

Before Starting the Project Listings for the CoC Priority Listing

The FY 2019 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 2019 CoC Program Competition NOFA.

The FY 2019 CoC Priority Listing includes the following:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2019 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the CoC Bonus, and DV 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 2019 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.
- YHDP Project Listing – lists the eligible YHDP renewal project for the CoC that must be approved and ranked or rejected by the CoC.
- 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, renewal, and YHDP 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 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/resource/2916/project-priority-listing-coc-consolidated-application/>

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.
Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

Collaborative Applicant Name: The Anchorage Coalition to End Homelessness

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2019 CoC Priority Listing Detailed Instructions and FY 2019 CoC Priority Listing Navigational Guide on the HUD Exchange at <https://www.hudexchange.info/programs/e-snaps/>.
Submit technical question to the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/program-support/my-question/>.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2020 into one or more new projects? No

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 CoC Priority Listing Navigational Guide, both of which are available at: <https://www.hudexchange.info/resource/2916/project-priority-listing-coc-consolidated-application/>

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 by project applicant(s) to your CoC 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, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realoc	PSH/RRH	Expansion
Clare House TH-RRH	2019-09-24 11:57:...	Joint TH & PH-RRH	Catholic Social S...	\$245,300	1 Year	D14	DV Bonus		

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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Coming Home I	2019-09-13 17:06:...	1 Year	Anchorage Housing...	\$129,811	11	PSH	PH		
Resources and Ini...	2019-09-18 16:14:...	1 Year	Anchorage Neighbo...	\$858,611	12	PSH	PH		
AWAIC Rapid ReHou...	2019-09-19 19:21:...	1 Year	Abused Women's Ai...	\$160,684	9	RRH	PH		

Rapid Re-Housing ...	2019-09-19 19:13:...	1 Year	Abused Women's Ai...	\$129,376	4	RRH	PH		
2019 CoC ANC SRA	2019-09-20 15:43:...	1 Year	Alaska Housing Fi...	\$705,406	13	PSH	PH		
325 East 3rd Avenue	2019-09-20 16:53:...	1 Year	Rural Alaska Comm...	\$542,530	6	PSH	PH		
Anchorage Dedicat..	2019-09-25 19:24:...	1 Year	Anchorage Coaliti...	\$175,994	1		HMIS		
Rights Of Passage	2019-09-25 16:09:...	1 Year	Covenan t House Al...	\$241,062	7		TH		
Anchorage Coordin..	2019-09-25 20:42:...	1 Year	Anchorage Coaliti...	\$77,600	2		SSO		

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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
CoC Planning Proj...	2019-09-26 20:50:...	1 Year	Anchorage Coaliti...	\$113,531	CoC Planning Proj...

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide, both of which are available at: <https://www.hudexchange.info/resource/2916/project-priority-listing-coc-consolidated-application/>

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 by project applicant(s) to your CoC 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, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Rank	PSH/RRH	Consolidation Type
Youth Homeless nes...	2019-09-23 14:23:...	Anchorage Neighbo...	\$27,500	SSO	1 Year	5		
Permanency Naviga...	2019-09-25 16:13:...	Covenant House Al...	\$300,000	SSO	1 Year	10		
Rapid Rehousing f...	2019-09-25 16:15:...	Covenant House Al...	\$253,011	PH	1 Year	8	RRH	
VOA AK YHDP PSY R...	2019-09-25 16:16:...	Volunteers of Ame...	\$178,936	PH	1 Year	3	PSH	

Project Applicant Project Details

Project Name: Youth Homelessness Demonstration Project
Host Homes
Project Number: 180880
Date Submitted: 2019-09-23 14:23:08.243
Applicant Name Anchorage Neighborhood Housing Services, Inc
Budget Amount \$27,500
Project Type SSO
Program Type SSO
Component Type SSO
Grant Term 1 Year

Instructions

This form will provide the basic information for the project application that was selected for review. You must first answer "Yes" or "No" to the question "Do you want to approve this project?" Based on the CoC local competition process that includes the rating and ranking or rejection process complete the remaining fields:

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Make a selection from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 5

Project Applicant Project Details

Project Name: Permanency Navigators for Youth
Project Number: 180849
Date Submitted: 2019-09-25 16:13:42.139
Applicant Name Covenant House Alaska
Budget Amount \$300,000
Project Type SSO

Program Type SSO
Component Type SSO
Grant Term 1 Year

Instructions

This form will provide the basic information for the project application that was selected for review. You must first answer "Yes" or "No" to the question "Do you want to approve this project?" Based on the CoC local competition process that includes the rating and ranking or rejection process complete the remaining fields:

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Make a selection from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 10

Project Applicant Project Details

Project Name: Rapid Rehousing for Youth
Project Number: 180813
Date Submitted: 2019-09-25 16:15:26.665
Applicant Name Covenant House Alaska
Budget Amount \$253,011
Project Type PH
Program Type PH
Component Type PH
Grant Term 1 Year

Instructions

This form will provide the basic information for the project application that was selected for review. You must first answer "Yes" or "No" to the question "Do you want to approve this project?" Based on the CoC local competition process that includes the rating and ranking or rejection process complete the remaining fields:

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Make a selection from the list and then click "Save & Back to List."

