Before Starting the Project Listings for the CoC Priority Listing

The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.

The FY 2016 CoC Priority Listing includes the following:
- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing – permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
- New Project Listing – lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- Grant Inventory Worksheet (GIW) – Collaborative Applicants must attach the final HUD-approved GIW.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1A. Continuum of Care (CoC) Identification

Instructions:
The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: County of Erie
2. Reallocation

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects?  Yes
3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

<table>
<thead>
<tr>
<th>Amount Available for New Project:</th>
<th>(Sum of All Eliminated Projects)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$697,268</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eliminated Project Name</th>
<th>Grant Number Eliminated</th>
<th>Component Type</th>
<th>Annual Renewal Amount</th>
<th>Type of Reallocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Life</td>
<td>PA0426L3051507</td>
<td>TH</td>
<td>$177,297</td>
<td>Regular</td>
</tr>
<tr>
<td>Reach</td>
<td>PA03303L3E051508</td>
<td>TH</td>
<td>$134,218</td>
<td>Regular</td>
</tr>
<tr>
<td>Hope for the Home...</td>
<td>PA0329L3051508</td>
<td>SSO</td>
<td>$341,622</td>
<td>Regular</td>
</tr>
<tr>
<td>Self Start IV</td>
<td>PA0543C3E051000</td>
<td>PH</td>
<td>$44,131</td>
<td>Regular</td>
</tr>
</tbody>
</table>
3. Reallocation - Grant(s) Eliminated Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.

Eliminated Project Name: New Life
Grant Number of Eliminated Project: PA0426L3051507
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: $177,297

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

On July 14th at a Home Team meeting it was discussed with all present that we would be looking to move TH projects to new RRH or PH. We had phone conversations with the project applicant through July and final meeting on 8/8/16.

---

3. Reallocation - Grant(s) Eliminated Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.
Eliminated Project Name: Reach
Grant Number of Eliminated Project: PA03303L3E051508
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: $134,218

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

This project was reduced by 75% in the 2015 COC competition. We met with the four partners involved in the grant on July 13th to discuss how to move forward. There was not enough funding in the grant to move forward. It was determined by the group not to continue to be a collaborative grant, so the funds would be reallocated.

3. Reallocation - Grant(s) Eliminated Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.

Eliminated Project Name: Hope for the Homeless
Grant Number of Eliminated Project: PA0329L3051508
Eliminated Project Component Type: SSO
Eliminated Project Annual Renewal Amount: $341,622

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

The Home Team met 7/8/16 and it was decided that we would reallocate SSO only projects. This provider had SSO, Operating and HMIS. We discussed with the provider as in order to enhance the HMIS system we needed to move it out of the provider and bring it into the county. All agreed this needed to be done as we need to move to a coordinated entry with common assessment and fully
implemented HMIS. Met with provider on 8/2/16 re the transition. Provider was also part of meeting with another county, regarding the status of TH, SSO only projects and the need to shift to RRH and PH which occurred on 6/8/16.

3. Reallocation - Grant(s) Eliminated Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.

<table>
<thead>
<tr>
<th>Eliminated Project Name:</th>
<th>Self Start IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Number of Eliminated Project:</td>
<td>PA0543C3E051000</td>
</tr>
<tr>
<td>Eliminated Project Component Type:</td>
<td>PH</td>
</tr>
<tr>
<td>Eliminated Project Annual Renewal Amount:</td>
<td>$44,131</td>
</tr>
</tbody>
</table>

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

The project ranked 18 of 18. Both the performance of this project and the occupancy were low in the last grant period. The provider was notified on 8/31/16 that the project was not being renewed.
4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

<table>
<thead>
<tr>
<th>Reduced Project Name</th>
<th>Reduced Grant Number</th>
<th>Annual Renewal Amount</th>
<th>Amount Retained</th>
<th>Amount available for new project</th>
<th>Reallocation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLC Plus</td>
<td>PA0328L3051506</td>
<td>$254,457</td>
<td>$91,016</td>
<td>$163,441</td>
<td>Regular</td>
</tr>
</tbody>
</table>

