

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2026 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/29/2026

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Another Chance House
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 75-2233200
- c. Unique Entity Identifier:** ENX5D573MGM9

d. Address

Street 1: 209 S. Jackson St.
Street 2:
City: Amarillo
County: Potter
State: Texas
Country: United States
Zip / Postal Code: 79101

e. Organizational Unit (optional)

Department Name:
Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix:
First Name: Ashley
Middle Name:
Last Name: Daws
Suffix:
Title: Development Director
Organizational Affiliation: Another Chance House
Telephone Number: (806) 372-3344
Extension: 1007

Fax Number:

Email: ashley.daws@anotherchancehouse.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: CPD-2600-DC-0025

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Texas
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Transitional Housing 2026

16. Congressional District(s):

16a. Applicant: TX-013

16b. Project: TX-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2027

b. End Date: 05/31/2028

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? c. Program is not covered by E.O. 12372.

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. 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)

I AGREE: ☒

21. Authorized Representative

Prefix:

First Name: Steve

Middle Name:

Last Name: Smart

Suffix:

Title: Executive Director

Telephone Number: (806) 372-3344
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: steve.smart@anotherchancehouse.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 02/28/2027

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Another Chance House

Prefix:

First Name: Steve

Middle Name:

Last Name: Smart

Suffix:

Title: Executive Director

Organizational Affiliation: Another Chance House

Telephone Number: (806) 372-3344

Extension: 1010

Email: steve.smart@anotherchancehouse.org

City: Amarillo

County: Potter

State: Texas

Country: United States

Zip/Postal Code: 79101

2. Employer ID Number (EIN): 75-2233200

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$225,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
U.S. Department of Veterans Affairs	VA Grant and Per Diem (GPD) funding	\$367,920.00	Transitional housing and supportive services for eligible veterans
Texas State Affordable Housing Corporation (TSAHC)	State grant funding	\$10,000.00	Transitional housing program costs and supportive services
City of Amarillo – Community Development Department	HUD Community Development Block Grant (CDBG)	\$10,000.00	Case management personnel costs supporting participants experiencing homelessness

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Steve Smart, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Another Chance House
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

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

Authorized Representative

Prefix:

First Name: Steve

Middle Name

Last Name: Smart

Suffix:

Title: Executive Director

Telephone Number: (806) 372-3344
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: steve.smart@anotherchancehouse.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

11. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: ☒

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Another Chance House

Name / Title of Authorized Official: Steve Smart, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose
lobbying activities pursuant to 31 U.S.C. 1352
Approved by OMB: 4040-0013 (exp. 06/30/2028)

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Another Chance House

Street 1: 209 S. Jackson St.

Street 2:

City: Amarillo

County: Potter

State: Texas

Country: United States

Zip / Postal Code: 79101

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete. ☒

Authorized Representative

Prefix:

First Name: Steve

Middle Name:

Last Name: Smart

Suffix:

Title: Executive Director

Telephone Number: (806) 372-3344
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: steve.smart@anotherchancehouse.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 07/31/2028

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the
applicant, I certify: ☒

Authorized Representative for: Another Chance House

Prefix:

First Name: Steve

Middle Name:

Last Name: Smart

Suffix:

Title: Executive Director

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 09/29/2026

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

Another Chance House has more than 38 years of experience providing transitional housing and supportive services to men experiencing homelessness and more than a decade of experience administering federal funding. Since 2010, the organization has operated 13 veteran-designated transitional housing beds through the U.S. Department of Veterans Affairs Grant and Per Diem (GPD) Program. Through this program, Another Chance House has maintained federal financial, programmatic, data collection, and reporting requirements while providing housing and supportive services to veterans experiencing homelessness.

Another Chance House has also administered federal funding through the Emergency Food and Shelter Program (EFSP) and the U.S. Department of Housing and Urban Development Community Development Block Grant (CDBG) Program. These programs have required the organization to maintain documentation, track restricted funds, comply with program requirements, and demonstrate that funds are used for their intended purpose.

The activities proposed in this CoC application are consistent with services Another Chance House already provides. Residents receive individualized case management, housing stabilization planning, employment readiness support, life skills instruction, transportation assistance, and connections to healthcare, behavioral health services, benefits, education, and workforce development. Case management begins when a resident enters the program and continues throughout his stay, with the level of support adjusted as he progresses toward employment, income, and permanent housing.

Another Chance House also participates in HMIS and Coordinated Entry and has established procedures for documenting participant information, services, progress, and outcomes. The organization maintains financial management systems, internal controls, and administrative procedures to support federal grant compliance. This experience provides an established operational foundation for carrying out the transitional housing and supportive-service activities proposed in this application.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Another Chance House has extensive experience combining federal, state, local, and private resources to support transitional housing and supportive services. Federal funding through the U.S. Department of Veterans Affairs Grant and Per Diem Program, the Emergency Food and Shelter Program, and HUD Community Development Block Grant funding has been supplemented with support from the Texas State Affordable Housing Corporation, private foundations, corporations, churches, civic organizations, individual donors, fundraising activities, volunteers, and in-kind contributions.

These different funding sources allow Another Chance House to support expenses and services that may not be fully covered through a single grant. Private and community support helps strengthen resident services, transportation, health and wellness assistance, food, facility operations, and other program needs while public funding supports eligible housing and service activities. This diversified approach reduces reliance on any single funding source and helps maintain services when individual grants or awards change.

Another Chance House also leverages community partnerships to extend the services available to residents without duplicating resources already available locally. Texas Panhandle Centers provides behavioral health and substance use services and has experience administering federal behavioral health funding through the Substance Abuse and Mental Health Services Administration. Regence Health Network provides healthcare services and receives federal Health Center Program funding through the Health Resources and Services Administration. Workforce Solutions Panhandle connects residents with employment and workforce resources through the Texas workforce system, which administers federally funded employment and training programs, including programs supported through the Workforce Innovation and Opportunity Act. Amarillo College provides education, credentialing, and workforce training opportunities and has experience managing state and federal grant-funded programs.

Additional partnerships with Goodwill Industries of Northwest Texas, Family Support Services, Bridging the Gaps, the Veterans Resource Center, local Veterans and Drug Courts, Buffs CARES, and local churches help residents access employment resources, supportive services, veteran resources, education, and other assistance based on individual needs. Together, these relationships allow Another Chance House to connect residents with publicly and privately funded services already operating in the community while concentrating its own resources on housing, case management, and the supports residents need to move toward self-sufficiency.

By combining federal, state, local, and private funding with in-kind assistance and an established network of community providers, Another Chance House is able to make better use of available resources and provide residents with a broader range of support than any single funding source could provide on its own.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Another Chance House maintains a financial management structure designed to provide accurate accounting, appropriate oversight, and accountability for organizational and grant funds. Financial records are maintained in QuickBooks in accordance with Generally Accepted Accounting Principles (GAAP), using accrual-based accounting practices to consistently record revenue, expenses, assets, liabilities, and restricted funding. Written financial policies and procedures guide budgeting, procurement, accounts payable, cash management, financial reporting, record retention, and internal controls.

Financial responsibilities are separated among staff and organizational leadership to provide appropriate checks and balances over financial transactions. Supporting documentation is maintained for expenditures, and financial activity is reviewed as part of the organization's regular accounting and reporting process. Revenue and expenses are tracked by funding source and program as appropriate, allowing Another Chance House to monitor grant budgets, identify allowable expenditures, maintain documentation supporting the use of restricted funds, and prepare accurate financial reports for funders.

Organizational leadership monitors actual revenue and expenditures against approved budgets throughout the year. Financial statements are provided to the Board of Directors for regular review, giving the Board oversight of the organization's financial position, budget performance, and overall fiscal health. This structure provides multiple levels of financial review while maintaining separation between transaction processing, approval, accounting, and governance responsibilities.

Another Chance House also undergoes an annual independent financial audit conducted by Wilson Haag. The audit provides an additional level of review of the organization's financial statements, accounting practices, internal controls, and compliance with applicable financial reporting requirements. Together, the organization's GAAP-based accounting practices, written financial procedures, internal controls, grant-level tracking, management oversight, Board review, and annual independent audit provide the financial management structure necessary to administer federal CoC funds and maintain accountability for their use.

4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization? No

3A. Project Detail

1. CoC Number and Name: TX-611 - Amarillo CoC

2. CoC Collaborative Applicant Name: City of Amarillo

3. Project Name: Transitional Housing 2026

4. Project Status: Standard

5. Component Type: TH

6. What type of CoC funding is this project applying for in this CoC Program Competition? Bonus

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Will this project include replacement reserves in the Operating budget? No

11. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Another Chance House provides transitional housing and supportive services to adult men experiencing homelessness who meet HUD eligibility requirements. The program combines stable housing with individualized case management, employment readiness, Life Skills education, and coordinated supportive services to help participants obtain and maintain permanent housing.

Men entering Another Chance House first complete a 30-day probationary period focused on stabilization, assessment, and engagement. This period is separate from the proposed CoC-funded project. Participants will not be enrolled in the CoC-funded transitional housing project until they successfully complete probation, meet CoC eligibility requirements, and sign a Resident Agreement. Enrollment at that point begins the participant's two-year transitional housing period.

