

Information about the FY 2026 CoC Application

A CoC can earn up to 200 points in the CoC Application, plus an additional 20 bonus points. Section V.B of the NOFO provides a table that outlines the maximum points available for each subsection.

Tips for successfully completing the FY 2026 CoC Application

1. Some questions require you to address **multiple elements** in a single text box. Numbering your response to each element using the same number we use will help you complete your responses to each question and help us to review and score your responses.
2. **Do not reference a response you have provided elsewhere in the application** unless the question explicitly requires you to do so. We will not be referring to another response when we review the questions—you must ensure the response to the question stands on its own.
3. **When drafting narrative responses**, you should use a word processing program with a character counter to ensure your responses do not exceed the character limit allowed in the text field—then copy and paste your response to the correct response field in e-snaps.
4. Unless otherwise noted, dates referred to as Fiscal Year (FY) are from **October 1, 2025 to September 30, 2026**.

1A. Continuum of Care (CoC) Identification

The read-only information displayed in Questions 1A-1 through 1A-3 are populated based on information in your CoC's e-snaps Applicant Profile. The Question 1A-2 Collaborative Applicant Name displayed must match the Collaborative Applicant registered during the FY 2026 CoC Program Competition Registration process. If a CoC has a question about changing the Collaborative Applicant refer to Section V.A.3.b. of the NOFO. You cannot change the Collaborative Applicant name in e-snaps. If the information in this section is not correct, or if the field is blank, send an email to CoCNOFO@hud.gov.

If prepopulated information in Question 1A-4 HMIS Lead is not correct, please update the information and save the page.

1B. Coordination and Engagement–Accountable Structure and Participation

1B-1. Accountable Structure and Participation. *NOFO Sections V.B.1.c.(1) and V.B.1.c.(2)*

Guidance–

- A. If you select 'Yes' for Participated in CoC Meetings, you must enter the number of persons who are on the CoC Board from that stakeholder in the Number of CoC Board Members column. If there are none, enter "0."
- B. Elements 46 and 47 'Other' are optional—you can provide additional information if you choose. You must enter information in the 'Other' field in e snaps and save the page, then select the appropriate responses.
- C. For section V.B.1.c.(2) of the NOFO, HUD has published a list of CoCs that it defines as rural CoCs:
<https://www.hud.gov/hud-partners/community-coc>. Rural CoCs are only required to demonstrate that they have 1 elected public official on their Board. Non-rural CoCs must demonstrate that there are 3 elected public officials for full points.

In the chart below for the period from June 1, 2025 to May 31, 2026:

1. select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2. enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

Entity	Participated in COC mtgs [Yes / No / Nonexistent]	Number of Board Members [Number]
1. Affordable Housing Developer(s)	Yes (HRAs)	1
2. CDBG/HOME/ESG Entitlement Jurisdictions	Yes (MHFA / Moorhead)	1
3. Certified Community Behavioral Health Clinic (CCBHC)	No	0
4. Community Health Center (CMHC)	Yes – LMHC	0
5. Disability Advocate(s)	Yes (BCOW, CCRI)	0

6. Disability Service Organization(s)	Yes (BCOW, CCRI)	0
7. Emergency Medical Services (EMS) / Crisis Response Team(s)	YES	0
8. Employment Assistance Program(s) (e.g. Local Workforce Development, American Job Center)	YES (MAHUBE SNAP E&T)	1
9. Faith-Based Organization(s)	YES (CU)	0
10. Homeless or Formerly Homeless Person(s)	YES	2
11. Hospital(s)	YES	0
12. Other Primary Health Provider(s) (eg FQHC, HCH)	Yes, Family HealthCare	0
13. Indian Tribes and Tribally Designated Housing Entities	Yes	1
14. Law Enforcement	Yes	0
15. Local Court Systems, including specialty courts (Mental Health, Drug, Care Court)	Yes	1 (Legal Aid)
16. Local Government Staff / Official(s)	Yes	1
17. State Government Staff / Official(s)	Yes	1
18. State or Local Elected Public Official(s)	Yes	1
19. Local Jail(s)	Yes	0
20. Mental Health Service Organization(s)	Yes	0
21. Mental Illness Advocate(s)	Yes	0
22. Organization(s) led by and serving people with disabilities	Yes	0
23. Other homeless population advocate(s)	Yes	1 (Chandler)
24. Other nonprofit homeless assistance provider(s)	Yes	4 (3 CAA, PPIH)
25. Other social service provider(s)	Yes	2 (Lotus, Someplace Safe)
26. Public Housing Agencies	Yes	1 (CCHRA)
27. Recovery Housing or Sober Living Provider(s)	Yes	1 (Lotus)
28. School Administrators / Homeless Liaison(s)	Yes	0
29. School District(s)	Yes	0
30. Street Outreach Team(s)	Yes	0
31. Substance Abuse Advocate(s)	Yes	1 (Lotus)
32. Substance Abuse Service Organization(s)	Yes	1 (Lotus)
33. Universities	Yes	0
34. Veteran Service Organization(s)	Yes	0
35. Agencies Serving Survivors of Human Trafficking	Yes	1 (Someplace Safe)
36. Victim Service Providers	Yes	1
37. Domestic Violence Advocate(s)	Yes	1
38. Other Victim Service Organization(s)	Yes	0

39. State Domestic Violence Coalition	Yes (local members)	0
40. State Sexual Assault Coalition	Yes (local members)	0
41. Youth Advocate(s)	Yes	1 (YAB)
42. Youth Homeless Organization(s)	Yes	0
43. Youth Service Provider(s)	Yes	3 (CAPs, YHDP, HYA)
44. Other Homeless Assistance Provider(s)	Yes	0
45. Local Business or Chamber of Commerce or Business Improvement District	Yes	1 (Shelly)
46. Other: HMIS admin	Yes	1
47. Other:		

1B-2. Open Invitation for New Members. *NOFO Section V.B.1.c.(3)*

Guidance–

A. Your response must describe how your CoC ensures the invitation for new members to join is transparent and publicly available within the CoC's geography.

B. Your response must indicate that the invitation process occurs at least annually.

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually. Limit 2,500 Characters

The COC website has an open call for members year-round (homelesstohoused.com/membership) with an online interest form and member agreement. Applications for COC membership are formally approved at monthly board meetings. The website lists reasons to join, frequency of meetings, benefits to being engaged, etc. In addition to the open invitation year-round, a member drive is conducted annually in January by conducting outreach to the broad array of stakeholders. A third strategy is to invite non-members to join membership meetings hosted around the region to inform them about the collective work to build a system that makes homeless rare, brief, and one-time. The COC has 23 members currently, up from 15 members last year.

1B-3. CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness. *NOFO Section V.B.1.c.(3)*

Guidance–

A. Your response must describe how your CoC solicits and considers opinions regarding the CoC's general performance, strategies, and priority setting process.

B. Your response must describe the broad array of individuals and organizations and their knowledge or interest in preventing or ending homelessness within your CoC's geographic area.

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area. Limit 2,500 Characters

The COC solicits information on Continuous Quality Improvement in several ways, including Youth Advisory Boards, Consumer Advisory Boards, three sub-region planning committees with a broad mix of participants who are focused on their geographic regions

while providing input into the system overall, membership meetings where non-members are also invited to participate meaningfully, and an annual survey last conducted December 2025-January 2026. The annual CARES (short for Coordinated Access, Referral, Entry, and Stabilization) survey was distributed through email distribution lists and promoted at meetings and shared on the COC website. It asked questions about ease of access, barriers to housing stability, recommendations for immediate action steps toward system improvement, assessment process improvements, prioritization process improvements, connections between housing providers and mainstream services, housing stabilization improvements, COC communications about opportunities to provide input and/or attend trainings and/or information/updates, and connection and training with partners outside of the homeless response system. The survey results were reviewed by the Planning & Evaluation Committee and the Board and resulted in changes such as creating a COC Facebook page to reach more people, participating in Housing Problem Solving Technical Assistance cohort to increase diversion efforts, and provide updates to the Written Standards for greater clarity across the region.

Additionally, a customer satisfaction survey remains live year-round on the website for consumers and partners to provide feedback on access, timeliness and thoroughness of communication, helpfulness of referrals, and overall suggestions about the system.

1B-4. Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. *NOFO Section V.B.1.c.(3)*

Guidance–

A. Your response must describe how your CoC accepts and considers proposals.

B. Your response must indicate if you received proposals from organizations that have not previously received CoC Program funding and, if not, what your CoC does to outreach to organizations that have not previously received CoC funding.

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations. Limit 2,500 Characters

The COC created a pre-application process inviting organization to submit an intent to apply by June 19, 2026. The invitation was distributed via email to broad-based listserve and shared at regional planning groups. The interested applicants were then provided technical assistance to complete a full application. This process yielded new applications from 6 organizations, including from 3 faith-based organizations. During the full application process 3 of the organizations withdrew from the process due to lack of capacity to complete the full application on the timeline required by the NOFO. The COC is currently exploring a way to provide a learning cohort well before applications are due for a range of nonprofit organizations, including faith-based organizations, to make progress on their project proposals before the NOFO is released so they can respond more quickly to the opportunity. This year's finalized list includes one new faith-based organization, one new

treatment-based organization, and one returning after several years supportive services organization.

1B-5. Plan for Comprehensive Strategies for Reducing Homelessness. *NOFO Section V.B.1.c.(4)*

Guidance—Your response should describe how your plan includes:

- Identifying the gap, using data or stakeholder feedback;
- The strategy to address the needs of all relevant subpopulations;
- Quantifiable performance measures;
- Timelines for the completion of specific tasks;
- Identifying specific funding sources for planned activities; and
- An individual or body responsible for overseeing implementation of specific strategies.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system. Limit 2,500 Characters

Local Homeless Committees (the COC region is divided into three subregions) review program outcomes, HUD performance measures, and Coordinated Entry data at each meeting; they annually engage stakeholders on system effectiveness, needs, and performance on access, assessment, and stabilization. The Local Homeless Committees participate in two-way communication with the broader COC to share concerns, challenges, accomplishments, and questions with the COC leadership. 2026 goals for the Local Homeless Committees include: improving coordination and training between domestic violence providers and homeless service providers; building out youth services and youth partnerships; and developing leadership of regional Consumer Advisory Board and Youth Advisory Boards in each region. One big success was bringing in extra state funds for Prevention and Rapid Re-Housing as a strategy to reduce first-time homelessness.

The Performance Evaluation Committee is responsible for reviewing project and system performance from prevention to permanent housing, timely submission of reports, progress toward system goals (2026 system goal is reducing the time on Coordinated Entry without receiving services), assist in identifying and responding to underperformance and supporting improved outcomes.

Ranking Committee works with data from the Performance Evaluation Committee and the HIC/PIT data, to develop ranking procedures for the COC to vote on. These ranking procedures are then used to evaluate and rank projects in the local competition. A goal for 2026 was to focus on single adult homelessness.

The COC Board assesses the mix of homeless services across the COC, including federal, state, and locally-funded programs to identify needs of all relevant subpopulations, potential partnerships, and sets quantifiable performance measures. The COC Board also

reviews HIC/PIT data, stakeholder surveys, customer feedback surveys, and keeps abreast of federal, state, and local funding that could fill unmet needs. A sampling of 2026 actions include: supporting a new senior homeless program to meet the changing needs of elderly people experiencing homelessness, assigning an ad-hoc committee to work on Housing Problem Solving strategies to divert people from accessing the homeless system by connecting them with resources, supporting a regional university's effort to serve veterans experiencing homelessness.

