		TH		90.7	Accepted New Transition	\$327,093		\$4,171,375
Not Ranked	Mental Health & Anti-Addiction Services Administration	Nuevo Comienzo	PR0184L4N032502	Joint TH & PH-RRH		94.9	Accepted Transition	\$0	\$ 334,334	\$4,171,375
Not Ranked	Mental Health & Anti-Addiction Services Administration	Nuevo Comienzo del Oeste	PR0204L4N032501	Joint TH & PH-RRH		86.3	Accepted Transition	\$0	\$ 318,893	\$4,171,375
11	Mental Health & Anti-Addiction Services Administration	Nuevo Comienzo		TH		90.7	Accepted New Transition	\$653,227		\$4,824,602
Not Ranked	INSTITUTO PRE-VOCACIONAL E INDUSTRIAL DE PUERTO RICO, INC.	PROGRAMA DE CASA ABIERTA (PCA) 2024	PR0164D4N032504	PH	DV	90.6	Accepted Transition	\$0	\$ 218,904	\$4,824,602
12	INSTITUTO PRE-VOCACIONAL E INDUSTRIAL DE PUERTO RICO, INC.	PROGRAMA DE CASA ABIERTA (PCA)		TH	DV	90.6	Accepted New Transition	\$218,904		\$5,043,506
Not Ranked	HOGAR NUEVA MUJER SANTA MARIA DE LA MERCED, INC.	NUEVA MUJER RAPID REHOUSING PROGRAM	PR0125L4N032510	PH		90.3	Accepted Transition	\$0	\$ 247,203	\$5,043,506
Not Ranked	HOGAR NUEVA MUJER SANTA MARIA DE LA MERCED, INC.	REVIVRE HOUSING PROGRAM	PR0160D4N032504	Joint TH & PH-RRH	DV	90.2	Accepted Transition	\$0	\$ 639,807	\$5,043,506
13	HOGAR NUEVA MUJER SANTA MARIA DE LA MERCED, INC.	NUEVA MUJER PROGRAM		TH	DV	90.23	Accepted New Transition	\$887,010		\$5,930,516
Not Ranked	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	Realojamiento Rápido Jóvenes - RRH-Y 2024	PR0173L4N032502	PH		89.8	Accepted Transition	\$0	\$ 552,129	\$5,930,516
14	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	Realojamiento Rápido Jóvenes		TH		89.8	Accepted New Transition	\$552,129		\$6,482,645
Not Ranked	Red por los Derechos de la Niñez y Juventud de Puerto Rico	Casa Ramón-1 (FY2024)	PR0175L4N032502	Joint TH & PH-RRH		89.1	Accepted Transition	\$0	\$ 313,201	\$6,482,645
15	Red por los Derechos de la Niñez y Juventud de Puerto Rico	Casa Ramón-1		TH		89.1	Accepted New Transition	\$313,201		\$6,795,846
Not Ranked	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	¡Vuelvo a Casa...Segure! (RRH-VD) 2024	PR0187D4N032502	PH	DV	88.6	Accepted Transition	\$0	\$ 558,693	\$6,795,846
16	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	¡Vuelvo a Casa...Segure!		TH	DV	88.6	Accepted New Transition	\$558,693		\$7,354,539
Not Ranked	Red por los Derechos de la Niñez y Juventud de Puerto Rico	CASA ELIZABETH - 2024	PR0189D4N032502	Joint TH & PH-RRH	DV	88.4	Accepted Transition	\$0	\$ 504,194	\$7,354,539
17	Red por los Derechos de la Niñez y Juventud de Puerto Rico	CASA ELIZABETH		TH	DV	88.4	Accepted New Transition	\$504,194		\$7,858,733
Not Ranked	Fundacion de Desarrollo Comunal de P.R. Inc "FUNDESCO"	El Salvador Renewal Project FY2024	PR0137L4N032508	PH		87.5	Accepted Transition	\$0	\$ 320,064	\$7,858,733
18	Fundacion de Desarrollo Comunal de P.R. Inc "FUNDESCO"	El Salvador Renewal Project		TH		87.5	Accepted New Transition	\$320,064		\$8,178,797
19	Lucha Contra el Sida, Inc.	Remanso de Paz	PR0041L4N032517	PH		87.3	Accepted Renewal	\$683,710		\$8,862,507
Tier 2										
19	Lucha Contra el Sida, Inc.	Remanso de Paz	PR0041L4N032517	PH		87.3	Accepted Renewal	\$48,883		\$8,911,390
Not Ranked	Mental Health & Anti-Addiction Services Administration	Juntos de la Mano - Sur	PR0185D4N032502	Joint TH & PH-RRH	DV	87.3	Accepted Transition	\$0	\$ 610,111	\$8,911,390
20	Mental Health & Anti-Addiction Services Administration	Juntos de la Mano - Sur		TH	DV	87.3	Accepted New Transition	\$610,111		\$9,521,501
21	Mental Health & Anti-Addiction Services Administration	Hogar Seguro del Oeste	PR0183L4N032502	PH		86.3	Accepted Renewal	\$708,218		\$10,229,719
22	Centro Deambulantes Cristo Pobre, Inc.,	Vivienda Permanente La Caridad de Cristo	PR0073L4N032510	PH		84.3	Accepted Renewal	\$425,865		\$10,655,584
23	Hogar Luz de Vida, Inc.	Transitional Housing Project 2024	PR0071L4N032513	TH		83.8	Accepted Renewal	\$281,676		\$10,937,260
24	Municipality of Mayaguez	Municipality of Mayagüez Permanent Housing Project	PR0076L4N032511	PH		82.8	Accepted Renewal	\$277,551		\$11,214,811
Not Ranked	Municipio de Humacao	Humacao Rental Assistance 2024	PR0077L4N032511	PH		82.7	Accepted Transition	\$0	\$ 92,612	\$11,214,811
Not Ranked	Municipio de Humacao	Humacao Rental Assistance II	PR0200L4N032501	PH		81.6	Accepted Transition	\$0	\$ 69,346	\$11,214,811
25	Municipio de Humacao	Humacao Transitional		TH		82.2	Accepted New Transition	\$161,958		\$11,376,769
26	Mental Health & Anti-Addiction Services Administration	Hogar Seguro del Sur	PR0158L4N032504	PH		80.8	Accepted Renewal	\$624,867		\$12,001,636
Not Ranked	Casa de la Bondad, Inc.	Transitional Housing Program 2024/Joint	PR0188L4N032502	Joint TH & PH-RRH	DV	80	Accepted Transition	\$0	\$ 307,670	\$12,001,636
27	Casa de la Bondad, Inc.	Transitional Housing Program		TH	DV	80	Accepted New Transition	\$307,670		\$12,309,306
Not Ranked	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	Conexion Boricua HMIS Project 2024	PR0074L4N032513	HMIS		Not Evaluated	Rejected CoC Reallocation	\$0	\$ 673,670	\$12,309,306
28	Coordinadora Morivivi Inc.	Red 503 Conecta		HMIS		106.8	Accepted New CoC Reallocation	\$673,670		\$12,982,976
Not Ranked	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	Sistemas Coordinado de Entrada 2024	PR0075L4N032513	SSO	DV	Not Evaluated	Rejected CoC Reallocation	\$0	\$ 535,146	\$12,982,976
29	Mental Health & Anti-Addiction Services Administration	Acceso Seguro		SSO	DV	94.1	Accepted New CoC Reallocation	\$535,146		\$13,518,122
Not Ranked	Casa de la Bondad, Inc.	Casa Bondad Rapid Rehousing Program - 2024	PR0161D4N032504	PH	DV	51.6	Rejected Reallocated DV	\$0	\$ 179,770	\$13,518,122
Not Ranked	MUNICIPIO DE NAGUABO	MUNICIPIO DE NAGUABO LEASING FY2024	PR0092L4N032514	PH		19.7	Rejected Reallocated	\$0	\$ 96,462	\$13,518,122
Not Ranked	Corporación La Fondita de Jesús	Puerta al Cambio RRH	PR0170L4N032503	PH		Not Scored	Rejected Reallocated	\$0	\$ 190,774	\$13,518,122
Not Ranked	La Perla de Gran Precio Inc.	Proyecto Chirstopher	PR0201L4N032400	PH		Not Evaluated	Rejected Reallocated	\$0	\$ 611,363	\$13,518,122
Not Ranked	Municipality of Guayama	Guayama Rental Assistance FY2024	PR0082L4N032511	PH		Not Scored	Rejected Reallocated	\$0	\$ 119,219	\$13,518,122
Not Ranked	Municipality Of Hormigueros	CoC RA Hormigueros	PR0094L4N032515	PH		Not Evaluated	Rejected Voluntarily Reallocated	\$0	\$ 55,135	\$13,518,122

