

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CO-505 - Fort Collins, Greeley, Loveland/Larimer, Weld Counties CoC

1A-2. Collaborative Applicant Name: Homeward Alliance

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeward Alliance

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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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.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	4
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	5

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	No	
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 subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	4
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	Philanthropy	Yes	1
47.			

1B-2.	Open Invitation for New Members.	
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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 Northern Colorado Continuum of Care (CoC) maintains an open and transparent process for inviting new members to join the CoC. The CoC website includes a permanent banner and dedicated membership page explaining how organizations and individuals can become involved. This information is publicly available throughout the year, allowing prospective members to express interest and engage with the CoC at any time.

The CoC's Membership Engagement Committee supports ongoing recruitment through targeted outreach and efforts to connect with organizations and populations that may not yet be represented in the CoC. Current members are also encouraged to identify prospective partners and invite them to participate.

The CoC holds quarterly membership meetings that are open to organizations and individuals interested in learning about the CoC and participating in its work. The meeting schedule and participation information are publicly posted on the CoC's website. Meetings are offered virtually to support participation across Larimer and Weld counties and reduce geographic barriers.

Through its permanent public invitation, quarterly open meetings, committee-led outreach, and member referrals, the CoC provides multiple opportunities throughout the year - exceeding the annual requirement - for new members to learn about and join the CoC.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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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)

Every partner organization that signs a membership agreement with the Northern Colorado Continuum of Care (CoC) appoints a Designated Representative. Designated Representatives have voting authority in Governing Board elections and are invited to provide input on the CoC's performance, strategic priorities, policy changes, funding decisions, and other significant matters. The CoC solicits feedback from Designated Representatives through membership meetings and surveys at least annually.

Partner organizations are also encouraged to identify additional staff to participate in CoC committees and workgroups. These groups bring together individuals with varied roles, expertise, and perspectives to review data, identify system needs, develop recommendations, and inform the CoC's performance, strategies, and priority-setting processes. Opportunities to participate in the CoC, including membership meetings and committee involvement, are communicated through the CoC website and partner communications.

The CoC also regularly consults its Lived Experience Advisory Council to ensure that people with lived expertise help evaluate CoC operations, identify barriers, and shape system-level priorities and improvements.

Finally, the CoC works with municipal partners within its geographic coverage to develop and coordinate strategic work plans to address homelessness.

Input collected through membership meetings, surveys, committees, workgroups, the Lived Experience Advisory Council and the CoC's work with municipalities is considered by CoC staff, relevant committees, and the Governing Board when developing strategies, policies, funding priorities, and system-improvement efforts.

This structure allows the CoC to solicit and consider input from service providers, local governments, people with lived experience, and other organizations and individuals interested in preventing and ending homelessness across Larimer and Weld counties.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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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 Northern Colorado Continuum of Care (CoC) uses a transparent process to invite, accept, and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. When the local competition opened, the CoC announced the availability of funding through its standard public and member communication channels and posted competition materials, deadlines, and application guidance on its website.

The CoC also conducted targeted outreach to eligible organizations that had not previously received CoC Program funding. This included sending introductory emails about the funding opportunity, encouraging eligible organizations to apply, offering one-on-one meetings to discuss project eligibility and answer questions, and inviting organizations to informational webinars covering the NOFO, HUD priorities, and the local competition process. Announcements were also shared through public and member-specific platforms to reach organizations beyond existing CoC partners.

All organizations intending to participate in the local competition were required to submit a Letter of Intent identifying the project type for which they planned to apply. The CoC received 20 Letters of Intent, including 13 for new projects from organizations that had not previously received CoC Program funding. Organizations that submitted Letters of Intent received direct communication, application guidance, and access to technical assistance; the same competition information was also publicly available on the CoC website.

After the competition closed, the CoC's Rating and Ranking Committee reviewed, scored, and ranked all eligible proposals using the CoC's published rating and ranking policies and procedures. New applicants, including faith-based organizations, were considered through the same objective process as previously funded organizations. Of the 16 project applications included on the CoC Priority Listing, 9 were submitted by organizations new to CoC Program funding. The CoC will continue and expand this outreach and application-support process in future local competitions.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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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)

System modeling for the Northern Colorado Continuum of Care's (CoC) geographic region and stakeholder feedback identified a need for clear program models, consistent expectations, and measures appropriate to each intervention and population. The CoC will address gaps by strengthening proven interventions identified in 42 U.S.C. § 11386b(d), including targeted PSH, RRH, and flexible assistance for eligible individuals and families. It will also incorporate Housing Problem Solving (HPS) and rapid-exit practices into Coordinated Entry, helping households avoid literal homelessness, resolve housing barriers, and connect with appropriate resources.

The CoC's System Performance Committee will lead development and ongoing review of baseline operational frameworks for major program types. These frameworks will define the intended population, service model, expected outcomes, and intervention roles and pathways, with tailored performance measures by program and population type. Core measures will include length of time homeless, permanent housing exits, returns to homelessness, housing retention, utilization, and time from referral to housing. Additional program-specific measures may also be established. CoC and HMIS staff will support implementation, monitoring, and reporting, with input from CoC partners, providers, workgroups, and people with lived experience.

During 2026, the CoC completed regional system modeling, redesigned assessment tools, and began developing HPS and performance dashboards. During 2027, the CoC will advance implementation of these components by finalizing priority program frameworks, establishing baseline performance, piloting and refining HPS and assessment workflows, and expanding performance reporting. HPS measures will include the number and percentage of households receiving a problem-solving conversation, resolving their housing crisis without entering emergency shelter or requiring a longer-term homeless-system intervention, rapidly exiting homelessness, use of flexible financial assistance, and housing status following assistance. As implementation matures, the CoC will establish numerical targets and refine program models based on performance data and stakeholder feedback.

Implementation will be supported through CoC planning and HMIS funds, as well as braided partner, local state, and philanthropic funding. The centralized data warehouse and planned dashboards will support evaluation and resource decisions.

1B-5a Confirmation of Plan Coverage.

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.

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

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	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.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	50%

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)

N/A

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

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)

The Northern Colorado Continuum of Care (CoC) partners closely with community behavioral health providers to ensure individuals experiencing homelessness have access to comprehensive outpatient mental health and substance use disorder treatment services. Two key CoC partners, North Range Behavioral Health and SummitStone Health Partners (SHP), are Certified Community Behavioral Health Centers (CCBHCs), which provide a broad continuum of outpatient behavioral health services designed to meet varying levels of need. These partners provide individual and group-related interventions ranging in levels of service intensity and duration. For example, North Range provides mental health care, psycho-educational services, and recovery treatment support to individuals including Psychiatric Rehabilitation, Integrated Dual Disorder Treatment, Individual Placement and Support, and Medication Management. In addition, North Range provides suicide prevention services including QPR training and Mental Health First Aid education.

As a CCBHC, SHP offers integrated outpatient treatment for both mental health and substance use disorders, including assessment, counseling, group and individual therapy, crisis response, medication management, care coordination, and recovery supports. Services are designed to address a range of treatment needs, from early intervention and outpatient care to more intensive behavioral health services. SummitStone also provides suicide prevention and crisis intervention services, helping individuals access timely support during behavioral health emergencies.

Both organizations actively participate in the CoC's coordinated entry system, case conferencing and cross-collaboration efforts to connect individuals experiencing homelessness with behavioral health treatment, recovery supports, permanent housing resources, and other supportive service. SummitStone is an assessing partner who helps outreach and connect eligible individuals to permanent housing and supportive services. North Range accepts referrals through the CoC membership network and offers onsite services to select permanent housing programs. .

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

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)

The Northern Colorado Continuum of Care (CoC) includes partner agencies that provide access to peer recovery support and recovery navigation throughout the region's homelessness response system. Examples include North Range Behavioral Health, SummitStone Health Partners, and Volunteers of America Colorado. These organizations have signed CoC Partner Agency Agreements and participate in the coordinated response.

North Range embeds peer recovery support specialists in programs including Withdrawal Management, the Acute Treatment Unit, Assertive Community Treatment, and temporary sober living. Peer specialists use lived recovery experience to build trust, support engagement, and help participants navigate treatment and recovery resources. SummitStone integrates peer support specialists throughout its behavioral health system, ensuring individuals experiencing homelessness can access recovery-focused mentoring, advocacy, and navigation support alongside clinical and housing services. When behavioral health or recovery needs are identified through CoC case conferencing, participating agencies can coordinate referrals to North Range, SummitStone, or other appropriate providers, connecting participants with peer support as part of their broader service and housing plans.

Volunteers of America Colorado administers the Colorado Rapid Re-Housing and Reentry (COR3) program. COR3 provides housing-focused case management, time-limited financial assistance, and peer support for individuals transitioning from the criminal justice system while navigating recovery. A portion of COR3 referrals are made through Coordinated Entry, creating a direct pathway to housing assistance, peer support, and recovery navigation.

These and other CoC partner agencies provide access to peer support across crisis, treatment, recovery, reentry, and housing settings. This allows the coordinated response to connect participants with peer services based on their individual needs and recovery goals.

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

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)

The Northern Colorado Continuum of Care (CoC) partner agencies identify individuals who may be experiencing Serious Mental Illness (SMI) through street outreach, Coordinated Entry access points and assessments, housing programs, and case conferencing. Trained outreach and housing staff recognize behavioral health needs and coordinate referrals to qualified providers for clinical evaluation; they do not independently diagnose SMI. CoC case conferencing allows outreach, housing, shelter, and behavioral health partners to share relevant information, determine the appropriate response, and coordinate connections to care.

The level of intervention is based on the individual's needs and immediate risk. When a person is experiencing a behavioral health crisis, outreach teams coordinate with mobile crisis and other crisis-response partners for evaluation, transportation, crisis stabilization, or inpatient care when appropriate. Individuals with less acute needs are connected to outpatient behavioral healthcare, medication management, substance use and recovery treatment, benefits, housing assistance, and other community-based services that support long-term stability.

CoC partner agencies also operate Assertive Community Treatment (ACT) and Projects for Assistance in Transition from Homelessness (PATH) programs. North Range Behavioral Health's ACT team combines assertive outreach with case management, medication monitoring, stabilization, and wellness support for people living with severe and persistent mental illness. SummitStone and North Range PATH staff work within housing-service hubs, overnight shelters, and other community settings to engage people experiencing homelessness and connect them with behavioral health treatment and supportive services.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

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)

The Northern Colorado Continuum of Care (CoC) coordinates with Larimer County Competency Services and SummitStone Health Partners through the 8th Judicial District Competency Docket. Participants leaving intensive inpatient care may be prioritized for housing resources. The CoC also created a process to assign dedicated vouchers to eligible people exiting incarceration who are on the competency docket to support stability and reduce relapse and recidivism.

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)

When an individual faces exceptional risks not fully reflected in standard prioritization criteria, a provider may request dynamic prioritization. The CES Specialist reviews the request, and CAHPS partners collectively determine whether the individual should be moved forward for referral. This allows partners to consider risks related to homelessness, behavioral health needs, crisis-service use, victimization, and justice-system involvement while maintaining a consistent and transparent process.

The Northern Colorado Continuum of Care (CoC) created a process to dynamically assign program vouchers to people on the 8th Judicial District Competency Docket who are imminently exiting incarceration. The CoC works with the Larimer County Competency Services and SummitStone Health Partners to identify eligible individuals exiting incarceration without permanent housing in place. The available vouchers are tied to FUSE programming—a program that connects high users of emergency services with supportive housing and wrap-around care. When applicable, FUSE staff use court orders and competency requirements to coordinate treatment, court participation, and housing supports. Because voucher referrals use CoC coordinated entry processes, FUSE participants also benefit from CoC case conferencing where their case managers can advocate on their behalf and receive appropriate resource referrals. Stable housing helps individuals meet legal and treatment obligations, build independent-living skills, and reduce repeated involvement with crisis and justice systems.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

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 Northern Colorado Continuum of Care (CoC) coordinates with partner agencies North Range Behavioral Health (NRBH) and SummitStone Health Partners (SHP). NRBH is a contact center for the 988 Colorado Mental Health Line and provides crisis stabilization in Weld County. SHP operates Larimer County's 24/7 mobile crisis response, behavioral health urgent care, and crisis stabilization services. CoC outreach teams connect people to these services and coordinate follow-up through case conferencing.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	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.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	14
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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 (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The Northern Colorado CoC maintains formal partnerships with North Range Behavioral Health and SHP, the region's two CCBHCs and PATH providers serving the CoC's two-county area. Both are CoC member agencies and participate in Coordinated Entry, case conferencing, and referral processes. Through these partnerships, individuals experiencing homelessness receive outreach, behavioral health assessment, counseling, case management, and connections to housing and community-based services.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

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)

The Northern Colorado Continuum of Care (CoC) included Jobs of Hope's new sober Transitional Housing project on its FY2026 Priority Listing. This faith-based reentry project will provide sober housing, mentorship, and employment support for people exiting incarceration. It will operate under 24 CFR 578.93(b)(5), including an occupancy agreement prohibiting possession, use, or being under the influence of illegal substances or alcohol on the premises.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

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)

The Northern Colorado Continuum of Care (CoC) coordinates with the treatment, crisis, recovery, court, and reentry programs identified in Questions 1C-1a through 1C-1i to create two-way connections between behavioral health services and housing providers. Partner agencies—including North Range Behavioral Health, SummitStone Health Partners (SHP), Larimer County Competency Services, Volunteers of America, and Jobs of Hope—participate in Coordinated Entry (CE), outreach, case conferencing, direct referrals, and discharge planning to support both housing stability and recovery.

When a partner identifies a participant who is homeless or at imminent risk, staff facilitate a warm hand-off by connecting the person directly to a housing provider or CE access point. With participant consent, the referring program shares relevant eligibility and service information, identifies a receiving contact, and coordinates the next appointment or intake. As a CE assessing partner and CCBHC, SHP can connect participants to both housing navigation and behavioral health services through a coordinated process.

CoC case conferencing brings together outreach, shelter, housing, behavioral health, recovery, and reentry partners to review participants on the By-Name List, identify resources, and coordinate referrals. Partners use releases of information when needed to communicate across agencies and confirm whether the participant connected with the receiving provider. Housing providers can also use case conferencing to connect participants with outpatient treatment, peer recovery support, crisis services, or other care needed to maintain housing.

Whenever possible, CoC partners begin housing planning before discharge from incarceration, inpatient or crisis care, or other institutional settings to prevent homelessness. Partners explore safe housing options, family or natural supports, benefits, flexible assistance, and housing programs. The CoC also uses dedicated vouchers and, in high-risk circumstances, dynamic prioritization outside standard referral criteria. These processes may support eligible people leaving institutions when the absence of housing creates a significant risk of homelessness, relapse, hospitalization, or recidivism.

Through coordinated warm hand-offs and cross-system partnerships, participants experience fewer service gaps, improved access to housing and treatment, and stronger opportunities to achieve long-term housing stability and recovery.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,548,514
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.	\$1,915,591
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	124%

4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$424,124
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 amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	151%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

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)?	87.50%
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1C-4. Consulting with ESG Recipients.

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)

The Northern Colorado Continuum of Care (CoC) no longer administers or allocates ESG funds. The Colorado Department of Local Affairs, Division of Housing (DOH), serves as the State ESG recipient and retains responsibility for selecting subrecipients and allocating ESG funding within the CoC's geographic area.