1B-5a. Confirmation of Plan Coverage. *NOFO Section V.B.1.c.(4)*

Guidance—In this question you are indicating that your response in question 1B contains the 6 elements identified.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

Description	Yes/No
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

1C-1. Treatment and Recovery Services—On-site Substance Use Treatment

Availability. *NOFO Section V.B.1.c.(5)*

You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On Site Substance Use Treatment attachment to the 4A. Attachments Screen.

Guidance—

- A. CoCs should only include transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH) projects in the calculation for this question.
- B. The NOFO assigns maximum points for availability of on-site substance use treatment in at least 30% of your TH/RRH/PSH projects.
- C. Rural CoCs will receive full points for identifying access to treatment. Refer to the resource on HUD's CoC Program page to determine whether HUD has identified your CoC as a rural CoC: <https://www.hud.gov/hud-partners/coc-program-competition>.

What percent of your TH/RRH/PSH projects have substance use treatment available on site? % format **N/A – Rural COC**
(or if an answer is required, Lotus has 15 and is adding 10 for a total of 25 beds; others have access to telehealth options)

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services. Limit 2,500 Characters

WC COC has Lotus Recovery which offers outpatient treatment focused on substance use treatment, chemical dependency assessments and recovery supports. These services are

offered in levels needed by the client from outpatient, intensive outpatient to partial hospitalization. They allow walk-in appointments at consistently scheduled times during the providing easy access for outreach staff and housing providers to assist clients to access treatment services.

Prairie St. John's provides Intensive Outpatients Program is designed for adults. This form of treatment allows the client to participate in treatment within the context of their usual environment and activities. They also offer Low Intensive Outpatient Programs as a step-down treatment for ongoing care and maintenance. At the LIOP level, clients may also be connected to individual and family therapy. The Partial Hospitalization Program is appropriate for patients who have mild mental health and/or substance use disorders who require coordinated, intensive, comprehensive and multidisciplinary treatment.

Adult and Teen Challenge has treatment in Douglas County offering inpatient services for men and outpatient treatment for men or women

Ottertail County has Northstar Behavioral Health which offers a Residential Inpatient program for men.

Street outreach, housing navigators and housing providers assist individuals in connecting to substance use treatment as well as Narcotics Anonymous and Alcoholics Anonymous meetings. There are NA and AA meetings throughout the West Central CoC with easy access to find meeting dates, times and locations.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders. *NOFO Section V.B.1.c.(5)*

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Limit 2,500 Characters

COC Members have close working relationships, often Memorandums of Understanding, with Mental Health Providers. For example, the state-funded Shelter-Linked Mental Health grant funds mental health services for people in shelter who may not have access to pay for services. Solutions Behavioral Health provides services across the region that include cognitive and behavioral therapy (CBT), Parent-Child Interaction Therapy (PCIT), Dialectical Behavior Therapy (DBT), and Trauma-Focused Cognitive Behavior Therapy (TFCBT). Incredible Years programming is provided for children and families. Individual treatment plans incorporate meaningful and practical goals.

COC Members make referrals to Prairie St Johns provides outpatient care including outpatient psychiatric medication management, outpatient day program, intensive substance use outpatient program.

FirstLink's Suicide and Crisis Line answers the phone 24 hours per day, 7 days a week, and provides information and resources, and trains service providers.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation. *NOFO*

Section V.B.1.c.(5)

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation. **Limit 2,500 Characters**

COC Members and Local Homeless Committees work closely with the regional adult mental health initiatives that offer peer support specialists for mental health and substance use disorders. Garitz Grove Supportive Housing is in the process of hiring a peer support specialist to have on-site.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability. *NOFO Section*

V.B.1.c.(5)

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment. **Limit 2,500 Characters**

Coordinated Entry Assessors ask at intake specific questions about Serious Mental Illness and have resources available for warm referrals. Additionally, assertive community treatment (ACT) provides intensive nonresidential treatment and rehabilitative mental health services. Assertive community treatment provides a single, fixed point of responsibility for treatment, rehabilitation and support needs for clients. Services are offered 24 hours per day, seven days per week, in a community-based setting. ACT services are provided as a team-based model. Garitz Grove Supportive Housing is partnering with Otter Tail County to identify homeless individuals with Serious and Persistent Mental Illness to prioritize them for housing services.

COC Members in rural areas utilize telehealth options to provide mental health services on site.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts. *NOFO Section V.B.1.c.(5)*

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment. **[Limit 500 characters]**

Clay County Social Services actively participates in Drug Court, Veterans Court, and DWI Court as part of a coordinated, rehabilitative response for individuals experiencing substance use and mental health disorders. These specialty courts focus on treatment, recovery, accountability, and long-term stability rather than relying solely on traditional punitive responses.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders. **[Limit 2,500 Characters]**

Social Services staff participate in multidisciplinary court teams, attend case staffing meetings and court hearings, share relevant information within applicable privacy requirements, and help develop coordinated responses to participants' needs. Staff collaborate with judges, court administration, probation, treatment providers, behavioral health professionals, housing organizations, and other community partners. This coordination allows the team to identify barriers early and respond when a participant is struggling with treatment, housing, transportation, benefits, or other basic needs.

Social Services helps participants access substance use and mental health assessments, treatment, health coverage, income supports, housing resources, transportation, and ongoing case management. Staff also support participants in understanding and meeting court-ordered treatment and recovery expectations. Court orders and supervision plans provide structure and accountability, while Social Services and community providers help participants obtain the practical resources necessary to comply successfully. Stable housing is treated as an important foundation for treatment participation, recovery, community safety, and reduced justice-system involvement.

Clay County administers the Community Living Infrastructure Grant. The grant strengthens the community's ability to help people with disabilities, including individuals with serious mental illness or substance use disorders, find and maintain stable housing. Grant-supported coordination helps identify housing options, resolve barriers, connect people with benefits and community-based services, and support transitions from institutional, correctional, treatment, or homeless settings.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care. NOFO Section V.B.1.c.(5)

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services. **[Limit 500 characters]**

The CoC has mobile mental health crisis teams in every county in the CoC. One example is Lakeland Behavioral Health covers Clay, Wilkin and Ottertail counties. The service is available 24/7 and meets people where needed. Housing providers can assist in calling and, with consent from the client, the mental health crisis team is able to respond. The region also has a licensed professional who provides direct counseling to farmers, their families and ag-connected people throughout the region.

1C-1f. Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use. *NOFO Section V.B.1.c.(5)*

You must upload the **List of CoC Program** Projects and the Number of Units that require Substance Abuse Treatment attachment to the **4A. Attachments Screen**.

Guidance—

A. Your response may include data on units associated with both existing renewal projects and new projects you are applying for in this competition.

B. The NOFO assigns points based on the ratio of **CoC Program-funded units that requires program participant engagement** in substance abuse treatment services as a condition of continued participation in the program and the number of **persons reporting chronic substance use in the CoC's 2026 PIT count**.

C. The NOFO assigns 6 points for showing that there is at least 1 unit with a substance abuse treatment requirement as a condition of continued participation for every 2 persons reporting chronic substance use identified in the PIT count OR 3 points if there is 1 unit for every 4 persons reporting chronic substance use identified in the PIT count.

D. To calculate the ratio outlined in the NOFO, we will compare the number of units identified in this question to the total number of persons reporting chronic substance use in the 2026 PIT count as reported in HDX 2.0.

E. Your attachment should include a list of existing or proposed CoC Program projects and the units associated with those projects that have a substance abuse treatment requirement.

Identify the number of CoC Program-funded units that requires program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	[Number of Units] 10
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The West Central COC PIT Count had the following reporting chronic substance use: 8 emergency shelter; 5 transitional; 4 unsheltered; for a total of 17. New project applicant Lotus Recovery will provide 10 recovery units focused on substance use treatment.

1C-1g. Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment. *NOFO Section V.B.1.c.(5)*

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	[Yes/No] YES
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities. *NOFO Section V.B.1.c.(5)*

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GHBI) provider, or a similar facility if none of the above are located in the geographic area. **[Limit 500 characters]**

Projects for Assistance in Transition from Homelessness (PATH) services are provided by CAPLP, who is also the Collaborative Applicant.

1C-1i. Treatment and Recovery Services—Sober Housing Availability. *NOFO Section V.B.1.c.(5)*

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5)? **[Limit 500 characters]**

Scattered site housing providers using HRA Cares support sober living by assisting people with finding housing in locations that help them with their sobriety and get them connected with services from AA to peer support recovery.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers. *NOFO Section V.B.1.c.(5)*

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness. **[Limit 2,500 Characters]**

Because the region lacks traditional physical homeless shelters in several counties, treatment providers, community action groups, and housing entities operate in an integrated network to catch individuals before release from treatment facilities.

Treatment providers facilitate "warm hand-offs" to housing providers and systematically prevent homelessness using several coordinated strategies:

1. The foundation of warm hand-offs is CARES (Coordinated Access, Referral, Entry & Stabilization). Instead of requiring an individual leaving treatment to contact dozens of housing programs, treatment providers use a shared assessment tool. A client can be assessed while still in treatment for their specific level of vulnerability and matched with a regional prioritized list for housing programs. This ensures housing resources are in progress by the time a client completes treatment.
2. Multi-Sector Collaboration and Provider Portals. Treatment centers do not operate in a vacuum. WC CoC leverages an integrated network of traditional homeless assistance groups, local governments, and tribal partners; providers share digital tools and available program vacancies. Case managers from treatment facilities communicate with housing staff to ensure that an individual transitioning out of behavioral or medical health stabilization has an explicit contact person on the housing side, establishing a true warm hand-off.
3. Diverting Crisis via Prevention Funding (FHPAP) To prevent individuals from slipping into homelessness due to a post-treatment gap, the region heavily relies on the state-funded Family Homeless Prevention and Assistance Program (FHPAP). If an individual has a

housing unit but risked losing it during treatment, FHPAP funds can cover rental arrears, utility bills, or security deposits to ensure their home is preserved.

4. Transitioning into Supportive Housing Models. For individuals requiring long-term sobriety or behavioral health assistance post-treatment, the CoC coordinates placements into long-term structured environments. **Permanent Supportive Housing (PSH):** Programs like the Bright Sky Apartments, Dream Catcher Homes, and Lakes and Prairies PSH blend independent housing with on-site supportive services. **Transitional Housing Support:** If long-term housing support isn't required, clients can utilize Transitional Housing for up to two years. While there, they receive case management focused on budgeting, life skills, and securing permanent placement.

1C-2. Supportive Services Investment. *NOFO Section V.B.1.c.(6)*

Guidance—

A. For element 1 of this table, enter your CoC's FY2026 Annual Renewal Demand (ARD) as published by HUD on the CoC Program page on the HUD.gov website. If your CoC has an ARD of \$0 then enter \$0.

B. For element 2 of this table, add the supportive services budget line item for each proposed project, regardless of project component type—not limited to Supportive Services Only (SSO) projects.