DV ARD (Estimated):		\$4,419,005 (Reallocation Restriction)			CoC Bonus	\$ 2,215,627	Tier 2	\$ 5,908,338		
YHDP ARD (Estimated):		\$0			DV Bonus	\$ 2,397,820				
30	Municipio Autónomo de Isabela	Northwest Supportive Services Project		SSO		100	Accepted New	\$150,000		\$13,668,122
31	Corporacion Milagros del Amor	Homeless Support		SSO		98	Accepted New	\$308,915		\$13,977,037
Not Ranked	Guara BI, Inc.	Guara BI Ikai		TH		98	Rejected	\$0		\$13,977,037
Not Ranked	Guara BI, Inc.	Guara BI Mendoza 2		TH		98	Rejected	\$0		\$13,977,037
32	Guara BI, Inc.	Guara BI Natlao		TH		96	Accepted New Reduced	\$375,000		\$14,352,037
	Mental Health & Anti-Addiction Services Administration	Nuevas Oportunidades Sur		SSO		91	Accepted New Reduced	\$420,000		\$14,772,037
Not Ranked	Rehaciendo Comunidades con Esperanza	Envejecer con Techo Seguro		SSO		89	Rejected	\$0		\$14,772,037
34	Centro Deambulantes Cristo Pobre, Inc.,	Proyecto Nueva Promesa		TH		89	Accepted New Reduced	\$380,000		\$15,152,037
35	Municipio de Caguas	Pulso Criollo		SSO-OUT		88	Accepted New	\$200,000		\$15,352,037
Not Ranked	Hogar Luz de Vida, Inc.	Vivienda Transitoria Mayagüez II		TH		87	Rejected	\$0		\$15,352,037
36	Instituto Socio-económico Comunitario, Inc.	INSEC impulsa: fortaleciendo competencias para el empleo, la comunicación efectiva y la educación financiera		SSO		86	Accepted New	\$300,000		\$15,652,037
Not Ranked	Fundacion de Desarrollo Comunal de Puerto Rico FY 2026 (FUNDESCO)	Los Peregrino SSO		SSO		85	Rejected	\$0		\$15,652,037
37	Mental Health & Anti-Addiction Services Administration	Apoyo para Todos Sur		SSO-OUT		84	Accepted New Reduced	\$483,205		\$16,135,242
38	Municipio Autónomo de Humacao	Safe Connections Outreach		SSO-OUT		83	Accepted New	\$178,000		\$16,313,242
39	Municipio Autónomo de Ponce	Mano Amiga Ponceña - Outreach		SSO-OUT		81	Accepted New	\$178,000		\$16,491,242
40	Mental Health & Anti-Addiction Services Administration	De Vuelta a la Vida Sur		TH		82	Accepted New Reduced	\$745,000		\$17,236,242
Not Ranked	Family Endeavors Inc.	Endeavors Supportive Services Only ("Look Forward")		SSO		80	Rejected	\$0		\$17,236,242
Not Ranked	Instituto Pre-Vocacional e Industrial de PR, Inc.	Dame tu Mano Hostal Getsmani		TH		80	Rejected	\$0		\$17,236,242
Not Ranked	Red por los Derechos de la Niñez y la Juventud de PR	Proyecto Nuevo SSO		SSO-OUT		75	Rejected	\$0		\$17,236,242
Not Ranked	Centro de Amor Apoyo y Restauración, Inc.	Proyecto Renacer		SSO		70	Rejected	\$0		\$17,236,242
Not Ranked	Casa Protegida Julia De Burgos	Proyecto Violeta: Supportive Services for Survivors (SSO)		SSO		56	Rejected	\$0		\$17,236,242
Not Ranked	Municipio Autónomo de Manatí	Centro Puertas de Esperanza (PUEDEM) Manatí		SSO-OUT		33	Rejected	\$0		\$17,236,242
Not Ranked	Departamento de la Vivienda	Rental Assistance Program Abriendo Puertas		TH		Not Scored	Rejected	\$0		\$17,236,242
Not Ranked	Departamento de la Vivienda	SSO Conectando Caminos		SSO-OUT		Not Scored	Rejected	\$0		\$17,236,242
Not Ranked	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	Clinica Alternativa Integrada - MAT/SUD Project 2026		SSO		Not Evaluated	Rejected	\$0		\$17,236,242
Not Ranked	Coalicion de Coaliciones Pro Personas Sin Hogar de PR, Inc.	Transitional Housing Project For The Homeless 2026		TH		Not Evaluated	Rejected	\$0		\$17,236,242
Not Ranked	Red por los Derechos de la Niñez y Juventud de Puerto Rico	Proyecto Nuevo CES Jovenes		SSO-CES		Not Evaluated	Rejected	\$0		\$17,236,242
DV Bonus										
41	Instituto Pre-Vocacional e Industrial de PR (IPVI)	Casa Protegida para Mujeres y Niños (CAPROMUNI-II) Mayaguez		SSO-DV	DV	91	Accepted New	\$163,095		\$17,399,337
42	Municipio de Caguas	Proyecto Libera Tus Alas		SSO-DV	DV	90	Accepted New	\$150,000		\$17,549,337
43	Mental Health & Anti-Addiction Services Administration	Apoyo para Todos Sur- VD		SSO-OUT	DV	89	Accepted New	\$200,000		\$17,749,337
44	Instituto Socio-económico Comunitario, Inc.	INSEC Impulso 360		SSO	DV	86	Accepted New	\$240,000		\$17,989,337
45	Municipio Autónomo de Aguadilla	Hogar Transformación		TH-VD	DV	84	Accepted New	\$371,479		\$18,360,816
46	Rehaciendo Comunidades con Esperanza	Puerta Violeta Housing Program		TH-VD	DV	82	Accepted New	\$345,758		\$18,706,574
47	Fundacion de Desarrollo Comunal de Puerto Rico FY 2026 (FUNDESCO)	La Piedad		TH-VD	DV	81	Accepted New	\$300,000		\$19,006,574
48	Municipio Autónomo de Humacao	Safe Connections Haven		TH-VD	DV	81	Accepted New	\$178,000		\$19,184,574
49	Municipio Autónomo de Humacao	Safe Connections Beacon		SSO-OUT DV	DV	81	Accepted New	\$184,750		\$19,369,324