Amount Available for New Project (Sum of All Reduced Projects) $163,441
4. Reallocation - Grant(s) Reduced Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

4-1. Complete the fields below for each eligible renewal grant that is being reduced during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: TLC Plus
Grant Number of Reduced Project: PA0328L3051506
Reduced Project Current Annual Renewal Amount: $254,457
Amount Retained for Project: $91,016
Amount available for New Project(s): $163,441
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The actual amount that is available for this project in tier 2 is $45,550. Since this is not the top tier 2 project, and there is a project for PH in first position in tier 2 and there are some funds left in Tier 1 was uncertain if the first tier 1 project may have funds from both tier 1 and tier 2 (straddle?) leaving the balance available of $91,016. This project scored 15 of 18 and was the last project which could have any funding in available in tier 2. It is a TH project (SSO and operating) that was ranked lower due to performance outcomes. The applicant was notified 9/7/16 which is late as the writer did not realize if the project had any available funding that the other portion needed to be reduced.
5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

<table>
<thead>
<tr>
<th>Current Priority #</th>
<th>New Project Name</th>
<th>Component Type</th>
<th>Transferred Amount</th>
<th>Reallocation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Erie County ...</td>
<td>HMIS</td>
<td>$146,027</td>
<td>Regular</td>
</tr>
<tr>
<td>2</td>
<td>Erie County ...</td>
<td>SSO-CE</td>
<td>$12,000</td>
<td>Regular</td>
</tr>
<tr>
<td>5</td>
<td>Fresh Start</td>
<td>PSH</td>
<td>$141,855</td>
<td>Regular</td>
</tr>
<tr>
<td>11</td>
<td>Independencece</td>
<td>RRH</td>
<td>$204,632</td>
<td>Regular</td>
</tr>
<tr>
<td>12</td>
<td>My Way Home</td>
<td>RRH</td>
<td>$356,194</td>
<td>Regular</td>
</tr>
</tbody>
</table>

$860,708
5. Reallocation - New Project(s) Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing): 1
Proposed New Project Name: Erie County HMIS
Component Type: HMIS
Amount Requested for New Project: $146,027

5. Reallocation - New Project(s) Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing): 2
Proposed New Project Name: Erie County Coordinated Entry
Component Type: SSO-CE
Amount Requested for New Project: $12,000
5. Reallocation - New Project(s) Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing):  5
   Proposed New Project Name:  Fresh Start
   Component Type:  PSH
   Amount Requested for New Project:  $141,855

5. Reallocation - New Project(s) Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing):  11
   Proposed New Project Name:  Independentce
   Component Type:  RRH
   Amount Requested for New Project:  $204,632
5. Reallocation - New Project(s) Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing): 12
   Proposed New Project Name: My Way Home
   Component Type: RRH
   Amount Requested for New Project: $356,194
6. Reallocation: Balance Summary

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.

Reallocation Chart: Reallocation Balance Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reallocated funds available for new project(s):</td>
<td>$860,709</td>
</tr>
<tr>
<td>Amount requested for new project(s):</td>
<td>$860,708</td>
</tr>
<tr>
<td>Remaining Reallocation Balance:</td>
<td>$1</td>
</tr>
</tbody>
</table>
Continuum of Care (CoC) New Project Listing

Instructions:
Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Rank</th>
<th>Comp Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie County HMIS</td>
<td>2016-09-13 10:59:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$146,027</td>
<td>1</td>
<td>HMIS</td>
</tr>
<tr>
<td>Fresh Start</td>
<td>2016-09-13 11:00:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$141,855</td>
<td>5</td>
<td>PH</td>
</tr>
<tr>
<td>Erie County Coord...</td>
<td>2016-09-13 10:58:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$12,000</td>
<td>2</td>
<td>SSO</td>
</tr>
<tr>
<td>My Way Home</td>
<td>2016-09-13 11:04:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$356,194</td>
<td>12</td>
<td>PH</td>
</tr>
<tr>
<td>Independence</td>
<td>2016-09-13 11:02:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$204,632</td>
<td>11</td>
<td>PH</td>
</tr>
<tr>
<td>Make it a Home Al...</td>
<td>2016-09-13 11:03:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$114,322</td>
<td>14</td>
<td>PH</td>
</tr>
</tbody>
</table>
Continuum of Care (CoC) Renewal Project Listing