- All of your proposed projects will be on your Project Listing, which includes all new, renewal, YHDP, and Special NOFO projects.
- Do not include funding from your HMIS Dedicated grants or CoC Planning grants as they do not include supportive services budget line items.
- Example 1: if your CoC has 3 permanent supportive housing (PSH) projects that each have a supportive services budget line item, you will add the amount of supportive services funded in each of those projects in your calculation.
- Example 2: if your CoC has an SSO project that includes HMIS and administrative budget line items, only add the amount of the supportive services budget line item in your calculation.

C. For element 4 of this table, CoCs may include any cash or in-kind values of goods and services that count as funding, leverage, match, and funding commitment from other formal partnerships for grants included in the ARD.

- In-kind services must be valued at local rates consistent with the amount paid for services not supported by the proposed project.
- The funding sources can be private, state, local, or federal funds, but must not include any CoC Program funds.

D. Elements 3 and 5 of this question are read-only and will auto calculate after you save the page.

E. The NOFO assigns maximum points for adequately investing in supportive services of at least 30% for element 3 or 50% for element 5.

1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD)	[numerical value only - currency]
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	[numerical value only - currency]
3. Percent of your CoC's FY 2026 ARD (from element 1) that is supportive services funding (from element 2 above).	[auto calculate and read only]
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in the CoC's FY 2026 ARD.	[numerical value only - currency]
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the match, leverage, or funding commitment from other formal partnerships in supportive services (from element 4 above).	[auto calculate and read only]

1C-3. Participation Requirements for Supportive Services. *NOFO Section V.B.1.c.(7)*

You must upload the **Language from Project Supportive Service Agreements** attachment to the **4A. Attachments Screen**.

Guidance—

A. You must attach direct language from supportive service agreements (i.e., contract, occupancy agreement, lease, or equivalent) demonstrating that projects require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h).

B. For your calculation you will limit the projects to TH, PH-PSH, PH-RRH, and Joint TH-RRH projects. You will add up the number of those projects that exist in your CoC. You will then identify how many of those projects require program participants to take part in supportive

services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h). You will divide the number with a supportive service participation requirement by the total number of projects.

C. The NOFO assigns 8 points for showing that 100% of CoC projects require supportive services in line with 24 CFR 578.75(h) and 4 points for showing that 50% of CoC projects require supportive services in line with 24 CFR 578.75(h).

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	% format 100%
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1C-4. Consulting with ESG Recipients. *NOFO Section V.B.1.c.(8)*

Guidance– A. You must consult with ESG Program recipients—metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2—not subrecipients.

B. If there is no local ESG allocation within your CoC’s geographic area, you must consult with the state ESG recipient.

C. If your CoC’s Collaborative Applicant is an ESG recipient, you must still respond to each element in this question.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds. Limit 2,500 Characters

WC COC has an established process for consulting with the Department of Human Services (DHS), which administers ESG funds for non-entitlement areas of Minnesota, and with organizations that receive or seek ESG funding in the WC CoC region.

The COC participates directly in the State's ESG planning and allocation process. DHS consults with the COC regarding homelessness needs, trends, service gaps, and regional priorities. During recent ESG competitive funding processes, the WC COC Coordinator and COC members review applications for projects serving the WC COC region and provided input into funding recommendations. This provides the COC with a direct opportunity to influence how ESG resources address identified regional needs.

The COC maintains written standards that apply to COC- and ESG-funded activities. These standards set expectations for access to homeless services and housing, coordination with Coordinated Entry, and performance toward the goals of keeping people safely sheltered, rapidly re-housing people experiencing homelessness, and promoting stable housing outcomes. The COC's Performance and Evaluation Committee reviews project performance and provides reports to the COC Board. When performance concerns are identified, the COC Coordinator and appropriate committees work with providers on quality improvement.

The COC continues to consult with ESG recipients through ongoing communication, performance monitoring, Coordinated Entry activities, HMIS/data review, and COC meetings and committees. There is just one ESG-funded provider serving the region, CAP-LP, who is also the Collaborative Applicant for the COC and very involved in COC planning.

The COC also contributes regional information to Minnesota's Consolidated Plan and Annual Action Plan processes. PIT and HIC data, annual homelessness trends, service

gaps, and information about barriers to housing are shared with State planning staff. The COC's annual reporting and planning processes provide an additional mechanism for identifying priorities that should inform ESG investment.

Going forward, the WC COC will continue to participate in DHS ESG application review and consultation opportunities, monitor ESG project performance, and use current HMIS, PIT/HIC, Coordinated Entry, and community-level information to communicate regional priorities. This ongoing consultation helps ensure that ESG resources complement COC funding and are targeted toward the highest-priority needs in our rural region.

1C-4a. Coordination with Emergency Shelter Providers. *NOFO Section V.B.1.c.(8)*

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance. Limit 2,500 Characters

All individuals experiencing homelessness complete the Coordinated Entry Assessment and they are placed on the CE Priority List. A household may access the CE assessment prior to shelter entry or at the time of emergency shelter entry. All households that are added to the priority list are reviewed and referred, based on CoC policy priorities, to CoC funded program units. All households including those in emergency shelter develop a housing plan as a means to expedite the transition from homelessness to housed. All households on the Priority List are reviewed at regional case conferencing at least monthly. The unified regional CARES (Coordinated Access, Referral, Entry & Stabilization) System is the centralized regional homeless response system linking people to emergency shelter, housing assistance, and mainstream resources. The COC uses a common intake and assessment regardless of where they are entering the system (at a shelter or a different access point). The Homeless to Housed Task Force bring together emergency shelter staff and homeless services providers along with housing providers and mainstream resources to plan and organize regional housing resources and to make continuous quality improvements to the CARES system. System performance uses the Homeless Management Information System (HMIS) to track data, identify gaps, and measure outcomes.

1C-5. Data Sharing to Inform the Homelessness Response System. *NOFO Section V.B.1.c.(9)*

Guidance– You must consult your CoC's HMIS Privacy Notice regarding what data your CoC can disclose. CoCs are required to review, revise, and approve a privacy plan and security plan for HMIS, which governs the circumstances under which data may (and may not) be disclosed.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system. Limit 2,500 Characters

For a client's individual data, a consented HMIS ROI releases an individual's data to be viewed in HMIS by authorized users with a legitimate business purpose. A separate release is necessary for information in HMIS to be shared outside of HMIS, and HMIS policies, along with state and federal laws, dictate how, and in what situations, information from HMIS is shared.

In Minnesota, HMIS (Homeless Management Information System) data is shared with state and local governments through aggregated, non-identifiable data visualization tools. Personally identifiable information (PII) is strictly kept local and is not shared with broader government entities without specific legal warrants.

As the Minnesota HMIS administrator, The Institute for Community Alliances (ICA), provides multiple resources for data analysis. Here are some examples:

After HUD finalizes each CoC's annual submission for Point-In-Time (PIT) data, ICA aggregates the statewide count and shares it with CoCs and state partners. ICA also disaggregates the data by county, and sends this information to CoC, county, and state partners for their use.

After HUD finalizes each CoC's annual submission for System Performance Measure (SPMs), ICA visualizes this data on a dashboard. This has been a standard practice for more than 6 years.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care. *NOFO Section V.B.1.c.(9)*

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

Limit 2,500 Characters

The COC uses several sources of data for planning and evaluation including school district data for numbers of homeless students, public health agency data for mental health needs, community health needs assessments, community action agency needs assessments, head start data, employment and workforce data. Additionally, focus groups, client surveys, and youth advisory boards provide good insight into needs. Direct service providers often check jail rosters. Public Housing data on waitlists are a leading indicator of the challenges communities will face in finding housing.

1C-6. Employment and Workforce Development Partnership. *NOFO Section V.B.1.c.(10)*

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency. **[Limit 500 characters]**

BCOW Adult Mental Health Initiative partners with Transitional Supported Employment of Minnesota, known as Tran\$EM which focuses on adults with serious and persistent mental

illness who have had an interruption in their adult employment history. MAHUBE-OTWA is the workforce partner for SNAP E&T. Lakes & Prairies Community Action Director serves on the Workforce Development Board. All COC-funded programs work closely with Career Force for job search skills.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement. *NOFO*

Section V.B.1.c.(11)

Guidance–We will score this question using the data your CoC submitted in HDX for metric 7a.1 and your narrative response below.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services. Limit 2,500 Characters

COC projects have collaborated for a decade on a Community Living Infrastructure grant aimed, in part, at partnering with law enforcement to identify un-housed individuals. In the West Central Communities Action region law enforcement carry cards with information on how to access Coordinated Entry and a range of services; in Moorhead, the police and CAP-LP staff do street outreach together. In the MAHUBE-OTWA region, police departments have Salvation Army vouchers to get unhoused into hotel/motel for emergency shelter. Across the region, law enforcement holds monthly mental health task force meetings for homeless service providers and mental health providers to coordinate service delivery and communication. Family Service Collaboratives in each county bring together law enforcement, homeless services providers, county social services, county attorney offices, and others to work on upstream prevention services for families with children including Parent Support Outreach Programs for families who are justice-involved or whose children are at risk of foster care placement. The PATH program in Moorhead does outreach to connect people experiencing homelessness with community-based services to transition them from homelessness.

1C-8. Family or Support Network Reunification. *NOFO Section V.B.1.c.(12)*

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area). Limit 2,500 Characters

Across the COC, assessors work with county and clients to establish reunification plans and safety plans to look at unit sizes to ensure reunification can be an option.

When reunification is appropriate and safe, COC providers explore family and natural supports with participants, help address practical barriers such as transportation and documentation when resources permit, and coordinate warm handoffs to the receiving family, support network, or service provider. When reunification is not safe or appropriate, providers help participants identify other stable housing and supportive relationships.

A strong regional example is COC Member Lakes Crisis and Resource Center. Their Positive Connections Parenting Time Center serves children and their parents who have been involved in an unhealthy relationship or where conflict regarding parenting time has occurred. Services offered include: professional staff facilitated exchanges, supervised parenting time and parent coaching. All services take place in a violence and conflict free environment. In an effort to provide an inviting environment for families, their visitation rooms were designed to replicate a warm, home-like setting featuring full kitchens, dining tables, sofas, and stocked toy cabinets. In addition to parenting time and exchanges, Positive Connections also provides resources and referrals, as needed, as well as court and social services documentation when required. Typically, those using the services include parents who: are court ordered to have supervised parenting time; fear violence or intimidation connected with exchanges or parenting times; fear the non-custodial parent may leave the country with the children; and/or families where children are in foster care due to abuse or neglect. At Positive Connections, the focus is on the children and ensuring that they have a positive and nurturing experience when utilizing our services.

Another example is Youthworks who aim to safely reunify runaway youth or youth in severe conflict with their families within 96 hours. Core reunification services include counseling (both individual and family counseling sessions to address underlying conflict), mediation (facilitates safe, constructive communication between youth and parents/guardians), support services (anger management classes, peer mentoring, and professional assessments), and after care.

1C-9. Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing. *NOFO Section V.B.1.c.(13)*

Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	[Yes/No] YES
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1C-10. Protecting Public Safety—Cooperation with Law Enforcement. *NOFO Sections V.B.1.c.(14)*

You must upload the **Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.**

Guidance—The NOFO identifies advancing public safety as including:

- Clearing tents and encampments;
- Decreasing the public use of illicit drugs;
- Utilizing standards to address danger to self or others (e.g., involuntary commitment); and
- Sharing information in accordance with the Sex Offender Registry and Notification Act (SORNA).