Because ESG is administered at the state level, the CoC's role is consultative rather than decision-making. The CoC coordinates with DOH to help align ESG and CoC Program funding and identify regional service gaps. As part of the State's funding process, the CoC reviews requests from ESG applicants and certifies whether they participate in Coordinated Entry and HMIS, as applicable. The CoC may also provide letters of support for active partners whose proposed activities align with regional needs and system priorities. These activities give the State information about applicants' participation in the regional homelessness response system when making funding decisions.

The CoC will continue to maintain communication with DOH, respond to requests for review or certification, and share information about regional priorities, system performance, and unmet needs. When requested, the CoC will provide feedback regarding the alignment of proposed ESG activities with Coordinated Entry, HMIS, written standards, and existing shelter, street outreach, homelessness prevention, and rapid rehousing services in Larimer and Weld counties.

DOH retains final authority over ESG planning and allocation decisions. Through this consultative process, the CoC helps the State consider local system participation, funding alignment, and regional gaps when making ESG investments.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The Northern Colorado Continuum of Care (CoC) coordinates with shelter providers through Coordinated Entry, case conferencing, and its broader network of housing and service providers. Shelter providers maintain their own processes for addressing immediate needs, while the CoC provides pathways to regional housing assistance and other resources.

All established shelters within the CoC's geographic area serve as Coordinated Entry access points. Shelter staff can assess individuals and families, enroll eligible households in Coordinated Entry, and connect them with CoC-funded housing resources. Shelters that participate in Coordinated Entry can also bring households on the By-Name List to case conferencing, where providers coordinate referrals, identify available housing opportunities, address barriers, and connect households with other community-based services. Shelters providing case management or supportive services also use the CoC partner network to facilitate referrals and warm handoffs based on each household's needs.

This coordination has been particularly effective for veterans. Shelter, outreach, veteran-service, and housing providers work together through case conferencing to identify veterans experiencing homelessness and connect them with available veteran-specific and CoC resources. Strong provider coordination and access to dedicated housing resources have contributed to improved housing outcomes for veterans across Northern Colorado.

1C-5. Data Sharing to Inform the Homelessness Response System.

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)

The Northern Colorado Continuum of Care (CoC) regularly shares PIT, HIC, HMIS, and System Performance data with state and local government partners to promote transparency and inform homelessness-response planning. Data are shared in aggregate or de-identified form and in accordance with applicable privacy, security, and data-sharing requirements.

Annual PIT and HIC results are published on the CoC's website and distributed through newsletters, presentations, reports, and other public communications. The CoC also shares aggregate HMIS data to help government partners understand the number and characteristics of people experiencing homelessness, service-use patterns, housing outcomes, system capacity, and unmet needs. The CoC responds to government data requests when the requested use is permitted and appropriate.

The CoC contributes regional data to the Colorado State of Homelessness Report, supporting statewide analysis of homelessness trends, system performance, and service needs. Locally, PIT, HIC, HMIS, and other system data have informed regional system modeling in Larimer and Weld counties, helping identify gaps, system bottlenecks, and the types and levels of interventions needed.

The CoC has also developed a year-over-year System Performance Measures dashboard in Tableau Public. Data and findings are shared through dashboards, reports, presentations, and meetings with state and local partners, including the CoC Governing Board, which includes city and county representatives from across the region. These data inform decisions regarding funding, shelter and housing capacity, program design, resource allocation, and strategies for reducing homelessness.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

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 NoCO CoC coordinates with Larimer County Competency Services, SummitStone Health Partners, and the 8th Judicial District Competency Docket to identify individuals exiting incarceration without permanent housing and connect eligible individuals to dedicated housing vouchers and supportive services.

When an individual faces exceptional risks not fully reflected in standard prioritization criteria, a provider may request dynamic prioritization. The CES Specialist reviews the request, and CAHPS partners collectively determine whether the individual should be moved forward for referral. This allows partners to consider risks related to homelessness, behavioral health needs, crisis-service use, victimization, and justice-system involvement while maintaining a consistent and transparent process.

When applicable, partners use court orders and competency requirements to coordinate treatment, court participation, and housing supports. Stable housing helps individuals meet legal and treatment obligations, build independent-living skills, and reduce repeated involvement with crisis and justice systems.

1C-6. Employment and Workforce Development Partnership.

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 2,500 characters)

The Northern Colorado Continuum of Care's (CoC) Collaborative Applicant, Homeward Alliance partners with Larimer County Economic and Workforce Development (LCEWD) to connect people experiencing or at risk of homelessness with employment services.

Homeward Alliance operates EARN, an employment program that provides individualized job-search assistance, resume development, interview preparation, employment mentorship, and connections with local employers. EARN also helps participants address practical employment barriers by obtaining identification documents, transportation assistance, prescription eyeglasses, and appropriate clothing through its Career Closet.

EARN works closely with LCEWD and regularly refers participants to its virtual workshops, career counseling, and other job-seeker services. LCEWD also connects prospective employees with local employers, and its services are available to all Larimer County residents. As a CoC partner agency, Larimer County accepts employment-navigation referrals from the CoC membership network. This partnership connects participants with specialized workforce-development services while allowing EARN and other CoC partners to coordinate employment assistance with housing and supportive-service plans.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

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)

The Northern Colorado Continuum of Care (CoC) has membership agreements with outreach teams across the region. Outreach teams in Larimer and Weld counties collaborate with law enforcement, fire/EMS, healthcare, and behavioral health providers to connect individuals experiencing crisis to appropriate services.

In addition, CoC partners agencies include mental health and outreach providers who have staff embedded on special police teams. These staff may be dispatched for lower-acuity behavioral health related calls. Staff can coordinate immediate care as well as refer to ongoing services, including housing navigation support. These partner agencies also have Memorandums of Understanding (MOU) in place to facilitate limited, service-related information sharing with police services. Police coordination has helped locate clients for important housing appointments. Similarly, partner agencies may contact law enforcement when a situation exceeds their scope.

The CoC will continue to promote strong partnerships between outreach teams and first responders. Three of the sixteen projects on the CoC's FY2026 Priority Listing are for street outreach programs. The CoC participates in regional street outreach meetings with street outreach programs and their partners to remain informed about coordination efforts, help address barriers, and provide technical assistance as needed.

1C-8. Family or Support Network Reunification.

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)

The Northern Colorado Continuum of Care (CoC) has an active Memorandum of Understanding (MOU) for Family Unification Program (FUP) vouchers. The goal of the FUP program is to help eligible families with child welfare system involvement stabilize as a family unit through housing assistance and case management support. A lack of adequate and stable housing must be the primary factor that places families at imminent risk for placement of their children outside the home, or delay or prevents the reunification of children to the home. The MOU outlines the CoC's role of coordinating the identification and outreach of eligible households and the assignment of voucher resources. The CoC, in partnership with the lead youth serving agency in Northern Colorado, developed a process where this agency could access the By-Name-List to cross-reference and identify eligible families. The CoC also developed a profile on FindHelp to connect families with housing, transportation, and supportive services that may assist with reunification, though all families may benefit from the platform.

Finally, all partner agencies can apply diversion and housing problem solving best practices to reunite families. For example, outreach teams may help mediate family conflict and encourage reunification. Access points like shelter providers may offer light case management to help individuals access flexible funds and purchase bus tickets if travel is a prohibitive barrier to reunification. Providers are trained to investigate the reunification scenarios to ensure they are safe and viable long-term. Providers may also conduct research on the available resources to help facilitate warm handoffs when individuals arrive to their respective destinations.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	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	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

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

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 Northern Colorado Continuum of Care (CoC) cooperates with law enforcement, fire/EMS, street outreach, behavioral health providers, shelters, housing programs, and local governments across Larimer and Weld counties. Law-enforcement representatives serve on the CoC Governing Board, creating an ongoing connection between public-safety agencies and the regional homelessness response system.

The CoC and its partners participate in interagency case conferencing with first responders to coordinate assistance for shared participants. When an Interagency Release of Information or other lawful basis for disclosure is in place, partners may share relevant information, including limited location and service needs, to locate individuals, coordinate outreach, and connect people with shelter, Coordinated Entry, housing, behavioral health care, or other services.

The CoC does not interfere with or impede lawful enforcement of public-camping, public drug-use, or other public-safety laws. Local governments and law-enforcement agencies determine when and how those laws are enforced and when encampment removals occur. Outreach and service providers assist first responders by engaging affected individuals, communicating available service options, and coordinating connections to shelter, treatment, housing navigation, and other resources throughout public-safety efforts.

When individuals are using substances in public, outreach, behavioral health, EMS, and law-enforcement partners coordinate based on the person's needs and immediate risk. When someone may present a danger to themselves or others, the CoC recognizes the authority of qualified crisis responders, clinicians, and law enforcement to apply applicable emergency-evaluation or involuntary-commitment standards. CoC partners support service connection and follow-up and do not obstruct those determinations.

The CoC and its partners also comply with applicable Sex Offender Registration and Notification Act requirements. Information is shared only through legally permitted channels and in accordance with HMIS privacy requirements, releases of information, and applicable law. Through these practices, the CoC supports lawful public-safety efforts while helping first responders connect people experiencing homelessness with appropriate services.

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

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)

The Northern Colorado Continuum of Care (CoC) does not own or manage public property, enforce camping ordinances, or conduct encampment cleanups. Local governments and law-enforcement agencies determine when and how encampments are addressed. Practices vary by jurisdiction, and there is no single regional encampment policy.

Several local practices help connect individuals with services before enforcement occurs. In Larimer County, outreach providers participate in planning meetings regarding encampments and receive advance notice of planned cleanups when possible. This notice allows teams to engage individuals before enforcement, assess immediate needs, and offer connections to shelter, Coordinated Entry, housing navigation, behavioral health care, and other community services. Local ordinances also direct municipal judges to consider employment- and housing-focused alternatives for first-time camping offenses. In Weld County, housing navigators may help individuals actively engaged in services address camping citations so unresolved legal issues do not create additional barriers to obtaining housing.

Encampment displacement can hinder continued engagement when individuals move to unknown locations, lose documents or belongings, or become disconnected from outreach providers. Limited shelter and housing availability may also prevent providers from offering an immediate placement even when advance notice is provided.

The CoC will leverage beneficial practices by supporting outreach-provider participation in tactical meetings, encouraging jurisdictions to provide the earliest notice possible, and coordinating outreach before planned cleanups and follow-up afterward when individuals can be located. Outreach partners will connect interested individuals with available shelter, treatment, housing, and supportive services and coordinate through case conferencing when appropriate.

The CoC will communicate identified service and capacity gaps to local governments and encourage consistent coordination with outreach providers. When shelter or housing is unavailable, providers will offer available services and maintain engagement when possible. The CoC will not delay or impede lawful local enforcement but will work to reduce the harmful effects of displacement and create opportunities for people living in encampments to access assistance.

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

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

The Northern Colorado Continuum of Care (CoC) continues to have tents and encampments within its geographic area, though encampments are generally small, dispersed, and transient rather than large or permanently established.

The 2026 Point-in-Time Count identified 274 people experiencing unsheltered homelessness across Larimer and Weld counties. This figure provides context regarding the scale of unsheltered homelessness but is not an encampment count; it is a one-night snapshot that also includes people staying in vehicles and other locations not intended for habitation.

The major municipalities prohibit camping on public property through local ordinances. Enforcement and cleanup practices vary by jurisdiction. Outreach providers and local governments share information about emerging encampments and planned cleanups when possible so providers can attempt to engage affected individuals. Encampment displacement can interrupt contact with providers, affect trust established through outreach, and disrupt progress toward housing or treatment, particularly when advance notice or immediate shelter options are limited.

Because no standardized regional definition or collection method is currently in place, the CoC does not maintain a comprehensive real-time count of active encampments. The CoC will develop an interim plan to collect encampment information. The CoC will update its methodology as additional HUD guidance becomes available to ensure continued alignment with HUD requirements and applicable HMIS Data Standards. Aggregate information will help regional partners understand encampment locations, size, duration, and movement over time in order to provide more responsive services.

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

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)

Available county data show some declines in some overdose measures across Northern Colorado. In Larimer County, accidental overdose deaths, including deaths involving fentanyl, have declined since 2022, though opioid-related emergency-department visits have remained constant since 2021. In Weld County, opioid overdose deaths declined approximately 40% between 2021 and 2024, and the rate of nonfatal opioid-overdose emergency-department visits fell 67% over the same period.

Although these declines are encouraging, public illicit drug use and the risk of overdose remain regional concerns. Local co-responder and outreach practices help connect individuals with care while addressing immediate safety needs. The NoCO CoC supports coordination among behavioral health providers, EMS, hospitals, outreach teams, and law enforcement. Outreach teams assess immediate risks and contact EMS, co-responders, or crisis services when needed. Partner agencies provide withdrawal management and ongoing substance use treatment.

Restrictions on unauthorized camping and site cleanups can make it harder for outreach teams to maintain contact with people who move. To address this, the CoC will work with local partners to coordinate outreach around planned enforcement when feasible, reconnect with individuals afterward, and identify gaps in referrals to treatment and other services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdose indicators have improved in parts of Northern Colorado, but overdoses and illicit drug use remain concerns across Larimer and Weld counties. In Larimer County, accidental overdose deaths, including those involving fentanyl, have declined since 2022, while opioid-related emergency-department visits have remained relatively constant since 2021. In Weld County, opioid overdose deaths declined approximately 40% between 2021 and 2024, and the rate of nonfatal opioid-overdose emergency-department visits fell 67%.

Colorado law prohibits unauthorized use of controlled substances. Locally, Larimer County's Parks and Open Spaces Regulations restrict paraphernalia associated with unlawful drug use on county-managed property. These rules codify public safety, but enforcement alone does not connect a person to treatment or prevent repeated public use.

The Northern Colorado Continuum of Care (CoC) draws on existing relationships among outreach teams, behavioral health providers, EMS, co-responders, and law enforcement to connect people using illicit drugs in public with the appropriate response. The Northern Colorado Drug Task Force addresses drug-related crime primarily in Larimer County, providing training for law enforcement officers and community education on lawful and illicit drug use. The Task Force includes CoC board member agencies and community partners. Local special police programs, including co-responders, intervene on low-level responses and facilitate connections to behavioral health care.

The CoC will continue to promote cooperation with local law enforcement and first responders to advance safety in public spaces.

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

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 characters)

The Northern Colorado Continuum of Care's (CoC) approach is to use existing relationships with crisis responders and behavioral health partners to seek an appropriate evaluation when safety concerns arise, while continuing to offer voluntary services when a hold is not warranted. With the individual's consent, providers can also coordinate housing and service connections following a crisis.

Outreach providers, hospitals, EMS, law enforcement, and behavioral health partners coordinate case by case when an individual appears to be experiencing a mental health crisis. Colorado's emergency mental health hold law, C.R.S. § 27-65-106, provides a pathway when a person with a mental health disorder is an imminent danger to themselves or others or is gravely disabled. Certified peace officers and authorized intervening professionals may initiate a hold under the law; court systems may also order an evaluation. Homeless service staff who do not have that authority connect with qualified responders rather than making hold decisions themselves.

Colorado's legal criteria protect individuals from inappropriate involuntary holds, but they also limit what homeless service providers can do when someone declines help. The CoC's approach is to use existing relationships with crisis responders and behavioral health partners to seek an appropriate evaluation when safety concerns arise, while continuing to offer voluntary services when a hold is not warranted. With the individual's consent, providers can also coordinate housing and service connections following a crisis.

