

## Before Starting

The registration submission due date in e-snaps for the FY 2016 CoC Program Registration is 7:59:59 p.m. Eastern Time on the date that will be posted to the FY 2016 CoC Program Competition Funding Availability page on the HUD Exchange and announced via the HUD listserv. Applicants must choose to register as either a Collaborative Applicant (CA) or a Unified Funding Agency (UFA). The UFA forms will be visible only for those Collaborative Applicants who request HUD approval for UFA designation. A Collaborative Applicant that is registering as "CA" will not see the UFA forms.

HUD will make the final determination of the Collaborative Applicant's designation as "CA" or "UFA" during HUD's assessment of the Registration process and provide the final determination via e-snaps. Collaborative Applicants designated as Unified Funding Agency (UFA) during the FY 2015 CoC Program Registration must re-apply this year in order to retain their UFA designation.

Collaborative Applicants will also be able to request High Performing Community (HPC) designation as outlined in Section III.C.4. of the FY 2016 CoC Program Registration Notice. The HPC forms will only be visible to those Collaborative Applicants that indicate they wish to be considered for this type of designation.

To prepare for the completion and submission of the FY 2016 CoC Program Registration, Collaborative Applicants are strongly encouraged to review the following documents, in their entirety, BEFORE completing the FY 2016 CoC Program Registration in e-snaps:

- 24 CFR part 578
- FY 2016 CoC Program Registration Notice
- Instructional Guides (CoC and GIW)
- HUD guidance and FAQs

HUD communicates the CoC information via Listserv messages. [Click here to subscribe.](#)

# 1. Continuum of Care Organization

## Instructions:

Collaborative Applicants that imported the FY 2015 CoC Registration should carefully review the information pre-populated on this form to ensure accuracy and completeness. Most of the fields on this form can be edited and updated by the Collaborative Applicant.

1. Type of CoC: (Required) This information was imported from the FY 2015 CoC Program Registration process and the selection visible is based on the final HUD-approved designation. If a Collaborative Applicant that is currently listed as 'CA' wants to apply for UFA designation additional UFA forms and questions will be visible. To make this change, the Collaborative Applicant will need to change this selection to 'UFA.' As a reminder ALL Collaborative Applicants designated as UFA by HUD in the FY 2015 CoC Program Registration process MUST re-apply for UFA designation again in the FY 2016 CoC Program Registration process.

2. HPC Designation: (Required) Collaborative Applicants must indicate if the CoC intends to apply for HPC designation. Select 'Yes' or 'No' from the dropdown. If 'Yes' is selected, the Collaborative Applicant will have access to the HPC forms. See the FY 2016 CoC Program Registration Notice for HPC requirements, which includes a period for public comment.

3. CoC Number and Name: (Required) This information was imported from the FY 2015 CoC Registration process. Select the CoC Number and Name for which the registration is being completed. The options include all CoCs that registered in the FY 2015 CoC Program Competition. Contact HUD via the e-snaps HUD Exchange Ask A Question (<https://www.hudexchange.info/get-assistance/>), for assistance in locating a CoC Number and Name.

4. Legal Name of Organization: This field is prepopulated (read-only) from the CoC's Applicant Profile. If the organization's name is not correct, please 'Save' and click on the 'View Applicant Profile' link on the left hand menu to edit the Applicant Profile.

5. Select the State(s) in which the CoC claims geography: (Required) Select the state(s) in which the CoC has jurisdiction. The state(s) selected determine the list of geographic areas available on the next form.

6. CoC Merger: (Required) Select 'Yes' or 'No' from the dropdown to indicate whether or not two or more CoCs have merged since the FY 2015 CoC Program Registration process to create a new, larger CoC. If 'Yes' respond to question in 6a. and 6b. on this form. You will also need to use the Merger Worksheet to indicate the specific merger details which must be attached to this registration on the 'Attachment' form prior to submitting to HUD.

6a. Select all CoCs included in the merger: (Required) From the available list, select the name of all CoCs included in the merger and move the selections to appear under the selected items.

6b. Date of the merger: (Required) Indicate the date on which HUD was notified of the merger.