Once enrolled, participants progress through a structured five-phase program with increasing responsibility and independence. Individualized service plans identify each participant's barriers, goals, needed services, frequency of support, and target dates related to housing, employment, income, health, recovery, education, financial stability, and independent living. Progress is formally reviewed at least every 90 days, with plans updated as needs and goals change.

Residents who are able to participate complete 35 verified productive hours each week through employment, education, case management, Life Skills, recovery activities, volunteer service, and other activities identified in their service plans. Supportive services include case management, employment and income support, benefits navigation, transportation, housing navigation, and connections to healthcare, behavioral health, dental and vision care, substance use treatment, education, workforce development, and other community resources. Participants may also access paid workforce development opportunities that provide on-the-job experience and transferable skills.

CoC funding will strengthen service capacity by supporting additional case management capacity and peer support services. This will allow for more individualized attention, consistent contact, timely intervention when barriers arise, and greater focus on housing planning, employment, income, benefits, referrals, and preparation for permanent housing. Increased staff capacity will allow case managers to spend more time addressing each participant's individual barriers and provide the level of support needed throughout the two-year program.

Peer support will complement case management by helping participants remain engaged in their goals, navigate challenges, build practical skills, connect with community resources, and prepare for greater independence. Together, increased case management and peer support capacity will help participants use their time in transitional housing intentionally and leave the program with increased income and stability, stronger independent living skills, and a realistic plan for maintaining permanent housing.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity	30			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

Not applicable. Another Chance House is not requesting CoC Program funding for acquisition, rehabilitation, new construction, or any other capital costs.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	☐	Survivors	☒
Veterans	☒	Substance Abuse	☒
Youth (under 25)	☒	Mental Illness	☒
Families	☐	HIV/AIDS	☒
		Chronic Homeless	☒
		Other (Click 'Save' to update)	☒

Other: We serve Men only and all the populations commonly served

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No
renewal project?

4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

Another Chance House has more than 38 years of experience providing transitional housing and supportive services to men experiencing homelessness. The organization currently operates 52 residential beds, including 13 veteran-designated beds funded through the U.S. Department of Veterans Affairs Grant and Per Diem Program, which Another Chance House has administered since 2010. The program has an established history of helping men move from homelessness toward employment, increased income, greater stability, and permanent housing.

Historical participant information was previously maintained in Apricot before Another Chance House transitioned to HMIS in 2025. Because complete historical outcome data could not be transferred into HMIS, the organization cannot reliably calculate prior 24-month exit outcomes across multiple years. Rather than estimate results that cannot be verified, Another Chance House will use HMIS to establish and track outcomes for the proposed CoC project moving forward.

Participants will not enroll in the CoC-funded transitional housing project until they successfully complete Another Chance House's 30-day probationary period and meet CoC eligibility requirements. At enrollment, each participant will begin a structured transitional housing program limited to no more than 24 months. Individualized service plans will identify barriers, goals, services, strategies, and target dates related to permanent housing, employment, income, health and wellness, financial stability, and independent living.

Case management is most frequent during the early phases of the program, when participants generally need the greatest level of support, and gradually decreases as they gain stability and independence. Participants in later phases may move to monthly check-ins, while the frequency of case management can increase at any time when needs or circumstances change. This allows service plans to be adjusted as needed and keeps progress toward permanent housing active throughout the participant's time in the program.

Case management is supported by employment readiness, benefits navigation, Life Skills education, housing navigation, transportation, and connections to community-based services. Additional case management capacity and peer support through the proposed project will provide more individualized attention and allow staff to identify and respond to barriers earlier.

Another Chance House's goal is for participants to move to a positive housing destination within the 24-month transitional housing period, with permanent housing planning beginning at enrollment rather than near the end of the program. Participant progress, income, services, and exit destinations will be documented in HMIS to measure outcomes and improve program performance.

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

Another Chance House has an established transitional housing program focused on helping men build the stability, income, skills, and resources necessary to move from homelessness to permanent housing. For the proposed CoC project, Another Chance House will establish performance goals of at least 50 percent of participants exiting to a positive destination within 24 months and at least 50 percent exiting with employment income.

Each participant will begin working toward housing and income goals at enrollment. Individualized service plans will identify barriers to employment and permanent housing and establish specific goals, strategies, services, and target dates. Case management will be most frequent during the early phases of the program and will decrease as participants gain stability and independence, with the frequency increased again whenever additional support is needed.

Employment readiness is a core component of the program. Participants who are able to work receive assistance with job readiness, job searches, applications, transportation, and connections to workforce resources and education or credentialing opportunities. Paid resident employment opportunities may also provide participants with work experience while they develop transferable skills. For participants who cannot immediately work, case managers assist with benefits navigation and other income resources while continuing to address barriers that may affect future employment.

Housing planning will begin at enrollment and continue throughout the participant's time in transitional housing rather than being delayed until the end of the program. Case managers will work with participants to increase income, develop budgeting and independent living skills, address barriers to housing, and identify realistic permanent housing options.

Participant income, employment, housing progress, and exit destinations will be documented and monitored through HMIS. Another Chance House will use this information to measure performance against the 50 percent positive-exit and 50 percent employment-income goals, identify barriers affecting outcomes, and adjust services when needed.

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

Another Chance House provides core supportive services directly while partnering with community organizations for specialized services that are outside the organization's scope. This approach allows each participant's individualized service plan to draw from both on-site support and established community resources based on his specific barriers, goals, and needs.

Another Chance House directly provides individualized case management, housing planning and navigation, employment readiness, Life Skills education, budgeting and financial literacy, benefits navigation, transportation assistance, and coordination of outside services. Case managers work closely with participants during the early phases of the program, with the frequency of meetings decreasing as participants gain stability and independence and increasing again when additional support is needed. Additional case management capacity and peer support through the proposed CoC project will strengthen this individualized approach and provide more time for follow-up, referrals, housing preparation, and coordination with outside providers.

Community partners extend the services available to participants. Texas Panhandle Centers provides access to behavioral health and substance use services. Regence Health Network connects participants with primary and other healthcare services. Workforce Solutions Panhandle and Goodwill Industries of Northwest Texas provide employment readiness, job-search assistance, workforce resources, and connections to training opportunities. Amarillo College provides education, credentialing, and workforce training opportunities. Family Support Services provides behavioral health and supportive services, while Bridging the Gaps helps connect individuals experiencing homelessness with community resources and assistance.

For veterans, Another Chance House coordinates with the U.S. Department of Veterans Affairs and veteran-serving organizations to connect eligible participants with healthcare, benefits, treatment, and other veteran-specific resources. The organization also works with local Veterans and Drug Courts when participants are involved with those systems. Additional relationships with Buffs CARES, local churches, and other community organizations provide resources and assistance based on individual participant needs.

Case managers remain responsible for coordinating these services rather than simply providing a referral. Outside services are incorporated into the participant's individualized service plan as appropriate, and staff follow up with participants and providers to address barriers to accessing services and determine whether additional support is needed. This combination of direct services and community partnerships gives participants access to housing, employment, healthcare, behavioral health, education, benefits, and other supports necessary to address the individual barriers affecting their ability to obtain and maintain permanent housing.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Another Chance House supplements its transitional housing program with a combination of public benefits, community-based services, private funding, and in-kind support. Case managers assess each participant's eligibility for mainstream benefits and assist with applications and connections to resources such as Medicaid, Medicare, SNAP, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), VA benefits, and other programs for which the participant may qualify. Accessing these resources helps participants meet immediate needs, increase or stabilize income, address health needs, and prepare for permanent housing.

Community partnerships allow participants to access services supported through other public funding systems rather than relying solely on CoC resources. Texas Panhandle Centers provides behavioral health and substance use services and administers federally supported behavioral health programs. Regence Health Network provides healthcare services and participates in federally supported health programs. Workforce Solutions Panhandle connects participants with employment, training, and workforce resources available through the state workforce system, including federally funded employment and training programs. Amarillo College provides education, credentialing, and workforce training opportunities and administers state and federal grant-funded programs. Veterans may also access healthcare, benefits, treatment, employment resources, and other services through the U.S. Department of Veterans Affairs and veteran-serving organizations.

Additional services and resources are available through Goodwill Industries of Northwest Texas, Family Support Services, Bridging the Gaps, Buffs CARES, local churches, civic organizations, and other community partners based on each participant's individual needs. Another Chance House case managers coordinate these connections and incorporate appropriate outside resources into individualized service plans.

The project is further supported by private foundation grants, corporate and church contributions, individual donations, fundraising revenue, volunteer support, and in-kind contributions. These resources help support transportation, food, health and wellness needs, resident assistance, facility operations, and other needs that may not be covered by CoC funding or another public program.

By coordinating CoC funding with mainstream benefits, publicly funded community services, and private resources, Another Chance House can direct CoC funds toward eligible housing and supportive service costs while helping participants build connections to benefits and community resources that can continue after they leave transitional housing. This approach also helps participants establish the income, healthcare, employment resources, and community supports needed to maintain permanent housing and greater self-sufficiency.