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals. **Limit 2,500 Characters**

The uploaded documents are letters from a sampling of Sheriff departments across the COC region that speak to the coordination, connecting with each other to make referrals, participating in planning and strategy meetings together, engaging 911 or mobile crisis units when there is risk of danger to one-self or others, and in general working cooperatively to improve communities and not impeding efforts on either side.

The West Central CoC has strong networking throughout the CoC for coordinating response when homelessness intersects with public safety. In Moorhead, for example, this includes the City, law enforcement, county social services, county public health, first responders, mental health and crisis response providers and homeless service providers. There has not been an identified encampment in the West Central CoC for three years. When the encampment was identified, the homeless service provider is notified so that outreach staff can engage individuals and connect them to shelter, housing, behavioral health services, medical detoxification/withdrawal management, and other resources while local authorities address public safety and public health cleans up the encampment.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments. *NOFO*

Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one local law, policy or other practice;
- Describe a plan for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and
- Include both quantitative and qualitative data supporting the plan your CoC has as described in your response.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why. **Limit 2,500 Characters**

Moorhead City Code § 10-19-2 prohibits tents from being used as temporary or permanent living quarters. The general practice is that when an encampment is identified on public property, CAPLP (Moorhead's primary homeless outreach provider) is notified so outreach staff can engage individuals and connect them to shelter, housing, behavioral health, and other services. If outreach and voluntary resolution are insufficient to resolve the situation, Moorhead Police Department can use the code to address removal of the encampment. This practice pairs enforcement with an opportunity for service connection. A primary challenge from the homelessness response side is that shelter, housing, or other appropriate placements may not be immediately available when an encampment needs to be removed. In those situations, people may simply relocate elsewhere outdoors rather than resolve their homelessness. The CoC can help mitigate this through early outreach, coordinated entry, and connections to regional shelter and housing resources.

United to End Homelessness (UTEH), a regional initiative of United Way of Cass-Clay and the FM Coalition to End Homelessness, provides an additional housing pathway for people experiencing unsheltered homelessness who have high levels of contact with law enforcement, emergency departments, detoxification, and other crisis systems. UTEH brings housing and service partners together to identify individuals with the highest levels of need and provides flexible resources for rental assistance, deposits, landlord incentives, transportation, move-in costs, and intensive housing stabilization. This allows us to move people from repeated crisis-system involvement and unsheltered homelessness toward permanent housing, including individuals who may otherwise cycle between encampments, law enforcement, emergency services, and temporary shelter.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments. *NOFO*

Sections V.B.1.c.(14)

Describe the current status of tents and encampments in the CoC's geographic area. **Limit 2,500 Characters**

Tents and encampments are minimal in both Moorhead (the largest town in the COC) and across the vast rural region – tent usage is generally small and short-lived when they do occur. Encampments are identified quickly through law enforcement, outreach providers, City staff, public health, or community reports. CAPLP outreach staff are then notified to engage individuals and connect them with available shelter, housing, and supportive services, with police addressing removal when outreach alone is insufficient to resolve the situation. Neither Moorhead nor the region has had a homeless encampment in several years. There are individuals who experience homelessness (20 unsheltered adults in the 2026 PIT count) but the same collaborations that work to remove camps are utilized to quickly respond to people who are homeless outdoors and get them connected as quickly to services as possible.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs. *NOFO*

Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one local law, policy or other practice;
- Describe a plan for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and
- Include both quantitative and qualitative data supporting the actions your CoC has taken as described in your response.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why. **Limit 2,500 Characters**

Under the Minnesota Controlled Substances Act, using or possessing illicit substances anywhere in public is prosecuted as a felony or gross misdemeanor based on weight and

drug type. Local cities and counties in Minnesota cannot opt to legalize or permit these substances. This clarity is helpful in the COC's work of making homelessness rare, brief, and one-time. There is not nuance. Additionally, Minnesota Statute 152.029 applies heavy sentencing enhancements if illicit drugs are sold or possessed in designated public areas. These include school zones, public park zones, public housing zones, and drug treatment facilities.

If there is a downside to this law, it would be that it is harder to house people once they've been convicted of a felony. And when housing isn't available, it is more likely that the person will re-connect with people who are not helpful for maintaining their sobriety. Homeless service providers work to mitigate the risk by developing strong relationships with landlords and including incentives like risk mitigation funding for landlords to take a risk on a person who has been convicted of one of these crimes.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces. *NOFO Sections V.B.1.c.(14)*

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area. **Limit 2,500 Characters**

Minnesota Department of Health analyzed fatal overdoses among people experiencing homelessness or housing instability using the CDC's State Unintentional Drug Overdose Reporting System (SUDORS). They found that fatal overdoses among people experiencing homelessness in Minnesota decreased 37% from 2023 to 2024. From 2019-2024, there were 24 fatal overdoses among people experiencing homelessness or housing instability in public places (e.g., fields, parks, alleys, and bus stations) -none of these occurred in the West Central COC.

Units like the West Central Minnesota Drug and Violent Crime Task Force focus on intercepting highway drug trafficking pipelines and tracking down local suppliers linked to sudden fatal spikes. A steady surge that peaked in 2021-2022 has given way to a downward trend overall. Fentanyl fatalities have decreased 35%. Municipalities across the region have mitigated public space risks (like discarded needles or pills) by establishing secure prescription drop-off bins at local sheriff and waste management sites. This has successfully reduced the volume of leftover prescription drug opioids circulating in local communities.

While public illicit drug use occurs and may generate complaints or calls for service, it is not a prominent or highly visible feature of homelessness or public spaces in the West

Central COC. When public drug use does intersect with homelessness, the same network used to respond to encampments and other public-space concerns can be activated, including police, homeless outreach, county social services, public health, behavioral health and crisis response providers, and housing resources such as United to End Homelessness. This allows the response to address both the immediate public safety concern and the underlying housing, substance use, behavioral health, and other service needs.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others. *NOFO*

Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one local law, policy or other practice;
- Describe a plan for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and
- Include both quantitative and qualitative data supporting the actions your CoC has taken as described in your response.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why. Limit 2,500

There are times when someone is in danger or hurting themselves or others and they will not seek or accept treatment voluntarily. This is where the Minnesota Civil Commitment Law comes into play. It's a balancing act between the person's rights to make their own decisions and the person's need for treatment. A person cannot be committed for treatment against their will unless they pose a risk of harm due to a mental illness, and meet the legal standard. A "person who poses a risk of harm due to a mental illness" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, that is manifested by instances of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses a substantial likelihood of physical harm to self or others as demonstrated by: a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment; an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided; a recent attempt or threat to physically harm self or others; or recent and volitional conduct involving significant damage to substantial property

The commitment law is for people ages 18 and over. Minnesota laws are confusing about how commitment applies to teenagers ages 16 and 17. Some counties apply the

commitment law to teenagers at these ages, providing all the due process requirements. Other counties may allow parents to consent to treatment, use the juvenile courts or even use the CHIPS petitions for 16 and 17 year olds who are refusing treatment.

The COC works with local authorities when civil commitments are necessary. Staff are trained in de-escalation, mental health crisis teams, and calling law enforcement to address situations where there is no threat to self or others but a person is disrupting the peace of those around them.

In 2024 the Dept of Corrections released 15 people into homelessness in West Central MN. The COC and DOC work to ensure housing solutions are in place before release.

Characters 1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA. NOFO Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one local law, policy or other practice;
- Describe a plan for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and
- Include both quantitative and qualitative data supporting the actions your CoC has taken as described in your response.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why. Limit 2,500 Characters

Under federal law, jurisdictions must register homeless sex offenders. Individuals without a fixed address are required to provide a "more or less specific description" of where they habitually live (e.g., specific intersections, parks, or common gathering points). This establishes a legal mechanism that forces the collection of location data, which can then be cross-referenced with CoC outreach resources

Under Minnesota law, public data and proactive law enforcement disclosures are strictly tiered by risk level. While Level 3 details are public, Level 1 and Level 2 registry data are largely classified as non-public. This restricts a CoC's ability to comprehensively cross-verify an individual's registry status or specific legal restrictions unless the individual self-discloses or an explicit, localized data-sharing carve-out exists with local law enforcement.

SORNA implementation relies on local law enforcement discretion regarding *how* information is collected and formatted for transient populations, the CoC faces a fragmented patchwork of manual communication practices rather than a single, integrated regional repository.

The West Central COC and its homeless provider partners work to mitigate the harmful effects by building strong and cooperative relationships with local law enforcement to ensure people are housed and communities are protected.

1C-11. Outreach Strategy. *NOFO Sections V.B.1.c.(15)*

Guidance—Your response must describe the CoC’s efforts to reach all people experiencing homelessness in its geographic area, including any efforts it uses to reach people who are not otherwise engaged in services.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

Limit 2,500 Characters

Outreach across the vast rural area utilizes four distinct strategies:

1. Outreach to mainstream programs (schools, counties, jails, etc): the Community Living Infrastructure grant strengthens the region’s ability to help people with disabilities, including individuals with serious mental illness or substance use disorders, find and maintain stable housing. Grant-supported coordination helps identify housing options, resolve barriers, connect people with benefits and community-based services, and support transitions from institutional, correctional, treatment, or homeless settings. Additionally, mainstream service providers and homeless service providers meet in regional planning meetings and family service collaboratives to share strategies and ensure resources are directed where they are needed most. These relationships and systems ensure that when counties, schools, law enforcement, or other public systems find someone homeless or at risk they are directed to the Coordinated Entry system for assessment and housing problem solving or service coordination.
2. Outreach directly to people experiencing or at risk of homelessness: outreach teams in Moorhead go out and actively seek out people experiencing homelessness; in the more remote areas, staff respond to reports by others to find people to connect with services;
3. Outreach to organizations where people might show up in need of services: COC members proactively work with churches, libraries, public parks, all-night stores / gas stations / laundromats and other places where a person experiencing homelessness might take refuge to ensure they are connected to the homeless response system;
4. Outreach to people who can serve as key messengers by sharing accurate word-of-mouth information: members of the youth advisory boards and consumer advisory boards serve as ambassadors through their personal social media accounts and networks to share information about new programs and openings.

Taken together these four strategies are evaluated and continuously improved upon by regional committees and the COC Board with a goal of continuous quality improvement.

1C-12. Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers. *NOFO Section V.B.1.c.(16)*

Guidance–

A. Examples of written agreements include:

- Memorandums of Understanding (MOUs),
- Memorandums of Agreement (MOAs), and
- documented referral processes between Coordinated Entry providers and early childhood services and supportive services providers.

B. Element 9 Other is optional—you can provide additional information if you choose to. You must enter information in the Other field in e-snaps and save the page, then select the appropriate response.

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:	Written Agreement [Yes/No]
1. Child Care (including Child Care and Development Fund)	YES
2. Early Childhood Providers	YES
3. Early Head Start	YES
4. Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5. Head Start	Yes
6. Healthy Start	No
7. Public Pre-K	Yes (Family Service Collabs)
8. Tribal Home Visiting Program	No
9. Other	

1C-12a. Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers. *NOFO Section V.B.1.c.(16)*

Guidance– A. Other post-secondary education providers may include:

- public and private or charter schools,
- trade schools,
- job training, and
- other specialized programs such as Youth Build and Job Corps or there might be other types of youth education providers within your CoC not directly related to the State Education Agency (SEA) or Local Education Agency (LEA).