**1. Type of CoC:** CA

**2. HPC Designation:** No

**3. CoC Number and Name:** TN-501 - Memphis/Shelby County CoC

**4. Legal Name of Organization:** Community Alliance for the Homeless  
**(e.g., CoC Lead Agency)**

**5. Select the State(s) in which the CoC claims geography:** Tennessee  
**For multiple state selections, hold the CTRL key and select the applicable states.**

**6. Is the CoC composed of two or more CoCs approved by HUD to merge during the FY 2016 CoC Program Competition or prior to the FY 2016 Competition?** No  
**(If yes, the Merger Worksheet is required.)**

## 2. Continuum of Care Claimed Geographic Area(s)

### Instructions:

Provide information about the CoC's geographic area. This form is prepopulated with the geographic areas claimed by the CoC during the FY 2015 CoC Program Registration process. Most of the fields on this form can be edited and updated by the Collaborative Applicant.

1. Select the geographic area(s) claimed by the CoC within its jurisdiction. Each area is associated with an estimated relative need index, based on nationally available data. The amount of funds a CoC may receive is partially based on the sum of the need for all geographic areas selected on this form.

If your geographic code is not listed, make sure you have selected the correct state(s) on the previous form.

- 1. Select the geographic area(s) claimed by the CoC.** 471242 Memphis, 479157 Shelby County  
**To select multiple geographic areas, hold the CTRL key and select the applicable area(s).**

### 3. Maximum Funding Need

**Instructions:**

1. CoC's Merged Need Amount: (Required) This only applies to those CoCs that recorded a merger for the FY 2015 CoC Registration process. Indicate the FPRN amount that results from the merger of all CoCs. To determine the FPRN amount use the Merger Worksheet that is located on the left-hand menu which must also be attached to this registration on the 'Attachments' form. If this amount is not applicable as the CoC is not part of a merger, enter '0.'

2. PPRN Total: (Read-only) The system automatically populates the amount of funds a CoC could receive based on the sum of the need amount associated with each geographic area claimed by the CoC on the previous form, '2. Continuum of Care Claimed Geographic Area(s).'

3. Final Pro Rata Need Amount: (Read-only) The system automatically populates the whichever amount is higher, the estimated ARD or PPRN. The FRPN is used to determine the CoC's 'Maximum Amount Available for Planning' and if designated as UFA, the 'Maximum Amount Available for UFA Costs.' The final amount available will be included on the initial and final ARD reports that will be posted to the HUD Exchange.

4. Proposed Reallocation Total Amount: (Required) Select 'Yes' or 'No' from the dropdown to indicate whether or not the CoC plans to participate in this year's reallocation process.

4a. Proposed Total Reallocation Amount: If 'Yes' to the previous question, enter in the proposed total reallocated amount.

**1. CoC FY 2016 Merged Need Amount: \$0**

**2. Preliminary Pro Rata Need (PPRN) Total: \$4,811,744**

**3. For this year's competition, is the CoC planning to participate in the reallocation process?** No

## 4. Attachments

**The GIW is not a required attachment. The Merger Worksheet is only required if two or more CoCs are merged.**

Document Type	Required?	Document Description	Date Attached
FY 2016 Merger Worksheet	No		
Grant Inventory Worksheet	No		
Other	No		

## **Attachment Details**

**Document Description:**

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## Certification

### I certify the following:

<b>1. That I have been duly authorized by the governing body of the CoC to register the CoC and submit all required registration and application documentation on its behalf;</b>	<input checked="" type="checkbox"/>
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<b>2. That the statements herein are true, complete and accurate to the best of my knowledge, including that the geographic areas selected are the areas that this CoC serves;</b>	<input checked="" type="checkbox"/>
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<b>and</b>
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<b>3. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).</b>	<input checked="" type="checkbox"/>
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## Submission Summary

Page	Last Updated
<b>1. CoC Organization</b>	04/25/2016
<b>2. CoC Geographic Area(s)</b>	04/25/2016
<b>3. Maximum Funding Need</b>	04/25/2016
<b>4. Attachments</b>	No Input Required
<b>Certification</b>	04/25/2016