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants?

Each participant's service needs will be assessed through a structured, individualized assessment process beginning at enrollment in the CoC-funded transitional housing program. The assessment is completed with the participant and is used to identify immediate needs, existing strengths and resources, barriers to permanent housing, and the level of support needed in different areas of his life.

The assessment reviews housing history and barriers, employment and income, education and job skills, benefits eligibility, physical and behavioral health needs, substance use and recovery supports, transportation, financial stability and budgeting, independent living skills, legal concerns, identification and documentation needs, and connections to family, community, and other support systems. Case managers also identify outside services or benefits that may be needed and coordinate referrals to appropriate community partners.

Assessment findings are used with the participant to develop an individualized service plan that identifies his goals, the services and resources needed to address identified barriers, strategies for reaching those goals, and target dates for progress. Service plans are not static. Case management is more frequent during the early phases of the program and decreases as participants gain stability and independence. The level of contact can increase again whenever new barriers, changes in circumstances, or additional needs are identified.

Participant needs and progress are continually evaluated through case management, service-plan updates, and movement through the program's five phases. This ongoing process allows staff and participants to adjust goals, referrals, and the intensity of services as circumstances change while maintaining a consistent focus on employment, income, housing stability, and preparation for permanent housing.

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

Another Chance House will provide individualized services based on each participant's needs, abilities, goals, and service plan. Residents who are able to participate are expected to complete 35 verified productive hours each week, exceeding the 20-hour engagement requirement. Participants who meet HUD exemptions based on age or qualifying disability will not be required to meet the 20-hour standard.

Productive hours may include employment, job searching and employment readiness, education or job training, case management, Life Skills classes, counseling or treatment, recovery activities, volunteer service, benefits-related activities, housing preparation, and other activities identified in the participant's individualized service plan. Employment may account for part or all of a participant's weekly engagement depending on his circumstances.

Case management is most frequent during the early phases of transitional housing, when participants generally need more assistance addressing barriers, establishing employment or income, accessing benefits and services, and developing consistent routines. As participants gain stability and independence, case management gradually decreases and may reach monthly check-ins during later phases. The frequency of contact can increase again at any time when a participant encounters a new barrier or needs additional support.

Case managers will work with each participant to determine the combination of services and activities that best supports his goals. When needs cannot be met directly by Another Chance House, staff will coordinate services with community partners, including behavioral health, healthcare, employment, education, veteran, and other providers. Additional case management capacity and peer support through the proposed CoC project will allow for more individualized attention, follow-up, service coordination, and timely intervention when barriers interfere with participation.

This individualized approach allows each participant to meet weekly engagement expectations through activities that directly support his progress toward increased income, greater stability, independent living, and permanent housing rather than requiring every participant to follow the same schedule or receive the same services.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.

☒

5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.

☒

**6. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	Daily
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	Daily
Utility Deposits		Non-Partner	As needed

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 20

Total Beds: 52

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Shared housing	---	1	15	0
Shared housing	---	1	14	0
Single Room Occupancy (SRO)...	---	1	3	0
Single family homes/townhou...	---	14	14	0
Single Room Occupancy (SRO)...	---	1	2	0
Single Room Occupancy (SRO)...	---	1	3	0
Single Room Occupancy (SRO)...	---	1	1	0

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 1

2b. Beds: 15

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 209 S. Jackson St.

Street 2:

City: Amarillo

State: Texas

ZIP Code: 79101

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 1

2b. Beds: 14

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 207 S. Van Buren St.

Street 2:

City: Amarillo

State: Texas

ZIP Code: 79101

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 1

2b. Beds: 3

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 203 S. Jackson

Street 2:

City: Amarillo

State: Texas

ZIP Code: 79101

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 14

2b. Beds: 14

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 200 S. Van Buren

Street 2: Units 1-14

City: Amarillo

State: Texas

ZIP Code: 79101

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 1

2b. Beds: 2

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 205 S. Jackson

Street 2:

City: Amarillo

State: Texas

ZIP Code: 79101

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 1

2b. Beds: 3

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 313 SW 2nd

Street 2:

City: Amarillo

State: Texas

ZIP Code: 79101

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 1

2b. Beds: 1

3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 307 SW 2nd

Street 2:

City: Amarillo

State: Texas

ZIP Code: 79101

- *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

489375 Potter County

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		52		52
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24		49		49
Persons ages 18-24		3		3
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	52	0	52

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	3		26	9		5	1	2	3	
Persons ages 18-24			1	1		1				
Total Persons	3	0	27	10	0	6	1	2	3	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction	☐
Leased Units	☐
Leased Structures	☐
Rental Assistance	☐
Supportive Services	☒
Operating	☒
HMIS	☐
VAWA	☒

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	12 months; 45.9% of combined salary and fringe benefits for the Program Director/Case Manager and Case Manager (2 FTE positions) providing participant assessment, individualized service planning, case management, housing planning, benefits coordination, referrals, HMIS documentation, progress monitoring, and preparation for permanent housing.	\$49,900
4. Child Care		
5. Education Services		
6. Employment Assistance	12 months; 23.5% of \$53,839.11 in annual employment-assistance costs, including wages for two resident employees and the portion of the Facilities Director's salary and fringe attributable to training, supervision, and on-the-job skill development. Facilities Director time allocated to this activity is limited to 20%.	\$12,650
7. Food	29,200 meals annually; 33.8% of ACH's \$64,548 annual food budget to provide two meals per day for an average of 40 men.	\$21,820
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services	12 months; 27.2% of ACH's \$6,157 annual Health & Wellness budget for eligible outpatient health services for program participants, including medical, dental, vision, and medication assistance.	\$1,675
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	12 months; 29.25% of the Driver's \$29,250 annual salary (\$8,556.44) and 29.25% of the \$16,007 annual vehicle expense budget (\$4,681.56), including fuel and maintenance, to provide participant transportation to employment, appointments, services, and other program-related activities.	\$13,238
16. Utility Deposits		
17. Operating Costs	12 months; 17.95% of the Operations Manager's \$74,213.57 annual salary and fringe (\$13,319.36), plus 17.95% of \$128,167 in annual program operating expenses (\$22,997.64), excluding vehicle expenses allocated separately to Transportation.	\$36,317
Total Annual Assistance Requested		\$135,600
Grant Term		1 Year
Total Request for Grant Term		\$135,600

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	12 months; 30.38% of \$83,596.86 in annual maintenance costs, including the Facilities Director's maintenance-allocated salary and fringe (80% of annual compensation) and \$24,226 in maintenance and repair expenses.	\$25,400
2. Property Taxes and Insurance	12 months; 27.24% of ACH's \$66,266 annual insurance costs associated with operating the transitional housing program. ACH does not incur property tax expenses.	\$18,050
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	2 months; 43.02% of \$59,269 in annual electricity, gas, and water expenses attributable to the transitional housing program.	\$25,500
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$68,950
Grant Term		1 Year
Total Request for Grant Term		\$68,950

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

The Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

Applicant: Another Chance House
Project: Transitional Housing 2026

ENX5D573MGM9
231905

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$56,250
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$56,250

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Another Chance Ho...	\$56,250

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Another Chance House Operating Funds
(Be as specific as possible and include the office
or grant program as applicable)
4. Amount of Written Commitment: \$56,250

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$135,600	1 Year	\$135,600
5. Operating (Screen 6G)	\$68,950	1 Year	\$68,950
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$204,550
10. Admin (Up to 10% of Sub-total in #9)			\$20,450
11. HUD funded Sub-total + Admin. Requested			\$225,000
12. Cash Match (From Screen 6I)			\$56,250
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$56,250
15. Total Project Budget for this grant, including Match			\$281,250

Click the 'Save' button to automatically calculate totals.

Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Another Chance House

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	☐
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	☒
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	☐

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional").

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Submission Type: Initial Submission

Effective Date: 07/23/2026

Certification of Authorized Representative for the Applicant/Recipient: X

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

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

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

Authorized Representative:

Prefix:

First Name: Steve

Middle Name:

Last Name: Smart

Suffix:

Title: Executive Director

Telephone Number: (806) 372-3344
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email: steve.smart@anotherchancehouse.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 07/23/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	ACH MOU's	09/28/2026
3) Other Attachment(s)	No	Organizational At...	09/29/2026

Attachment Details

Document Description:

Attachment Details

Document Description: ACH MOU's

Attachment Details

Document Description: Organizational Attachments

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Steve Smart

Date: 09/29/2026

Title: Executive Director

Applicant Organization: Another Chance House

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/28/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/28/2026
1E. SF-424 Compliance	09/28/2026
1F. SF-424 Declaration	09/28/2026
1G. HUD 2880	09/28/2026
1H. HUD 50070	09/28/2026
1I. Cert. Lobbying	09/28/2026
1J. SF-LLL	09/28/2026
IK. SF-424B	09/28/2026
1L. SF-424D	09/28/2026
2A. Subrecipients	No Input Required
2B. Experience	09/28/2026
3A. Project Detail	09/28/2026
3B. Description	09/28/2026
3C. Expansion	09/28/2026
4A. Services	09/28/2026
4B. Housing Type	09/28/2026
5A. Households	09/28/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/28/2026
6F. Supp Srvcs Budget	09/28/2026
6G. Operating	09/28/2026
VAWA Budget	No Input Required
6I. Match	09/28/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/28/2026

7A. Attachment(s)	09/29/2026
7D. Certification	09/28/2026

Another Chance House: COC NOFO 2026

**FY2026 New Project Application,
Transitional Housing :**

7A.