2026 HDX Competition Report

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

To Print this Workbook:

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

To Save This Workbook as a PDF:

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

On Accessibility, Navigability, and Printability:

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

For Questions:

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

2025 HDX Competition Report

2026 Competition Report - Summary

PR-503 - South-Southeast Puerto Rico CoC

HDX Data Submission Participation Information

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

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

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

PR-503 - South-Southeast Puerto Rico CoC

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

LSA Usability Status 2025

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

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	438	94.7	46.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	523	108.8	50.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	671	379.0	127.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	756	373.2	126.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

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

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	169	6	3.6%	4	2.4%	5	3.0%	15	8.9%
Exit was from ES	134	15	11.2%	9	6.7%	9	6.7%	33	24.6%
Exit was from TH	49	4	8.2%	1	2.0%	2	4.1%	7	14.3%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	257	9	3.5%	5	2.0%	3	1.2%	17	6.6%
TOTAL Returns to Homelessness	609	34	5.6%	19	3.1%	19	3.1%	72	11.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	533
Emergency Shelter Total	446
Safe Haven Total	0
Transitional Housing Total	99

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	304
Number of adults with increased earned income	44
Percentage of adults who increased earned income	14.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

Metric	Value
Universe: Number of adults (system stayers)	304
Number of adults with increased non-employment cash income	78
Percentage of adults who increased non-employment cash income	25.7%

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

Metric	Value
Universe: Number of adults (system stayers)	304
Number of adults with increased total income	113
Percentage of adults who increased total income	37.2%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	137
Number of adults who exited with increased earned income	31
Percentage of adults who increased earned income	22.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

Metric	Value
Universe: Number of adults who exited (system leavers)	137
Number of adults who exited with increased non-employment cash income	15
Percentage of adults who increased non-employment cash income	11.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	137
Number of adults who exited with increased total income	44
Percentage of adults who increased total income	32.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

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

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	449
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	56
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	393

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	814
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	91
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	723

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	466
Of persons above, those who exited to temporary & some institutional destinations	63
Of the persons above, those who exited to permanent housing destinations	95
% Successful exits	33.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

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

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	608
Of the persons above, those who exited to permanent housing destinations	392
% Successful exits	64.5%

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

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	455
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	433
% Successful exits/retention	95.2%

2025 HDX Competition Report

2026 Competition Report - SPM Data

PR-503 - South-Southeast Puerto Rico CoC

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

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	448	99	494	486	586
Total Leavers (HMIS)	321	65	88	246	422
Destination of Don't Know, Refused, or Missing (HMIS)	0	0	0	0	0
Destination Error Rate (Calculated)	0.0%	0.0%	0.0%	0.0%	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

PR-503 - South-Southeast Puerto Rico CoC

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

Notes For Each SPM Measure

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

2025 HDX Competition Report

2026 Competition Report - HIC Summary

PR-503 - South-Southeast Puerto Rico CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	106	100	100	0	100	100.0%
SH	0	0	0	0	0	NA
TH	98	75	75	0	75	100.0%
RRH	404	276	276	0	276	100.0%
PSH	441	441	441	0	441	100.0%
OPH	0	0	0	0	0	NA
Total	1,049	892	892	0	892	100.0%

2025 HDX Competition Report

2026 Competition Report

PR-503 - South-Southeast Pue

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	106	6	6	0	6	100.00%
SH	0	0	0	0	0	NA
TH	98	23	23	0	23	100.00%
RRH	404	128	128	0	128	100.00%
PSH	441	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	1,049	157	157	0	157	100.00%

2025 HDX Competition Report

2026 Competition Report

PR-503 - South-Southeast Pue

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	106	106	106	100.00%
SH	0	0	0	NA
TH	98	98	98	100.00%
RRH	404	404	404	100.00%
PSH	441	441	441	100.00%
OPH	0	0	0	NA
Total	1,049	1,049	1,049	100.00%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

PR-503 - South-Southeast Puerto Rico CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

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

2025 HDX Competition Report

2026 Competition Report - PIT Summary

PR-503 - South-Southeast Puerto Rico CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/26	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	105	103	80
Safe Haven Total	0	0	0
Transitional Housing Total	35	37	60
Total Sheltered Count	140	140	140
Total Unsheltered Count	889	NA	874
Total Sheltered and Unsheltered Count*	1,029	140	1,014

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

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

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Total Sheltered Count	14	15	18
Total Unsheltered Count	130	0	249
Total	144	15	267

**Certification for Opportunity Zones
Preference Points****U.S. Department of Housing and
Urban Development**OMB Number: 2501-0044
Expiration Date: 02/28/2027**Type or clearly print the following information.**

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

Applicant Organization:

Coordinadora Morivivi, Inc.