Do you want to rank this project? Yes

(Make selection and click the 'save' button below)

Rank 8

Project Applicant Project Details

Project Name: VOA AK YHDP PSY Renewal FY19
Project Number: 180534
Date Submitted: 2019-09-25 16:16:18.213
Applicant Name Volunteers of America Alaska
Budget Amount \$178,936
Project Type PH
Program Type PH
Component Type PH
Grant Term 1 Year

Instructions

This form will provide the basic information for the project application that was selected for review. You must first answer "Yes" or "No" to the question "Do you want to approve this project?" Based on the CoC local competition process that includes the rating and ranking or rejection process complete the remaining fields:

If "Yes" is selected, click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Make a selection from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 3

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.

Title	Total Amount
Renewal Amount	\$3,021,074
Consolidated Amount	\$0
New Amount	\$245,300
CoC Planning Amount	\$113,531
YHDP Renewal Amount	\$759,447
Rejected Amount	\$0
TOTAL CoC REQUEST	\$4,139,352

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AK500_Certificates	09/26/2019
FY 2017 Rank (from Project Listing)	No	AK500_PriorityRan...	09/26/2019
Other	No		
Other	No		

Attachment Details

Document Description: AK500_Certificates

Attachment Details

Document Description: AK500_PriorityRanking

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.

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Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/25/2019
2. Reallocation	09/25/2019
5A. CoC New Project Listing	09/26/2019
5B. CoC Renewal Project Listing	09/26/2019
5D. CoC Planning Project Listing	09/26/2019
5E. YHDP Renewal Project Listing	09/26/2019
Funding Summary	No Input Required
Attachments	09/26/2019
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Anchorage Coalition to End HomelessnessProject Name: HMISLocation of the Project: Anchorage Coalition to End Homelessness
P.O Box 243041
Anchorage, AK 99524Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Anchorage Coalition to End HomelessnessProject Name: Anchorage Coordinated Entry SystemLocation of the Project: Anchorage Coalition to End Homelessness
P.O Box 243041
Anchorage, AK 99524Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Volunteers of America AlaskaProject Name: YHDP Permanent Supportive HousingLocation of the Project: Volunteers of America Alaska
2600 Cordova St. #101
Anchorage, AK 99503Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Abused Women's Aid In Crisis (AWAIC)Project Name: Rapid Re-Housing for DV Victims with Substance AbuseLocation of the Project: Abused Women's Aid in Crisis (AWAIC)
100 W. 13th Ave.
Anchorage, AK 99501Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Rural Alaska Community Action Program (RurAL CAP)Project Name: 325 E. 3rd AveLocation of the Project: Rural Alaska Community Action Program731 E. 8th Ave.Anchorage, AK 99501Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Covenant House Alaska

Project Name: Rights of Passage- Transitional Housing

Location of the Project: Covenant House Alaska
PO Box 100620
Anchorage, AK 99510

Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of Care

Name of
Certifying Jurisdiction: Municipality of Anchorage

Certifying Official
of the Jurisdiction
Name: Natasha M. Pineda

Title: Director of Anchorage Health Department

Signature: 

Date: 09/24/2019

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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: Covenant House Alaska

Project Name: YHDP Rapid Rehousing

Location of the Project: Covenant House Alaska
PO Box 100620
Anchorage, AK 99510

Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of Care

Name of
Certifying Jurisdiction: Municipality of Anchorage

Certifying Official
of the Jurisdiction
Name: Natasha M. Pineda

Title: Director of Anchorage Health Department

Signature: *Natasha Pineda*

Date: 09/24/2019

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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: Abused Women's Aid In Crisis (AWAIC)

Project Name: Rapid Re-Housing Program

Location of the Project: Abused Women's Aid in Crisis (AWAIC)
100 W. 13th Ave.
Anchorage, AK

Name of the Federal Program to which the applicant is applying: FY2019 Continuum of Care