MOU Attachment

TABLE OF CONTENTS

Document Satisfying Requirement	Page Number
Cover Sheet	1
Another Chance House: MOU for internal match	2
Another Chance House: Goodwill Industries of Northwest Texas MOU	3
Another Chance House: Potter/Randall County Drug Court MOU	4-22
Another Chance House: Panhandle Regional Problem Solving Court MOU	23-25
Another Chance House: Regence Health Network Contract	26



Memorandum of Understanding for Cash Match

Another Chance House CoC Project: Transitional Housing 2026

I. Cash match commitment

Another Chance House commits \$56,250 in cash match from its unrestricted reserve funds for the Another Chance House CoC Project: Transitional Housing 2026 of the Amarillo Continuum of Care. The funds will be available and used for case management, employment assistance and job training, life skills training, food, transportation, and housing search and counseling.

Unrestricted individual donations received throughout the year may replenish the reserve funds. This commitment is funded from existing reserves and does not depend on future donations. Match expenditures will not also be charged to the federal award or counted as match for another federal award.

II. Records and reporting

Another Chance House will maintain financial records documenting the source, availability, and expenditure of the \$56,250 cash match. It will make those records available to the Amarillo Continuum of Care, the City of Amarillo, and the U.S. Department of Housing and Urban Development upon request, as applicable.

III. Term

This commitment applies to the FY 2026 Continuum of Care project year beginning June 1, 2027, and ending May 31, 2028. Any change to the committed amount or term must be documented in writing and remain consistent with the approved grant requirements.

IV. Signatures

RECEIVING AGENCY/ENTITY

Another Chance House CoC Project: TRANSITIONAL HOUSING 2026

By: _____

9/28/2026

Steve Smart,
Executive Director
Another Chance House

PERFORMING AGENCY/ENTITY

Another Chance House

By: _____

9/28/26

Brady Schenk
Board President
Another Chance House



Memorandum of Understanding (MOU)

Between

Another Chance House

And

Goodwill Industries of Northwest Texas (GINWT)

Purpose

This Memorandum of Understanding (MOU) establishes a partnership between Another Chance House and Goodwill Industries of Northwest Texas (GINWT) to collaborate on workforce development initiatives aimed at improving employment opportunities and skills for participants.

Roles and Responsibilities

GINWT agrees to:

- Provide workforce development services, including training, job placement assistance, and career counseling.
- Share program updates and participant progress as appropriate.

Another Chance House agrees to:

- Support recruitment and referral of participants.
- Provide access to resources, facilities, or employment opportunities as agreed upon.
- Life Skills and Career Enhancement Seminars

Term

This MOU will be effective from 05-08-2026 to 05-30-2027, unless terminated earlier by either party with written notice.

Confidentiality

Both parties agree to maintain confidentiality of participant information in compliance with applicable laws and regulations.

All instructional materials are proprietary to the organization and may not be copied, reused, or shared without prior written consent from GINWT.

Non-Binding Agreement

This MOU is not a legally binding contract but reflects the intent of both parties to collaborate in good faith.

Signatures

Goodwill Industries of Northwest Texas

Name: William L. Dwyer

Title: President & CEO

Date: 5/20/2024

Another Chance House

Name: Steve Smart

Title: Executive Director

Date: 5/20/2024

MEMORANDUM OF UNDERSTANDING

AGREEMENT between the Administrative Judges for both Potter and Randall Counties; Drug Court Judge; Potter, Randall, & Armstrong County Community Supervision and Corrections Department; 47th District Attorney; Randall County Criminal District Attorney; Randall County Sheriff; Local Mental Health Authority; Downtown Women's Center; Another Chance House; and Cenikor for administration and operation of the Potter, Randall, and Armstrong Counties Adult Drug Court.

The parties to this Agreement endorse the mission and goals of the drug court in order to enhance public safety, ensure participant accountability, and reduce the cost of substance abuse and addiction to society. By addressing criminal thinking, substance and alcohol use disorders, trauma, and mental and physical health, participants will realize improved quality of life. The parties recognize that to accomplish the goals and mission of the drug court, cooperation and collaboration must occur within a network of systems.

The parties to this Agreement understand that the confidentiality of participants' alcohol and drug treatment records are protected under Federal regulations: Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the HIPAA Privacy Rule, 45 CFR 160, 162, and 164. The parties agree to comply with all confidentiality requirements.

PROGRAM GOALS

The goal of the Potter, Randall and Armstrong Counties Adult Drug Court (hereinafter "Program") is to improve the lives of persons in the criminal justice system with substance use disorders through integration of intensive supervision, chemical dependency treatment, mental health services, substance use testing, and case management services with criminal justice system processing.

The parties agree that the Program will adhere to the following *10 Key Components of Drug Courts* in which their respective agencies will work cooperatively:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing;
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights;
3. Eligible participants are identified early and promptly placed in the drug court program;
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services;
5. Abstinence is monitored by frequent alcohol and other drug testing;
6. A coordinated strategy governs drug court responses to participant compliance;
7. Ongoing judicial interaction with each drug court participant is essential;
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness;
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations; and
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

INDIVIDUAL AGENCY RESPONSIBILITIES AND STAFF COMMITMENTS

Judge

The Drug Court Judge shall:

1. Ensure a cooperative atmosphere for attorneys, probation officers, law enforcement, and treatment providers to stay focused on the task of providing participants with treatment and rehabilitation opportunities;
2. Ensure Program integrity is maintained by understanding the Program's policies and procedures;

3. Participate as an active member of the Drug Court Team (hereinafter "Team") and chair staffing and other team meetings;
4. Assist in motivating and monitoring Program participants;
5. Gather information from the Team and make all final decisions on incentives, sanctions, and service adjustments that affect participants;
6. Act as a mediator to develop resources and improve interagency linkages;
7. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of the Program;
8. Encourage participants to succeed and treat them fairly, with respect, and in a non-intimidating manner; and
9. Emphasize treatment throughout participants' time in the Program.

Ethical Considerations

The Judge must:

- Show impartiality;
- Avoid ex parte communication;
- Demonstrate judicial authority;
- Exercise exclusive final decision-making authority; and
- Recognize participants' constitutional rights and follow appropriate legal processes.

Court Coordinator

The Drug Court Coordinator shall:

1. Facilitate communication between Team members and partner agencies;
2. Assist with organizing court, events, and meetings and compile supporting materials to disseminate to stakeholders and service providers to maintain linkages;
3. Ensure Program policies and procedures are updated annually and followed during Program operations;
4. Ensure all Team members comply with confidentiality regulations and all appropriate forms are signed and circulated to the appropriate agencies; and
5. Assist in providing or seeking continuing training for the Team and ensure all new Team members receive orientation before participating in their first staffing.

Ethical Considerations

The Coordinator must:

- Be knowledgeable of each Team member's ethical boundaries and how they are incorporated into the Program.

Program Coordinator/Grant Writer

The Drug Court Program Coordinator/Grant Writer shall:

1. As funding permits, assist in providing general oversight to the Program, including meeting attendance, grant writing, grant reporting, budget administration, contract management, program support, funding solicitation, and community outreach;
2. Ensure Program policies and procedures are updated annually and followed during Program operations; and
3. Provide oversight of the Program's statistical database and evaluation process.

Ethical Considerations

The Program Coordinator must:

- Be knowledgeable of each Team member's ethical boundaries and how they are incorporated into the Program.

Prosecutors

The Drug Court Prosecutors shall:

1. Be assigned to the Program for the term of this Agreement and participate as active members of the Team;
2. Assist in identifying defendants arrested for offenses that meet program eligibility requirements;
3. Within their discretion, help resolve other pending legal cases that affect participants' eligibility or ability to participate in the Program;
4. Participate as Team members during pre-court staffing and advocate for effective incentives and sanctions in response to program compliance or the lack thereof;
5. Participate as Team members operating in a non-adversarial manner during court to promote a sense of a unified Team presence;
6. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of the Program;
7. Agree that a positive drug test or open court admission of drug possession or use will not result in filing of additional charges; and
8. Make decisions regarding participants' continued enrollment in the program based on performance in treatment rather than on legal aspects of underlying cases, barring additional criminal behavior.

Ethical Considerations

The Prosecutors must:

- Make decisions to protect public safety; and
- Advocate for the victims' interests.