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

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

14.267 Continuum of Care Program

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

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

Identified in Appendix

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

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

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

Estimated Funding Allocations

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

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

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

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

The projects included in the CoC FY26 Consolidated Application will support public and private investment in economically distressed areas of Puerto Rico, including the designated Qualified Opportunity Zone census tracts identified in Appendix. The portfolio combines permanent housing, Transitional Programs, Supportive Services projects that stabilize households experiencing homelessness and connect them to employment, income, and mainstream resources within these communities. Several permanent housing projects operate within Low-Income Housing Tax Credit developments located in Opportunity Zones, where CoC funding sustains private equity investment in affordable housing and preserves quality housing stock in distressed neighborhoods. Projects also leverage public and private resources through required match and partnerships with municipalities, health care providers, behavioral health and treatment services, and community-based organizations, bringing additional investment into the same census tracts. Supportive services emphasize workforce development, employment readiness, financial capability education, and increased income, promoting economic mobility and self-sufficiency for participants residing in Opportunity Zones. By reducing homelessness, these projects strengthen neighborhood stability, support local economic activity, and create conditions for continued investment in Puerto Rico's Opportunity Zones.

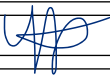
Check the following boxes that accurately reflect the nature or purpose of the proposed project:

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

Certification of Authorized Representative for the Applicant:

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

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

Prefix:	Ms.	First Name:	Yesenia	Middle Name:	
Last Name:	Mojica Figueroa			Suffix:	
Title:	President				
Organization:	Coordinadora Morivivi, Inc.				
Signature:	Yesenia Mojica Figueroa 				
Date:	09/29/2026				

Qualified Opportunity Zone Census Tracts – CoC PR-503
Supporting Documentation for Form HUD-2996, Certification for Opportunity Zone Preference Points
FY 2026 CoC Program Competition – CoC Consolidated Application (NOFO CPD-2600-DC-0025)

Purpose

This appendix supports Form HUD-2996 submitted by Coordinadora Morivivi, Inc., as Collaborative Applicant for PR-503 – South-Southeast Puerto Rico CoC. It documents that activities proposed in the FY 2026 CoC Consolidated Application will be carried out within, or will directly benefit, federally designated Qualified Opportunity Zones (QOZs) under Section 1400Z-1 of the Internal Revenue Code.

Qualified Opportunity Zones

The attached lists the designated QOZ census tracts located within the geographic area of CoC PR-503. The listing was drawn from the official designated QOZ file published by the U.S. Department of the Treasury, Community Development Financial Institutions (CDFI) Fund, filtered to the municipalities within PR-503's jurisdiction.

Methodology

Each project site reported in the project applications (Screen 4B, Housing Type and Location) was matched to its 11-digit census tract and verified against the CDFI Fund designation list and HUD's Opportunity Zone map. The same verification was used by the CoC in its local rating and ranking process (Instrumento de Priorización FY 2026, Criterion 29).

Proposed Activities

A. Project-level activities. Projects on the CoC PR-503 Priority Listing will deliver housing and supportive services within the QOZ census tracts identified. These include Permanent Supportive Housing, Transitional Housing, Supportive Services Only (including street outreach), and projects dedicated to survivors of domestic violence, dating violence, sexual assault, and stalking.

B. CoC-wide activities. The following activities serve the full PR-503 geographic area, including all designated QOZ tracts within it:

- Coordinated Entry System (CES)
- Homeless Management Information System (HMIS) and data quality
- CoC planning and cross-system coordination
- Coordinated street outreach
- Performance monitoring and system evaluation
- Training and technical assistance to project recipients

Municipality

QOZ Census Tracts of CoC PR 503

1. Adjuntas	72001956300, 72001956400, 72001956500, 72001956600, 72001956700, 72001956800
2. Aguada	72003430100, 72003430200, 72003430300, 72003430401, 72003430402, 72003430501, 72003430502, 72003430601, 72003430602
3. Aguadilla	72005400100, 72005400300, 72005400400, 72005400501, 72005400502, 72005400600, 72005400700, 72005400800, 72005400900, 72005401000, 72005401100, 72005401200, 72005401301, 72005401302, 72005401401, 72005401402
4. Aguas Buenas	72007230100, 72007230200, 72007230300, 72007230400, 72007230501, 72007230502
5. Añasco	72011810100, 72011810200, 72011810300, 72011810400, 72011810500, 72011810600, 72011810700
6. Arroyo	72015280101, 72015280102, 72015280201, 72015280202
7. Cabo Rojo	72023830101, 72023830102, 72023830200, 72023830300, 72023830400, 72023830502, 72023830503, 72023830504, 72023830603, 72023830604
8. Caguas	72025200100, 72025200200, 72025200302, 72025200304, 72025200400, 72025200500, 72025200600, 72025200700, 72025200800, 72025200900, 72025201000, 72025201200, 72025201300, 72025201400, 72025201500, 72025201600, 72025201700, 72025201800, 72025201900, 72025202000, 72025202100, 72025202200, 72025202300, 72025202402, 72025202403, 72025202404, 72025202500, 72025202601, 72025202602, 72025202701, 72025202702, 72025202800
9. Canóvanas	72029100101, 72029100103, 72029100104, 72029100200, 72029100400, 72029100502, 72029100503, 72029100504, 72029100601, 72029100602, 72029100700, 72029100800
10. Cayey	72035260100, 72035260201, 72035260202, 72035260300, 72035260400, 72035260500, 72035260600, 72035260700, 72035260800, 72035260901, 72035260902
11. Ceiba	72037160201, 72037160202, 72037160300
12. Cidra	72041240101, 72041240102, 72041240201, 72041240202, 72041240300, 72041240401, 72041240402, 72041240500, 72041240601, 72041240602
13. Coamo	72043953900, 72043954000, 72043954100, 72043954200, 72043954300, 72043954400, 72043954500, 72043954600, 72043954700
14. Culebra	72049950500
15. Fajardo	72053150102, 72053150104, 72053150200, 72053150301, 72053150302, 72053150400, 72053150500, 72053150601, 72053150602
16. Guánica	72055960900, 72055961000, 72055961100, 72055961200, 72055961300, 72055961400, 72055961500
17. Guayama	72057270100, 72057270201, 72057270202, 72057270300, 72057270400, 72057270500, 72057270600, 72057270700, 72057270800
18. Guayanilla	72059740101, 72059740102, 72059740200, 72059740300, 72059740400
19. Gurabo	72063210100, 72063210201, 72063210202, 72063210300, 72063210400, 72063210502, 72063210503, 72063210504
20. Hatillo	72065310100, 72065310200, 72065310300, 72065310400, 72065310500, 72065310600
21. Hormigueros	72067820100, 72067820300, 72067820400, 72067820500
22. Humacao	72069180100, 72069180201, 72069180202, 72069180301, 72069180302, 72069180400, 72069180500, 72069180600, 72069180700, 72069180800, 72069180901, 72069180902
23. Isabela	72071410100, 72071410200, 72071410300, 72071410401, 72071410402, 72071410500, 72071410600, 72071410701, 72071410702