The CoC is unable to change legal standards but commits to strengthening referral practices so that the homeless response system may connect individuals with the appropriate level of mental health care, including qualified partner agencies.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

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)

The Colorado Sex Offender Registry is federally operated and monitored in coordination with local law enforcement agencies. Registrants are responsible for providing and updating required information. The Northern Colorado Continuum of Care (CoC), and many of its partner agencies, are not responsible for registering individuals or monitoring compliance with SORNA. However, the CoC and its partners cooperate with law enforcement by responding to lawful information requests and reporting criminal behavior of confirmed or suspected registrants.

Partner agencies may also be professionally mandated to report immediate safety concerns, suspected predatory behavior, or criminal activity to the appropriate authorities. In turn, when law enforcement lawfully requests information, partner agencies and CoC staff may disclose information in accordance with applicable law, mandatory-reporting obligations, client privacy protections, and security requirements.

The CoC will continue supporting lawful information sharing and coordinated responses with law enforcement to promote community safety throughout the region

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The Northern Colorado Continuum of Care (CoC) leverages its relationships with outreach teams located in Larimer and Weld counties to extend outreach across its geographic area. For example, the CoC helps convene an Outreach Workgroup consisting of outreach teams from the three major municipalities in Northern Colorado. The workgroup convenes monthly to promote regional collaboration, resource sharing, and problem-solving both jurisdiction-specific and more general, systemic challenges. They also develop best practices to guide service delivery and case consult shared clients to better coordinate care.

In addition, the CoC has developed a profile on the online platform, FindHelp, to connect individuals to outreach services for assessment and resource referral. FindHelp allows for self-directed resource connection, ensuring outreach services are accessible throughout the entire region.

Finally, the CoC consults individuals with lived expertise to develop effective outreach strategies. For example, the CoC's Lived Experience Advisory Council provided feedback on how to successfully outreach individuals who are sleeping in natural areas and connect them with resources. The CoC leverages these insights to engage those persons who may not otherwise interact with homelessness services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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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
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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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
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for 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 Northern Colorado Continuum of Care's (CoC) Coordinated Assessment and Housing Placement (CAHPS) Policies and Procedures outline partner agency expectations for informing individuals of their eligibility for educational services. As CoC members, partner agencies agree to notify individuals and families experiencing homelessness of educational services through local school districts. Households seeking educational services will be connected to their local district's homeless education liaison for additional information and support.

In addition, the CoC has a membership agreement with the largest school district in its geographic area and its McKinney Vento services. This agreement outlines the school district's commitment to regularly participate in membership meetings and agreed upon committee work. Case conferencing may identify individuals and families eligible to receive McKinney Vento services and help facilitate those connections.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

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 Northern Colorado Continuum of Care (NoCO CoC) has an active Memorandum of Understanding (MOU) with its local public housing agency (PHA), the Larimer County Department of Human Services, and the lead youth service provider in the region to coordinate available Family Unification Program (FUP) vouchers. This MOU outlines partner responsibilities including local public housing agencies and departments of human services to administer the FUP program, the youth service provider to deliver supportive services to program participants, and the CoC's responsibility to help identify and outreach eligible households for voucher allocation. This MOU has been in effect since 2024.

The CoC also created a youth-focused FindHelp profile. Youth with foster care experience can navigate the FindHelp website and apply for assistance with the CoC's profile. These requests will be routed to local Resource Navigators who can assess youth for coordinated entry and make appropriate resource referrals. The CoC initially developed this profile to support a process established with the region's lead youth serving agency. CoC staff share website user request information with the youth service agency to cross reference and identify eligible youth and families for FUP resources.

Finally, the CoC recently partnered with the region's lead youth service provider to develop and submit a proposal for HUD's Youth Homeless System Improvement (YHSI) funding opportunity. The proposed project seeks to strengthen coordination across the regional youth homeless response system by piloting system improvement efforts with at-risk and homeless youth and young adults with foster care experience. Child welfare agencies will play a strong role in project implementation.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

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)

The Northern Colorado Continuum of Care (CoC) coordinates with The Matthews House, a formal CoC partner agency and the region's RHY-funded Basic Center Program provider. The Matthews House operates The Landing, which provides emergency shelter and supportive services for youth experiencing or at risk of homelessness. The Landing provides emergency shelter and comprehensive supportive services to youth experiencing or at risk of homelessness.

The Matthews House uses RHY funding to support crisis intention, family reunification and mediation, case management and resource navigation, connections to education and employment to increase self-sufficiency, and behavioral health services. In addition to addressing immediate basic needs, The Matthews House offers aftercare support to youth after they exit The Landing.

The Matthews House partners with local outreach team, Outreach Fort Collins, to engage runaway and homeless youth and connect them with The Landing. This coordination allows youth to bypass adult-specific referral pathways in favor of youth-designated services.

The Matthews House also administers the local Colorado Chafee grant program which assists youth and young adults aging out of foster care. The Matthews House works directly with Larimer County Child Welfare to successfully support young people transition into adulthood.

The CoC is building on The Matthews House's existing relationships with Larimer County Department of Human Services and local public housing agencies around Foster Youth to Independence (FYI) vouchers. Together, the partners are developing clearer youth-specific referral pathways so eligible youth with foster care experience can access FYI vouchers and related supports, while other youth are connected with appropriate shelter, housing, behavioral health, education, employment, and family services.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

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)

The Northern Colorado Continuum of Care (CoC) includes a TH program on its FY26 priority listing which exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b). Family Housing Network's Sherwood House Pathway to Stability is an eight-unit TH project for families experiencing homelessness in Larimer County. The project pairs time-limited housing with supportive case management for households with at least one adult and one child.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income 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)

Family Housing Network's (FHN) TH project leverages weekly case management to work with families and improve their income and employment. Case management services include support in repairing credit and debt and budgeting.

Project participants may receive up to 24 months of transitional housing. Housing is tied to participation in weekly, supportive case management services. Case managers work with families to develop individualized housing stability plans to obtain housing. Families also receive support to strengthen their financial literacy and increase wage earnings to sustain permanent housing upon project exit. FHN partners with local agencies to provide employment assistance and job training to project participants. Case managers help participants connect with workforce programs and other education opportunities. The project also helps families address employment barriers like childcare and transportation. Case managers provide financial management support including budgeting, credit repair, and debt reduction. Sherwood House Pathway to Stability's program agreement establishes a 40-hour weekly expectation for employment and housing-procurement activities; case managers track and review activities with participants each week.

FHN has a proven track record of families successfully exiting time-limited housing with the financial means necessary to sustain housing. From October 1, 2025, through September 21, 2026, 93% of participating parents secured income or employment. FHN demonstrates that successful implementation of this intervention can resolve family homelessness and increase self-sufficiency.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

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)

Family Housing Network (FHN) funding includes state and local government resources including Colorado Division of Housing's Homelessness Resolution Program and Next Step 2-Gen Program along with local support from the City of Fort Collins and Larimer County. These sources fund homelessness prevention, housing stabilization, case management, and related service efforts for FHN's program participants. FHN's TH project, Sherwood House Pathway to Stability, will use these same funding sources to supplement project activities.

Sherwood House also connects participants with local family service systems. Case managers help link families with the appropriate agencies for accessing mainstream benefits, including Medicaid, SNAP, TANF, SSI, childcare assistance, and other federal, state, and local benefits. Sherwood House staff also assist families with maintaining benefits for which they are eligible. Families receive benefit navigation support in tandem with services that increase earned income with the goal of reducing long-term dependency on government subsidies.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

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)

Sherwood House Pathway to Stability is a Transitional Housing (TH) project which exclusively serves families with children experiencing homelessness. In addition to addressing housing-related needs, the project focuses on improving child well-being and family stability. For example, partner agencies help families access childcare assistance and age-appropriate education. The project coordinates with local school districts to ensure eligible families receive McKinney Vento services, including transportation and school-based supports to ensure educational continuity. Project staff also connect families with primary care and behavioral health providers to address child healthcare needs.

Case managers administer weekly family assessments to help families meet their parenting goals. Parents also have access to agency-led parenting programs and workshops to strengthen family stability. After project exit, families may continue to receive up to 12 months of parenting support. In addition, FHN supports child welfare involved families by coordinating with appropriate family preservation and reunification services.

FHN also operates a day center where any families participating in their programs may use to access services in a comfortable and secure location. Homelessness has adverse impacts on child well-being. FHN programming is intentionally designed to minimize developmental disruption and strengthen family resiliency as households transition into long-term, stable housing

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

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

(limit 500 characters)

Northern Colorado Continuum of Care partners with its regional Veteran Affairs office and other veteran serving organizations including Volunteers of America and the Northern Colorado Veteran Resource Center. These providers are assessing partner agencies who connect veterans to coordinated entry. Through membership agreements and signed Releases of Information (ROI), the CoC and partner agencies may share veteran data and information to plan and coordinate services for veterans.

1C-14a	Collaboration with Veteran Serving Organizations.	
	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
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

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)

The CoC has membership agreements with regional victim serving agencies including Alternatives to Violence, Crossroads Safe House and Services, and A Woman's Place. Partner agencies have representation on the Governing Board and Steering Committee and attend case conferencing. Through Coordinated Entry, partners can make confidential referrals for individuals and families fleeing or attempting to flee domestic violence to access emergency shelter, housing resources, and supportive services.

1C-16. Collaboration with Justice System Re-entry Partners.

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 Northern Colorado Continuum of Care (CoC) partners with Volunteers of America who administers Colorado's Rapid Re-Housing and Reentry (COR3) program. COR3 offers housing assistance and supportive case management to avoid homelessness and recidivism. The local COR3 program receives participant referrals through the CoC's Coordinated Entry process. The CoC also works with local jails to identify individuals exiting institutions who are eligible for other, re-entry specific housing resources.

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

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)

The Northern Colorado Continuum of Care's (CoC) Collaborative Applicant, Homeward Alliance, operates its Frequently Used Systems Engagement (FUSE) program to assist high utilizers of emergency services in Larimer County who are also involved in the criminal justice system. FUSE participants receive dedicated housing vouchers and intensive case management to establish long-term housing and wellness plans. All referrals for the FUSE program must come through the CoC's Coordinated Entry process.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

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)

Many partner agencies serve the general aging and elderly population experiencing homelessness through their standard services, whereas some offer senior-specific assistance. Seniors on the By-Name-List are considered for housing resources and may be referred to services with senior preferences during case conferencing. Veteran serving partner agencies, like the regional Veteran Affairs office, also have processes in place to serve aging and elderly veterans experiencing homelessness.

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

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Northern Colorado Continuum of Care (CoC) has multiple CoC Program-funded PSH and RRH projects. Among these, Housing Catalyst's Mason Place and Redtail Ponds are site-based PSH projects that use Coordinated Entry and require referred participants to meet HUD's definition of chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The Northern Colorado Continuum of Care (CoC) partner Housing Catalyst operates Mason Place and Redtail Ponds, two site-based permanent supportive housing projects. Both receive CoC Program funding and use Coordinated Entry to identify eligible participants.

Housing Catalyst uses individualized service planning to assess participants' needs and coordinate appropriate services. Resident Services staff review and update service plans at least annually and more frequently when a participant's circumstances or needs change. These plans guide service coordination and referrals.

Housing Catalyst employs an on-site clinician who provides behavioral health and substance-use treatment services to permanent supportive housing participants. When a service plan identifies a behavioral health or substance-use need, Resident Services staff can connect the participant directly with the clinician for on-site support. Providing services where participants live reduces transportation and access barriers and supports continued engagement in care and housing stability.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

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

(limit 2,500 characters)

Housing Catalyst, a partner of the Northern Colorado Continuum of Care (CoC), implements its policy for assessing participants' need for a higher level of care through individualized service planning at Mason Place and Redtail Ponds. Resident Services staff review and update each participant's service plan at least annually and more frequently when circumstances or needs change.

Through service-plan reviews and ongoing engagement, staff assess participants' behavioral health, physical health, functional abilities, and safety needs. When a participant requires care beyond what can be provided in the permanent supportive housing setting, staff work with the participant to identify an appropriate option and coordinate referrals to assisted living, residential treatment, medical care, or other services. Care coordination is person-centered and, to the extent possible, reflects the participant's needs, preferences, and choices.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

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)

The Northern Colorado Continuum of Care (CoC) partner Housing Catalyst assesses participant readiness for moving on through individualized service planning and its Administrative Plan. The Administrative Plan establishes a Move On preference for households transitioning from permanent supportive housing.

Resident Services staff review participants' housing stability, service needs, financial readiness, and independent-housing goals through annual service-plan reviews and ongoing engagement. Participants may qualify for a Move On voucher when they have no recent lease violations, owe no rent, have a history of successful housing inspections, demonstrate financial readiness, and identify independent housing as a service-plan goal. Staff help eligible participants transition to another permanent housing option, supporting greater independence while making site-based permanent supportive housing available to people who need its intensive services.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

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

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
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	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
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	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 Listings.	09/28/2026
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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.	
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	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.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 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
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	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.	09/21/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	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.	09/21/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	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)

Reallocation decisions are made through the Northern Colorado Continuum of Care (CoC) annual NOFO rating and ranking process and finalized through the Priority Listing (PL) submitted to HUD. Each renewal project is evaluated as a potential candidate for full or partial reallocation. Factors include a low local competition score, failure to expend funds within the grant timeline, repeated compliance concerns, unresolved performance issues, and reduced alignment with HUD or local priorities.

The CoC's monitoring process identifies and addresses performance concerns. CoC staff first work with recipients to resolve identified issues. Recipients who do not correct concerns within the required timeframe may receive a Corrective Action Plan. If recipients are unwilling or unable to make sufficient progress, grants may be subject to voluntary or involuntary reallocation under the CoC's rating and ranking policies.

The Project Rating and Ranking Committee reviews renewal projects and may recommend full or partial reallocation. Applicants may also voluntarily relinquish funding. Recommendations are documented and submitted to the Governing Board for approval. Reallocated funds may be used to create eligible new projects under HUD requirements. Affected applicants are notified within guidance of Consolidated Application deadline.

During this year's local competition, the CoC identified projects that were lower performing or less aligned with local priorities and reallocated funding. However, no project was reallocated solely because of low performance. The local scoring tool rewards both project performance and alignment with local priorities. Consequently, lower-performing and lower-priority projects received lower scores and were less competitive for inclusion on the final PL.

One Permanent Housing renewal was not included on the PL because its low local competition score removed its consideration for Tier 1 funding, consistent with local rating and ranking policies and procedures. Eligible Rapid Re-Housing renewals were also reallocated because other project types more closely aligned with the CoC's adopted priorities. Another applicant withdrew after the CoC reduced its requested amount, allowing a previously unranked project to be added to the Priority Listing. In addition, one eligible renewal project voluntarily relinquished its funding. The CoC therefore reallocated funding based on local scoring, system priorities, and applicant decisions.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus-Clarity Human Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count–Methodology Change.	
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	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)

The Northern Colorado Continuum of Care did not make substantive changes to its unsheltered PIT Count methodology between 2025 and 2026. The CoC has maintained a consistent methodology for several years because it has established a coordinated process that provides strong geographic coverage, incorporates multiple data sources, and supports consistent data collection and quality review across Larimer and Weld Counties.

