Before Starting the Project Listings for the CoC
Priority Listing

The FY 2017 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 2017 CoC Program Competition NOFA.

The FY 2017 CoC Priority Listing includes the following:
- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2017 CoC Program Competition NOFA.
- 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 2017 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.
- 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.
- 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 2017 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 2018 into one or more new projects? No
3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2017 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>Eliminated Project Name</td>
<td>Grant Number Eliminated</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2017 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>
</table>

This list contains no items
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></td>
<td></td>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>

Applicant: Erie City & County CoC
Project: PA-605 CoC Registration FY2017
Continuum of Care (CoC) New Project Listing

Instructions:
Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

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>Comp Type</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Grant Term</th>
<th>Rank</th>
<th>PH/Realloc</th>
<th>PSH/RRH</th>
<th>Expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh Start Phase 2</td>
<td>2017-09-20</td>
<td>PH</td>
<td>Erie City &amp; Erie ...</td>
<td>$148,637</td>
<td>1 Year</td>
<td>14</td>
<td>PH Bonus</td>
<td>PSH</td>
<td></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 "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

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.

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

<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>PSH/RRH</th>
<th>Comp Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh Start</td>
<td>2017-09-20 09:48:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$141,855</td>
<td>3</td>
<td>PSH</td>
<td>PH</td>
</tr>
<tr>
<td>My Way Home</td>
<td>2017-09-20 11:06:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$356,194</td>
<td>7</td>
<td>RRH</td>
<td>PH</td>
</tr>
<tr>
<td>Lighting the Cand...</td>
<td>2017-09-20 11:21:...</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$131,948</td>
<td>4</td>
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<td>PH</td>
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<tr>
<td>Lighting the Cand...</td>
<td>2017-09-20 12:39:...</td>
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<tr>
<td>Make it a Home Al...</td>
<td>2017-09-20 13:40:...</td>
<td>1 Year</td>
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<tr>
<td>Project Name</td>
<td>Start Date</td>
<td>Duration</td>
<td>Applicant</td>
<td>Budget Amount</td>
<td>Project Priority</td>
<td>PH</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------</td>
<td>----------</td>
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<td>---------------</td>
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</tr>
<tr>
<td>Make it a Home Al...</td>
<td>2017-09-20 13:22</td>
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<tr>
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<td>Finally Home</td>
<td>2017-09-21 09:36</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$73,032</td>
<td>10</td>
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<tr>
<td>Self Start II</td>
<td>2017-09-21 10:29</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$141,862</td>
<td>8</td>
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<tr>
<td>Self Start I</td>
<td>2017-09-21 10:17</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$421,211</td>
<td>9</td>
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<td>Stairways ACT</td>
<td>2017-09-21 10:51</td>
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<tr>
<td>Self Start III</td>
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<td>Erie City &amp; Erie ...</td>
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<tr>
<td>Erie County Coord...</td>
<td>2017-09-22 13:17</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$12,000</td>
<td>2</td>
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<tr>
<td>Erie County HMIS</td>
<td>2017-09-22 13:29</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$146,027</td>
<td>1</td>
<td>HMIS</td>
<td></td>
</tr>
</tbody>
</table>
Continuum of Care (CoC) Planning Project Listing

Instructions:
Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the “CoC Priority Listing Detailed Instructions” and the “CoC Project Listing Instructional Guide,” both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

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.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and 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>2017-09-21</td>
<td>1 Year</td>
<td>Erie City &amp; Erie ...</td>
<td>$74,318</td>
<td>CoC Planning Proj...</td>
</tr>
</tbody>
</table>
Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.