24. Jayuya	72073956000, 72073956100, 72073956200
25. Juana Díaz	72075710102, 72075710200, 72075710301, 72075710302, 72075710400, 72075710500, 72075710600, 72075710700, 72075710800, 72075710901, 72075710902, 72075711002
26. Juncos	72077500100, 72077500200, 72077500301, 72077500302, 72077500401, 72077500402
27. Lajas	72079850101, 72079850102, 72079850200, 72079850300, 72079850400
28. Las Marías	72083959700, 72083959800, 72083959900
29. Las Piedras	72085190101, 72085190102, 72085190201, 72085190202, 72085190301, 72085190302
30. Loíza	72087110101, 72087110102, 72087110200, 72087110301, 72087110302, 72087110303, 72087110304, 72087110400, 72087110500, 72087110600
31. Luquillo	72089140101, 72089140102, 72089140201, 72089140202, 72089140300
32. Manatí	72091570100, 72091570201, 72091570202, 72091570300, 72091570400, 72091570500, 72091570600, 72091570700, 72091570800
33. Maricao	72093960100, 72093960200
34. Maunabo	72095951400, 72095951500, 72095951600
35. Mayagüez	72097080100, 72097080200, 72097080300, 72097080400, 72097080500, 72097080600, 72097080800, 72097080900, 72097081000, 72097081100, 72097081200, 72097081300, 72097081501, 72097081512, 72097081522, 72097081601, 72097081602, 72097081700, 72097081800, 72097081900, 72097082001, 72097082012, 72097082022, 72097082102, 72097082103, 72097082104
36. Moca	72099420100, 72099420200, 72099420301, 72099420302, 72099420401, 72099420402, 72099420500
37. Naguabo	72103170100, 72103170200, 72103170300, 72103170400
38. Patillas	72109290100, 72109290200, 72109290300, 72109290400
39. Peñuelas	72111730100, 72111730200, 72111730300, 72111730400, 72111730700, 72111730800
40. Ponce	72113070100, 72113070201, 72113070202, 72113070300, 72113070400, 72113070502, 72113070503, 72113070513, 72113070514, 72113070522, 72113070800, 72113070900, 72113071000, 72113071200, 72113071300, 72113071401, 72113071402, 72113071500, 72113071601, 72113071602, 72113071700, 72113071800, 72113071900, 72113072000, 72113072101, 72113072102, 72113072201, 72113072202, 72113072300, 72113072400, 72113072500, 72113072600, 72113072701, 72113072703, 72113072704, 72113072900, 72113073001, 72113073002, 72113073003, 72113073004, 72113073005, 72113073006, 72113073009, 72113073010
41. Quebradillas	72115330100, 72115330200, 72115330300, 72115330400
42. Rincón	72117959400, 72117959500, 72117959600
43. Río Grande	72119130101, 72119130102, 72119130200, 72119130300, 72119130401, 72119130402, 72119130500, 72119130601, 72119130602, 72119130701, 72119130702
44. Sabana Grande	72121960300, 72121960400, 72121960500, 72121960600, 72121960700, 72121960800
45. Salinas	72123952600, 72123952700, 72123952800, 72123952900, 72123953000, 72123953100, 72123953200
46. San Germán	72125840100, 72125840200, 72125840300, 72125840400, 72125840500, 72125840600, 72125840700
47. San Lorenzo	72129220100, 72129220200, 72129220300, 72129220401, 72129220402, 72129220501, 72129220502, 72129220600, 72129220700
48. San Sebastián	72131009200, 72131958500, 72131958700, 72131958800, 72131958900, 72131959000, 72131959200, 72131959300, 72131959500

49. Santa Isabel	72133953300, 72133953500, 72133953600, 72133953700, 72133953800
50. Trujillo Alto	72139060102, 72139060103, 72139060104, 72139060211, 72139060212, 72139060222, 72139060223, 72139060301, 72139060302, 72139060401, 72139060403, 72139060501, 72139060502
51. Vieques	72147950500, 72147950600
52. Villalba	72149720100, 72149720300, 72149720400, 72149720502, 72149720503, 72149720504
53. Yabucoa	72151950600, 72151950700, 72151950800, 72151950900, 72151951000, 72151951100, 72151951200, 72151951300
54. Yauco	72153750101, 72153750102, 72153750201, 72153750202, 72153750300, 72153750400, 72153750501, 72153750502, 72153750503, 72153750601, 72153750602

CoC Policy or Statement to Advance Recovery

1. Organizational Certification: A Requirement for the Priority Listing

For the FY2026 competition, CoC PR-503 required every project applicant to execute the **Organizational Certification – FY2026 CoC Program NOFO** (Exhibit A). The certification is a threshold requirement of the CoC’s Project Prioritization Instrument, approved by the CoC in Extraordinary Assembly on June 30, 2026: a project that does not submit it is not eligible to be evaluated or recommended on the Priority Listing. It is signed by the person completing it and by the entity’s Director, and it binds the entity and any subrecipient or contractor that participates in operating the project. The narrative on illicit substances is highlighted in yellow in Exhibit A. Through the certification, each entity commits to:

- not permit the possession, use or distribution of illicit substances in facilities or properties under the project’s control;
- maintain written policies and procedures on safety, conduct and program rules, and submit a copy of its current safety and substance use policies with the certification;
- actively promote recovery and participation in substance use disorder treatment, and require participation in supportive services, including treatment, under 24 CFR 578.75(h); and
- connect participants to mental health and substance use treatment and other mainstream resources through formal MOUs, documenting each referral.