The CoC uses HMIS as a primary data source where possible and has high HMIS participation among street outreach providers, day shelters, and emergency shelters. HMIS data are supplemented with surveys when individuals or participating organizations are not represented in HMIS. Non-HMIS participating partners collect PIT data through Survey123, an ArcGIS-based electronic data collection system, while HMIS-participating agencies provide standardized HMIS data exports. These sources are combined and reviewed through a centralized data-cleaning process to identify potential duplicates, reconcile inconsistencies, and improve the accuracy of the final count.

The CoC also relies on trained provider and outreach staff to conduct unsheltered PIT activities rather than depending primarily on community volunteers. Count staff have experience engaging people experiencing homelessness, knowledge of local locations and service patterns, and familiarity with consistent data-collection practices. This approach supports both more reliable engagement with people experiencing homelessness and greater consistency in determining who should be included in the count.

Because there were no substantive methodology changes between 2025 and 2026, the CoC does not attribute changes in PIT results to a change in counting practices. The consistent methodology strengthens the CoC's ability to compare results across years and interpret year-over-year changes as reflective of changes observed in the community rather than changes in how the count was conducted.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

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)

The three largest municipalities within the Northern Colorado Continuum of Care (CoC) geographic area prohibit camping on public property. Though regional encampments are generally small, dispersed, and transient, CoC partners coordinate with municipal and outreach partners to connect occupants with homelessness resources.

When advance notice of a planned encampment closure is available, outreach teams engage occupants, assess immediate needs, and connect them with shelter, Coordinated Entry, behavioral health care, treatment, and other community services. Outreach teams also conduct proactive engagement at known unsheltered locations, complete Coordinated Entry assessments, and help individuals access appropriate housing resources.

The CoC also participates in a regional Outreach Workgroup consisting of outreach teams serving Northern Colorado's three largest municipalities. Participants share resources, coordinate engagement across jurisdictions, consult on shared participants, and address barriers affecting people living unsheltered.

The CoC used its FY2026 local competition to further strengthen the regional response. Applicants seeking Supportive Services Only—Street Outreach funding were required to describe their strategies for reducing encampments and connecting occupants with services. Three of the 16 projects placed on the CoC's FY26 Priority Listing were street outreach projects.

The CoC does not direct or impede lawful municipal encampment closures. Its role is to coordinate the service response and help occupants remain connected to outreach, shelter, Coordinated Entry, and available housing resources. The CoC will develop and implement encampment response as additional HUD guidance becomes available.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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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)

The Northern Colorado Continuum of Care (CoC) reported no encampment-specific data because it has not historically tracked the number of encampments or people residing in them. The 2026 PIT Count identified 274 people experiencing unsheltered homelessness, compared with 286 in 2025, representing a 4.2% reduction. However, PIT data do not identify how many people were residing in encampments; therefore, the CoC cannot determine whether encampments decreased.

The CoC does not currently have a standalone encampment-reduction plan. It will participate in regional efforts through outreach coordination, service connections, and improved data collection. Fort Collins, Loveland, and Greeley each have ordinances prohibiting unauthorized camping and are served by street outreach teams that coordinate with local government, law enforcement, first responders, behavioral health providers, and homeless-service agencies. When planned closures occur, outreach teams engage occupants when feasible and connect them with shelter, Coordinated Entry, behavioral health care, treatment, and other resources.

The CoC will continue participating in regional Outreach Workgroup to coordinate engagement across jurisdictions, share resources, consult on shared participants, and identify barriers affecting people living unsheltered. It will also support the three Supportive Services Only–Street Outreach projects included on its FY2026 Priority Listing, including their efforts to engage in encampment occupants.

The CoC will await further HUD guidance on this matter to better align its CoC-funded programs.

2A-5. Reducing the Number of First Time Homeless–CoC’s Plan.

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

(limit 2,500 characters)

The Northern Colorado Continuum of Care (CoC) experienced a modest year-over-year reduction in the number of people entering the homelessness response system for the first time. Under HUD System Performance Measure 5.1, the number of people entering Emergency Shelter, Safe Haven, or Transitional Housing with no enrollment during the previous 24 months decreased from 1,941 in 2024 to 1,920 in 2025, a 1.1% reduction. When Permanent Housing projects are included under Measure 5.2, the number decreased from 2,146 to 2,089, a 2.7% reduction. While these results do not meet the 20% threshold, they indicate movement in the desired direction.

To further reduce first-time homelessness, the CoC is implementing a coordinated early-intervention and Housing Problem Solving strategy across the region. The approach is designed to reach people earlier, before their housing crisis becomes prolonged or results in repeated use of emergency shelter and other homeless services. The CoC is working with key access-point and anchor agencies to establish a consistent Housing Problem Solving process that includes strengths-based conversations, identification of safe alternatives to shelter, homeless prevention assistance, connection to family or natural supports, landlord engagement, resource navigation, and flexible financial assistance when a relatively small intervention can prevent or quickly resolve homelessness.

The CoC is also developing clearer system phases, referral pathways, documentation standards, and escalation processes so that individuals who cannot resolve their housing crisis through early intervention are connected more quickly to sustained engagement, assessment, and appropriate housing resources. Implementation will be supported through staff training, shared workflows, ongoing data-quality monitoring, and regular review of outcomes such as first-time homelessness, successful resolutions without a housing subsidy, shelter entry, and time spent in the homeless response system. These efforts are intended to strengthen prevention and diversion capacity, reduce avoidable entries into homelessness, and build on the modest reductions already reflected in the CoC's System Performance Measure results.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Under Measure 1b, which incorporates prior living situation information and time spent in permanent housing projects before housing move-in, the average length of time homeless for people served in Emergency Shelter, Safe Haven, and Permanent Housing projects decreased from 500 days in 2024 to 429 days in 2025, a 14.2% reduction. When Transitional Housing is also included, the average decreased from 501 days to 433 days, a 13.6% reduction. The median length of time homeless remained relatively stable: it increased slightly from 114 to 115 days for ES, SH, and PH projects and remained unchanged at 122 days when TH was included. Overall, the significant reduction in the average suggests that the Northern Colorado Continuum of Care (CoC) made progress in reducing especially long episodes of homelessness, even though the experience of the typical household changed little.

To further reduce the length of time people experience homelessness, the CoC is redesigning its coordinated entry assessment and prioritization process. The current system relies on the CoC's pre-screening tool (VI-SPDAT) both to assess vulnerability and to guide housing intervention decisions. The CoC is developing a revised vulnerability assessment focused specifically on identifying and prioritizing households with the greatest risks and service needs, along with a separate housing needs assessment designed to identify the type and level of housing assistance most appropriate for each household.

Separating these functions will allow the CoC to prioritize the most vulnerable households while also making more appropriate and timely matches to available housing resources. The new process is intended to reduce mismatched referrals, repeated assessments, provider denials, and delays between prioritization, referral, and housing placement. The CoC is also refining its housing queues, referral workflows, matching practices, and lease-up coordination and will use system performance data to identify where households become stalled. Together, these changes are intended to build on the reduction in average length of time homeless and produce more consistent reductions across the full population.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	42.16%

Describe how you calculated the data for this response.

(limit 2,500 characters)

For the reporting period of October 1, 2024 through September 30, 2025, the Northern Colorado Continuum of Care (CoC) reviewed all participants who exited Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing projects in HMIS. The resulting universe included 491 program exits.

Using HMIS Data Element 3.12, Exit Destination, the CoC counted exits to the four destinations identified by HUD as unsubsidized permanent housing: rental by client with no ongoing housing subsidy; owned by client with no ongoing housing subsidy; staying or living with family, permanent tenure; and staying or living with friends, permanent tenure. A total of 207 participants exited to one of these destinations.

The CoC calculated the percentage by dividing 207 unsubsidized permanent housing exits by the total universe of 491 TH, RRH, and PSH exits. This resulted in 42.16% of program participants exiting to unsubsidized housing, exceeding HUD's 20% threshold.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	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
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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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	366	87	453	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	109	0	58	53.21%
4. Rapid Re-Housing (RRH) beds	230	44	274	100.00%
5. Permanent Supportive Housing (PSH) beds	673	0	430	63.89%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	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 bed coverage to at least 85 percent.

(limit 2,500 characters)

The FY 2026 HDX Competition Report reflects a Transitional Housing (TH) bed coverage rate of 53.2%; however, one 28-bed TH project that actively participates in HMIS was inadvertently identified as nonparticipating in the Northern Colorado Continuum of Care's (CoC) HIC submission. Accounting for that project, 86 of 109 TH beds are represented in HMIS, for an actual TH coverage rate of 78.9%. The CoC will address the remaining gap over the next 12 months through direct outreach and technical assistance to nonparticipating TH providers. In addition, the CoC anticipates adding CoC-funded TH capacity, for which HMIS participation will be required. HMIS staff will incorporate participation requirements into project onboarding, provide training and implementation support, and monitor new and existing TH projects to move coverage to at least 85%.

Permanent Supportive Housing (PSH) coverage is 63.9%, with 430 of 673 beds represented in HMIS. HUD-VASH accounts for a substantial portion of the gap: 170 HUD-VASH beds represent 63.9% of all 266 beds currently outside HMIS or a comparable database. HUD-VASH providers are required to prioritize data entry in a separate HUD-designated system, creating a significant duplication burden if the same information must also be entered into HMIS. The CoC will continue engaging HUD-VASH partners to identify feasible participation options while also working directly with other nonparticipating PSH providers to support HMIS onboarding.

During the next 12 months, the CoC will also implement a centralized data warehouse designed to support more flexible integration and analysis of data from multiple systems. As that environment is developed, the CoC will explore whether HUD-VASH data can be securely integrated or imported in a manner that satisfies HMIS participation and systemwide reporting needs without requiring duplicative data entry. HMIS staff will track bed coverage by project type, prioritize outreach to providers with the greatest impact on coverage, and review progress throughout the year.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get 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. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	CO-505 List of TH...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	CO-505 List of Co...	09/25/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	CO-505 Language f...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	CO-505 Evidence o...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	CO-505 Local Comp...	09/27/2026

06. 1D-2c. Local Competition Selection Results	Yes	CO-505 Local Comp...	09/27/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	CO-505 FY 2026 HD...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	CO-505 Statement ...	09/27/2026
11. Other	No		

Attachment Details

Document Description: CO-505 List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: CO-505 List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: CO-505 Language from Project Supportive Service Agreements

Attachment Details

Document Description: CO-505 Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

Attachment Details

Document Description: CO-505 Local Competition Scoring Tool

Attachment Details

Document Description: CO-505 Local Competition Selection Results

Attachment Details

Document Description: CO-505 FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CO-505 Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/24/2026
1C. Coordination and Engagement	09/27/2026
1D. Project Review/Ranking	09/24/2026
2A. HMIS Implementation	09/24/2026
3A. Policy Initiatives	09/24/2026
4A. Attachments Screen	09/27/2026
Submission Summary	No Input Required



CoC: CO-505— List of TH-RRH-PSH Projects and Treatment Providers with On-Site Substance Use Treatment

The table below includes the list of TH/RRH/PSH projects that are part of the Northern Colorado Continuum of Care's (CoC) FY 2026 priority listing. The table identifies whether projects provide substance use treatment on-site and, if so, the service provider responsible for delivering treatment services. Four out of the eight housing projects (50%) included on the CoC's FY 2026 priority listing provide substance use treatment onsite.

Project Name	Project Type	Is substance use treatment offered on-site?	If YES, list treatment provider
<i>Mason Place</i>	PSH	YES	SummitStone Health Partners
<i>StarRise</i>	PSH	YES	North Range Behavioral Health
<i>Redtail Ponds</i>	PSH	YES	SummitStone Health Partners
<i>Road to Home Transitional Housing</i>	TH	NO	N/A
<i>Second Chance at Success</i>	TH	YES	Ascend Recovery Solutions and Revitalize Counseling
<i>A Woman's Place</i>	TH	NO	N/A
<i>Family Housing Network</i>	TH	NO	N/A
<i>Alternatives to Violence</i>	TH	NO	N/A



CoC: CO-505— List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

The table below includes the list program projects that are part of the Northern Colorado Continuum of Care's (CoC) FY 2026 priority listing. The table identifies whether projects require participants to take part in substance abuse treatment as well as the number of project units.

203 people reported having substance use disorders in the CoC's FY 2026 Point-in-Time (PIT) Count. The FY 2026 priority listing includes 14 project units which are tied to substance abuse treatment requirements. This means there is 1 unit with substance abuse treatment requirements for every 14.5 persons reporting chronic substance use identified in the most recent PIT Count. Jobs of Hope is a prospective CoC-funded project that operates sober-living project which can accommodate 30 individuals per year; this means there is the potential inventory for 1 unit per every 6.77 persons during the proposed project period.

<i>Project Name</i>	<i>Project Type</i>	<i>Project Status</i>	<i>Substance Abuse Treatment Requirements? (YES/NO)</i>	<i>Number of Units with Substance Abuse Treatment Requirements</i>
<i>NoCO CoC Planning</i>	Planning	Planning	NO	0
<i>NoCO CoC Coordinated Entry</i>	CE-SSO	Renewal	NO	0
<i>Homeward Alliance Lead Agency HMIS</i>	HMIS	Renewal	NO	0
<i>Mason Place</i>	PSH	Renewal	NO	0
<i>StarRise</i>	PSH	Renewal	NO	0
<i>Redtail Ponds</i>	PSH	Renewal	NO	0
<i>Road to Home Transitional Housing</i>	TH	New	NO	0

CONTINUUM OF CARE

<i>Street Outreach for a Safe and Welcoming Community – Fort Collins</i>	SSO-SO	New	NO	0
<i>Fort Collins Homeless Resolution Center</i>	SSO	New	NO	0
<i>Second Chance at Success</i>	TH	New	YES	14
<i>Street Outreach for a Safe and Welcoming Community – Loveland</i>	SSO-SO	New	NO	0
<i>A Woman's Place Transitional Housing Program</i>	TH	New	NO	0
<i>Sherwood House – Pathway to Stability</i>	TH	New	NO	0
<i>Bridges Outreach Program</i>	SSO-SO	New	NO	0
<i>Alternatives to Violence Transitional Housing</i>	TH	New	NO	0
<i>Housing Stability and Recovery Navigation Program</i>	SSO	New	NO	0
<i>Northern Colorado Shelters</i>	SSO	New	NO	0
TOTAL				14





CoC: CO-505— Language from Project Supportive Service Agreements

The table below includes the list of housing program projects that are part of the Northern Colorado Continuum of Care's (CoC) FY 2026 priority listing. The table identifies whether housing projects require participants to take part in supportive services. The following pages of this document are project applicants' Supportive Service Agreements. The table includes a crosswalk for reviewers to easily locate each housing project's Supportive Service Agreement.

Seven of the eight housing projects included in the CoC's FY 2026 priority listing require supportive service participation, showing that 87.5% of CoC-funded housing projects require supportive services.

<i>Project Name</i>	Project Type	Supportive Service Participation Requirements? (YES/NO)	Supportive Service Agreement Attachment - Document Title
<i>Mason Place</i>	PSH	YES	Housing Catalyst Permanent Supportive Housing Services Agreement
<i>StarRise</i>	PSH	NO	N/A
<i>Redtail Ponds</i>	PSH	YES	Housing Catalyst Permanent Supportive Housing Services Agreement
<i>Road to Home Transitional Housing</i>	TH	YES	Crossroads Safehouse & Services Transitional Housing Supportive Services Participation Agreement
<i>Second Chance at Success</i>	TH	YES	Jobs of Hope Program Understanding and Agreements
<i>A Woman's Place Transitional Housing Program</i>	TH	YES	A Woman's Place (AWP) Transitional



			Housing Supportive Services Agreement
<i>Sherwood House – Pathway to Stability</i>	TH	YES	Sherwood House Transitional Housing Program Agreement
<i>Alternatives to Violence Transitional Housing</i>	TH	YES	Alternatives to Violence (ATV) Supportive Services Participation



HOUSING CATALYST PERMANENT SUPPORTIVE HOUSING Services Agreement

We are grateful to have you as part of our Permanent Supportive Housing community. As a condition of residency in this program, participation in supportive services is required. These services are designed to promote housing stability, health, and overall well-being, and are an essential part of our program model.