Defense Attorney

The Drug Court Defense Attorney shall:

1. Be assigned to the Program for the term of this Agreement and participate as an active member of the Team;
2. Advise defendants as of the nature and purpose of the Program, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in the Program will affect his/her interests;
3. Participate as a Team member, operating in a non-adversarial manner during court, to promote a sense of a unified Team presence;
4. Monitor participants' progress in the Program and advocate appropriately for effective incentives and sanctions for compliance or lack thereof;
5. Ensure the constitutional rights of participants are protected;
6. Advocate for participants' stated interests;
7. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of the Program;
8. Explain all rights that participants will relinquish as part of participation in the Program; and
9. Encourage participants to be truthful with the Team by explaining that criminal prosecution will not result from admitting to substance or alcohol use in open court.

Ethical Considerations

The Defense Attorney Must:

- Demonstrate integrity to the client;
- Protect attorney/client privilege; and
- Ensure clients' due process rights are protected.

Community Supervision Officer

The Drug Court Community Supervision Officer Shall:

1. Be assigned to provide comprehensive case management and field supervision of Program participants for the term of this Agreement and participate as an active member of the Team;

2. Employ a validated criminogenic risk/needs assessment tool during the referral process to ensure the Program is serving the appropriate target population;
3. Provide coordinated and comprehensive supervision and case management services including: telephone contact; office and employment visits; and random field visits to participants' homes;
4. Develop and employ effective measures for alcohol and drug testing and supervision compliance reporting that provide the Team with sufficient and timely information to implement sanctions, incentives, and therapeutic interventions;
5. Assist participants in complying with their judgment and sentencing orders along with Program requirements, and monitor their progress;
6. Participate in pre-court staffing and provide updates on all active participants and advocate for effective incentives, sanctions, and therapeutic interventions;
7. Coordinate the utilization of community-based services, such as health and mental health services, victims' services, housing, entitlements, transportation, education, and vocational and job skills training and placement, in order to provide a strong foundation for participants;
8. Utilize and deliver cognitive-behavioral interventions to address criminal thinking and increase readiness for change;
9. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of the Program; and
10. Develop a written case plan for each participant and update it based upon assessments of ongoing risk and needs.

Ethical Considerations

The Community Supervision Officer Must:

- Make decisions to protect public safety; and
- Inform the court of non-compliance with judicial orders in a timely manner

Treatment Provider

The Treatment Provider Shall:

1. Participate fully as a Team member for the term of this Agreement and will work as a partner to ensure the success of treatment court participants;
2. Operate in conjunction with the treatment court team for the assessment and placement of participants in the appropriate level of care to meet their treatment needs;
3. Utilize a validated clinical screening and assessment tool to ensure appropriate placement of participants;
4. Provide progress reports to the Team prior to staffing, so the Team will have sufficient and timely information;
5. Advocate for effective incentives, sanctions, and service adjustments during staffing;
6. Provide information to the Team on assessment, basis of alcohol/substance use, the impact of treatment on the participant, and the potential for relapse;
7. Ensure all confidentiality forms are signed by the client and the Team;
8. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court;
9. Manage the delivery of treatment services and administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes; and
10. Provide clinical case management, relapse prevention and continuing care, and develop a continuing care plan with participants.

Ethical Considerations

The Treatment Provider Must:

- Keep its integrity to the client;
- Have a valid release of information executed before sharing participant information; and

- Only need to share information that is pertinent to court requirements (i.e., attendance, testing results, where client is in treatment, changes in client treatment)

Local Mental Health Authority

The Local Mental Health Authority Shall:

1. Participate fully as a Team member, for the term of this Agreement and work as a partner to ensure the success of treatment court participants;
2. Operate in conjunction with the Team for the assessment and placement of participants in the appropriate level of care to meet their mental health needs;
3. Utilize a validated clinical screening and assessment tool to ensure appropriate placement of participants;
4. Provide progress reports at the Team staffing, so the Team will have sufficient and timely information;
5. Advocate for effective incentives, sanctions, and therapeutic adjustments during staffing;
6. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court; and
7. Provide clinical case management to participants in need of mental health services.

Ethical Considerations

The Local Mental Health Authority Must:

- Keep its integrity to the client;
- Have a valid release of information executed before sharing patient information; and
- Only need to share information that is pertinent to court requirements (i.e.; attendance, testing results, where client is in treatment, changes in client treatment).

Downtown Women's Center

Downtown Women's Center Shall:

1. Participate fully as a Team member, for the term of this Agreement and work as a partner to ensure the success of treatment court participants;
2. Operate in conjunction with the Team for the assessment and placement of participants in the appropriate level of care to meet their needs;
3. Provide progress reports to the Team prior to staffing, so the Team will have sufficient and timely information;
4. Advocate for effective incentives, sanctions, and therapeutic adjustments during staffing;
5. Ensure all confidentiality forms are signed with the client and the Team; and
6. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.

Ethical Considerations

Downtown Women's Center Must:

- Keep its integrity to the client;
- Have a valid release of information executed before sharing patient information; and
- Only need to share information that is pertinent to court requirements (i.e.; attendance, testing results, where client is in treatment, changes in client treatment).

Another Chance House

Another Chance House Shall:

1. Participate fully as a Team member, for the term of this Agreement and work as a partner to ensure the success of treatment court participants;
2. Operate in conjunction with the Team for the assessment and placement of participants in the appropriate level of care to meet their needs;

3. Provide progress reports to the Team prior to staffing, so the Team will have sufficient and timely information;
4. Advocate for effective incentives, sanctions, and therapeutic adjustments during staffing;
5. Ensure all confidentiality forms are signed with the client and the Team; and
6. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.

Ethical Considerations

Another Chance House Must:

- Another Chance House must keep its integrity to the client;
- Another Chance House must have a valid release of information executed before sharing patient information; and
- Another Chance House only needs to share information that is pertinent to court requirements (i.e.; attendance, testing results, where client is in treatment, changes in client treatment).

Cenikor

Cenikor shall:

1. Participate as a Team member, for the term of this Agreement and work as a partner to ensure the success of treatment court participants;
2. Operate in conjunction with the Team for the assessment and placement of participants in the appropriate level of care to meet their treatment needs;
3. Utilize a validated clinical screening and assessment tool to ensure appropriate placement of participants;
4. Provide progress reports to the Team prior to staffing, so the Team will have sufficient and timely information;
5. Advocate for effective incentives, sanctions, and therapeutic adjustments during staffing as needed;
6. Provide information to the Team on assessment, basis of alcohol/substance use, the impact of treatment on the participant, and the potential for relapse;
7. Ensure all confidentiality forms are signed with the client and the Team;
8. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court;
9. Manage the delivery of treatment services and administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes; and
10. Provide detoxification and inpatient substance abuse treatment, utilizing evidence-based curriculum and technique.

Ethical Considerations

Cenikor Must:

- Keep its integrity to the client;
- Have a valid release of information executed before sharing patient information; and
- Only need to share information that is pertinent to court requirements (i.e.; attendance, testing results, where client is in treatment, changes in client treatment).

Law Enforcement

Law Enforcement Shall:

1. Assist the Team in monitoring participants and designate specific officers to perform the service for the term of this Agreement and assign a representative to participate as an active member of the Steering/Planning Team;
2. Identify appropriate representatives to participate in the weekly treatment court staffing meetings to provide appropriate information and insight from the law enforcement community's perspective regarding treatment court participants;
3. Help to identify potential and eligible treatment court participants;
4. Advocate for effective incentives and sanctions during staffing;

5. Serve as a liaison between the Team and the community and provide information to the Team on community issues related to alcohol and drug use;
6. Provide information and support to participants in the community, encouraging them to succeed in the treatment court;
7. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court; and
8. May assist with home visits.

Ethical Considerations

Law Enforcement Must:

- Protect public safety; and
- Uphold the law and serve the community.

In creating this partnership and uniting around a single goal of addressing an underlying problem affecting our community, we pledge to enhance communication between courts, law enforcement, advocacy groups, and treatment programs. Through this linkage of services, we expect greater participation and effectiveness in addressing treatment court participants involved in the criminal justice system.

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

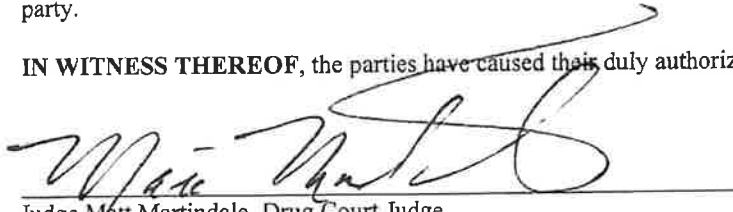
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Judge Matt Martindale, Drug Court Judge

8-11-2025
Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Judge Steven Denny, Administrative Judge, Potter County

8/11/2025

Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

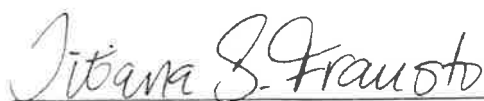
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

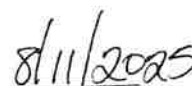
TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Judge Titiana Frausto, Administrative Judge, Randall County



Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Cathy Miller, Defense Attorney

August 11, 2025
Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

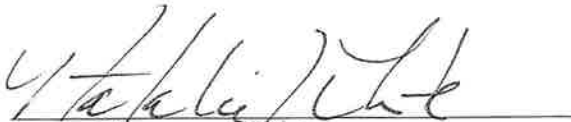
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.