In addition, each project application submitted in e-snaps affirmed HUD’s Project Eligibility Certification (Screen 1M): the applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off property under its control, permit the use or distribution of illicit drugs on property under its control.

100 percent of the projects recommended on the CoC PR-503 FY2026 Priority Listing executed the Organizational Certification and affirmed the Screen 1M certification.

2. CoC PR-503 Minimum Standards

This policy is also part of the **CoC PR-503 Minimum Standards**, which apply to every CoC-funded project and include a model protocol that projects can adopt (Exhibit C). The Minimum Standards establish the following policy:

CoC PR-503 Policy to Advance Recovery and Prevent Illicit Drug Enablement

CoC PR-503 promotes a homeless response system focused on recovery, housing stability, and timely access to treatment and other support services for people with mental health disorders and/or substance use disorders.

All projects must carry out their services in a way that promotes the recovery, stability, self-sufficiency, and community integration of participants. Projects must help participants access treatment for substance use disorders, physical and behavioral health services, case management, recovery support services, and other supports needed to strengthen their recovery and remain housed. CoC PR-503 encourages the provision of substance use disorder treatment and recovery housing. CoC-funded housing projects may require sobriety or participation in treatment as a condition of occupancy.

CoC funds may not be used to fund, promote, encourage, subsidize, or facilitate the use of illicit drugs (illicit drug enablement). CoC-funded projects are not allowed to operate a drug injection site or “safe consumption site.” Projects must keep policies, procedures, and practices that promote access to treatment

and recovery, reduce barriers to obtaining and keeping permanent housing, and protect the health and safety of participants and the community.

These practices are not permitted by CoC PR-503. If a project violates this policy, the CoC will take corrective measures, which may include reallocation of the project's funds.

3. Example of What Entities Submitted: Guara Bi, Inc.

Exhibit B is the policy submitted by Guara Bi, Inc. (“Sitio de Vida”) with its certification, revised July 2026. It applies to all staff, participants, contractors and visitors in every facility the organization operates, including residential programs, shelters, offices and vehicles, and it is given to every participant at program entry in Spanish and English. It shows how the certification and the Minimum Standards translate into project practice:

- **Prohibition.** No possession, use, distribution, sale, manufacture or cultivation of illicit substances in any facility under the organization's control, including storage of drug paraphernalia and knowingly allowing, facilitating or concealing use or distribution by others (Section IV).
- **Safety and prevention.** Periodic rounds and access control, immediate response protocols, written incident reports within 24 hours, notification to the competent authorities when warranted, naloxone availability and staff training, and annual review of procedures (Section VI).
- **Recovery and access to treatment.** Substance use disorder is treated as a health condition: when a need is identified, staff complete an initial evaluation, make a timely referral to treatment in-house (including medication-assisted treatment) or with community providers such as detox and outpatient programs, and follow up during and after treatment (Sections VII–VIII).
- **Consequences.** Proportionate measures ranging from a documented warning and corrective action plan to mandatory referral to evaluation and treatment, temporary suspension of services, and termination for distribution, sale, associated violence or repeated non-compliance (Section IX).
- **Confidentiality and non-retaliation.** Records are handled under 42 CFR Part 2 and HIPAA, and no one may be retaliated against for reporting a concern or seeking help (Sections X–XI).

Exhibit A (1 of 3) – Organizational Certification – FY2026 CoC Program NOFO



Entity: _____

ORGANIZATIONAL CERTIFICATION – FY2026 CoC Program NOFO

Entity Information

Program Name:	
Person Completing the Form:	
Position:	
Entity Telephone:	
Email:	

I, _____, in my capacity as _____ of the organization identified above, hereby certify that the organization, as well as any subrecipient, contractor, or entity participating in the operation of the proposed project, complies and will comply with all policies, requirements, and conditions set forth in the FY2026 *Continuum of Care* Program NOFO (CPD-2600-DC-0025), including, but not limited to, the following provisions:

1. Supportive Services Participation Requirement under 24 CFR 578.75(h)

- The entity acknowledges that it is responsible for providing or coordinating the supportive services required for its project type.
- The entity certifies that each participant will be required, as a program requirement, to participate in supportive services appropriate to their needs, including, among others, case management, job training, education, substance use disorder treatment, and other services aimed at promoting housing stability and self-sufficiency.
- This requirement must be reflected in the entity's policies and procedures.

This certification must be accompanied by evidence of compliance through:

- An *Occupancy Agreement* or contract that includes a clear services participation clause.
- or A form, organizational policy, or initial orientation protocol explaining the requirement to the participant.
- Evidence documents must be available in both Spanish and English.

2. Eligibility and Immigration Status Verification

- The entity certifies that it will comply with all applicable federal requirements related to participant eligibility and immigration status verification for the provision of federally funded benefits.
- The entity certifies that it will conduct such verifications using the SAVE system or any other process, system, or mechanism authorized by the appropriate federal agencies.

Exhibit A (2 of 3) – Organizational Certification – FY2026 CoC Program NOFO

- The entity will maintain internal policies and procedures that ensure ongoing compliance with applicable federal eligibility and verification requirements.

3. Policy on the Use and Distribution of Illicit Substances

- The entity certifies that it will not permit the possession, use, or distribution of illicit substances within the facilities or properties under the project's control.
- The entity certifies that it will maintain written policies and procedures related to safety, conduct, and compliance with program rules.
- The entity certifies that it will actively promote recovery and participation in substance use disorder treatment when appropriate to the participant's needs.

This certification must be accompanied by a copy of the current organizational policies related to safety and substance use.

4. Promotion of Self-Sufficiency and Independent Living

The entity certifies that it:

- Integrates into its services strategies aimed at promoting participants' self-sufficiency and long-term stability.
- Maintains mechanisms to connect participants with employment opportunities, vocational training, education, public benefits, mental health treatment, substance use treatment, or other resources that foster independence and stability.
- Ensures that service plans include individualized goals aimed at strengthening the participant's ability to maintain stable housing and improve their overall well-being.