Supportive services include, but are not limited to:

- Case Management
- Behavioral health services and counseling
- Substance use reduction or sobriety support services
- 24/7 on-site staffing support
- In-home visits with the Property Manager
- Groups, events, and community activities

By living in this community, residents are expected to:

- Complete an annual service plan with a member of the Resident Services Team
- Complete an annual HMIS update with a member of the Resident Services Team
- Meet with the Clinical Manager at least once per month for the first 6 months or tenancy
- Check in with a member of the Resident Services Team at least once per month to work on your goals
- Engage in additional services as appropriate to support housing stability and personal goals

Please sign below to acknowledge that you understand these services are a required component of your tenancy and that you agree to actively participate in supportive services for the duration of your residency.

Signature agreeing to the above information

Date

Crossroads Safehouse & Services

Transitional Housing Supportive Services Participation Agreement

Participant Name: _____

Date: _____

Purpose

Crossroads Safehouse & Services is committed to supporting survivors in achieving long-term housing stability, safety, and self-sufficiency. As a part of the Road to Home Transitional Housing (TH) Program, Crossroads provides supportive services designed to help participants maintain permanent housing and achieve their individual goals.

This agreement outlines the expectations for participation in supportive services while enrolled in the Road to Home TH Program, including requirements to participate in 20 hours per week of individualized supportive services, employment, or other related activities that support increased housing stability and financial self-sufficiency.

Participant Expectations

Participant agrees to:

- Maintain regular contact with their Case Manager.
- Participate in supportive services that are individualized to their needs and identified through the housing stability plan.
- Attend scheduled meetings, appointments, and check-ins, or communicate with staff in advance if rescheduling is necessary.
- Work collaboratively with staff to develop, review, and update individualized goals related to housing stability and self-sufficiency.
- Promptly notify staff of significant changes that may affect housing stability, including changes in income, household composition, employment, or housing status.
- Cooperate with property management and program staff to support a positive living environment, including abiding by program policies, lease terms, applicable laws, and maintaining a safe, clean, and sanitary housing unit

Eligible supportive services and activities may include, but are not limited to:

- Housing stability planning and housing navigation
- Case management
- Budgeting and financial coaching
- Employment or education support

- Benefits navigation
- Legal advocacy referrals
- Connections to community resources
- Counseling and therapy services
- Healthcare and treatment services
- Support group
- Life skills and tenancy support
- Employment
- Volunteering
- Job training

Crossroads Commitments

Crossroads Safehouse & Services agrees to:

- Provide services in a trauma-informed, survivor-centered, culturally responsive, and strengths-based manner.
- Respect participant choice and self-determination whenever possible.
- Work collaboratively with participant to identify goals and barriers.
- Provide reasonable accommodations for individuals with disabilities.
- Maintain participant confidentiality.
- Make referrals to community partners when additional services are needed.

Participation Requirements

The Road to Home TH Program is designed to pair housing assistance with ongoing supportive services that promote long-term housing stability. Participants are expected to actively engage in supportive services as outlined above throughout their enrollment in the program.

Exceptions: Participants over age 62, individuals with a physical or mental impairment that substantially limits major life activities, or individuals living with a developmental disability, may not be expected to engage in required 20 hours of services or employment per week. RTH TH assistance will not be denied on the basis or as a direct result of domestic violence victimization.

If a participant is unable to participate as expected, Crossroads staff will first work collaboratively with the participant to identify barriers, develop solutions, and provide reasonable opportunities to re-engage before considering any changes to program participation. Repeated failure to re-engage in services in alignment with this Participation Agreement may result in termination from the Road to Home TH Program.

Acknowledgement

By signing below, I acknowledge that:

- I have reviewed this agreement with Crossroads staff and asked any questions I have regarding the supportive services expectations.
- I understand the supportive service expectations of the program.
- I understand that Crossroads will work collaboratively with me to develop an individualized plan that supports my housing stability and personal goals.
- I understand that supportive services are an important component of participation in this HUD-funded program.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____



To find, train and equip at-risk young men in order that they may become positive influences of our community through a job and caring relationships.

PROGRAM UNDERSTANDING AND AGREEMENTS

Participant Name: _____ Intake Date: _____

Case Manager: _____

Understanding:

The Jobs of Hope (JOH) program is about change. I understand that my past will no longer define who I am and I will work on my future. It is understood that I have no control over any other person than myself and as such will take full responsibility for my own actions and will work the program to the best of my ability for maximum success.

Participant Agreements:

- I will leave the gang life and all negative influences that impede my success
- I will refrain from using drugs, alcohol and any other substance that impedes my ability to obtain or retain employment.
- I will act in a professional and respectful manner; working on controlling my anger, language, attitude, and how I talk and interact with others including my employer.
- I will attend Relapse Prevention, "Men of Valor" Certified Values Leadership Program, also referred to as the round table meetings, and Fellowship.
 - Excused absences must be approved by staff (Illness, working etc.).
- I will keep all appointments with my Case Manager and Peer Counselor, if I am unable to make an appointment, I agree to call in advance to reschedule.
- I will maintain communication with my Case Manager and Peer Counselor.
- I will work with my Case Manager to create a holistic self-sufficiency plan (employment/housing) and agree to follow through with the step needed to complete my plan.
- I will work hard to maintain my progress toward the goals in my self-sufficiency plan. However, if I am struggling for any reason, I agree to call JOH as soon as possible to get the support I need to get back on track.
- I will remain in compliance with parole and/or probation as to facilitate the change I need for a better life, free from crime and addiction. I understand that my case manager will give a monthly "check-in" with probation/parole with regard to my progress in the JOH program.

Staff Agreements:

- I will be professional and treat you with respect and dignity.
- I will provide you services without discrimination.
- I will support you in your search for change and encourage positive choices to facilitate that change.
- I will maintain confidentiality unless in an emergency situation.
- I will maintain communication and respond to your text, phone calls within 48 business hours.
- I will support you in reaching your goals as outlined in your self-sufficiency plan. Including but not limited to:
 - Employment related support:
 - Obtaining needed documentation (ID etc.)
 - Application process (Resume, Online applications and mock interviews)
 - Required employment related clothing
 - Referrals:
 - Obtaining federal/state benefits
 - Counseling/therapy
 - Substance relapse prevention
 - Court related classes (anger and substance abuse, etc.)
 - Professional growth and development:
 - Continuing education (GED, Certifications and higher education)
 - Classes (Budgeting, computer literacy etc.)
 - Housing/Homeless prevention:
 - Housing navigation
 - Referrals for rental and/or utility assistance
 - Transportation to needed appointment (when available) or provide bus vouchers.
- I will be here to pick you up if you fall, with no judgment.

By signing, I have read and understand the agreements and expectations of the Jobs of Hope program.

Participant Signature

Date

JOH Staff

Date

AWP Transitional Housing Supportive Services Agreement



Participant Name: _____

Date of Enrollment: _____

Purpose:

The purpose of this agreement is to outline the supportive services that participants are required to engage in as part of their participation in A Woman's Place (AWP) Transitional Housing Program. Participation in these services is mandatory and is essential for maintaining program enrollment and achieving housing stability.

Required Supportive Services:

As a participant in the program, I agree to engage in the following supportive services as needed and as determined with my Housing Advocate:

- 1. Case Management:** Regular meetings with my advocate to set and track goals, and progress on these goals. These meetings will include domestic violence education, tenant education, safety planning, housing, referral navigation, etc.
- 2. Employment Support:** Participation in employment advocacy, including resume building, application navigation, budgeting, etc.
- 3. Additional Services (as applicable):** Budgeting, additional safety planning, participation in the Seeking Safety program or other services identified in my individualized Action Plan.

Participant Responsibilities:

1. Attend scheduled meetings and actively participate in developing and completing my Action Plan (meetings can take place in person, and remotely based on your needs)
2. Notify my Housing Advocate of any changes in my housing, employment, or household circumstances.
3. Collaborate with program staff to access supportive services needed to maintain housing stability and achieve exiting the transitional housing program with stable housing, and stable income.

Acknowledgment:

I understand that participation in these supportive services is a condition of my enrollment in the AWP Transitional Housing Program. I agree to actively participate and work with program staff to achieve my housing and income goals. I understand that failure to participate in required supportive services may impact my continued eligibility for program assistance.

Participant Signature: _____

Date: _____

Housing Advocate Signature: _____

Date: _____

SHERWOOD HOUSE TRANSITIONAL HOUSING PROGRAM AGREEMENT

This Agreement is made by and between the **Family Housing Network (FHN)** and the undersigned participant (“Participant”) who has been accepted into the Sherwood House Transitional Housing Program (“SHTHP”). By signing, the Participant acknowledges and agrees to abide by all terms and conditions outlined below.

1. Introduction and Purpose

The Sherwood House Transitional Housing Program (SHTHP) is a bridge housing project offered by FHN to assist families experiencing homelessness in Larimer County, Colorado. The program provides a safe, communal residence and supportive services intended to help Participants secure permanent housing within **twelve (12) months or less**. This Agreement is **not** a rental lease but a statement of the Participant’s obligations, the program’s expectations, and the conditions for continued residency.

FHN does not discriminate on the basis of race, color, religion, creed, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.

2. Program Requirements

Security Deposit:

A **\$200 security deposit** (\$300 for larger families - over six family members) due within **thirty (30) days** of signing this Agreement. If immediate full payment is not feasible, the Participant may arrange a payment plan with the Case Manager. The refund of this deposit depends on no property damage, and proper move-out procedures.

Release of Information:

To facilitate coordination of services and expedite housing placement, the Participant must sign a Release of Information (ROI) for the following entities, including but not limited to:

- Department of Human Services

- School districts
- Housing providers (landlords, property managers)
- Housing assistance programs
- Nonprofit case managers
- Coordinated Assessment & Housing Placement System (CAHPS)

Time Management Each adult participant is expected to spend 40 hours per week on activities that will result in employment and housing procurement. Time will be tracked by utilizing time-tracking worksheets, reviewed weekly with adjustments and guidance as necessary.

Documentation:

Within the first **thirty (30) days** of entering SHTHP, the Participant must obtain (or formally apply for) essential documents for all household members, including birth certificates, Social Security cards, and valid state-issued identification. The Case Manager can assist you with applying for these documents if needed.

Employment and Income:

Within **sixty (60) days** of enrollment, the Participant must obtain full-time or sufficiently paid employment. Part-time work or reliance on TANF/SSDI alone is insufficient to cover housing costs in Larimer County. The Participant shall provide proof of employment (e.g., pay stubs, employer letters) as requested by the Case Manager. Throughout their stay, the Participant must continue to demonstrate active engagement in job maintenance or job-search activities *weekly* if not yet employed.

Savings and Debts:

The Participant is required to save **at least thirty percent (30%) of each month's income** (whether from employment or benefits) to prepare for move-in costs and future housing. The Participant must provide **monthly verification** of these savings to their Case Manager (e.g., bank statements) or provide cash or money order for the Case Manager to save in house. Additionally, any debts that might block future housing, such as past-due rent or utility bills, must be acknowledged and addressed through payment plans or other viable solutions within a reasonable time frame.

Case Management and Meetings:

The Participant agrees to meet **weekly** with the SHTHP Case Manager to review progress on employment, savings, debt resolution, and housing searches. These meetings are mandatory. The Participant also agrees to attend **one (1) house meeting per month** to address communal living matters. Absences from scheduled case management meetings, house meetings, or overnight hours must be **pre-approved** by the Case Manager.

3. House Rules and Communal Expectations

Curfew and Quiet Hours:

The Participant must arrive at Sherwood House no later than **10:00 PM** nightly and remain on-site thereafter. **Quiet hours** are from **9:00 PM to 7:00 AM**, during which noise should be minimal and common areas only used for essential purposes (e.g., restroom or infant care).

Child Supervision:

Any minor children in the Participant's household must always remain in the line of sight of the Participant. Failure to supervise children is a serious violation that may lead to dismissal if not promptly remedied.

Substance-Free Environment:

Sherwood House is a drug, alcohol, and smoke-free property; **vaping and e-cigarettes** are also prohibited on the premises. The Participant may be subject to **on-demand substance testing**, if they appear to be under the influence of drugs or alcohol. Refusal is grounds for immediate dismissal. Being under the influence of any banned substance while on the property is likewise prohibited and will result in dismissal.

Violence-Free Environment:

All forms of violence, physical, verbal threats, or weapon possession, are strictly forbidden. Utilizing household items as weapons, threatening harm, or endangering another person in any way can lead to immediate dismissal.

No Guests:

No visitors or overnight guests are permitted. Only **enrolled household members** or **authorized service providers** (with prior approval) may enter the property. Violating this rule is grounds for dismissal.

Meals and Property Use:

Food and beverages must remain in designated dining areas (kitchen, dining room, or outdoors). The Participant may not bring large furniture or appliances without the **Case Manager's approval**. Personal items must be stored in the Participant's assigned room.

Cleanliness, Chores, and Room Checks:

Each week, the Participant will be assigned **communal chores** to help maintain common areas.

In addition, the Participant must **clean up daily** after themselves and their household. **Weekly room checks** will be conducted to ensure cleanliness and identify any maintenance issues. Should the Participant cause damage due to neglect or intentional acts, they will be financially responsible for repairs or replacements, such expenses will be deducted from their deposit.

4. Non-Compliance and Dismissal Policy

Three-Strike System for Mild Violations:

Minor or moderate infractions (e.g., missing a house meeting, failing to complete chores, or minor cleanliness issues) may result in a **written warning**. Accumulating **three (3) written warnings** will lead to **automatic dismissal** from the Program. Warnings may be pardoned or removed after 90 days.

Immediate Dismissal for Severe Violations:

Certain actions lead to **immediate dismissal**, including but not limited to:

- Physical violence, verbal threats, or weapon possession
- Confirmed substance use or refusal of a substance test
- Repeated failure to supervise children
- Unauthorized guests on the property
- Abandonment of the property for more than **24 hours** without prior approval

In all cases, final decisions regarding dismissal rest with the Case Manager and/or Executive Director, who will assess the severity of the situation.

5. Move-Out Procedures

Should the Participant complete the Program, choose to leave voluntarily, or face dismissal, they must remove all personal belongings, clean their assigned area, and return any keys. **At least one (1) week notice** is requested for voluntary exits to coordinate final inspections and arrange next steps. If dismissed for a severe violation, the Participant must vacate the property within **24 hours** (or sooner, if instructed). Personal items left behind more than **fourteen (14) days** after exit may be disposed of at FHN's discretion.

A refund of the **\$200** (\$300 for Red Suite) **security deposit** will be issued after staff confirm there are no outstanding fees or damages. Any remaining balance, owed to the Participant, will

be processed within **thirty (30) days**, provided the Participant supplies a valid forwarding address.