Natalie White, Potter County CSCD Director


Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.


Diann Gilmore, Downtown Women's Center

8-11-25
Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

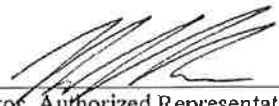
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Cenikor Authorized Representative

Matt Kuhlman, VP/COO/COO

8/13/25
Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.

E-SIGNED by Melissa Talley
on 2025-08-12 16:06:25 GMT

Melissa Talley, Local Mental Health Authority Director

August 12, 2025

Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

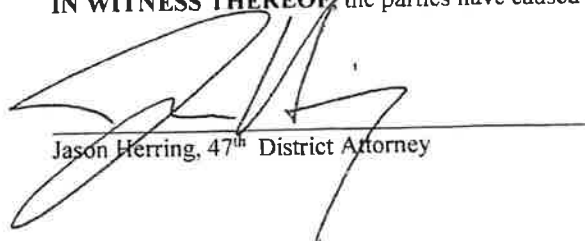
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.


Jason Herring, 47th District Attorney

14 Aug 2025
Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

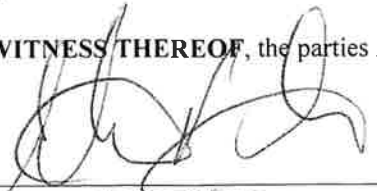
AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

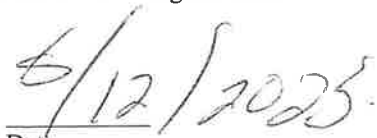
TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Steve Smart, Another Chance House



Date

5. Serve as a liaison between the Team and the community and provide information to the Team on community issues related to alcohol and drug use;
6. Provide information and support to participants in the community, encouraging them to succeed in the treatment court;
7. Contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court; and
8. May assist with home visits.

Ethical Considerations

Law Enforcement Must:

- Protect public safety; and
- Uphold the law and serve the community.

In creating this partnership and uniting around a single goal of addressing an underlying problem affecting our community, we pledge to enhance communication between courts, law enforcement, advocacy groups, and treatment programs. Through this linkage of services, we expect greater participation and effectiveness in addressing treatment court participants involved in the criminal justice system.

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.

Administrative Judge, Potter County

Date

Administrative Judge, Randall County

Date

47 District Attorney

Date



8/15/2025

Randall County Criminal District Attorney

Date

Defense Attorney

Date

Potter County CSCD Director

Date

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend this Agreement must notify the coordinator of the issues requiring the changes. The coordinator will present the issue(s) to the Team amendments will be decided by consensus, if possible, or by a simple majority, if not.

TERMINATION OF AGREEMENT

This Agreement may be terminated by either party, without cause, after thirty (30) days written notice to the other party.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this Agreement.



Christopher Forbis, Randall County Sheriff

6/20/25

Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN
ANOTHER CHANCE HOUSE AND
PANHANDLE REGIONAL PROBLEM SOLVING COURT**

Background: In 2016, the 47th District Attorney's Office, Texas Panhandle Centers, and West Texas A&M University and Potter County Detention Center and other stakeholders teamed up to start a District Attorney's office run diversion program addressing issues surrounding individuals with mental health impairments who had felony charges. The diversion program has expanded over time and developed into the Panhandle Regional Problem Solving Court (PRPSC).

Purpose: The purpose of this Memorandum of Understanding (MOU) between Another Chance House (ACH) and the PRPSC is to promote justice through a judicially managed alternative to incarceration for justice involved mental health participants. Helping mental health participants through providing structure and treatment to assist in becoming more productive citizens.

Authority: The PRPSC has the authority to operate as a unique Treatment Court pursuant to Texas Health and Safety Code, Chapter 617. ACH is a Texas-based 501(c)(3) nonprofit organization, duly authorized under its Articles of Incorporation and Bylaws to provide transitional housing and supportive service to men who are homeless, or at risk of homelessness. This MOU is not intended to confer or create authority not already in existence for the parties.

The Parties to this MOU agree as follows:

1. The PRPSC will include representatives of the Court Team, the TPC, the 47th District Attorney's Office, the Potter County Community Supervision and Corrections Department (CSCD) and local attorneys who will assist in the planning, development and application of the same. Community Partners, such as ACH participate in the staffing meetings to promote cooperation and offer their unique insight and assistance in housing eligible court participants.
2. Individuals with diagnosed mental illness charged with misdemeanor and/or felony offenses may be eligible to enter the PRPSC Program.
3. PRPSC is a voluntary, phased treatment program, which requires defendants charged with misdemeanor and/or felony offenses to agree in writing during a hearing to enter into the PRPSC program and work on specific treatment goals.

4. The PRPSC shall be responsible for having the defendant sign all necessary forms provided by the Court, including those allowing any needed releases of mental health information from ACH to the PRPSC and information regarding ACH eligible defendant's current charges to the ACH. The parties understand and agree that if the consent to release information is revoked by the defendant at any time, ACH will be unable to provide any information to the PRPSC pursuant to federal privacy laws.
5. The parties will collaborate and cooperate for the purpose of developing and implementing necessary forms to be utilized to fulfill the requirements of the PRPSC and to create a viable data collection process for a review of the efficacy of the Problem Solving Court at the conclusion of the 1-year period.
6. ACH Liaison provider responsibilities shall include:
 - a. Receiving consents for Release of Information between PRPSC and ACH for each defendant and verifying validity of the same prior to any disclosure.
 - b. Appearing at PRPSC docket on a regular basis to respond to court inquiries and assist with scheduling of treatment appointments.
 - c. Providing treatment status reports to the PRPSC on a regular basis as requested.
7. The parties shall not make any statements, representations, or commitments of any kind, to bind another party except as expressly provided herein or otherwise agreed to by the parties in writing.

Confidentiality of Defendant Records: ACH records and claims records are and shall remain the property of ACH and shall not be removed or transferred from ACH except in accordance with 5 U.S.C. §552a (Privacy Act), 38 U.S.C. §5701 (Confidentiality of Claimants Records), 5 U.S.C. §552 (Freedom Of Information Act), 38 U.S.C. §5705 (Confidentiality of Medical Quality Assurance Records), 38 U.S.C. §7332 (Confidentiality of Certain Medical Records) and federal laws, rules and regulations. Subject to applicable federal confidentiality and privacy laws, client's or their designated representatives may have access to information from ACH's records, upon request, during normal business hours.

All individually identifiable health information shall be treated as confidential by the parties in accordance with all applicable federal, state, and local laws, rules and regulations governing the confidentiality and privacy of individually identifiable health information, including, but without limitation, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Independent Contractors: For the purposes of this MOU, the relationship of the parties shall not be construed or interpreted to be a partnership, association, joint venture, or agency. The relationship of the parties is an independent contractor relationship and not agents, representatives, or employees of the other party. No party shall have the authority to make any statements, representations, or commitments of any kind or to take any action that shall be binding on another party, except as may be expressly provided for herein or authorized in writing.

Liability: Each party shall retain all the rights and remedies available under applicable Federal and state laws. Each party shall be responsible and liable for the errors and omissions of their employees, agents and representatives.

Modifications: This agreement may require future modifications. Any party may propose changes to this MOU during its term. All modifications shall be in writing and except for cancellation have the written consent of all parties. Changes shall be in the form of an amendment and shall become effective upon signature by all of the parties. Only those individuals signing below, or their successors in office, may approve binding modifications to this agreement.

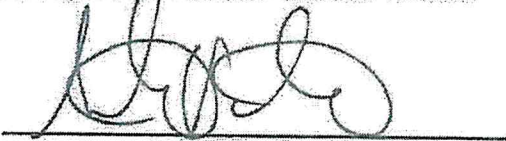
Notices: Any notices required or resulting from this MOU shall be in writing and made to the following:

Another Chance House

Judge Matt Hand, Panhandle Regional Problem Solving Court 501 S. Fillmore, Amarillo TX 79101

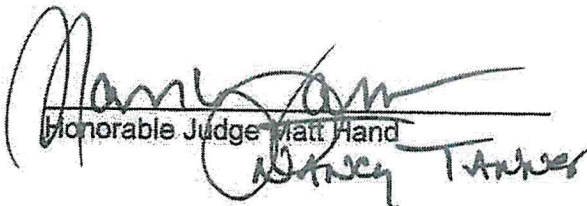
Term of Agreement: The term of this MOU is one (1) year commencing on 1 January, 2026. Thereafter, for all parties who do not opt out by written notification to all parties, it will automatically renew for consecutive one (1) year terms until amended. Any party may terminate its participation in this MOU at any time by providing written notice to all other parties not less than thirty (30) days prior to the effective date of such termination. If a party terminates its participation in the MOU, the parties agree to honor any and all agreements entered into with participating defendants until the conclusion of their criminal case.