5. Coordination with Mainstream and Community Resources

- Maintains formal mechanisms (MOUs) to identify and connect participants with available mainstream resources, public programs, and community resources.
- Guides and assists participants in accessing benefits and services for which they may be eligible, including, where applicable:
 - Medicaid / Health Plan;
 - Medicare;
 - Social Security (SSI/SSDI);
 - SNAP/PAN (Nutrition Assistance Program);
 - TANF;
 - Employment and workforce development programs;
 - Education and vocational training;
 - Mental health services;
 - Substance use treatment services;
 - Other applicable state, federal, or community resources.

Maintains documentation of referrals, coordination, or actions taken to facilitate participants' access to such resources.

Exhibit A (3 of 3) – Organizational Certification – FY2026 CoC Program NOFO

Promotes the effective use of mainstream and community resources as part of strategies for stability, recovery, self-sufficiency, and housing retention.

Authorized Signatures:

Name and Signature of Person Completing: _____

Date: _____

Name and Signature of Director: _____

Date: _____



POLICY ON THE USE AND DISTRIBUTION OF ILLICIT SUBSTANCES

In compliance with 24 CFR § 578.75(h)

I. Purpose

Guara Bi, Inc. ("Sitio de Vida") is a Puerto Rican organization affiliated with the WestCare Foundation since 2015, dedicated to "Elevating the Human Spirit" through a network of programs and services aimed at the integral well-being of vulnerable populations. Guara Bi Inc. establishes this policy with the purpose of ensuring a safe, healthy, and illicit substance-free environment in all facilities and programs under its control. This policy responds to the requirements of the Continuum of Care (CoC) set forth in 24 CFR § 578.75(h), and reflects the organization's commitment to the safety of participants, staff, contractors, and the communities it serves, as well as a person-centered approach to recovery.

This policy specifically seeks to:

- Prevent the possession, use and distribution of illicit substances in the facilities under the control of the organization.
- Establish clear safety procedures for the prevention, detection, documentation, and handling of incidents.
- Actively promote recovery and well-being of participants.
- Ensure equitable access to treatment services when appropriate, without discrimination or stigmatization.

II. Scope and Applicability

This policy applies on a mandatory basis to all personnel (full-time, part-time, temporary, or volunteer), participants, contractors, subcontractors, consultants, and visitors who are in any of the facilities operated, managed, or controlled by Guara Bi Inc., including residential and outpatient programs, shelters, administrative offices, organizational vehicles, and any physical space where services are provided on behalf of the organization.

This policy does not supersede but supplements any applicable federal, state, or municipal laws regarding controlled substances, as well as the organization's internal human resources regulations and codes of conduct, and the terms of collaboration agreements with government agencies and funders.

Revised: July 2026



III. Definitions

1. **Illicit Substance:** Any drug or controlled substance that is prohibited by federal or state law from possession, use, distribution, or sale, including the misuse of lawfully prescribed drugs (i.e., without a valid prescription or in doses other than prescription).
2. **Facility under organizational control:** any property, dwelling unit, office, vehicle, or space, owned or leased, over which the organization exercises administration, supervision, or operational control.
3. **Substance-Related Incident:** Any event involving suspected or evidence of possession, use, distribution, sale, or being under the influence of an illicit substance within the scope of this policy.
4. **Recovery:** An individual, ongoing process by which a person improves their health and well-being, lives in a self-directed manner, and strives to reach their full potential in relation to a substance use disorder.

IV. Prohibition of Possession, Use and Distribution

Guara Bi Inc. does not, under any circumstances, permit the possession, use, distribution, sale, manufacture, or cultivation of illicit substances in any of the facilities under its control. This prohibition includes, but is not limited to:

1. Possession of controlled substances not legally prescribed, or use of prescription drugs other than as directed by a health care professional.
2. The use, consumption or inhalation of illicit drugs within the premises, in their immediate surroundings, or in vehicles of the organization.
3. The distribution, sale, exchange, loan, or supply of illicit substances to other participants, personnel, or third parties.
4. The manufacture, cultivation or storage of illicit substances or the paraphernalia associated with their use.
5. Being under the influence of illicit substances in a manner that endangers one's own safety, that of other participants, that of staff or that of the general public.
6. Knowingly allowing, facilitating, or concealing the use or distribution of illicit substances by others within the premises.

This prohibition does not apply to the use of drugs that are legally prescribed and used according to the appropriate medical indications, or to over-the-counter products used according to their labeling.

V. Roles and Responsibilities

Revised: July 2026



Effective compliance with this policy requires the active participation of different levels of the organization:

- Executive Direction: Approves, reviews, and secures the resources necessary for the implementation of this policy, and ensures its alignment with the requirements of the CoC and other funding sources.
- Program Supervisors: ensure the dissemination of the policy among staff and participants, monitor daily compliance, and escalate incidents according to established protocols.
- Frontline Personnel: Monitor facilities, identify signs of possible substance use or distribution, document observed incidents, and respond based on their training.
- Participants: They have the responsibility to comply with this policy as a condition of their participation in the organization's programs and services, and to report in good faith any situation that puts the safety of the environment at risk.
- Human Resources/Compliance Department: Maintains training records, reviews policy annually, and coordinates with legal counsel when necessary.

VI. Safety and Prevention Procedures

The organization maintains written security policies and procedures aimed at preventing, detecting, and handling incidents involving illicit substances. These procedures include, at a minimum:

- Regular supervision and periodic rounds of the facilities by authorised personnel, documented by internal logs.
- Access control to the facilities, including visitor registration where appropriate, to reduce the risk of introducing illicit substances.
- Toxicological tests as part of clinical monitoring in treatment programs that require it, used for therapeutic and safety purposes, never in a punitive manner.
- Immediate response protocols to suspected or confirmed possession, use, or distribution of illicit substances, including clear steps for safe intervention, separation of parties involved when necessary, and notification to the appropriate supervisor.
- Written documentation of all incidents, using internal incident report forms, within 24 hours of their occurrence.
- Notification to the competent authorities when the situation warrants it according to applicable law, including cases of distribution, sale to minors, or imminent risk to safety.
- Availability and training in the administration of naloxone in facilities where individuals with a history of opioid use are cared for, as a measure of overdose response.

Revised: July 2026



- Periodic (at least annual) review of safety procedures to incorporate lessons learned from previous incidents.
- Initial and periodic (at least annual) training of staff on identifying signs of substance use, intervention protocols, de-escalation techniques, and administration of naloxone in the event of opioid overdose.
- Maintenance of a safe physical environment, including adequate lighting, functional locks, and, where appropriate, camera systems in common areas, always respecting the privacy of participants.