B. Formal partnerships may include:

- Memorandums of Understanding (MOUs),
- Memorandums of Agreement (MOAs),
- agreements to attend each other's planning meetings or conduct formal cross training,
- coordinating housing as a joint rapid rehousing pilot or program that includes early childhood services and supports for families, and
- support and document referral processes between Coordinated Entry providers and early childhood services and supportive services providers.

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:	
1. McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	[Yes/No] YES
2. School District(s)	[Yes/No] YES
3. General Education Development (GED) Program(s)	[Yes/No] Yes
4. Community College(s)	[Yes/No] YES
5. Technical College(s)	[Yes/No] Yes

6. Other Post-Secondary Education Provider(s)	[Yes/No] YES
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1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services. *NOFO Section V.B.1.c.(16)*

Guidance—Your response should clearly name the document(s) in which these written policies and procedures can be found (e.g., Coordinated Entry Policies, CoC Written Standards). Your response should make clear how an individual or family is made aware (i.e. informed) of their rights to educational services. Your response does not need to describe the educational services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services. Limit 2,500 Characters

The West Central Minnesota CoC's *Written Standards for the Administration of CoC and ESG Assistance* contain its education procedures in Addendum B, "Education and Family Stabilization," and Appendix C, "West Central CoC Policy Requiring School Enrollment and Connection to Appropriate Services for All Children." These provisions direct projects to assess the educational needs of families with minor children promptly upon program entry and connect school-age children with the local school homeless liaison.

As part of that assessment, staff inform the parent or guardian that a child experiencing homelessness may be eligible for educational services and connect the family with the liaison who can determine and arrange those services. For an unaccompanied school-age youth, staff provide that information directly to the youth and help them contact the liaison. The written standards direct providers to make the liaison connection promptly so the family or youth can act on that information.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services. *NOFO Sections V.B.1.c.(16)*

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care. Limit 2,500 Characters

The West Central Minnesota CoC identifies youth exiting foster care among the young people its housing system is intended to assist. Its *Written Standards for the Administration of CoC and ESG Assistance* identify youth exiting foster care in the housing program descriptions and provide for referral to appropriate housing and community resources. The CoC's coordinated entry system, CARES, provides a shared route for screening, housing assessment, referrals, and case consultation.

When a young person preparing to leave foster care lacks a safe housing plan, child welfare staff and youth-serving providers can connect them with the appropriate CARES access point. Housing and youth-service partners then consider the young person's

circumstances, eligibility, and preferences and coordinate referrals to available support. This connects transition planning with the region's homeless response system and helps young people reach services before a housing crisis deepens.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers. *NOFO Sections V.B.1.c.(16)*

Guidance—If your CoC does not have any U.S. Department of Health and Human Services (HHS) RHY-funded programs state in your response that those programs do not exist in your CoC.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist. Limit 2,500 Characters

Youthworks operates RHY-funded Transitional Living Program (TLP) and Maternity Group Home (MGH) services in Moorhead, Minnesota. It also operates a Basic Center Program (BCP) in Fargo, North Dakota. The BCP is outside the West Central Minnesota CoC's geographic area but is a nearby cross-border partner for youth and families.

Youthworks coordinates with CoC providers to connect young people with RHY services, community supports, and housing options. When a youth needs a CoC housing resource, providers can connect them with CARES, the region's coordinated entry system, for screening, assessment, and referral. Staff also coordinate across the state line when a minor or family needs services in Minnesota or North Dakota.

No provider in the CoC area currently receives RHY Street Outreach Program (SOP) funding. Youthworks held SOP funding for most of the period since 2003; that award expired after FYSB did not issue a replacement NOFO last year. Youthworks has applied for SOP funding in this year's competition.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children. *NOFO Sections V.B.1.c.(17)*

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b). **Limit 500 characters**

Lakes and Prairies Community Action Partnership (CAP-LP) combines short-to-medium term rental assistance with a multi-generational "Whole Family Approach" to support long-term housing stability and improved economic well-being. The focus is on removing barriers to parents can maintain housing stability and children can thrive.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent. *NOFO Sections V.B.1.c.(17)*

Guidance—Your response must name at least one project identified in 1C-13 and describe how it provides supportive services focused on improving incomes to pay rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs. **Limit 2,500 Characters**

CAPLP Career Connect Program links low-income families with skills training to obtain high demand careers such as nursing, welding and other trades. The coaches work with families every step of the way to overcome personal barriers to obtaining and maintaining employment. This program is an innovative partnership with M State College.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems. *NOFO Sections V.B.1.c.(17)*

Guidance—Your response must name at least one project identified in 1C-13 and describe how it leverages funding from mainstream family service systems such as Temporary Assistance for Needy Families (TANF).

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF). **Limit 2,500 Characters**

CAPLP partners closely with Clay County Social Services to ensure households eligible for mainstream services such as TANF, SNAP, CCAP, and Medical Assistance. Housing Advocates work with each family on the program to identify opportunities for increasing income. Housing Advocates can assist people with navigating the application process, obtaining needed documents, and ensuring that households are connected to mainstream benefits. A CAPLP office is located in the social services building.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support. *NOFO Sections V.B.1.c.(17)*

Guidance—Your response must name at least one project identified in 1C-13 AND describe how it combines housing assistance with childcare, parenting support, pregnancy related and child healthcare, and education.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education. **Limit 2,500 Characters**

CAPLP has an MOU in place with Head Start, which includes preschool classrooms and home visiting. CAPLP has an internal referral process which allows for timely referrals and easily accessible for families. For families that are enrolled in Head Start/Home Visiting program and Housing, a Collaborative Case Management meeting is held to streamline services and support households in the most efficient and effective ways. Referrals are placed to WIC, healthcare related needs, and education.

CAPLP has an outreach worker that primarily outreaches are various Moorhead Schools buildings (Horizon, Robert Asp, Career Academy, Moorhead High School, & Hopkins). The outreach worker's role is to engage with households who are facing housing instability and connect to housing and resources (including all of the above as needed).

1C-14. Collaboration with Veteran Organizations—Partnership with the U.S.

Department of Veterans Affairs or Veteran Serving Organization. *NOFO Sections V.B.1.c.(18)*

Guidance—Veteran Serving Organizations are any organizations that aid and serve veterans, servicemembers, dependents, and survivors.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

[Limit 500 characters]

Minnesota Assistance Council for Veterans (MACV) is a member of the COC and actively participates in case consultation and by-name reviews of veterans on Coordinated Entry to ensure swift and comprehensive services. Additional partners include the Fargo VA and the MN Department of Veterans Affairs who join the monthly review. Every veteran served by the COC is referred to veteran-services.

1C-14a.Collaboration with Veteran Serving Organizations. *NOFO Section V.B.1.c.(18)*

Guidance—For element 6 of this table, filling service gaps could include:

- coordination with veteran organizations,
- providing direct services and housing, and
- providing referrals to Coordinated Entry.

Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	
1. Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	[Yes/No] Yes
2. Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	[Yes/No] Yes
3. Ensures access to a full spectrum of employment and career pathway opportunities?	[Yes/No] YES
4. Shares data with the Department of Veterans Affairs as appropriate?	[Yes/No] Yes
5. Identifies service gaps for veterans?	[Yes/No] Yes
6. Fills service gaps for veterans?	[Yes/No] Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking. *NOFO Section V.B.1.c.(19)*

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking. [Limit 500 characters]

Someplace Safe, an active CoC member and Board participant, provides survivor-centered advocacy, safety planning, housing navigation, emergency shelter options, and flexible financial assistance for survivors of domestic violence, sexual assault, stalking, and trafficking. A Safe Harbor Navigator provides specialized support to youth impacted by trafficking/exploitation. The CoC also collaborates with Youthworks, Safe at Home, and the DOVE program to strengthen safety and housing access.

1C-16. Collaboration with Justice System Re-entry Partners. *NOFO Section V.B.1.c.(20)*

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court ordered programs. [Limit 500 characters]

The MN DOC has a program to prevent releases to homelessness. This program has people housed in counties within the West Central CoC. Those programs work with mainstream housing resources to secure permanent housing. Agencies across the region work with landlords to build relationships to find landlords that are willing to rent to individuals with criminal backgrounds to further assist through their RRH and TH programs.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

NOFO Section V.B.1.c.(21)

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs. **[Limit 500 characters]**

One example replicated in other places, Garitz Grove supportive housing has a nurse on site in partnership with Lake Region Health care. The nurse's office has proven to dramatically reduce trips to the hospital and/or emergency room. The nurse works on a range of issues from assisting with med management to blood pressure checks to toenails to addressing anxiety related to potential health concerns to managing significant health issues.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness. *NOFO Section V.B.1.c.(22)*

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services. **[Limit 500 characters]**

Dancing Sky Area Agency on Aging operates the Minnesota Aging Pathways phone line M-F, 8a-4:30p for long-term care planning, housing options, and caregiver support. Homeless service providers work with counties on the MN Choices Assessment and to enroll into elder waived services for housing stability and/or connect them with Resource Coordination to get them additional support.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

NOFO Section V.B.1.c.(23)

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness. **[Limit 500 characters]**

HRA Cares is a program of the Clay County HRA which prioritizes individuals experiencing chronic homelessness as assessed by CARES (Coordinated Access, Referral, Entry, & Stabilization) and are determined to be a high priority for permanent supportive housing.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare. *NOFO Sections V.B.1.c.(23)*

Guidance—Your response must name at least one project identified in 1C-19 and describe how it provides on-site behavioral healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare. Limit 2,500 Characters

HRA Cares executes formal Memorandums of Understanding (MOUs) with non-profit behavioral health partners rather than attempting to provide all intensive behavioral medical care in-house. Clients access the PSH program via the regional Coordinated Entry System (CARES), which prioritizes chronically homeless individuals with disabling conditions. Once housed, behavioral health care is customized using a tenant choice provider model across scattered site units and dedicated complexes. Greater Minnesota Community Services (GMCS) focuses heavily on the scattered site community option, sending mobile case managers directly into private market apartments to deliver behavioral care and housing retention support. Creative Care for Reaching Independence (CCRI) delivers housing support services, independent living skills, after care services and targeted therapy for individuals with serious and persistent mental illness at both scattered site Permanent Supportive Housing and onsite services for clients at Gateway Gardens. To successfully keep individuals with chronic mental health challenges stable, CCRI and GMCS overlay clinical medical assistance onto physical housing. If a tenant is hospitalized at a regional psychiatric facility, partners like CCRI utilize their aftercare programs to coordinate transition plans back into their supportive housing unit, preventing a return to the shelter or outdoor homeless cycle.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care. *NOFO Sections V.B.1.c.(23)*

Guidance—Your response must name at least one project identified in 1C-19 and describe the CoC's policy for assessing program participant need for higher level of care (e.g., assisted living, residential treatment).