Accepted for Another Chance House:



1/16/2026
Date

Accepted for Problem Solving Court:



Honorable Judge Matt Hand
Darcy Tanner

2/5/2026
Date

**Contract for Dental Services Between
Another Chance House and Regence Health Network, Inc.**

This contract is entered into by and between Another Chance House and Regence Health Network, Inc. doing business as RHN Medical and Dental Group, hereinafter referred to as ACH and RHN, respectively.

I. RHN Agrees:

- a. To provide dental services to eligible recipients in accordance with reimbursement policies and operational instructions established for the program as they exist or as they may be amended in the future.
- b. To bill ACH for each eligible recipient according to RHN guidelines at **50%** of billed charges.
- c. RHN will bill insurance should the individual possess coverage.
- d. RHN will provide services up to \$200 without prior approval, and any services over this amount will be subject to prior approval by ACH.

II. ACH agrees to:

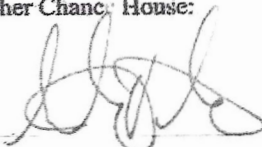
- a. Reimburse RHN for dental services within 45 days of the invoice date.
- b. Notify RHN immediately upon the termination of an ACH resident.
- c. Pay any outstanding balance that the ACH resident accrues prior to date of termination of residency with ACH.
- d. ACH will schedule appointments directly with RHN rather than the resident scheduling.

III. ACH and RHN mutually agree:

- a. That participation in this program is voluntary on the part of either party.
- b. That this contract is not transferable or assignable.
- c. That this contract can be terminated by either party by giving thirty (30) days' notice in writing to the other party; and that this contract also can be terminated by either party for breach of contract. Such termination shall be effective upon receipt by the other party of written notice of termination, or upon any later date specified.

Term of this agreement will be from August 1, 2026 to July 31, 2027, and will continue from year to year under the same terms and conditions unless either party gives a (30) day notice of termination to the other party.

Another Chance House:

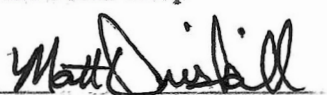
By: 

Name: Steve Smart

Title: Executive Director

Date: 8/11/2026

Regence Health Network, Inc. D/B/A
RHN Medical and Dental Group

By: 

Name: Matt Deiskill

Title: Chief Clinical Officer

Date: 8/12/2026

Another Chance House: COC NOFO 2026

**FY2026 New Project Application,
Transitional Housing :**

7A.

Organizational Information Attachment

TABLE OF CONTENTS

Document Satisfying Requirement	Page Number
Cover Sheet	1
Another Chance House: IRS Determination Letter	2-3
Another Chance House: Articles of Incorporation	4-8
Another Chance House: Board of Directors list	9
Another Chance House: Client Needs Assessment	10-16
Another Chance House: Client Treatment Plan	17-20

Internal Revenue Service
District Director

Department of the Treasury

1100 COMMERCE STREET
DALLAS, TX 75242-0000

Date: SEP 23 1988

ANOTHER CHANCE HOUSE
209 S JACKSON
AMARILLO, TX 79101

Employer Identification Number:
75-2233200

Contact Person:
BO TECHNICAL ASSISTOR
Contact Telephone Number:
(214) 767-3526

Accounting Period Ending:
December 31

Form 990 Required:
Yes

Caveat Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

The heading of this letter indicates whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day

Letter 947(DO/CG)

ANOTHER CHANCE HOUSE

of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

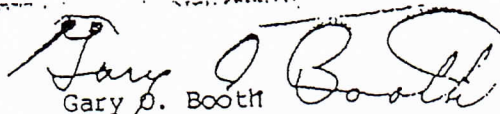
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


Gary O. Booth
District Director

ARTICLES OF INCORPORATION
OF
ANOTHER CHANCE HOUSE

FEB 17 1987

Clerk I-C
Corporations Section

* * * * *

We, the undersigned natural persons, at least two (2) of whom are citizens of the State of Texas, and who are of the age of eighteen (18) years or more, acting as Incorporators of a corporation under the Texas Non-Profit Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation:

ARTICLE ONE

NAME

The name of the Corporation is ANOTHER CHANCE HOUSE.

ARTICLE TWO

NONPROFIT CORPORATION

The Corporation is a nonprofit corporation.

ARTICLE THREE

DURATION

The period of its duration is perpetual.

ARTICLE FOUR

PURPOSES

The purposes for which the Corporation is organized are as follows, to-wit:

- (1) To provide supervised housing for the homeless.
- (2) To provide christian ministerial counseling and referral.
- (3) To have and exercise all the rights and powers conferred on nonprofit corporations under the Texas Nonprofit Corporation Act, as such law is now in effect or may at any time hereafter be amended.
- (4) To receive and maintain a fund or funds of real or personal property, or both, and, subject to the restrictions and limitations hereinafter set forth, to use and apply the

whole or any part of the income therefrom and the principal thereof exclusively for educational purposes, either directly or by contributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended.

- (5) No part of the net earnings of the Corporation shall inure to the benefit of any Director of the Corporation, Officer of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation affecting one or more of its purposes), and no Director or Officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.
- (6) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.
- (7) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.
- (8) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.
- (9) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.

By-Laws, 12.5

By-Laws, 12.6

- (10) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent federal tax laws.
- (11) Notwithstanding any other provisions of these Articles of Incorporation, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended, or by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code and regulations as they now exist or as they may hereafter be amended.
- (12) Upon dissolution of the Corporation or the winding up of its affairs, the assets of the Corporation shall be distributed to religious, charitable or educational organizations which are presently qualified under the provisions of Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended.

ARTICLE FIVE

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is 1609 N. Spring, Amarillo, Texas, 79107, and the name of its initial registered agent at such address is Reverend Aram J. Berard, S.J.

ARTICLE SIX

BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation is three (3), and the names and addresses of the persons who are to serve as the initial Directors are:

<u>Name</u>	<u>Address</u>
Sister Mary Ann Cera	1507 N. Adams Amarillo, TX 79107

Leola Cantly

2802 Sequoia
Amarillo, TX 79107

Reverend Aram J. Berard, S.J.

1609 N. Spring
Amarillo, TX 79107

ARTICLE SEVEN

INCORPORATORS

The name and street address of each Incorporator is:

<u>Name</u>	<u>Address</u>
Sister Mary Ann Cera	1507 N. Adams Amarillo, TX 79107
Leola Cantly	2802 Sequoia Amarillo, TX 79107
Reverend Aram J. Berard, S.J.	1609 N. Spring Amarillo, TX 79107

IN WITNESS WHEREOF, we have hereunto set our hands, this the 13th day of February, 1987.

Mary Ann Cera
Sister Mary Ann Cera
Leola Cantly
Leola Cantly
Rev. Aram J. Berard
Reverend Aram J. Berard, S.J.

THE STATE OF TEXAS

COUNTY OF POTTER

I, a notary public, do hereby certify that on this 13th day of February, 1987, personally appeared before me SISTER MARY ANN CERA, who, being by me first duly sworn, declared that she is the person who signed the foregoing document as Incorporator, and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.



EVA M. SHELTON
My Commission Expires
August 5, 1987

Eva M. Shelton
Notary Public
My Commission Expires: _____

THE STATE OF TEXAS

COUNTY OF POTTER

I, a notary public, do hereby certify that on this 13th day of February, 1987, personally appeared before me LEOLA CANTLY, who, being by me first duly sworn, declared that she is the person who signed the foregoing document as Incorporator, and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.



EVA M. SHELTON
My Commission Expires
August 5, 1987

Eva M. Shelton
Notary Public
My Commission Expires: _____

THE STATE OF TEXAS

COUNTY OF POTTER

I, a notary public, do hereby certify that on this 13th day of February, 1987, personally appeared before me REVEREND ARAM J. BERARD, S.J., who, being by me first duly sworn, declared that he is the person who signed the foregoing instrument as Incorporator, and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.