6. Acknowledgment and Signatures

By signing below, the Participant confirms they understand and will abide by all conditions in this Agreement, including but not limited to:

- The maximum **12-month** (or less) program duration.
- Pay \$200 security deposit (\$300 for Red Suite) in your first 30 days.
- Signed **Release of Information** (ROI) for all relevant agencies to facilitate coordination of services.
- The requirement to secure **full-time** or sufficiently paid employment within 60 days.
- Saving **30%** of income monthly toward future housing costs.
- Maintaining a **10:00 PM** curfew and observing **9 pm-7am quiet hours**.
- Prohibitions on **guests, substance use, and violence**.
- **Weekly** case management meetings and **monthly** house meeting attendance.
- Contributing to **communal chores** and keeping personal spaces clean.

The Participant acknowledges that failure to comply may result in **written warnings** or **immediate dismissal**, depending on the severity of the violation. Furthermore, the Participant releases FHN and its staff from any liability for personal belongings lost or stolen in communal spaces and agrees to promptly report any damage or safety issues to staff.

Participant Names (Printed):

Participant Signature:

_____ **Date:** _____

Participant Signature:

_____ **Date:** _____

FHN Representative Name (Printed):

FHN Representative Signature:

_____ **Date:** _____



SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

Transitional Housing Program

This Supportive Services Participation Agreement is between Alternatives to Violence (ATV) and the program participant. Participation in supportive services is a condition of enrollment in the Transitional Housing Program and is intended to support housing stability, safety, and successful transition to permanent housing.

Program Expectations

Participants are expected to engage in supportive services throughout their time in the program. Services are designed to be individualized, flexible, and responsive to each participant's goals, safety needs, and circumstances. Participation requirements are not intended to be punitive, but to support stability and progress toward long term housing.

Required participation includes regular contact with an assigned case manager. Case management focuses on housing planning, service coordination, and addressing barriers to housing and income. Meetings may occur in person, by phone, virtually, or through home visits when appropriate and safe.

Participants will work collaboratively with program staff to develop and update an individualized service plan that identifies housing goals, income or employment objectives, and supportive service needs. Participants are expected to make reasonable efforts to engage in services identified in their service plan.

Supportive services may include housing navigation, employment or income related activities, benefits enrollment, financial coaching, life skills development, legal advocacy, and referrals to behavioral health, substance use treatment, education, or other community services when applicable. Employment and income activities are tailored to individual circumstances and may account for childcare responsibilities, safety considerations, and other barriers.

Service Delivery

Supportive services are delivered using a trauma informed, survivor centered approach. ATV offers flexible scheduling and multiple service delivery options to reduce barriers to participation. Participants have access to supportive services sufficient to meet program goals and HUD requirements, including access to up to 40 hours per week of customized supportive services when needed.

Accountability and Engagement

Participation in supportive services is required as a condition of continued enrollment in the program. If a participant experiences challenges engaging in services, program staff will first work with the participant to identify barriers, adjust service delivery, and support re engagement. Participants will not be exited



from the program solely due to inability to secure employment, meet rigid participation standards, or circumstances beyond their control.

Grievance Process

Participants have the right to raise concerns or file a grievance related to services, program expectations, or staff interactions without fear of retaliation. Grievances may be submitted verbally or in writing to a supervisor or program leadership and will be reviewed promptly in accordance with agency policies.

Acknowledgment

By signing below, the participant acknowledges understanding that participation in supportive services is required as part of program enrollment and agrees to engage in services as outlined above.

Participant Name: _____

Participant Signature: _____ Date: _____

Program Representative Name: _____ Title: _____

Signature: _____ Date: _____



CoC: CO-505— Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

The Northern Colorado Continuum of Care (CoC) cooperates and does not interfere with or impede local efforts to advance the objectives below.

- 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 Advancing Recovery by Prohibiting Illicit Drug Enablement).

The remainder of this document includes letters of support from local law enforcement partners affirming the CoC's commitment to promoting public safety efforts.



2221 South Timberline Road
PO Box 580
Fort Collins, CO 80522-0580
970.221-6540
ahill@fcgov.com

Fort Collins Police Services - HOPE Team

09/24/26

U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs

Re: Evidence of Coordination and Non-Interference with Local Public Safety Efforts

To Whom It May Concern:

Fort Collins Police Services' Homeless Outreach and Proactive Engagement (HOPE) Team is pleased to provide this letter regarding our coordination with the Northern Colorado Continuum of Care (NoCO CoC) and its homeless-service partners. The HOPE Team works with Outreach Fort Collins (OFC), Homeward Alliance, behavioral-health providers, first responders, and other community partners to address issues involving people experiencing homelessness and to connect individuals with appropriate services when possible.

The HOPE Team and OFC maintain an established working relationship that includes referrals, outreach coordination, and limited service-related information sharing under a memorandum of understanding. This coordination can assist outreach staff in locating and engaging individuals for housing or service opportunities and provides a mechanism for connecting appropriate lower-acuity situations with outreach and service resources. Coordination also occurs around public spaces and encampments so that outreach and service engagement can occur alongside local public-safety and cleanup activities.

Based on our experience, the NoCO CoC and its participating organizations cooperate with Fort Collins Police Services and do not interfere with or impede lawful local public-safety efforts. Their outreach, housing-navigation, behavioral-health, shelter, and other service resources provide important options for officers and first responders working with people experiencing homelessness. We support continued coordination between the CoC, outreach providers, law enforcement, and first responders to promote positive interactions, service engagement, and community safety.

Sincerely,

Annie Hill

Police Sergeant
HOPE Team
Fort Collins Police Services



TIMNATH POLICE DEPARTMENT

LAURIE A. SCOTT
CHIEF OF POLICE

September 23, 2026

U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs

Re: Evidence of Coordination and Non-Interference with Local Public Safety Efforts

To Whom It May Concern,

The Timnath Police Department provides this letter in support of continued coordination between local public-safety agencies and the Northern Colorado Continuum of Care (NoCO CoC), the regional homelessness-response system serving Larimer and Weld Counties.

Local public-safety agencies benefit from a homelessness-response system that can connect individuals with outreach, behavioral-health care, shelter, housing navigation, and other appropriate resources. The NoCO CoC helps coordinate organizations providing these services and supports communication among local governments, service providers, first responders, and other community partners.

Based on our experience, the NoCO CoC and its participating organizations support collaboration with local public-safety partners and do not interfere with or impede lawful local public-safety efforts. We support continued coordination between the CoC and law enforcement to help connect people experiencing homelessness with appropriate services while respecting the responsibilities of local agencies to address public safety.

Respectfully,

A handwritten signature in black ink, appearing to read "L. A. Scott".

Laurie A. Scott
Chief of Police
Timnath Police Department

Local Competition Scoring Tool Overview

The Northern Colorado Continuum of Care (CoC), in compliance with HUD requirements, developed Project Rating and Ranking Policies and Procedures to guide its FY 2026 Local Competition process. These policies and procedures detail guidance on eligibility, local priorities, scoring, ranking, and funding amounts. To view the policies and procedures in their entirety, please navigate to the following link: https://nocococ.org/wp-content/uploads/2026/07/FY-2026-CoC-Program-NOFO_Project-Rating-Ranking-Policy.pdf.

This workbook is a copy of the Local Competition Scoring Tool provided to application reviewers. After the Local Competition closed, CoC staff conducted an Administrative Review to ensure project applicants supplied the necessary information to conduct Threshold Reviews. Part of the Administrative Review process included reviewing attachments to ensure attachments included accurate, relevant content and were submitted in a readable format. CoC staff would reach out to project applicants to address any curable deficiencies before applications advanced to the Threshold Review. An Administrative Review Checklist is located on the Administrative Review tab of this workbook.

The Threshold Review for all project applications was conducted by CoC staff. Project applications were required to pass Threshold Review before advancing to the Merit Review. The CoC's Rating and Ranking Committee reviewed any project applications which failed to pass the Threshold Review and determined whether they were permitted to advance to the Merit Review on a case-by-case basis. All projects which passed the Threshold Review advanced to the Merit Review. Rating and Ranking Committee members, without any competition related conflicts of interests, conducted the Merit Review. Reviewers conducted independent reviews for each project application followed by a meeting to discuss independent scoring and make discretionary adjustments. At the direction of the Rating and Ranking Committee members, CoC staff would reach out to project applicants to clarify questions. Rating and Ranking Committee members reconvened to discuss new information and finalize their independent scores. The CoC's Governing Board approved the finalize priority listing. This workbook documents the general rating and scoring process reviewers used to inform ranking decisions and other deliberations.

The FY 2026 Local Competition applications were developed to be project specific, therefore, Threshold Review and Merit Review scoring rubrics reflect project nuances. Each project tab provides a project specific scoring framework and includes a supplemental column titled 'NOFO Rating Factor 1 Crosswalk' to guide HUD in its review and assessment of whether the CoC fully satisfies NOFO Section V.B.1.a.(1) scoring criteria.

The CoC received six types of applications: renewal HMIS, renewal SSO-CES, renewal PH-PSH, new TH, new SSO, and new SSO-SO. In line with the CoC's FY'26 local competition priorities, no renewal RRH, new RRH, nor new PSH applications were accepted. Although applications for new DV-RRH projects were eligible, none were submitted.

HUD Reviewers are encouraged to view this document online to ensure they can increase the resolution necessary for reading its content.

Administrative Review					
Review Criteria		YES?	NO?	Action	Comments
Global Considerations					
Do answers appear brief and lack substance?				If YES, flag for CoC team to discuss internally and determine next steps.	
Is any required information or referenced documentation missing?				If YES, reach out to project applicant for clarification and/or to resolve issue.	
Organization and Project Information					
Does the proposal request exceed the local 25% ARD cap?				If YES, flag for CoC team to discuss internally and determine next steps. Individual projects may NOT exceed 25% ARD cap per local CoC competition conditions.	
Does the applicant indicate a 25% match? Is the match amount correctly calculated?				If NO, reach out to project applicant for clarification and/or to resolve issue.	
Does the applicant intend to contract funds to subrecipients?	If YES, is this addressed elsewhere in the application?			If YES, reach out to project applicant for clarification and/or to resolve issue.	
Threshold Factors: ALL Projects					
Was a project budget submitted?				If NO, reach out to project applicant for clarification and/or to resolve issue.	
Are the project budget calculations correct and match the previous financial information given?				If NO, reach out to project applicant for clarification and/or to resolve issue.	
Are there any red flags with listed BLIs in the submitted project budget?				If YES, flag for CoC team to discuss internally and determine next steps.	
Did the applicant submit a recent audit report/statement? (Recent can be within 2 years.)				If NO, reach out to project applicant for clarification and/or to resolve issue.	
Did the audit report/statement summary indicate any major concerns?				If YES, flag for CoC team to discuss internally and determine next steps.	
Did the applicant provide a detailed project description addressing the following items?	Primary population served			If NO, reach out to project applicant for clarification and/or to resolve issue.	
	Type of housing and specific unit configuration			If NO, reach out to project applicant for clarification and/or to resolve issue.	
	Projected numbers served and services provided			If NO, reach out to project applicant for clarification and/or to resolve issue.	
	Staffing structure, including sub-recipients			If NO, reach out to project applicant for clarification and/or to resolve issue.	
	Proposed length of period of performance			If NO, reach out to project applicant for clarification and/or to resolve issue.	
Summary of other funding sources				If NO, reach out to project applicant for clarification and/or to resolve issue.	
HUD Required Certifications: ALL Projects					
Did the applicant affirmatively certify they would abstain from engaging in racial preferences or other forms of illegal discrimination?				If NO, flag for CoC team to discuss internally and determine next steps.	
Did the applicant affirmatively certify they would abstain from operating drug injection sites?				If NO, flag for CoC team to discuss internally and determine next steps.	
New TH Projects: Required Attachments					
Does the applicant require program participants to take part in supportive services?				If NO, flag for CoC team to discuss internally and determine next steps.	
If applicant requires program participation, do they attach supporting documentation either in this field or elsewhere?				If NO, reach out to project applicant for clarification and/or to resolve issue.	
Does the applicant provide onsite behavioral health services or maintain a formal partnership with an organization that does?	If YES, do they attach supporting documentation to this field OR reference these partnerships elsewhere?			If NO, reach out to project applicant for clarification and/or to resolve issue.	
	If NO, do they reference formal partnerships elsewhere?			If YES, flag for CoC team to discuss internally and determine next steps.	
New SSO Projects: Required Attachments					
Does the applicant require program participants to take part in supportive services?				If NO, reach out to project applicant for clarification and/or to resolve issue.	
Does the applicant have formal partnership agreements with first responders?	If YES, do they attach supporting documentation either in this field or elsewhere?			If NO, reach out to project applicant for clarification and/or to resolve issue.	
	If NO, do they reference formal partnerships elsewhere?			If YES, flag for CoC team to discuss internally and determine next steps.	

CoC Renewal Project Scoring - Reviewer Sheet	Status	Applicant	Project Type	Project Name	Score
Reviewer Number: Threshold Metrics: Applicant: Project Name: Project Type: HMIS Status: Renewal					

Threshold Review - HMIS

Renewal HMIS Threshold Factors: Pass/Fail

Project must pass ALL Threshold Factors to advance to Merit Review

Renewal Threshold Factors: Overall Score:

Category	Threshold Factor	Data Source	Pass/Fail
Project Detail	Does the renewal project serve an eligible population? (Y=pass, N=fail)	Application	
Financial Administration	Did the renewal project expend at least 90% of funds from the most recent completed grant year? (Y=pass, N=fail)	Internal Review	
Financial Administration	Did the applicant submit proper match documentation (Y=pass, N=fail)	Application	
Financial Administration	Did the applicant submit a recent organizational audit report? (Y=pass, N=fail) Did this report contain any major audit findings? (N=pass, Y=fail)	Application	
Certification	Does the applicant certify affirmatively that they will not engage in illegal discrimination or operate drug injection sites? (Y=pass, N=fail)	Application	
HUD Threshold	Did the project meet its plans and goals established in the initial grant? (Y=pass, N=fail)	Application Threshold Factor: Q1	
HUD Threshold	Did the project demonstrate all timeliness standards for grants being renewed? (Y=pass, N=fail)	Application Threshold Factor: Q2	
HUD Threshold	Did the project demonstrate success in assisting clients to achieve and maintain self-sufficiency and independent living? (Y=pass, N=fail)	Application Threshold Factor: Q3	
HUD Threshold	Was the project willing to accept technical assistance and did the project demonstrate adequate financial accounting with no documented mismanagement (e.g., drastically reducing the population served, making program changes without prior HUD approval, losing control of project site)? (Y=pass, N=fail)	Application Threshold Factor: Q4	

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)
Demonstrates CoC used objective scoring criteria (type of eligible population served and project design alignment).
Demonstrates the CoC considered project applicant's financial capacity in its review.
Demonstrates the CoC considered project applicant's financial stability via match documentation in its review.
Demonstrates the CoC considered project applicant's financial stability via an audit report in its review.
Demonstrates alignment with general HUD and NOFO priorities.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.