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>
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</thead>
<tbody>
<tr>
<td>Renewal Amount</td>
<td>$2,195,814</td>
</tr>
<tr>
<td>New Amount</td>
<td>$148,637</td>
</tr>
<tr>
<td>CoC Planning Amount</td>
<td>$74,318</td>
</tr>
<tr>
<td>Rejected Amount</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CoC REQUEST</td>
<td>$2,418,769</td>
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</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>Certification of Consistency with the Consolidated Plan</td>
<td>Yes</td>
<td>Certifications of...</td>
<td>09/19/2017</td>
</tr>
<tr>
<td>FY 2017 Rank (from Project Listing)</td>
<td>No</td>
<td>2017 HUD CoC Prio...</td>
<td>09/20/2017</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Certifications of Consistency with Con Plan

Attachment Details

Document Description: 2017 HUD CoC Priority Listing

Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

WARNING: The FY2017 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>07/28/2017</td>
</tr>
<tr>
<td>2. Reallocation</td>
<td>09/06/2017</td>
</tr>
<tr>
<td>3. Grant(s) Eliminated</td>
<td>No Input Required</td>
</tr>
<tr>
<td>4. Grant(s) Reduced</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5. New Project(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. CoC New Project Listing</td>
<td>09/21/2017</td>
</tr>
<tr>
<td>7B. CoC Renewal Project Listing</td>
<td>Please Complete</td>
</tr>
<tr>
<td>7D. CoC Planning Project Listing</td>
<td>09/21/2017</td>
</tr>
<tr>
<td>Funding Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
### Notes:

2B Project Renewal List must have at least one of the checkboxes selected.
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, Office 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: 2017 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: 9/7/17
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, Office 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: 2017 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: 9/7/17
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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Office of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Erie County Planning Grant</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>2017 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>[Signature]</td>
</tr>
<tr>
<td>Date:</td>
<td>9/7/17</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.

(Type or clearly print the following information:)

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

Project Name: Finally Home

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

Name of the Federal Program to which the applicant is applying: 2017 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: 9/7/17
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, Office 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: 2017 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: 9/7/17
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, Office of MH/ID

Project Name: Fresh Start Phase 2

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

Name of the Federal Program to which the applicant is applying: 2017 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature:

Date: 9/7/17
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, Office of MH/ID

Project Name: Independence Erie City Mission

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2017 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: 9/7/17
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, Office 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: 2017 HUD Continuum of Care Competition

Name of Certifying Jurisdiction: Commonwealth of Pennsylvania

Certifying Official of the Jurisdiction: Kathy Possinger

Title: Director, Center for Compliance, Monitoring & Training

Signature: [Signature]

Date: 9/7/17
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, Office 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: 2017 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: 9/7/17
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, Office 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: 2017 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: 9/7/17
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, Office of MH/ID

Project Name: Make It a Home Always II

Location of the Project: City of Erie, PA

County of Erie, PA

Name of the Federal Program to which the applicant is applying: 2017 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: 9/7/17
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, Office of MH/ID

Project Name: Make 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: 2017 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: 9/7/17
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, Office 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: 2017 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: 9/7/17
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, Office 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: 2017 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: 9/7/17
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.

(Application Name: County of Erie, DHS, Office 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: 2017 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: 9/7/17
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, Office of MH/ID

(Project Name:) Stairways ACT

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

County of Erie, PA

(Name of the Federal Program to which the applicant is applying:) 2017 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:) 9/7/17
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, Office 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: 9-11-17
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, Office 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: 9-11-17
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, Office 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 Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 9-11-17
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, Office of MH/ID

Project Name: Continuum of Care Planning

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: 9-11-17
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, Office 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 Name: Joseph E. Sinnott)

(Title: Mayor)

(Signature:)

(Date: 9-11-17)
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, Office 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: 9-11-17
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, Office of MH/ID

Project Name: Make it a Home Always 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:

Date: 9-11-17
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, Office of MH/ID

Project Name: Make it a Home Always I

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: 9-11-17
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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>County of Erie, DHS, Office of MH/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Self Start I</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>9-11-17</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.