Instructions:
Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Rank</th>
<th>Comp Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Start II</td>
<td>2016-09-13 10:54:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$141,862</td>
<td>8</td>
<td>PH</td>
</tr>
<tr>
<td>Self Start III</td>
<td>2016-09-13 10:55:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$142,356</td>
<td>9</td>
<td>PH</td>
</tr>
<tr>
<td>Lighting the Cand...</td>
<td>2016-09-13 10:49:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$131,948</td>
<td>10</td>
<td>PH</td>
</tr>
<tr>
<td>Make it a Home Al...</td>
<td>2016-09-13 10:51:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$106,539</td>
<td>13</td>
<td>PH</td>
</tr>
<tr>
<td>TLC Plus</td>
<td>2016-09-13 10:57:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$254,457</td>
<td>15</td>
<td>TH</td>
</tr>
<tr>
<td>Project</td>
<td>Start Date</td>
<td>Duration</td>
<td>Applicant</td>
<td>Amount</td>
<td>Position</td>
<td>Priority</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------</td>
<td>----------</td>
<td>--------------------</td>
<td>---------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Stairways ACT</td>
<td>2016-09-13</td>
<td>1 Year</td>
<td>Erie City &amp; Erie</td>
<td>$93,761</td>
<td>4</td>
<td>PH</td>
</tr>
<tr>
<td>Finally Home</td>
<td>2016-09-13</td>
<td>1 Year</td>
<td>Erie City &amp; Erie</td>
<td>$73,032</td>
<td>3</td>
<td>PH</td>
</tr>
<tr>
<td>Lighting the Canvas...</td>
<td>2016-09-13</td>
<td>1 Year</td>
<td>Erie City &amp; Erie</td>
<td>$110,075</td>
<td>6</td>
<td>PH</td>
</tr>
<tr>
<td>Self Start 1</td>
<td>2016-09-13</td>
<td>1 Year</td>
<td>Erie City &amp; Erie</td>
<td>$421,211</td>
<td>7</td>
<td>PH</td>
</tr>
</tbody>
</table>
Continuum of Care (CoC) Planning Project Listing

Instructions:
Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Comp Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 605 COC Planni...</td>
<td>2016-09-13 11:11:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$71,376</td>
<td>CoC Planning Proj...</td>
</tr>
</tbody>
</table>
Funding Summary

Instructions
For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

<table>
<thead>
<tr>
<th>Title</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Amount</td>
<td>$1,475,241</td>
</tr>
<tr>
<td>New Amount</td>
<td>$975,030</td>
</tr>
<tr>
<td>CoC Planning Amount</td>
<td>$71,376</td>
</tr>
<tr>
<td>Rejected Amount</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CoC REQUEST</td>
<td>$2,521,647</td>
</tr>
</tbody>
</table>
## Attachments

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Certification of Consistency with the Consolidated Plan</td>
<td>Yes</td>
<td>Certification of ...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>2. FY 2016 HUD-approved Grant Inventory Worksheet</td>
<td>Yes</td>
<td>FY 2016 HUD-approved Grant Inventory Worksheet</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>3. FY 2016 Rank (from Project Listing)</td>
<td>No</td>
<td>FY 2016 Rank (from Project Listing)</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>4. Other</td>
<td>No</td>
<td>Certification of ...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>5. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan, State

Attachment Details

Document Description: FY 2016 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description: FY 2016 Rank (from Project Listing)

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan, Local

Attachment Details

Document Description:
WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Starting</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1A. Identification</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>2. Reallocation</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>3. Grant(s) Eliminated</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>4. Grant(s) Reduced</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>5. New Project(s)</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>6. Balance Summary</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. CoC New Project Listing</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>7B. CoC Renewal Project Listing</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>7D. CoC Planning Project Listing</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>Attachments</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
September 12, 2016

Ms. Katherine Marinock, Housing Specialist
Erie County Department of Human Services, MH/ID
154 W 9th Street
Erie, PA  16501

Dear Ms. Marinock:

The Center for Compliance, Monitoring and Training has received fifteen (15) requests for a Certificate of Consistency with the Pennsylvania Consolidated Plan in order to apply for HUD funding under the Continuum of Care Program. Your agency is undertaking appropriate activities to provide housing and support services to very low-income households, which meets one of the critical needs identified in the Commonwealth Consolidated Plan.