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (e.g., assisted living, residential treatment). Limit 2,500 Characters

The WC COC utilizes three parallel processes for assessing whether higher levels of care are needed: First is the CARES (Coordinated Access, Referral, Entry, & Stabilization) Housing Prioritization Tool. This tool assesses level of need and helps housing staff spot “high priority” disabling conditions early on in the process. If either the initial assessment identifies a higher level of need or the need is observed later in the process, they are referred for a MNChoices Assessment. This is the Second process in which a comprehensive, person-centered assessment is conducted by a certified assessor in Clay

County (or whichever county across the COC the client is living in) – this assesses and individual’s daily routines, health needs, emotional well-being, and ability to perform activities of daily living such as showering, dressing, and managing medications. This MNChoices Assessment determines eligibility for publicly funded programs like Elderly Waiver or Community Access for Disability Inclusion (CADI) Waiver, both of which provide high levels of care such as licensed customized living or assisted living facilities. The Third parallel process assesses for Substance Use Disorder conducted by a Licensed Alcohol and Drug Counselor (LADC) and reviews substance use history, physical/mental health, and detox needs to determine if inpatient residential treatment is required. A similar but different process is used for adult mental health services to assess need for intensive residential treatment or crisis stabilization beds. If the assessments have recommendations for services but don’t transition people into more supervised settings, the COC-funded program staff implement recommendations found in the assessment and recommended by the professionals. In this way, the COC partners work together to get the best level of care to people experiencing chronic homelessness and can adjust as conditions deteriorate.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On. *NOFO Sections V.B.1.c.(23)*

Guidance—Your response must name at least one project identified in 1C-19 and describe the CoC’s policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing. Limit 2,500 Characters

Clay County HRA uses the COC’s standardized assessment tool to assess needs and services. The goal is to help every person achieve permanent housing, but the pathway is individualized to meet each participant’s housing plan and needs. To encourage and support participants who are assessed as ready to transition out of supportive housing, the household is granted a 10-point priority preference for a Housing Choice Voucher. This priority enables a smooth progression, moving the individual or family from a service-heavy program into standard rental assistance where they can choose their market-rate unit as a step toward unsubsidized permanent housing as their income increases.

1D. Project Capacity, Review, and Ranking—Local Competition

1D-1. Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. *NOFO Section V.B.1.a.(1)*

You must upload the **Local Competition Scoring Tool** attachment to the **4A. Attachments Screen**.

Guidance–

A. To be eligible for CoC Bonus and DV Bonus funding consideration, you must demonstrate that your CoC used at least one criterion relating to improving system performance.

B. Upload to the **4A. Attachments Screen** the scoring tool your CoC used in your local competition to score new and renewal ranked projects and all project application component–e.g., PSH, RRH, TH, SSO–types, which must include:

- maximum points available for each project;
- maximum points available for objective criteria to review, rate, and rank project applications; and
- maximum points available for system performance measures to review, rate, and rank project applications; and
- maximum points available based on returns to homelessness performance, employment income performance, and supportive services participation requirements.

C. Examples of **objective criteria** include but are not limited to financial stability, cost effectiveness, timely draws, utilization rate, match, leverage, performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), type of housing proposed (e.g., TH, PSH, RRH), capacity, audit findings, and public complaints.

D. If your CoC **does not use** a tool that includes maximum points available for all component types (e.g., TH, PSH, RRH) used in its local competition, then you must combine and upload the scoring tool for each component type your CoC used during its local competition that include maximum points available.

E. **Do not include** all scored project applications submitted by project applicants as part of the attached evidence for this question.

F. CoC Planning and UFA Costs projects are not included in the criteria because they are not ranked.

G. Name the attachment **Local Competition Scoring Tool**.

H. For elements 4 through 6, **housing project** is defined as Transitional Housing (TH), Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH) projects.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:	
1. Established total points available for each project application type.	[Yes/No] Yes
2. At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	[Yes/No] Yes
3. At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	[Yes/No] Yes
4. Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	[Yes/No] Yes
5. Considered employment income in reviewing, rating, and ranking housing projects TH, PH-PSH, PH-RRH).	[Yes/No] Yes
6. Considered supportive service participation requirements in reviewing, rating, and ranking housing projects TH, PH-PSH, PH-RRH).	[Yes/No] ???

1D-2. New Proposals. *NOFO Section V.B.1.a.(2)*

Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	[Yes/No] Yes
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1D-2a. Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline. *NOFO Section V.B.1.a.(2)*

Guidance–

A. We will only award points for the **CoC-approved version** of your CoC's Consolidated Application–this means your CoC must approve and post your CoC's Consolidated Application no later than the FY 2026 CoC Program application submission deadline of August 26, 2026–unless HUD extends the deadline, in such cases the extended deadline is the HUD-approved extension deadline.

Your **CoC must have a process for approving the Consolidated Application** as documented in your CoC's governance charter or other governing document(s). Your CoC may designate its CoC board, a committee, or the Collaborative Applicant to approve the application or your CoC may approve the application at a full CoC membership meeting in accordance with conflict of-interest provisions at 24 CFR 578.95.

B. If your CoC does not have its own webpage, your CoC may use any partner's website to meet the public posting requirement.

C. For more information on the Project Priority Listing refer to the Project Priority Listing Detailed Instructions.

Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listing.	[DATE] TBD, goal is Monday 9/28
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1D-2b. Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website. *NOFO Section V.B.1.a.(2)*

Guidance—

- A. Email notification must be sent to:
 - project applicants, and
 - key stakeholders—the broader CoC membership and other key stakeholders.
- B. CoCs must notify project applicants and key stakeholders prior to the application deadline.
- C. If your CoC does not have its own webpage, your CoC may use any partner's website to meet the public posting requirement.

Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	[Date] TBD, goal is Monday 9/28
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1D-2c. Local Competition Selection Results for All Projects. *NOFO Section V.B.1.a.(2)*

You must upload the **Local Competition Selection Results** attachment to the **4A. Attachments Screen**.

Guidance—

- A. Upload to the 4A. Attachments Screen the Local Competition Selection Results for all projects your CoC considered during your local competition, including:
 - new projects, including CoC Planning and UFA Costs projects;
 - renewal projects;
 - fully or partially reallocated projects;
 - rejected projects—include all projects your CoC rejected regardless of the reason for rejection;
 - renewal and replacement YHDP projects; and
 - Rural and Unsheltered Special NOFO projects.
- B. Illustration 1 below identifies the six columns you must use to display **final** information in the attachment you upload. **We will not award points** for evidence submitted that **does not** include **at least the six elements listed** in this question. The e-snaps-generated Project Priority Listing are **not sufficient** evidence.

Illustration 1

Home Starts Here CoC Local Competition Select Results

	Project Name	Score	Status	Rank	Requested Funding Amount	Reallocated Funds
1	HSH CoC Planning		Accepted	Not Ranked	\$40,000	\$0
2	HSH UFA Costs		Accepted	Not Ranked	\$40,000	\$0
3	HSH HMIS		Accepted	1	\$95,000	\$0
4	Safe Homes DV RRH	92	Accepted	5	\$200,000	\$0
5	Safe Homes DV RRH Expansion	86	Accepted	10	\$50,000	\$50,000
6	Finally Home PSH	86	Accepted	2	\$500,000	\$200,000
7	Youth Homeless Demo - Renewal	80	Accepted	6	\$450,000	\$0
8	Access Hope CE	82	Accepted	4	\$100,000	\$0
9	Safe Homes DV Outreach SSO-CE	72	Accepted	8	\$50,000	\$0
10	New Start RRH	10	Rejected	Not Ranked	\$0	\$0
11	Home Away PSH - Consolidated	70	Accepted	9	\$150,000	\$0
12	Our House PSH	90	Accepted	3	\$250,000	\$0
13	Hub of Hope RRH		Fully Reallocated	Not Ranked	\$0	(\$200,000)
14	House RRH	70	Reduced Reallocated	7	\$200,000	(\$50,000)

- C. In the **Amount Requested from HUD** column:
- you must enter the amount your CoC submitted to HUD for funding for each project, regardless of whether the amounts match what project applicants applied for in your CoC's local competition; and
 - could include available **CoC Bonus** funds and available **Reallocated Funds** as illustrated in **row 6** to request New Project funding.
- D. In the **Reallocated Funds** column, you must:
- list the amounts your CoC reallocated from projects as illustrated in **rows 13 and 14**; and
 - list reallocated amounts your CoC used to request **New Projects** as illustrated in **rows 5 and 6**.
- E. Name the attachment **Local Competition Selection Results**.
- F. **WARNING:** If you amend project applications back to project applicants in **e-snaps** for them to make changes, **you must approve** the project applications in **e-snaps** those applicants resubmit. **If you do not**, their project applications will not be included on your CoC's Project Priority Listing, which could result in your CoC **losing funding-ARD**—or HUD **funding lower priority projects**, but not funding the project you intended to approve after the project applicant changed and resubmitted their project application in e-snaps. **We lack the authority** to fund projects unless they are included on the Project Priority Listing, which informs us which projects your CoC is prioritizing.

Does your attachment include:	[Yes/No]
1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes to All

1D-2d. Projects Rejected/Reduced—Notification Outside of e-snaps. *NOFO Section V.B.1.a.(2)*

Guidance—

A. If your CoC did not reject or reduce any project application(s) submitted for funding during its local competition select 'No' for elements 1 and 3 of this question.

B. Your CoC must notify applicants of any project rejection/reduction on the CoC Priority Listing no later than August 11, 2026—which is 15 days before HUD’s CoC Program Competition submission deadline of August 26, 2026—unless HUD extends the deadline; in such cases the extended deadline is 15 calendar days before the HUD-approved extension deadline.

C. Notification must be provided in writing, which could include email, outside of e-snaps.

D. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 8/5/2026, 8/6/2026, and 8/7/2026, then you must enter 8/7/2026.

1. Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	[Yes/No] YES
2. If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	[DATE] 8.10.26
3. Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	[Yes/No] YES

1D-2e. Projects Accepted–Notification Outside of e-snaps. *NOFO Section V.B.1.a.(2)*

Guidance–

A. Your CoC must notify applicants of any accepted and ranked projects on the CoC Priority Listing no later than August 11, 2026—which is 15 days before HUD’s CoC Program Competition submission deadline of August 26, 2026 unless HUD extends the deadline; in such cases the extended deadline is 15 calendar days before the HUD-approved extension deadline.

B. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 8/5/2026, 8/6/2026, and 8/7/2026, then you must enter 8/7/2026.

C. Note that just because your CoC accepted a project in its local rating and ranking process does not guarantee that it will be funded by HUD.

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	[Date] 8.10.26
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1D-3. Reallocation–Reviewing Performance of Existing Projects. *NOFO Section V.B.1.a.(3)*

Guidance–

A. We may award maximum points if your CoC followed its reallocation process and did not reallocate lower performing projects.

B. For element 1 of this question, your response must describe:

- your CoC’s reallocation process—merely referring to your CoC’s process without describing the process is not sufficient,
- your process should describe how your CoC actively reviews performance of existing CoC-Program funded projects, and
- how your CoC determines whether to reallocate lower performing or less needed projects to create new higher performing projects.

C. For element 2 of this question, your response must state whether your CoC identified any low performing or less needed projects.

D. For element 3 of this question, your response must state whether your CoC reallocated any low performing or less needed projects—stating “not applicable” or similar words are not sufficient responses.

E. For element 4 of this question, your response must state

- why your CoC did not reallocate any low performing or less needed projects, or
- state there were no low performing or less needed projects, or
- there were not enough new project proposals, or
- that the new project proposals were not high performing projects.

Stating “not applicable” or similar words are not sufficient responses.