Name of Certifying Jurisdiction: Municipality of Anchorage

Certifying Official of the Jurisdiction Name: Natasha M. Pineda

Title: Director of Anchorage Health Department

Signature: 

Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Covenant House AlaskaProject Name: YHDP Permanency Navigator ProjectLocation of the Project: Covenant House Alaska
PO Box 100620
Anchorage, AK 99510Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Anchorage Housing InitiativesProject Name: Coming Home Project- Permanent Supportive HousingLocation of the Project: Anchorage Housing Initiatives
PO Box 202222
Anchorage, AK 99520Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019


**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: NeighborWorks AlaskaProject Name: Resources & Initiatives to Support and Empower (RISE)Location of the Project: NeighborWorks Alaska
2515 A Street
Anchorage, AK 99503Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: NeighborWorks AlaskaProject Name: SRA- Permanent Supportive HousingLocation of the Project: NeighborWorks Alaska2515 A StreetAnchorage, AK 99503Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

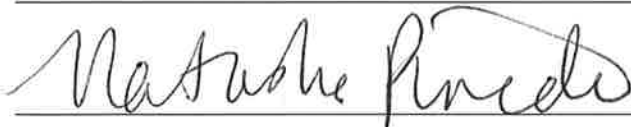
**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: NeighborWorks AlaskaProject Name: YHDP- Host Homes for LGBTQ+ YouthLocation of the Project: NeighborWorks Alaska
2515 A Street
Anchorage, AK 99503Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Catholic Social ServicesProject Name: Clare House- TH- RRH ProjectLocation of the Project: Catholic Social Services
310 E. 20th Ave.
Anchorage, AK 99508Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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: Anchorage Coalition to End HomelessnessProject Name: PlanningLocation of the Project: Anchorage Coalition to End Homelessness
P.O Box 243041
Anchorage, AK 99524Name of the Federal
Program to which the
applicant is applying: FY2019 Continuum of CareName of
Certifying Jurisdiction: Municipality of AnchorageCertifying Official
of the Jurisdiction
Name: Natasha M. PinedaTitle: Director of Anchorage Health DepartmentSignature: Date: 09/24/2019

FY2019 CoC Project Application Priority Ranking Results

Rank	Score	Agency Name	Project Name	Project Type	Final Awarded Amount
Tier 1					
1	NA	Anchorage Coalition to End Homelessness	HMIS	Dedicated HMIS	\$175,994
2	NA	Anchorage Coalition to End Homelessness	Anchorage Coordinated Entry System	Renewal	\$77,600
3	74.3	Volunteers of America	YHDP Permanent Supportive Housing	1 st Year Renewal	\$178,936
4	71.9	Abused Women's Aid in Crisis	Rapid Re-Housing for DV Victims with Substance Abuse	1 st Year Renewal	\$133,166
5	71.8	NeighborWorks Alaska-Choosing Our Roots	YHDP- Host Homes for LGBTQ+ Youth	1 st Year Renewal	\$27,500
6	71.5	Rural Alaska Community Action Program, Inc.	325 E. 3 rd Permanent Supportive Housing	Renewal	\$542,530
7	71.3	Covenant House Alaska	Rights of Passage- Transitional Housing	Renewal	\$241,062
8	71.2	Covenant House Alaska	YHDP Rapid Rehousing	1 st Year Renewal	\$253,011
9	70.6	Abused Women's Aid in Crisis	Rapid Re-Housing Program	Renewal	\$160,737
10	70.4	Covenant House Alaska	YHDP Permanency Navigator Project	1 st Year Renewal	\$300,000
11	69.5	Anchorage Housing Initiatives	Coming Home Project- Permanent Supportive Housing	Renewal	\$129,811
12	64.8	NeighborWorks Alaska	Resources and Initiatives to Support and Empower (RISE) – Permanent Supportive Housing	Renewal	\$858,611
13	68.4	NeighborWorks Alaska	SRA- Permanent Supportive Housing (<i>split</i>)	Renewal	\$531,900
Tier 1 Subtotal:					\$3,610,858
Tier 2					
13	68.4	NeighborWorks Alaska	SRA- Permanent Supportive Housing (<i>split</i>)	Renewal	\$173,506
14	74.9	Catholic Social Services	Clare House- TH- RRH Project	New- DV Bonus	\$245,300
Tier 2 Subtotal:					\$418,806
CoC Planning Funds (not scored in tiers)					
NA	NA	Anchorage Coalition to End Homelessness	Planning	Planning	\$113,531
Planning Subtotal:					\$113,531
Total Funds Requested from HUD:					\$4,029,664

Projects Not Selected for Funding - none