Enclosed, please find fifteen (15) Certificates of Consistency with the Pennsylvania Consolidated Plan, executed September 12, 2016.

Should you have any questions regarding this matter, please contact me at (717) 720-7404.

Sincerely,

Megan Snyder
Center for Compliance, Monitoring and Training

Enclosures
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Erie County Coordinated Entry

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Erie County HMIS

Location of the Project:
- City of Erie, PA
- County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Finally Home Community of Caring

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Handwritten signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Fresh Start

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Grant

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Offices of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Independence Erie City Mission</td>
</tr>
<tr>
<td>Location of the Project:</td>
<td>City of Erie, PA</td>
</tr>
<tr>
<td></td>
<td>County of Erie, PA</td>
</tr>
<tr>
<td>Name of the Federal Program to which the applicant is applying:</td>
<td>2016 HUD Continuum of Care Competition</td>
</tr>
<tr>
<td>Name of Certifying Jurisdiction:</td>
<td>Commonwealth of Pennsylvania</td>
</tr>
<tr>
<td>Certifying Official of the Jurisdiction Name:</td>
<td>Kathy Possinger</td>
</tr>
<tr>
<td>Title:</td>
<td>Director, Center for Compliance, Monitoring &amp; Training</td>
</tr>
<tr>
<td>Signature:</td>
<td>Mary J. Smith <em>for KP</em></td>
</tr>
<tr>
<td>Date:</td>
<td>9/12/16</td>
</tr>
</tbody>
</table>
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle I

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle 2

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

**Applicant Name:** County of Erie, DHS, Offices of MH/ID

**Project Name:** Make It a Home Always 1

**Location of the Project:**
- City of Erie, PA
- County of Erie, PA

**Name of the Federal Program to which the applicant is applying:** 2016 HUD Continuum of Care Competition

**Name of Certifying Jurisdiction:** Commonwealth of Pennsylvania

**Certifying Official of the Jurisdiction Name:** Kathy Possinger

**Title:** Director, Center for Compliance, Monitoring & Training

**Signature:** [Signature]

**Date:** 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Make it a Home Always 2

Location of the Project:
- City of Erie, PA
- County of Erie, PA

Name of the Federal Program to which the applicant is applying:
2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Handwritten Signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: My Way Home

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start 1

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start 2

Location of the Project:
City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying:
2016 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start 3

Location of the Project:
- City of Erie, PA
- County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan. (Type or clearly print the following information:)

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Offices of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Stairways Act</td>
</tr>
<tr>
<td>Location of the Project:</td>
<td>City of Erie, PA</td>
</tr>
<tr>
<td></td>
<td>County of Erie, PA</td>
</tr>
<tr>
<td>Name of the Federal Program to which the applicant is applying:</td>
<td>2016 HUD Continuum of Care Competition</td>
</tr>
<tr>
<td>Name of Certifying Jurisdiction:</td>
<td>Commonwealth of Pennsylvania</td>
</tr>
<tr>
<td>Certifying Official Name:</td>
<td>Kathy Possinger</td>
</tr>
<tr>
<td>Title:</td>
<td>Director, Center for Compliance, Monitoring &amp; Training</td>
</tr>
<tr>
<td>Signature:</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date:</td>
<td>9/12/16</td>
</tr>
</tbody>
</table>
I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: TLC Plus