Describe:

- 1. your CoC’s reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,**
- 2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year,**
- 3. whether your CoC reallocated any low performing or less needed projects during its local competition this year, and**
- 4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.**

Limit 2,500 Characters

As part of the application process for renewal projects, applicants are required to supply information so the CoC can determine if each renewal project will meet the minimum threshold requirements. The minimum threshold requirements are outlined in the Ranking and Scoring Criteria, as identified in the current Fiscal Year NOFO and by the WC COC Planning & Evaluation Committee and approved by the WC MN CoC Governing Board. Any renewal project that does not meet the CoC threshold criteria to apply for funding is subject to reallocation of all project funds.

The WC COC considers organizational financial stability, performance history, capacity, audit findings, and public complaints when evaluating project applications by using information available through the local competition process.

If the CoC Ranking & Review Committee determines that a renewal project does not meet minimum threshold requirements, is deemed to be low performing, and/or has shown to consistently under-expend funding, the following process will be followed:

The CoC Ranking and Review Committee will notify the CoC Governing Board of all renewal projects that meet the criteria outlined in this policy for reallocation;

The CoC Ranking & Review Committee will make a recommendation to the CoC Governing Board to reallocate some or all of the project funds and/or to request that the agency work with the Planning & Evaluation Committee to develop a Performance Improvement Plan (PIP);

The Ranking & Review Committee will notify the agency of their recommendation for reallocation and/or a PIP:

1. All agencies whose project(s) are subject to reallocation or a PIP will have the right to appeal using the CoC appeal process;
2. The Governing Board will use the following process for reallocation recommendations:
 - a. Any member of the Governing Board whose agency receives funding through the CoC programs shall recuse themselves from the Board deliberation process.
 - b. The CoC Governing Board will make the final decision whether or not to reject or reduce a renewal application and/or to require a PIP for any agency that does not meet minimum threshold requirements, is deemed to be low performing, and/or has shown to consistently under-expend funding.
 - c. All Governing Board deliberations will be documented in meeting minutes.

If any renewal project application is rejected or reduced, the funds that were allocated to that project will be released for a competitive application process.

1D-3a. Reallocation Between FY 2021 and FY 2026. *NOFO Section V.B.1.a.(3)*

Guidance—To determine if your CoC cumulatively reallocated at least 20 percent, add the reallocated amounts for FY 2021, FY 2022, FY 2023, FY 2024, and FY 2026 CoC Program Competitions and divide the sum by your CoC's FY 2021 Annual Renewal Demand (ARD).

Did your CoC cumulatively reallocate at least 20 percent of your ARD between the FY 2021 and FY 2026 CoC Program Competitions?	[Yes/No] No
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No – we transferred low-performing programs through mutual agreement to other programs during the year.

2A. Homeless Management Information System (HMIS) and System Performance

2A-1. HMIS Vendor Name. *Not Scored—For Information Only*

Enter the name of the HMIS Vendor your CoC is currently using. **Limit 75 Characters**

Caseworthy

2A-2. HMIS Implementation Coverage Area. *Not Scored—For Information Only*

Guidance—

A. Term meanings: Single CoC—the only CoC participating in HMIS Multiple CoCs—the CoC is one of many participating in the implementation, unless the HMIS is statewide Statewide—the CoC is part of a statewide HMIS

B. Some implementation areas fall into both “Statewide” and “Multiple CoCs” coverage areas. For Multiple CoCs implementation that includes all CoCs in one state, only select “Statewide.”

Select from dropdown menu your CoC's HMIS coverage area. **Single CoC / Multiple CoCs / Statewide** Statewide

2A-3. Point-in-Time (PIT) Count—Methodology Change. *NOFO Sections V.B.1.b.(1)*

Guidance—

- A. Changes in your CoC's PIT count implementation may include:
 - changes in methodology, such as a change from conducting a sample-based count to a complete census count or adding a service-based count component to the count, or
 - changes in data quality, which are actions your CoC implemented to improve the implementation of the count, such as enhanced training, additional volunteers, and changes in providers contributing data for the count.
- B. If there were no changes to your sheltered or unsheltered PIT count implementation or if you did not conduct an unsheltered PIT count in 2026, state “Not Applicable.”

Describe:

1. any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2. how the changes affected your CoC's PIT count results. **Limit 2,500 Characters**

Between the 2025 and 2026 Point-in-Time (PIT) Counts, the CoC did not make any significant changes to its PIT count methodology. The CoC continued to implement the sheltered and unsheltered counts using the same overall approach and procedures as the prior year.

To improve data quality and consistency across the region, the CoC hosted weekly check-in meetings with PIT count leads leading up to and during PIT count implementation. These meetings provided opportunities to review count procedures, answer questions, address challenges, share best practices, and ensure consistent application of PIT guidance across jurisdictions and partner agencies. The enhanced coordination helped strengthen communication among local PIT leads and supported more uniform data collection efforts throughout the region.

As a result, the CoC experienced improved coordination and consistency in PIT count implementation. While these changes were not expected to significantly alter overall count methodology or directly impact PIT count totals, they helped improve data quality, reduce the likelihood of reporting discrepancies, and increase confidence in the accuracy and completeness of the PIT count results.

2A-4. Reduce Encampments—Actions to Reduce Encampments. *Not Scored—For Information Only*

Guidance— CoCs must select an evaluation period for this question that can be any 12-month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period. **Limit 2,500 Characters**

Strong collaboration between homeless outreach, law enforcement and public health entities have resulted in zero homeless encampments in recent years in the West Central COC. Rather than being camped outdoors, Tribal cultural practices of taking in relatives results in several people living in a place not designed for that number of people. The COC continues to work on efforts to ensure safe, stable, affordable housing for everyone in the COC region.

2A-4a. Reduce Encampments—Number of Encampments. *NOFO Sections V.B.1.b.(2)*

Guidance—

- A. CoCs must select an evaluation period for this question that can be any 12 month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025
- B. Your response to element 2 should reflect the reduction as a positive number (e.g., for a reduction of 5 encampments enter “5”). If you had an increase enter zero and you will then respond to question 2A-4c on how you plan to reduce encampments in your geographic area.
- C. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the number of encampments (as reported in 2A-4a) or the number of people residing in encampments (as reported in 2A-4b).

1. Enter the estimated number of encampments in the beginning of your evaluation period.	[insert number] 0
2. Enter the reduction in the number of encampments during your evaluation period.	[insert number] 0

2A-4b. Reduce Encampments—Number of People in Encampments. *NOFO Sections V.B.1.b.(2)*

Guidance—

A. CoCs must select an evaluation period for this question that can be any 12 month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.

B. Your response to element 2 should reflect the reduction as a positive number (e.g., for a reduction of 10 people in encampments enter “10”). If you had an increase enter zero and you will then respond to question 2A-4c on how you plan to reduce the number of people in encampments in your geographic area.

C. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the number of encampments (as reported in 2A-4a) or the number of people residing in encampments (as reported in 2A-4b).

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	[insert number] 0
2. Enter the reduction in the number of people in encampments during your evaluation period.	[insert number] 0

Number 2A-4c. Reduce Encampments—Plans to Reduce Encampments. *NOFO Section*

V.B.1.b.(2)

Guidance—

A. If your CoC demonstrated a reduction in encampments or people in encampments in 2A-4a or 2A-4b then you can enter “Not Applicable” in this response.

B. If your CoC does not have encampments indicate that in your response.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers. Limit 2,500 Characters

Strong collaboration between homeless outreach, law enforcement and public health entities have resulted in zero homeless encampments in recent years in the West Central COC.

2A-5. Reducing the Number of First Time Homeless—CoC’s Plan. *NOFO Section V.B.1.b.(3)*

Guidance—We will score this question using data your CoC submitted in HDX 2.0 for FY 2025 Systems Performance Measures metric 5.2 and your narrative response below. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the number of first-time homeless of at least 20%.

Describe your CoC’s plan to decrease the number of individuals and families becoming homeless for the first time. Limit 2,500 Characters

The West Central CoC has built a comprehensive system around prevention as a means to reduce the number of households becoming homeless for the first time. All households who are at risk of becoming homeless are quickly connected to an assessment to determine level of need. The initial step is to focus on identifying what issues are contributing to housing insecurity. If the issue is related to rental arrears, individuals are

assessed to determine the level of intervention required. If the issue is around discontinuation of utilities, individuals are connected to appropriate services such as energy assistance. If the issue is around other lease violations, individuals are connected to legal aid or other providers to address those barriers as a means to maintain their housing. The West Central CoC has prevention assistance throughout the region.

2A-6. Reducing Length of Time Homeless–CoC’s Plan. *NOFO Section V.B.1.b.(4)*

Guidance–We will score this question using data your CoC submitted in HDX for FY 2025 Systems Performance Measures metric 1.2 and your narrative response below. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the length-of-time homeless.

Describe your CoC’s plan to reduce the length of time individuals and families remain homeless. Limit 2,500 Characters

The mission of the West Central COC is to make homelessness rare, brief, and one-time. Several strategies are deployed to reduce the length of time people experience homelessness:

1. The cornerstone of the region’s efficiency plan is the CARES Coordinated Entry system which pools all available beds and vouchers into a shared priority list. The initial screening helps target the right resource to match the need and utilizes housing problem solving and shelter diversion as strategies to reduce the numbers of people waiting for a limited number of beds or units.
2. Rapid Re-Housing focuses on quick transition from shelters or unsheltered homeless into housing. Strategies include getting people document-ready before move-in to speed the process once a unit is found – things like birth certificate or identification cards, some homeless service providers have added an in-house notary service to further expedite the process of securing critical documentation.
3. Housing plans are developed with each individual or family and reviewed at regular case conferencing to keep people active on a plan that will end their homelessness, from identifying partners or resources.
4. The COC works to develop more pathways out of homelessness by establishing relationships with scattered site private landlords and offering risk mitigation funds as a tool to take on a renter without good rental history.
5. COC-funded programs connect homeless individuals and families with benefits as a temporary bridge and employment opportunities as a permanent pathway out of homelessness.
6. The COC Board has set a goal of reducing the length of time homeless without services to 180 day maximum and is working to train new staff across the region to ensure everyone is aligned on that goal and has strategies to meet it. The COC also

participates in and utilizes the Wilder Survey Data to better understand the experiences of people who are homeless in West Central COC to both increase diversion and housing problem solving and to ensure the right mix of services (including discharge planning and prevention) are in place using the array of public and private partnerships across the region. This has resulted United to End Homelessness, a creative solution focused on housing the people in the Moorhead area who have been unhoused the longest by providing additional targeted resources.

2A-7. Successful Permanent Housing Placement–Exits to Unsubsidized Housing. *NOFO*

Section V.B.1.b.(5)

Guidance –

A. We will score this question using data your CoC submitted in HDX for FY 2025 Systems Performance Measures metric 7b.1 and your narrative response below. The NOFO assigns up to 2 points for CoCs that demonstrate that the rate of successful exits to permanent housing from ES, SH, TH, and RRH is at least 50%.

B. The NOFO assigns up to 4 points for CoCs that demonstrate using HMIS data that at least 20% of program participant exits from TH/RRH/PSH collectively are to unsubsidized housing.

C. To respond to this question, CoCs should run a report in HMIS to count people exited from TH, RRH, and PSH only, to any of the following response options for HMIS Data Element 3.12 (Exit Destination):

- Staying or living with family, permanent tenure;
- Staying or living with friends, permanent tenure;
- Rental by client, no ongoing housing subsidy; and
- Owned by client, no ongoing housing subsidy.