VII. Promoting Recovery and Compliance

Guara Bi Inc. recognizes that substance use disorder is a treatable health condition, and actively promotes a recovery, non-punitive approach, including:

- Recovery and voluntary participation in substance use disorder treatment services, when appropriate and desired by the participant.
- Compliance with the rules and procedures established in this policy by all participants, through clear agreements of coexistence and expected conduct.
- Active coordination with outside resources and treatment providers, including detox centers, outpatient programs, mutual support groups (such as Narcotics Anonymous), and mental health services, in support of participants' recovery.
- The use of motivational and motivational interviewing strategies by trained personnel, to encourage willingness to change without coercion.
- The recognition that recovery is not linear and that relapses can be part of the process, without this implying the automatic exclusion of the participant.
- No participant will be subjected to discrimination, automatic exclusion, or adverse treatment because they are in recovery, have disclosed a history of substance use, or seek treatment for a substance use disorder under applicable federal and state laws, including confidentiality protections under 42 CFR Part 2 where applicable.

VIII. Access to Treatment and Referrals

When a need for substance use disorder treatment is identified—either through participant self-reporting, staff observation, or as a result of an incident—the organization will follow the following process:

- Initial evaluation by trained staff or coordination with a behavioral health professional, to identify the appropriate level of care.

Revised: July 2026



- Timely referral to appropriate treatment services, either in-house—including, where appropriate, medication-assisted treatment (MAT)—or through coordination with outside community providers.
- For participants with particular needs (e.g., pregnant or postpartum women), referral to specialized in-house programs that allow the family bond to continue during the treatment process, when available.
- Ongoing follow-up of the participant during and after the treatment process, to the extent authorized by the participant.
- Strict protection of the confidentiality of substance use and treatment-related information, shared only with the participant's informed consent or as required by law.
- At all times, staff will act in a manner that respects the participant's dignity, autonomy and right to self-determination.

IX. Consequences of Non-Compliance

Failure to comply with this policy will be addressed in a proportionate and consistent manner, always prioritizing the safety of the environment and, where possible, participant retention in the program. The measures may include, depending on the severity and recidivism:

- Verbal warning conversation, documented in the participant's file.
- Formal written warning, with a jointly agreed corrective action plan.
- Mandatory or recommended referral to evaluation and treatment services.
- Temporary suspension of certain services or access, when necessary for immediate security.
- Termination of participation in the program, reserved for cases of distribution, sale, associated violence, or repeated non-compliance after previous interventions.
- Any termination decision will be documented, include specific reasons, and provide information on alternative housing or service resources, to the extent possible, in accordance with the organization's internal disciplinary procedures.

X. Non-Discrimination and Non-Retaliation

Guara Bi Inc. prohibits any form of retaliation against a participant or staff member who reports in good faith a concern related to this policy, or who solicits help for a substance use disorder. Any complaint of retaliation will be investigated in accordance with the organization's internal procedures.

Revised: July 2026



XI. Confidentiality and Records Management

All information related to substance incidents, evaluations, and treatment will be handled confidentially, stored in secure records with restricted access, and shared only among personnel with a legitimate need to know, in compliance with applicable privacy laws, including, where applicable, 42 CFR Part 2 and HIPAA.

XII. Policy Availability

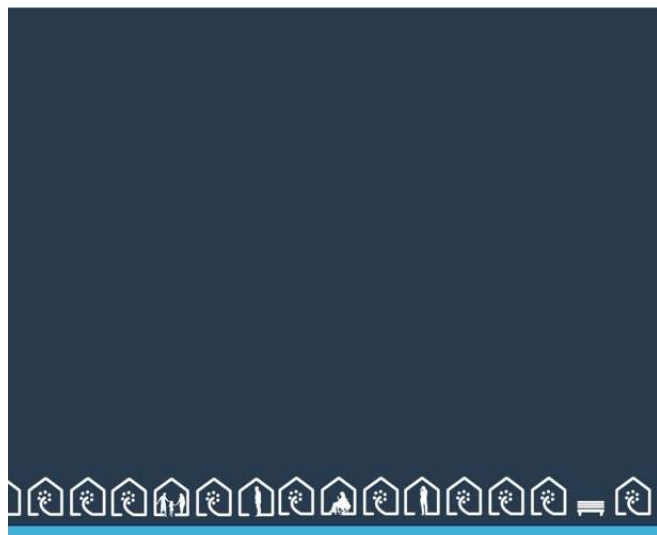
This policy is available in Spanish and English, is given to all participants at the time of entry into the program, and is published and accessible on the organization's premises for consultation by staff and participants at any time.

XIII. Review and Update

This policy will be reviewed by Guara Bi Inc. at least annually, or more frequently if changes occur in federal, state, or local legislation, or if opportunities for improvement are identified from operational experience. Any substantial revisions will be communicated to staff and participants.

Revised: July 2026

Exhibit C – CoC PR-503 Minimum Standards



I. INTRODUCTION	3
Purpose of the Minimum Standards	3
Regulatory Framework	3
Relationship to the Strategic Plan and the Tactical Plan	3
Objectives of the Minimum Standards	3
Guiding Principles	4
Geographic Area	4
II. GENERAL STANDARDS APPLICABLE TO ALL PROJECTS	5
System Organization	5
Planning as a System	5
Municipal Comprehensive Outreach and Homelessness Response Plans	5
Regional Coordination Networks	6
Coordination with First Responders and Public Safety	7
Coordinated Entry System (CES)	7
Homeless Management Information System (HMIS)	11
Trauma-Informed Care	14
Inclusion of People with Lived Experience	15
Policy to Promote Recovery and Prevent the Illicit Use of Substances (Illicit Drug Enablement)	15
Documentation Requirements	15
Continuum of Care System Performance Measures	18
III. COMPONENT-SPECIFIC STANDARDS	19
Permanent Supportive Housing (PSH)	19
Rapid Re-Housing (RRH)	21
Transitional Housing (TH)	25
Joint Transitional Housing and Rapid Re-Housing (Joint TH-RRH)	28
Specialized Supportive Services	28
Street Outreach and Intervention Services	30
Emergency Shelters (ES)	33

English translation of the table of contents of "Estándares Mínimos para la Prestación de Servicios en el CoC PR-503, 2026."
Page numbers refer to the Spanish original.