Location of the Project:
  City of Erie, PA
  County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2016 Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction Name: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/12/16
I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Offices of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Finally Home</td>
</tr>
<tr>
<td>Location of the Project:</td>
<td>City of Erie, PA</td>
</tr>
<tr>
<td></td>
<td>County of Erie, PA</td>
</tr>
<tr>
<td>Name of the Federal Program to which the applicant is applying:</td>
<td>HUD Continuum of Care</td>
</tr>
<tr>
<td>Name of Certifying Jurisdiction:</td>
<td>City of Erie, Pennsylvania</td>
</tr>
<tr>
<td>Certifying Official Name:</td>
<td>Joseph E. Sinnott</td>
</tr>
<tr>
<td>Title:</td>
<td>Mayor</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>September 7, 2016</td>
</tr>
</tbody>
</table>
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: My Way Home

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: September 7, 2016
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle I

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: September 7, 2016
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Lighting the Candle II

Location of the Project:
- City of Erie, PA
- County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction:

Name: Joseph E. Sinnott
Title: Mayor
Signature: [Signature]
Date: September 7, 2016
I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Make it a Home Always I

Location of the Project: City of Erie, PA
County of Erie, PA

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

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature:

Date: September 7, 2016
I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Applicant Name: County of Erie, DHS, Offices of MH/ID)

(Project Name: Make it a Home Always II)

(Location of the Project: City of Erie, PA)

(Name of the Federal Program to which the applicant is applying: HUD Continuum of Care)

(Name of Certifying Jurisdiction: City of Erie, Pennsylvania)

(Certifying Official of the Jurisdiction Name: Joseph E. Sinnott)

(Title: Mayor)

(Signature: [Signature])

(Date: September 7, 2016)
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Independence

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: [September 7, 2016]
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start I

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: [Signature]
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start II

Location of the Project:
- City of Erie, PA
- County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: [Signature]
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Self Start III

Location of the Project:
City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: [Date]

Page 1 of 1 form HUD-2991 (3/98)
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Offices of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Stairways ACT</td>
</tr>
<tr>
<td>Location of the Project:</td>
<td>City of Erie, PA</td>
</tr>
<tr>
<td></td>
<td>County of Erie, PA</td>
</tr>
<tr>
<td>Name of the Federal Program to which the applicant is applying:</td>
<td>HUD Continuum of Care</td>
</tr>
<tr>
<td>Name of Certifying Jurisdiction:</td>
<td>City of Erie, Pennsylvania</td>
</tr>
<tr>
<td>Certifying Official of the Jurisdiction Name:</td>
<td>Joseph E. Sinnott</td>
</tr>
<tr>
<td>Title:</td>
<td>Mayor</td>
</tr>
<tr>
<td>Signature:</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date:</td>
<td>[Date]</td>
</tr>
</tbody>
</table>
Certification of Consistency
with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Applicant Name: County of Erie, DHS, Offices of MH/ID)

(Project Name: TLC Plus)

(Location of the Project: City of Erie, PA)

(NAME OF THE JURISDICTION: County of Erie, PA)

(Name of the Federal Program to which the applicant is applying: HUD Continuum of Care)

(Name of Certifying Jurisdiction: City of Erie, Pennsylvania)

(Certifying Official of the Jurisdiction Name: Joseph E. Sinnott)

(Title: Mayor)

(Signature: [Signature])

(Date: [Date])
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Erie County HMIS

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: Sep 7, 2016
Certificate of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Offices of MH/ID

Project Name: Erie County Coordinated Entry

Location of the Project: City of Erie, PA
County of Erie, PA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: 7/2016
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Offices of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Fresh Start</td>
</tr>
<tr>
<td>Location of the Project:</td>
<td>City of Erie, PA</td>
</tr>
<tr>
<td></td>
<td>County of Erie, PA</td>
</tr>
<tr>
<td>Name of the Federal Program to which the applicant is applying:</td>
<td>HUD Continuum of Care</td>
</tr>
<tr>
<td>Name of Certifying Jurisdiction:</td>
<td>City of Erie, Pennsylvania</td>
</tr>
<tr>
<td>Certifying Official of the Jurisdiction Name:</td>
<td>Joseph E. Sinnott</td>
</tr>
<tr>
<td>Title:</td>
<td>Mayor</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Oct 7, 2016</td>
</tr>
</tbody>
</table>