D. The reporting period for this question should be any 12-month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.

E. The narrative response should confirm the universe of projects included in your calculation and what data elements were summed to compare to your universe of people who exited.

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	[number - %] 49%
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Describe in the field below how you calculated the data for this response. **Limit 2,500 Characters**

Ran an Exits and Retention to Permanent Housing report in HMIS for the time period 1/1/25-12/21/25, filtered by program types PH-Permanent Supportive Housing (disability required for entry); PH – Rapid Re-Housing; Transitional Housing. Next filtered for categories: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; Owned by client, no ongoing housing subsidy. Divided number of exits to unsubsidized destination (246) by total exits minute excluded exists (506) = $246/506 = 49\%$.

Projects included:

CAPLP-PSH D-WCC-HUD-CoC-SHP-8620
CAPLP-PSH D-WCC-MN HSG-LTH-Parkview Terrace
CAPLP-RRH-WCC-DHS-THP
CAPLP-RRH-WCC-HUD-ESG-DHS
CAPLP-RRH-WCC-MN HSG-FHPAP-L&Prairies Doubled Up HA
CAPLP-RRH-WCC-MN HSG-FHPAP-L&Prairies RRH HA
CAPLP-TH-WCC-DHS-HYA-Housing & Self-Sufficiency
Clay Co HRA-PSH-WCC-DHS-HS/MN HSG-LTH-Gateway Gardens
Clay Co HRA-PSH-WCC-HUD-CoC/MN HSG-LTH-HRA Cares
Clay Co HRA-PSH-WCC-HUD-CoC/MN HSG-LTH-Prairie Horizons
Clay Co HRA-PSH-WCC-MN HSG HTF-Homeless to Housed
Clay Co HRA-PSH-WCC-MN HSG-LTH
Clay Co HRA-WCC-PSH-VASH-NPP
CU-TH-WCC-DHS HS-Micah's Mission HS
Fargo VA HCS-PSH D-WCC-NPP-VASH Vouchers
MACV SSVF Duluth-RRH-WCC-VA-SSVF
Mahube-PSH D-WCC-MN HSG-LTH-Park Manor
Mahube-RRH-NWC/WCC-DHS-HYA
Mahube-RRH-NWC/WCC-MN HSG-FHPAP-Doubled Up HA
Mahube-RRH-NWC/WCC-MN HSG-FHPAP-Mahube/DHS-HYA-RRH HA
Mahube-TH-NWC/WCC-DHS-THP
WCMCA-RRH-WCC-HUD-CoC-House Keys 2 HUD TH-RRH Joint Component
WCMCA-RRH-WCC-MN HSG-FHPAP-WCMCA-Doubled Up HA
WCMCA-RRH-WCC-MN HSG-FHPAP-WCMCA-RRH HA
WCMCA-TH-WCC-DHS-THP
WCMCA-TH-WCC-HUD-CoC-House Keys 2 HUD TH-RRH Joint Component
West Central 1-RRH-WCC-HSWH-Doubled Up HA
West Central 1-RRH-WCC-HSWH-RRH HA
Youthworks-TH-WCC-NPP-DHS-HYA-Youthworks MN TH
zz-West Central 2-RRH-WCC-HSWH-Doubled Up HA-closed 9/30/25

2A-8. Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date. *NOFO Section*

V.B.1.b.(8)

Guidance–

A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.

B. If we granted your CoC an extension, we will verify that your CoC conducted your PIT count during the agreed-upon time frame.

Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	[Date]
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January 28, 2026

2A-8a. HIC and PIT Count Data–HDX 2.0 Submission Date. *NOFO Section V.B.1.b.(8)*

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. HUD’s submission deadline was April 30, 2026, 8:00 p.m. EDT. If we granted your CoC an alternate date to submit data, and you submitted your data by that date, then answer “Yes.” We will verify that your CoC met the alternative submission date deadline.
- C. If you submitted your HIC and PIT count data on different dates, report the date for the last report that was submitted. For example, if you submitted your HIC data on May 10 and your PIT count data on May 11 then enter May 11.

Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?
--

[yes/no] Yes

2A-8b. Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date. *NOFO Section*

V.B.1.b.(8)

You must upload your CoC’s **FY 2026 HDX Competition Report** to the **4A. Attachments Screen**.

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. To meet the attachment requirement, HUD will send an Excel version of FY 2026 HDX Competition Report by July 28, 2026, to your CoC’s Primary contact and other contacts listed in HDX 2.0. If your CoC’s contacts did not receive the file by July 28, 2026, send an email to CoCNOFO@hud.gov requesting a copy of the report. Include FY 2026 HDX Competition Report in the email subject line, and include your name, CoC number, and email address in the body of the email.
- C. This question focuses on:
- whether your CoC submitted the LSA data by the submission deadline of January 16, 2026, 11:59 p.m. EST, and
 - whether HUD determined that at least 2 of the LSA files were usable—as part of our review and score for this question, we will verify whether your CoC’s submission included at least two usable files—you can identify how many files we determined were usable by referring to the FY 2026 HDX Competition Report.
- D. If we approved an alternative submission date for your CoC or all CoCs to submit LSA data:
- select ‘Yes’ if your CoC submitted the LSA data by the HUD-approved alternate submission date, or
 - select ‘No’ if your CoC did not submit the data by the HUD-approved alternate submission date.

We will verify whether your CoC’s submission included at least two usable files and whether your CoC submitted data by the HUD-approved alternate submission date.

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?

[Yes/No] Yes

2A-8c. System Performance Measures (SPM) Data–HDX 2.0 Submission Date. *NOFO Section*

V.B.1.b.(8)

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. HUD’s submission deadline was **March 4, 2026, 8:00 p.m. EDT**. If we granted your CoC an alternate date to submit data, and you submitted your data by that date, then answer ‘Yes.’ We will verify that your CoC met the alternative submission date deadline.

Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?
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[Yes/No] Yes

2A-9. HMIS and Comparable Database Participation—Bed Coverage Rate. *NOFO Section V.B.1.b.(9)*

Guidance— A. If the bed coverage rate is **84.99 percent or lower**, you could receive partial points by responding to question 2A-9a.
 B. The bed coverage rate is the number of HMIS and comparable database participating beds divided by the number of year-round beds dedicated to persons experiencing homelessness in your CoC's geographic area.
 C. The chart below is a crosswalk of the data required in e-snaps and the columns where you can find the data in the **FY 2026 HDX Competition Report**.

e-snaps Header	Column in HDX Report
Adjusted Total Year-Round, Current Non-VSP Beds	Column F
Adjusted Total Year-Round, Current VSP Beds	Column K
Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	Column M
HMIS and Comparable Database Coverage Rate	Column O

D. In the 2026 HIC—and applicable to the chart below—the field for victim service provider included both victim service providers and organizations that are not victim service providers but are otherwise prohibited from participating in HMIS.

E. Enter “0” for all cells where a project type does not exist in your CoC.

F. For HIC Data, only enter the bed data for projects that have an inventory type of “current.”

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	162	26	182	96.81%
2. Safe Haven (SH) beds	0	0	0	N/A
3. Transitional Housing (TH) beds	96	0	96	100%
4. Rapid Rehousing (RRH) beds	88	0	88	100%
5. Permanent Supportive Housing (PSH) beds	441	0	384	87.07%
6. Other Permanent Housing (OPH) beds	344	0	341	99.13

2A-9a. Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9. *NOFO Section V.B.1.b.(9)*

Guidance—In response to element 1, your “steps” should include specific action your CoC will take to increase the bed coverage.

Examples of actions to receive credit include:

- Training providers on how to use and the benefits of using HMIS,
 o Note that a meeting without education and an opportunity to address concerns is insufficient.
- Offering to pay for HMIS or comparable database licenses, and
- Offering to enter the data for the provider into HMIS.

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and

2. how your CoC will implement the steps described to increase the bed coverage rate to at least 85 percent. **Limit 2,500**

Characters

Not applicable. (over 84.99%)

3A. Policy Initiatives

3A-1. Supporting Activities within an Opportunity Zone. *NOFO Section V.B.2.a.*

You must upload the **HUD-2996 Certification for Opportunity Zone Preference Points** attachment to the **4A. Attachments Screen**.

Guidance–

A. Please refer to the Opportunity Zone site to see if your CoC's project(s) is in an Opportunity Zone.

B. Your response must account for all proposed activities/projects in your CoC. This does not apply to a single project; rather, all activities/projects in the CoC.

1. Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	(yes or no) Yes
2. Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	(yes or no) No

3A-2. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. *NOFO Section IV.D.2.F.*

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	(yes or no) No
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3A-2a. Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. *NOFO Section IV.D.2.F.*

You must upload the **Project List for Other Federal Statutes** attachment to the **4A. Attachments Screen**.

Guidance–

A. In the FY 2026 CoC Application, CoCs may request that up to 10 percent of funding for the fiscal year awarded under the FY 2026 CoC Program Competition NOFO be approved to serve homeless households with children and youth defined as homeless under other federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).

B. Approved CoCs are limited to using up to 10 percent of the total amount awarded for each fiscal year appropriation to their CoCs to serve this population and must determine which project(s) will be permitted to use some or all their funding for this purpose. These projects must be Transitional Housing, Supportive Services Only, or Joint TH and PH-RRH component.

C. Upload an attachment at the 4A. Attachments Screen that identifies the specific project(s) that will use the funding for this purpose that includes:

(1) project name(s) as listed on your CoC's Priority Listing; and

(2) amount of funding in the project or per project that will be used for this purpose.

D. Name the attachment Project List for Other Federal Statutes.

If you answered yes to question 3A-2, describe in the field below:

1. how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and

2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. **Limit 2,500 Characters**

Not applicable.

4A. Attachments Screen for All CoC Application Questions

The following guidance will help you successfully upload attachments to receive maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. If e-snaps indicates 'No' to whether an attachment is required, that simply means the attachment is not required for everyone. However, the attachment may be required for you, depending on how you respond to the corresponding question in the CoC. Review the question in the attachment list to determine if an attachment is needed. For example, if you are not applying for new funding then you will not be submitting any documentation for question 1C-10 for leveraging funding for new projects.
3. We prefer that you use PDF files, though other file types are supported.
4. When you select the attachment link in the list, confirm that you attach the correct file associated with the question.
5. Only upload documents responsive to the questions posed, including all pages that are responsive to the attachment requirement.
6. Ensure that the document you upload is readable. If you cannot read the attachment you upload, it is likely we cannot read it either.
7. Verify that the document you attached uploaded correctly and reflects the content you intended to upload.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Question	Attachment Name	Required? (Y/N)	WC COC
1C-1	List of TH/RRH/PSH Projects and Treatment Providers with On Site Substance Use Treatment	Yes	
1C-1f.	List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment	Yes	
1C-3	Language from Project Supportive Service Agreements	Yes	
1C-10	Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	
1D-1	Local Competition Scoring Tool	Yes	
1D-2c.	Local Competition Selection Results	Yes	
2A-8b.	FY 2026 HDX Competition Report	Yes	
3A-1	HUD-2996 Certification for Opportunity Zone Preference Points	No	
3A-2a.	No Project List for Other Federal Statutes	No	
3A-DP.	Your CoC's Policy or Statement to Advance Recovery	No	
Other	Certification of Consistency with Consolidated Plan	No	