Merit Review - HMIS

Category	Scoring Factor	Response	Max Points	Score	Scoring Criteria	Notes
System Performance (Q1)	Proactive Case Management Tool that promotes treatment and Recovery	Select the most appropriate answer (picklist)	15		Yes = 15 Plan to develop = 8 No = 0	
System Performance (Q2b)	Tracks Returns to Homelessness	Y/N	10		Yes = 10 No = 0	
System Performance (Q4)	Collects UIDs Data Standards	Y/N	10		Yes = 10 No = 0	
System Performance (Q5)	Produced all HUD required reports and provides data needed for HUD reporting	Y/N	15		Yes = 15 No = 0	
Data Quality	Data Quality Procedures	Select the most appropriate answer (picklist)	15		Fully implemented = 15 Partial implemented = 10 Not implemented = 0	
System Contribution	Treatment & Recovery Onsite or Partnerships	Y/N	5		Yes = 5 must provide documentation No = 0	
System Contribution	CES Participation and Responsiveness	Y/N	5		Does the applicant have a coordinated entry MOU in place with the CoC? (Y=5, N=0) *If HMIS/CES = Full points because part of CoC	
System Contribution	HMIS Participation and Responsiveness		5		Full Use: Program/Services = 5 Partial Use: Minimum Requirements = 2.5	
System Contribution	System Infrastructure Requirement	Y/N	10		Is this project part of maintaining CoC infrastructure (HMIS or CES)? Yes = 10, No = 0	
System Contribution	CoC Prioritization		10		Assign points based on local priority project type: PSH 10, HMIS, 8, CES 6, All other project types 4	
			100			

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - HMIS sponsored or supported treatment services tool).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - HMIS tracks returns to homelessness).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - collects UIDs data standards).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - produces HUD required reports and provides required data to HUD).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (data quality - HMIS has established and follows data quality procedures).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (whether the HMIS facilitates system-level partnerships to treatment and recovery services).
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local CES.
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local HMIS, or comparable database.
N/A; reflects local CoC priorities
N/A; reflects local CoC priorities
* Displays maximum points available for each project (Renewal HMIS = 100 points).

CoC Renewal Project Scoring - Reviewer Sheet	Status	Applicant	Project Type	Project Name	Score
Reviewer Number: Threshold Metrics: Applicant: Project Name: Project Type: SSO-CES Status: Renewal					

Threshold Review - CES

Renewal CES Threshold Factors: Pass/Fail

Project must pass ALL Threshold Factors to advance to Merit Review

Renewal Threshold Factors: Overall Score:

Category	Threshold Factor	Data Source	Pass/Fail
Project Detail	Does the renewal project serve an eligible population? (Y=pass, N=fail)	Application	
Financial Administration	Did the renewal project expend at least 90% of funds from the most recent completed grant year? (Y=pass, N=fail)	Internal Review	
Financial Administration	Did the applicant submit proper match documentation (Y=pass, N=fail)	Application	
Financial Administration	Did the applicant submit a recent organizational audit report? (Y=pass, N=fail) Did this report contain any major audit findings? (N=pass, Y=fail)	Application	
Certification	Does the applicant certify affirmatively that they will not engage in illegal discrimination or operate drug injection sites? (Y=pass, N=fail)	Application	
HUD Threshold	Did The project meet its plans and goals established in the initial grant?	Application Threshold Factor: Q1	
HUD Threshold	Did the Project demonstrate all timeliness standards for grants being renewed?	Application Threshold Factor: Q2	
HUD Threshold	Did the project demonstrate success in assisting clients to achieve and maintain self-sufficiency and independent living?	Application Threshold Factor: Q3	
HUD Threshold	Was the project willing to accept technical assistance and did the project demonstrate adequate financial accounting with no documented mismanagement (e.g., drastically reducing the population served, making program changes without prior HUD approval, losing control of project site)?	Application Threshold Factor: Q4	

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)
Demonstrates CoC used objective scoring criteria (type of eligible population served and project design alignment).
Demonstrates the CoC considered project applicant's financial capacity in its review.
Demonstrates the CoC considered project applicant's financial stability via match documentation in its review.
Demonstrates the CoC considered project applicant's financial stability via an audit report in its review.
Demonstrates alignment with general HUD and NOFO priorities.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.

Merit Review - CES

Category	Scoring Factor	Response	Max Points	Score	Scoring Criteria	Rationale/ Notes
System Performance (Q1)	Coordinated Entry System is easily accessible	Narrative	15		Instructions: Use the Narrative to determine Score Fully = 15 Partially = 8 Not accessible = 0	
System Performance (Q2b)	Designed to reach households experiencing homelessness with the highest needs	Y/N	15		Yes = 15 No = 0	
System Performance (Q4)	Standardized Assessment Process	Y/N	10		Yes = 10 No = 0	
System Performance (Q5)	Referral and Matching	Y/N	10		Yes = 10 No = 0	
Data Quality	Data Quality Procedures	Select the most appropriate answer (picklist)	15		Fully implemented = 15 Partial implemented = 10 Not implemented = 0	
System Contribution	Treatment & Recovery Onsite or Partnership	Y/N	5		Yes = 5 must provide documentation No = 0	
System Contribution	CES Participation and Responsiveness	Y/N	5		Does the applicant have a coordinated entry MOU in place with the CoC? (Y=5, N=0) *If HMIS/CES = Full points because part of CoC Full Use: Program/Services = 5	
System Contribution	HMIS Participation and Responsiveness		5		Partial Use: Minimum Requirements = 2.5 *If HMIS/CES = Full points	
System Contribution	System Infrastructure Requirement	Y/N	10		Is this project part of maintaining CoC infrastructure (HMIS or CES)? Yes = 10, No = 0	
System Contribution	CoC Prioritization		10		Assign points based on local priority project type: PSH = 10, HMIS & CES = 5, All other project types = 4	
			100			

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - whether CES is accessible). *Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
*Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - whether CES is designed to reach high need populations). * Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - whether CES uses standardized assessment process). *Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (system performance - whether CES facilitates appropriate housing and service referral and matching). *Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (data quality - the extent to which the CES' data quality procedures are implemented).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (whether the HMIS facilitates system-level partnerships to treatment and recovery services).
*Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local CES.
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local HMIS, or comparable database.
N/A; reflects local CoC priorities
N/A; reflects local CoC priorities
* Displays maximum points available for each project (Renewal CES = 100 points).

CoC Renewal Project Scoring - Reviewer Sheet	Status	Applicant	Project Type	Project Name	Score
Reviewer Number: Threshold Metrics: Applicant: Project Name: Project Type: PSH Status: Renewal					

Threshold Review - PSH

Renewal PSH Threshold Factors: Pass/Fail
Project must pass all threshold criteria to advance to Merit Review

Renewal Threshold Factors:

Category	Threshold Factor	Data Source	Pass/Fail
Project Detail	Does the renewal project serve an eligible population? (Y=pass, N=fail) Did the renewal project expend at least 90% of funds from the most recent completed grant year? (Y=pass, N=fail)	Application	
Financial Administration	Did the applicant submit proper match documentation? (Y=pass, N=fail)	Internal Review	
Financial Administration	Did the applicant submit a recent organizational audit report? (Y=pass, N=fail) Did this report contain any major audit findings? (N=pass, Y=fail)	Application	
Financial Administration	Does the applicant certify affirmatively that they will not engage in illegal discrimination or operate drug injection sites? (Y=pass, N=fail)	Application	
Certification	Did the project meet its plans and goals established in the initial grant? (Y=pass, N=fail)	Application	
HUD Threshold	Did the project demonstrate all timeliness standards for grants being renewed? (Y=pass, N=fail)	Application Threshold Factor: Q1	
HUD Threshold	Did the project demonstrate success in assisting clients to achieve and maintain self-sufficiency and independent living? (Y=pass, N=fail)	Application Threshold Factor: Q2	
HUD Threshold	Was the project willing to accept technical assistance and did the project demonstrate adequate financial accounting with no documented mismanagement (e.g., drastically reducing the population served, making program changes without prior HUD approval, losing control of project site)? (Y=pass, N=fail)	Application Threshold Factor: Q3	
HUD Threshold		Application Threshold Factor: Q4	

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)

Demonstrates CoC used objective scoring criteria (type of eligible population served and project design alignment).
Demonstrates the CoC considered project applicant's financial capacity in its review.
Demonstrates the CoC considered project applicant's financial stability via match documentation in its review.
Demonstrates the CoC considered project applicant's financial stability via an audit report in its review.
Demonstrates alignment with general HUD and NOFO priorities.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.
Demonstrates the CoC considered project applicant's performance history in its review.

Merit Review - PSH

Category	Scoring Factor	Response	Max Points	Score	Scoring Criteria	Rationale/Notes
System Performance (Q1)	Returns to Homelessness	Rate %	15		$< 10\% = 15$ $11-14\% = 10$ $15-19\% = 5$ $\geq 20\% = 0$	
System Performance (Q2)	Supportive Services Matrix	# Core Services	15		Instructions: Use the Services Matrix to determine # of Core Services $6 \text{ Core services} = 15$ $4 \text{ Core services} = 10$ $2 \text{ Core Services} = 5$ Core Services: Case management, mental health service, substance use treatment, employment assistance, Education services, Housing/Counseling services	
System Performance (Q4)	Connections to Supplemental Resources	Narrative	3		Instructions: Use the narrative to determine score. Full points (3) for listing at least one resource the project will leverage AND an explanation of how the applicant will increase project participant income and connect participants to benefits; partial points (1) for listing at least one resource OR explaining how the applicant will increase project participant income and connect participants with benefits; 0 points for not listing or providing detail.	
System Performance (Q5)	Participation Required	Y/N	5		Yes = 5 must provide documentation No = 0	
Serving Specific Population (Q6)	Serving Specific Population	Narrative	2		Instructions: Use the narrative to determine score. Full points (2) for explaining how the project will be designed to serve the elderly and/or people with disabilities AND an explanation of how units will prioritize these populations; partial points (1) for explaining how the project will be designed to serve the specific population OR how units will prioritize these populations; 0 points for providing no detail.	
Data Quality	PJI Error Rate	Rate %	5		$< 5\% = 5$ $> 6\% = 0$	
Data Quality	UDE Error Rate	Rate %	5		$< 5\% = 5$ $\geq 6\% = 0$	
Data Quality	Timeliness	Rate %	5		$\geq 90\% = 5$ $< 91\% = 0$	
System Contribution	Treatment & Recovery Onsite or Partnerships	Y/N	5		Yes = 5 must provide documentation No = 0	
System Performance (Q3)	Inventory Number of Beds/Units	# Units	10		Dynamic scoring across all projects within project type:	
	Funding Request	\$ Amount			Funding/units = cost effectiveness	
System Contribution	CES Participation and Responsiveness	Y/N	5		Does the applicant have a coordinated entry MOU in place with the CoC? (Y=5, N=0) If HMIS/CES = Full points because part of CoC	
System Contribution	HMIS Participation and Responsiveness		5		Full Use: Program Services = 5 Partial Use: Minimum Requirements = 2.5	
System Contribution	System Infrastructure Requirement	Y/N	10		Is this project part of maintaining CoC infrastructure (HMIS or CES)? Yes = 10, No = 0	
System Contribution	CoC Prioritization		10		Assign points based on local priority project type: PSH 10, HMIS, 8, CES 6, All other project types 4	
			100			

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)

* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data - returns to homelessness).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Meets HUD's required PH-PSH scoring considerations - returns to homelessness.
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data - # of core services offered).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Meets HUD's required PH-PSH scoring considerations - increasing employment income.
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (participation requirements).
* Meets HUD's required PH-PSH scoring considerations - supportive service participation requirements.
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (eligible population served).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (2%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (data quality rates).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (data quality rates).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (data quality timeliness).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (availability of treatment services or partnerships).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (cost effectiveness).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local CES.
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local HMIS, or comparable database.
N/A, reflects local CoC priorities
N/A, reflects local CoC priorities
* Displays maximum points available for each project (Renewal PSH = 100 points).

CoC New Project Scoring - Reviewer Sheet	Status	Applicant	Project Type	Project Name	Score
Reviewer Number: Threshold Score: Applicant: Project Name: Project Type: TH Status: New					

Threshold Review - TH				
New Transitional Housing Threshold Factors - Pass/Fail			Threshold Score: Pass/Fail	
Project must receive 710 Points to advance to Mark Review				
Category	Threshold Factor	Data Source	Max Pts	Score
Project Detail	Does the new project serve an eligible population? (Y=pass, N=fail)	Application	Pass/Fail	
Financial Administration	Did the applicant submit proper match documentation (Y=pass, N=fail)	Application	Pass/Fail	
Financial Administration	Did the applicant submit a recent organizational audit report? (Y=pass, N=fail) Did this report contain any major audit findings? (Y=pass, N=fail)	Application	Pass/Fail	
Certification	Does the applicant certify affirmatively that they will not engage in illegal discrimination or operate drug injection sites? (Y=pass, N=fail)	Application	Pass/Fail	
HUD Threshold	Did the project demonstrate it will provide and/or partner with organizations to provide eligible supportive services that are necessary to assist participants in obtaining housing? (Y=2, N=0)	Application Threshold Factor: Q1	2	
HUD Threshold	Does the applicant have prior experience operating TH or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months? (Y=1, N=0)	Application Threshold Factor: Q2	1	
HUD Threshold	Has the applicant previously operated TH, currently operates TH, or operates another project with a plan in place to ensure that a) at least 50% of participants exit to PH within 24 months, and b) at least 50% of participants exit with employment income, as reflected in HMIS or another data system? (Y=1, N=0)	Application Threshold Factor: Q3	1	
HUD Threshold	Does the applicant indicate the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicaid, Medicaid, SSI and SNAP? (Y=1, N=0)	Application Threshold Factor: Q4	1	
HUD Threshold	Will the proposed project require program participants to take part in supportive services by attaching a supportive service agreement? (Y=2, N=0)	Application Threshold Factor: Q5 With Documentation	2	
HUD Threshold	Does the applicant affirmatively certify and describe how the project will provide 40 hours per week of customized services for each participant (case management, employment, training, substance use treatment, etc.)? (Y=2, N=0) The 40 hours per week may be reduced proportionately for participants who are employed. 40 hours per week does not apply to participants over age 62 or who have a disability/impairment does not include SUDS.	Application Threshold Factor: Q6	2	
HUD Threshold	Does the applicant demonstrate the avg. cost per HH served the project is reasonable, consistent with 2 CFR 200.604T (Y=1, N=0)	Application Threshold Factor: Q8	1	
			10	

HUD Reviewer Crosswalk - NFO Section V.B.1.a.(1)	
Pass/Fail	Demonstrates CoC used objective scoring criteria (type of eligible population served and project design alignment)
Pass/Fail	Demonstrates the CoC considered project applicant's financial stability via match documentation in its review.
Pass/Fail	Demonstrates the CoC considered project applicant's financial stability via an audit report in its review.
Pass/Fail	Demonstrates alignment with general HUD and NFOFO priorities.
2	Demonstrates alignment with NFOFO's new TH project Threshold factors (demonstrates plan for provision of eligible supportive services)
1	Demonstrates alignment with NFOFO's new TH project Threshold factors (demonstrates prior experience successfully operating TH or similar projects resulting in exits from homelessness within 24 months)
1	*Demonstrates alignment with NFOFO's new TH project Threshold factors (demonstrates prior experience successfully operating TH or similar projects resulting in exits to positive destinations with employment income) *Meets HUD's required TH scoring considerations - increasing employment income
1	Demonstrates alignment with NFOFO's new TH project Threshold factors (demonstrates plan for leveraging public and private sources)
2	Demonstrates alignment with general HUD and NFOFO priorities (service participation)
2	Demonstrates alignment with NFOFO's new TH threshold factors (describes plan for assessing participant service needs and providing individualized services for at least 40 hours)
1	Demonstrates alignment with NFOFO's new TH project Threshold factors (demonstrates cost reasonableness)

