

## Before Starting

The submission due date in e-snaps for the FY 2017 CoC Program Registration date can be found on the FY 2017 Continuum of Care (CoC) Program Competition: Funding Availability page on the HUD Exchange. Applicants must choose to register as either a Collaborative Applicant (CA) or a Unified Funding Agency (UFA). The UFA forms will be visible only for those Collaborative Applicants who request HUD approval for UFA designation. A Collaborative Applicant that is registering as "CA" will not see the UFA forms. HUD will make the final determination of the Collaborative Applicant's designation as "CA" or "UFA" during HUD's assessment of the Registration process and provide the final determination via e-snaps.

Collaborative Applicants will also be able to request High Performing Community (HPC) designation as outlined in Section III.C.4. of the FY 2017 CoC Program Registration Notice. The HPC forms will only be visible to those Collaborative Applicants that indicate they wish to be considered for this type of designation.

To prepare for the completion and submission of the FY 2017 CoC Program Registration, Collaborative Applicants are strongly encouraged to review the following documents in their entirety BEFORE completing the FY 2017 CoC Program Registration in e-snaps:

- 24 CFR part 578
- FY 2017 CoC Registration Notice
- Instructional Guides (CoC and GIW)
- Detailed Instructions and FAQs

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

# 1. Continuum of Care Organization

**Instructions:**

For additional information see the FY 2017 CoC Program Registration Detailed Instructions and CoC Program Registration Instructional Guide located on the HUD Exchange.

**1. Type of CoC:** CA

**2. HPC Designation:** No

**3. CoC Number and Name:** MA-502 - Lynn CoC

**4. Legal Name of Organization:** Lynn Housing Authority & Neighborhood  
**(e.g., CoC Lead Agency)** Development

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

**6. Is the CoC composed of two or more CoCs approved by HUD to merge after the FY 2016 CoC Program Competition or prior to this FY 2017 Competition?** No  
**(If yes, the Merger Worksheet is required.)**

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

### Instructions:

For additional information see the FY 2017 CoC Program Registration Detailed Instructions and CoC Program Registration Instructional Guide located on the HUD Exchange.

- 1. Select the geographic area(s) claimed by the CoC.** 259009 Essex County  
**To select multiple geographic areas, hold the CTRL key and select the applicable area(s).**

## 4. Attachments

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

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

## Attachment Details

### Document Description:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resources/documents/FY2012CreatingZipFile.pdf>

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# Certification

## I certify the following:

<b>1. That I have been duly authorized by the governing body of the CoC to register the CoC and submit all required registration and application documentation on its behalf;</b>	<input checked="" type="checkbox"/>
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<b>2. That the statements herein are true, complete and accurate to the best of my knowledge, including that the geographic areas selected are the areas that this CoC serves;</b>	<input checked="" type="checkbox"/>
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and

<b>3. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).</b>	<input checked="" type="checkbox"/>
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## Submission Summary

Page	Last Updated
<b>1. CoC Organization</b>	04/17/2017
<b>2. CoC Geographic Area(s)</b>	04/17/2017
<b>4. Attachments</b>	No Input Required
<b>Certification</b>	04/17/2017