EVA M. SHELTON
My Commission Expires
August 5, 1987

Eva M. Shelton
Notary Public
My Commission Expires: _____

Another Chance House, Inc.			
Board of Directors			
(1)	President - Member Since September 2023	(2)	Vice President - Member Since January 2023
	Brady Schenk - 1st term end 12/2026		Gabrielle D. Griffith - 2nd term ends 12/2028
	6700 Calumet Road		500 S Taylor St., Suite 1200 LB 233
	Amarillo, TX 79106		Amarillo, Texas 79105
	Cell (806) 731-9329		Office (806) 379-0319 Cell (806) 679-4162
	brady.schenktx@gmail.com		gabrielle.griffith@uwlaw.com
			Attorney with Underwood Law Firm
(3)	Secretary - Member Since June 2023	(4)	Treasurer - Member Since January 2025
	John Kangerga - nd term end 12/2028		Duane Grove - 1st term end 12/2027
	45 Prestwick Ln.		7400 Albany Drive
	Amarillo, Texas 79124		Amarillo, TX 79118
	Cell (903) 353-4545		Cell (303) 242-6739
	john5189@yahoo.com		duane_grove@comcast.net
	Retired		Retired
(5)	Homeless Representative - Member Since January 2026	(6)	Past President - Member Since March 2021
	David Edwards- 1st term end 12/2028		Sheila Sims - 2nd term end 12/2026
	3106 S Polk St		1908 S Harrison
	Amarillo, TX 79109		Amarillo, TX 79109
	Cell (806) 673-5701		Cell (806) 674-9649
	dwardstx@gmail.com		ssims@sims-architects.com
	Stater Construction - Supervisor/Project Manager		Sims + Architects
(7)	Member - Since June 2020	(8)	Member - Since March 2023
	Dale Williams - 2nd term end 12/2026		James F. Bayless (Jim) - 2nd term end 12/2028
	6712 Brooklyn Street		13310 Interstate 27
	Amarillo, TX 79106		Amarillo, TX 79119
	Cell (806) 674-2648		Office (806) 367-6088, Cell (806) 681-9028
	skiadw@gmail.com		jimsautosolutions@yahoo.com
	Receiver/Trustee		Owner/operator - Auto Solutions
(9)	Member - Since February 2025	(10)	Member - Since March 2025
	Blake Smith - 1st term end 12/2027		Randy Deckard- 1st term end 12/2027
	2310 Harmony St.		16800 Dowd Ln.
	Amarillo, TX 79106		Canyon, TX 79015
	Cell (806) 881-7576		Cell (806) 679-5738
	blakesmith.od@gmail.com		ranjo1221@gmail.com
	Optometrist - Wolflin Vision Clinic		Retired Xcel Energy - Operations Manager
(11)	Member - Since May 2025	(12)	Member - Since January 2026
	Harry Gulley- 1st term end 12/2027		Jim Schooler - 1st term end 12/2028
	5040 S Coulter St. Apt. 418		#14 Gunn Ct,
	Amarillo, TX 79119		Amarillo, Texas 79106
	Cell (740) 357-8438		Cell (806) 36-0447
	hgulley1@roadrunner.com		schooler588@gmail.com
	Pantex - Division Director		President Schooler Funeral Home
(13)	Member - Since February 2026	(14)	Member - Since
	Robert Huddleston - 1st term end 12/2028		Open position
	1333 Broadmoor		
	Amarillo, TX 79106		
	Cell (806) 683-5308		
	huddama@yahoo.com		
	Retired Potter County LEO Reserve PCSO - Sargeant		
(15)	Member - Since		Executive Director
	Open position		Steve Smart - Hire Date 6/10/2017
			1809 S Austin
			Amarillo, TX 79109
			Cell (806) 681-1370
			steve.smart@anotherchancehouse.org

GENERAL INFORMATION

Resident Name:

Date:

Staff Member Completing Interview:

IDENTIFICATION

Driver's License

☐ Has

☐ Needs

Driver's License Acquired Date, if applicable:

Driver's License Details:

Examples: Valid license, expired license, suspended license, needs replacement, needs assistance obtaining license, or does not currently drive.

Social Security Card

☐ Has

☐ Needs

Date Social Security Card Acquired, if applicable:

Social Security Card Details:

Examples: Resident has original card, needs replacement card, has applied for replacement, or needs assistance completing application.

Birth Certificate

☐ Has

☐ Needs

Date Birth Certificate Acquired, if applicable:

Birth Certificate Details:

Examples: Resident has certified copy, needs replacement, has ordered a copy, or needs assistance obtaining birth certificate.

HOUSING

Housing Prior to Entry

☐ Suitable

☐ Homeless

☐ Other Shelter

Housing Details:

Document where Resident was staying immediately before entering ACH, length of stay if known, and any housing concerns or barriers.

Housing Upon Exit of ACH Program

☐ Permanent Housing

☐ Transitional Housing

☐ Family or Relative

☐ Homeless

☐ Unknown

☐ Other: _____

New Mailing Address, if applicable:

MEDICAL / DRUG / ALCOHOL / MENTAL HEALTH

Medical

☐ Resource in Place

☐ Resource Needed

Medical Details:

Document medical providers, appointments, medications if relevant to case management, medical resources needed, or other information reported by Resident.

Drug and Alcohol

Drug:

- ☐ Treatment Needed
- ☐ Treatment in Place
- ☐ No Treatment Needed
- ☐ No Drug Problem Reported

Alcohol:

- ☐ Treatment Needed
- ☐ Treatment in Place
- ☐ No Treatment Needed
- ☐ No Alcohol Problem Reported

Referred for Drug and Alcohol Programming

- ☐ ARAD
- ☐ VA IOP
- ☐ ACH Program
- ☐ Other: _____

Drug and Alcohol Notes:

Mental Health

- ☐ Provider Needed
- ☐ Medication Needed
- ☐ Treatment in Place
- ☐ No Treatment Needed

Mental Health Details:

Document current provider, requested services, referrals, counseling needs, or other information reported by Resident.

EMPLOYMENT / EDUCATION

Employment Status

- ☐ Unemployed
- ☐ Underemployed
- ☐ Employed Part-Time
- ☐ Employed Full-Time
- ☐ Disabled
- ☐ Disabled, Able to Work
- ☐ Unable to Work
- ☐ Retired
- ☐ Other: _____

Work History:

Document previous employers, positions, length of employment, type of work, and relevant experience.

Skills, Training, On-the-Job Training, and Certifications:**Training or Certification Received While at Another Chance House:**

☐ Yes

☐ No

If yes, describe:

Work Notes:

Document current job search, employment goals, applications, interviews, transportation barriers, work schedule, vocational programs, CWT participation, or other employment-related information.

Employment Questions

☐ Employed and Satisfied

☐ Employed but Unsatisfied

☐ Unemployed

☐ Coworker Conflicts

☐ Supervisor Conflicts

☐ Unstable Work History

☐ Disabled

☐ Other: _____

ASI Treatment Plan

Staff Completing Treatment Plan:

Case Manager

Problem Statement

P/S 1:

Resident needs assistance with [identify primary need/problem, such as employment, income, recovery, medical care, documentation, etc.].

P/S 2:

Resident needs assistance with [identify second need/problem, such as housing, transportation, education, benefits, legal obligations, etc.].

P/S 3:

Resident needs continued support with [identify third need/problem, such as independent living, recovery support, budgeting, life skills, community resources, etc.].

Goals

Goal 1:

Resident will [state what Resident wants to accomplish related to P/S 1].

Goal 2:

Resident will [state what Resident wants to accomplish related to P/S 2].

Goal 3:

Resident will [state what Resident wants to accomplish related to P/S 3].

Discharge

D/C Criteria 1:

Resident will have **[describe what successful completion of Goal 1 will look like]**.

Objective 1:

Resident will **[list specific and measurable action Resident will take to achieve Goal 1]**.

D/C Criteria 2:

Resident will have **[describe what successful completion of Goal 2 will look like]**.

Objective 2:

Resident will **[list specific and measurable action Resident will take to achieve Goal 2]**.

D/C Criteria 3:

Resident will demonstrate **[describe what successful completion of Goal 3 will look like]**.

Objective 3:

Resident will **[list specific and measurable action Resident will take to achieve Goal 3]**.

Interventions

What will CM/staff do to assist Resident? Under what circumstances?

Intervention 1:

CM will assist Resident with **[resources, referrals, applications, appointments, employment assistance, transportation, documentation, advocacy, etc.]** related to Goal 1. CM will monitor progress and provide additional assistance as needed.

1 - Target Date: _____

1 - Resolution Date: _____

Intervention 2:

CM will assist Resident with **[specific services/resources]** related to Goal 2. CM will follow up with Resident regarding progress and address identified barriers as needed.

2 - Target Date: _____

2 - Resolution Date: _____

Intervention 3:

CM will provide ongoing case management support related to [specific need/goal]. CM will provide appropriate referrals, resources, education, and assistance based on Resident's identified needs.

3 - Target Date: _____

3 - Resolution Date: _____

Participation

Participation in Treatment Planning Process:

Resident actively participated in the treatment planning process by discussing current needs, identifying areas of concern, establishing personal goals, and providing input regarding the objectives included in the treatment plan. Resident was given the opportunity to ask questions and discuss the services and resources that may assist with achieving identified goals.

Participation by Others in the Treatment Planning Process:

CM participated in the treatment planning process by reviewing Resident's identified needs, assisting Resident with establishing appropriate and realistic goals, identifying available resources and services, and developing interventions to support Resident's progress. CM will continue to monitor progress and update the treatment plan as Resident's needs or circumstances change.

Note: All participants may not have participated in every area.

Signatures

Resident Name:

Resident Signature:

Date: _____

Case Manager Name:

Case Manager Signature:

Date: _____

Quick Example of How the Sections Connect

P/S 1: Resident is currently unemployed and needs a reliable source of income.

Goal 1: Resident will obtain stable employment.

D/C Criteria 1: Resident will obtain and maintain employment that provides a reliable source of income.

Objective 1: Resident will complete job applications, participate in interviews, and follow up on employment opportunities.

Intervention 1: CM will provide Resident with employment resources, assist with job searches and applications as needed, and provide referrals to appropriate employment programs.

Target Date: _____

Resolution Date: _____