(Type or clearly print the following information:)

Applicant Name: County of Erie, DHS, Office 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: 9-11-17
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, Office 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

Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction: Joseph E. Sinnott

Title: Mayor

Signature: [Signature]

Date: 9-11-17
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, Office of MH/ID

Project Name: Stairways ACT

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: 9-11-17
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, Office 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: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Erie, Pennsylvania

Certifying Official of the Jurisdiction Name: Joseph E. Sinnott

Title: Mayor

Signature: 

Date: 9-11-17
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, Office of MH/ID

Project Name: Fresh Start Phase 2

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: 9-11-17

Page 1 of 1
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, Office 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: 9/11/17
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, Office of MH/ID

Project Name: Finally Home

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: 9-11-17
## 2017 ERIE CITY AND COUNTY CONTINUUM OF CARE (CoC) PRIORITY LISTING

<table>
<thead>
<tr>
<th>RANKING</th>
<th>PROJECT TYPE</th>
<th>PROJECT NAME</th>
<th>AMOUNT</th>
<th>TIER</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HMIS</td>
<td>HMIS</td>
<td>$146,027</td>
<td>1</td>
<td>Renewal</td>
</tr>
<tr>
<td>2</td>
<td>Coordinated Entry</td>
<td>Coordinated Entry</td>
<td>$12,000</td>
<td>1</td>
<td>Renewal</td>
</tr>
<tr>
<td>3</td>
<td>PSH</td>
<td>Fresh Start</td>
<td>$141,855</td>
<td>1</td>
<td>Renewal</td>
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<tr>
<td>4</td>
<td>PSH</td>
<td>Lighting the Candle I</td>
<td>$131,948</td>
<td>1</td>
<td>Renewal</td>
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<tr>
<td>5</td>
<td>PSH</td>
<td>Lighting the Candle II</td>
<td>$110,075</td>
<td>1</td>
<td>Renewal</td>
</tr>
<tr>
<td>6</td>
<td>PSH</td>
<td>Self Start III</td>
<td>$142,356</td>
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<td>Renewal</td>
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<tr>
<td>7</td>
<td>RRH</td>
<td>My Way Home</td>
<td>$356,194</td>
<td>1</td>
<td>Renewal</td>
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<tr>
<td>8</td>
<td>PSH</td>
<td>Self Start II</td>
<td>$141,862</td>
<td>1</td>
<td>Renewal</td>
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<tr>
<td>9</td>
<td>PSH</td>
<td>Self Start I</td>
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<td>1</td>
<td>Renewal</td>
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<td>10</td>
<td>PSH</td>
<td>Finally Home</td>
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<td>Renewal</td>
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<tr>
<td>11</td>
<td>PSH</td>
<td>Make It a Home Always I</td>
<td>$106,539</td>
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<td>Renewal</td>
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<td>12</td>
<td>PSH</td>
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<td>Renewal</td>
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<td>RRH</td>
<td>Independence</td>
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<td>1($166,644) 2($37,988)</td>
<td>Renewal</td>
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<tr>
<td>14</td>
<td>PSH</td>
<td>Fresh Start Phase 2</td>
<td>$148,637</td>
<td>2 (Bonus)</td>
<td>New (Bonus)</td>
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<tr>
<td>15</td>
<td>PSH</td>
<td>Stairways ACT</td>
<td>$93,761</td>
<td>2</td>
<td>Renewal</td>
</tr>
</tbody>
</table>

**Total:** $2,344,451

| Renewals: | $2,195,814 |
| New (Bonus): | $148,637 |
| Planning Grant (not ranked): | $74,318 |

**Total HUD Request:** $2,418,769

### REJECTIONS

<table>
<thead>
<tr>
<th>RANKING</th>
<th>PROJECT TYPE</th>
<th>PROJECT NAME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>RRH</td>
<td>ECCM RRH (Name TBD)</td>
<td>$200,244</td>
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<td>17</td>
<td>TH/RRH</td>
<td>Crisis Housing Solutions</td>
<td>$148,716</td>
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</table>