Mark Review - TH					
Category	Threshold Factor	Response	Max Points	Score	Notes
System Performance (Q1)	Returns to Homelessness	Rate %	15		* 10% = 15 11-14% = 10 15-19% = 5 ≥20% = 0
System Performance (Q2)	Exits to Permanent Housing	Rate %	10		≥60% = 10 40-49% = 7 30-39% = 3 ≤20% = 0
System Performance (Q4)	Supportive Services Matrix	# Core Services	10		Maximums: use the service matrix or summarize # of Core Services and assign points 6 Core Services = 10 4 Core Services = 7.5 2 Core Services = 5 Core Services: Case management, mental health service, substance use treatment, employment assistance.
System Performance (Q5)	Participation Required	Y/N	5		Yes = 5 must provide documentation No = 0
System Contribution	Treatment & Recovery Onsite or Partners	Y/N	5		Yes = 5 must provide documentation No = 0
Data Quality	HMIS Readiness		15		Full usage of HMIS = 15 Full usage of comparable database = 15 Partial usage of HMIS = 10 Not currently using HMIS but commits to using if funded = 5
System Contribution	Participation/Responsiveness in CES	Y/N	5		Does the applicant have a coordinated entry MOU in place with the CoC? (Y=1, N=0) *If HMIS/CES = Full points because part of CoC
System Contribution	System Infrastructure Requirement	Y/N	10		Is this project part of maintaining CoC infrastructure (HMIS or CES)? Yes = 10, No = 0
System Contribution	CoC Prioritization		10		Assign points based on local priority project type: PSH = 10, HRS & CCS = 6 All other project types = 4
System Contribution (Q7a/7b)	Inventory Number of Beds/Units	# Units	5		Dynamic scoring across all projects within project site Funding/units = cost effectiveness
System Performance (Q3)	Funding Request	\$ Amount			
	Length of Stay for Returns (Q1)	Rate/pts	10		LoS Return Under 60m=Over 60m = 5
	Length of Stay for PH Exits (Q2)	Rate/pts			LoS PH Exits Under 24m= ≥ 24 m = 5
			100		

HUD Reviewer Crosswalk - NFO Section V.B.1.a.(1)	
Pass/Fail	* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data - returns to homelessness)
15	* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
10	* Meets HUD's required TH scoring considerations - returns to homelessness
7.5	* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data - exits to PH)
5	* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (10%).
5	* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (participation requirements)
5	* Meets HUD's required TH scoring considerations - supportive service participation requirements
5	* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (availability of treatment services or partners)
15	* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local HMIS, or comparable database
10	* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local CES
10	NA, reflects local CoC priorities
6	NA, reflects local CoC priorities
5	* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (cost effectiveness)
5	* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (5%)
5	* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (LoS for returns, LoS for PH exits)
5	* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (5%)
5	* Displays maximum points available for each project (New TH = 100 points)

CoC New Project Scoring - Reviewer Sheet	Status	Applicant	Project Type	Project Name	Score
Reviewer Number: Threshold Metrics: Applicant: Project Name: Project Type: SSO Status: New					

Threshold Review - SSO

New SSO Threshold Factors: Pass/Fail

Project must receive 45 Points to advance to Merit Review

Threshold Score:

Pass/Fail Score:

Category	Threshold Factor	Data Source	Max Points	Score
Project Detail	Does the new project serve an eligible population? (Y=pass, N=fail)	Application	Pass/Fail	
Financial Administration	Did the applicant submit proper match documentation (Y=pass, N=fail)	Application	Pass/Fail	
Financial Administration	Did the applicant submit a recent organizational audit report? (Y=pass, N=fail) Did this report contain any major audit findings? (N=pass, Y=fail)	Application	Pass/Fail	
Certification	Does the applicant certify affirmatively that they will not engage in illegal discrimination or operate drug injection sites? (Y=pass, N=fail)	Application	Pass/Fail	
HUD Threshold	Does the applicant demonstrate the SSO project is necessary to assist people in exiting homelessness and increasing self-sufficiency and do they certify they will conduct an annual assessment of the service needs of the project participants? (Y=1, N=0)	Application Threshold Factor: Q1	1	
HUD Threshold	Does the proposed project describe a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services? (Y=2, N=0)	Application Threshold Factor: Q2	2	
HUD Threshold	Does the applicant indicate the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP? (Y=1, N=0)	Application Threshold Factor: Q3	1	
HUD Threshold	Does the applicant demonstrate the avg. cost per HH served the project is reasonable, consistent with 2 CFR 200.404? (Y=1, N=0)	Application Threshold Factor: Q4	1	
			5	

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)
Demonstrates CoC used objective scoring criteria (type of eligible population served and project design alignment).
Demonstrates the CoC considered project applicant's financial stability via match documentation in its review.
Demonstrates the CoC considered project applicant's financial stability via an audit report in its review.
Demonstrates alignment with general HUD and NOFO priorities.
Demonstrates alignment with NOFO's new SSO project threshold factors (demonstrates SSO project necessity).
Demonstrates alignment with NOFO's new SSO project threshold factors (demonstrates supportive service strategy for unsheltered engagement).
Demonstrates alignment with NOFO's new SSO project threshold factors (demonstrates plan for leveraging public and private sources).
Demonstrates alignment with NOFO's new SSO project threshold factors (demonstrates cost reasonableness).

Merit Review - SSO

Category	Scoring Factor	Response	Max Points	Score	Scoring Criteria	Notes
System Performance (Q1)	Engagement Rate	Rate % by category	15		Instructions: Use the highest % rate to determine score. High Engagement (15) Moderate Engagement (10) Minimal Engagement (5)	
System Performance (Q2)	Annual Assessment of Service Needs	Y/N	5		Instructions: Use the Service Matrix to determine whether "Assessment of Service Needs" is conducted at least on an annual basis to get the "yes" points. Yes = 5, No = 0	
System Performance (Q2)	Supportive Services Matrix	# Core Services	25		Instructions: Use the Service Matrix to determine # of Core Services and assign points 6 Core services = 25 4 Core services = 15 2 Core Services = 5 Core Services: Case management, mental health service, substance use treatment, employment assistance, Education services, Housing/Counseling services	
System Performance (Q3)	Participation Required	Y/N	5		Yes = 5 must provide documentation No = 0	
System Contribution	Partnerships with First Responders/Crisis Teams	Y/N	5		Yes = 5, No = 0	
System Contribution	Diversion/Housing Problem Solving	Narrative	5		Instructions: Use the narrative to determine full, partial or plan to implement. Full Implementation = 5 (Trained staff, formal documentation, data collection) Partial Implementation = 2.5 (Implementation but did not cite all components) Plan to implement = 1	
Data Quality	HMS Readiness		15		Full usage of HMS = 15 Full usage of comparable database = 15 Partial usage of HMS = 10 Not currently using HMS but commits to using if funded = 5 Does the applicant have a coordinated entry MOU in place with the CoC? (Y=5, N=0) If HMS/CES = Full points because part of CoC. Is this project part of maintaining CoC infrastructure (HMS or CES)? Yes = 10, No = 0 Assign points based on local priority project type: PSH 10, HMS, 8, CES 6. All other project types 4.	
System Contribution	Participation/Responsiveness in CES	Y/N	5			
System Contribution	System Infrastructure Requirement	Y/N	10			
System Contribution	CoC Prioritization		10			
			100			

HUD Reviewer Crosswalk - NOFO Section V.B.1.a.(1)
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data - unsheltered engagement rate).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data - certification of conducting annual assessment of service needs).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (5%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (# of core services offered).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (25%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (participation requirements).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (certification of partnerships with first responders/crisis teams).
* Demonstrates alignment with general HUD priorities (applying diversion/housing Problem Solving practices).
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local HMS, or comparable database.
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local CES.
N/A, reflects local CoC priorities
N/A, reflects local CoC priorities
* Displays maximum points available for each project (New SSO = 100 points).

CoC New Project Scoring - Reviewer Sheet	Status	Applicant	Project Type	Project Name	Score
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Reviewer Number:
Threshold Metrics:
Applicant:
Project Name:
Project Type: SSO - SO
Status: New

Threshold Review - SSO-SO					
New SSO-SO Threshold Factors: Pass/Fail			Threshold Score:		
Information	Threshold Factor	Data Source	Max Points	Score	Notes
Project Detail	Does the new project serve an eligible population? (Y=pass, N=fail) <i>(Did the applicant submit proper match documentation? (Y=pass, N=fail))</i>	Application	Pass/Fail		
Financial Administration	Did the applicant submit a recent organizational audit report? (Y=pass, N=fail) <i>(Did the report contain any major audit findings? (N=pass, Y=fail))</i>	Application	Pass/Fail		
Certification	Does the applicant certify affirmatively that they will not engage in illegal discrimination or operate drug injection sites? (Y=pass, N=fail)	Application	Pass/Fail		
HUD Threshold	Does the applicant indicate the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP? (Y=1, N=0)	Application Threshold Factor: Q1	1		
HUD Threshold	Does the proposed project describe a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services? (Y=2, N=0)	Application Threshold Factor: Q2	2		
HUD Threshold	Does the applicant demonstrate a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access ES, treatment, reunification, TI or reunification and does not interfere with law enforcement? (Y=1, N=0)	Application Threshold Factor: Q3	1		
HUD Threshold	Does the applicant demonstrate experience providing effective outreach services and helping people successfully exit from places not meant for human habitation to ES, Treatment, TI and DHO? (Y=1, N=0)	Application Threshold Factor: Q4	1		
HUD Threshold	Does the applicant demonstrate the avg. cost per HH served the project is reasonable, consistent with 2 CFR 200.404? (Y=1, N=0)	Application Threshold Factor: Q5 With Documentation	1		
			6		

Merit Review - SSO-SO					
Reviewer	Scored Factor	Response	Max Points	Score	Scoring Criteria
System Performance (Q1)	Unsheltered Engagement Rate	Rate % by category	15		Instructions: Use the highest % rate to determine score. High Engagement (15) Moderate Engagement (10) Minimal Engagement (5)
System Performance (Q2a,b)	Connection to positive outcomes	Rate %	10		Instructions: Use the % of Clients connected to shelter to assign "Connection" points, AND Avg. Length of Time from Enrollment to Shelter to assign "Avg. Days" points. Use the Narrative to determine if a strategy is in place to assign "Strategy" points. Connection >85% (8 points) Connection >30% (2 points) Avg. Days < 30 days (3 points) Avg. Days > 31 days (1 points) Strategy in place (1 points)
System Performance (Q3)	Supportive Services Matrix	# Core Services	15		Instructions: Use the Service Matrix to determine # of Core Services and assign points. 6 Core Services = 15 4 Core Services = 10 2 Core Services = 5 Fewer Services
System Performance (Q4)	Participation Required	Y/N	5		Yes = 5 must provide documentation No = 0
System Performance	Strategy for reducing Encampments	Y/N	5		Strategy available = 5, No strategy = 0
System Contribution	Partnerships with First Responders/Crisis Teams	Y/N	5		Yes = 5, No = 0
System Contribution	Division/Housing Problem Solving	Narrative	5		Instructions: Use the narrative to determine full, partial or plan to implement. Full Implementation = 5 (trained staff, formal documentation, data collection) Partial Implementation = 2.5 (implementation but did not cite all components) Plan to Implement = 1
Data Quality	HMIS Readiness		15		Full usage of HMIS = 15 Full usage of comparable database = 15 Partial usage of HMIS = 10 Not currently using HMIS but commits to using if funded = 5
System Contribution	Participation/Responsiveness in CES	Y/N	5		Does the applicant have a coordinated entry MOU in place with the CoC? (Y=5, N=0) If HMIS/CES = Full points because part of CoC
System Contribution	System Infrastructure Requirement	Y/N	10		Is this HMIS or CES? Yes = 10, No = 0
System Contribution	CoC Prioritization		10		PSH 10, HMIS, & CES 6, All other project types 4
			100		

HUD Reviewer Crosswalk - NCOF Section V.B.1.a.(1)
Demonstrates CoC used objective scoring criteria (type of eligible population served and project design alignment)
Demonstrates the CoC considered project applicant's financial stability via match documentation in its review
Demonstrates the CoC considered project applicant's financial stability via an audit report in its review
Demonstrates alignment with general HUD and NCOF priorities.
Demonstrates alignment with NCOF's new SSO-SO project threshold factors (demonstrates plan for leveraging public and private sources).
Demonstrates alignment with NCOF's new SSO-SO project threshold factors (demonstrates supportive service strategy for unsheltered engagement)
Demonstrates alignment with NCOF's new SSO-SO project threshold factors (demonstrates history of partnering with first responders).
Demonstrates alignment with NCOF's new SSO-SO project threshold factors (demonstrates experience providing effective outreach to transition people who are unsheltered to shelter and/or housing).
Demonstrates alignment with NCOF's new SSO-SO project threshold factors (demonstrates cost reasonableness).

HUD Reviewer Crosswalk - NCOF Section V.B.1.a.(1)
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (performance data, unsheltered engagement rate)
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (# of core services offered).
* Demonstrates the CoC used system performance measures in local review, selection, and rating process, and that these factors account for at least 25% of total points available (15%).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (participation in CES)
* Demonstrates alignment with general HUD and NCOF priorities (reducing encampments).
* Demonstrates the CoC used objective criteria to review, rate, and rank project applications (certification of partnerships with first responders/crisis teams)
* Demonstrates alignment with general HUD priorities (applying division/housing problem solving practices).
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local HMIS, or comparable database.
* Demonstrates consideration of HUD's general requirements for CoC program funded recipients to use local CES.
N/A, reflects local CoC priorities
N/A, reflects local CoC priorities
* Displays maximum points available for each project (New SSO-SO = 100 points).

Is this project part of maintaining CoC infrastructure (HMIS or CES)? Yes < 10, No = 0

Assign points based on local priority project type:
PSH 10, HMIS, & CES 6,
All other project types 4.

Northern Colorado Continuum of Care (CO - 505)										
Local Competition Priority Listing FY2026										
Final Pro Rata Need (FPRN) amount					\$1,773,264					
Preliminary Pro Rata Need (PPRN) amount					\$1,773,264					
Total Estimated Annual Renewal Demand (ARD)					\$1,548,514					
Tier 1 (60% of ARD)					\$929,108					
Tier 2 (Difference between Tier 1 and the sum of the ARD + CoC Bonus + DV Bonus)					\$1,474,059					
ARD in Tier 2					\$619,406					
CoC Bonus					\$500,000					
DV Bonus					\$354,653					
CoC Planning					\$88,663					
Applicant Name	Project	AVG Score/100	Project Type	Project Status	CoC Funding Status	Rank	Project Funding Request	Reallocated Funding Amounts	CoC Funding Type	NOTES
Homeward Alliance	CoC Planning Grant	Not Ranked	Planning	Planning	Accepted	N/A	\$88,663	\$0	Planning	
Homeward Alliance	NoCO CoC Coordinated Entry FY 2024	94.8	CE - SSO	Renewal	Accepted	1	\$127,700	\$0	Renewal	
Homeward Alliance	Homeward Alliance HMIS Lead Agency	89.8	HMIS	Renewal	Accepted	2	\$102,302	\$0	Renewal	
Housing Catalyst	Mason Place FY24	85	PSH	Renewal	Accepted	3	\$116,934	\$0	Renewal	
HighPlains Housing	StarRise PSH	78.8	PSH	Renewal	Accepted	4	\$67,331	\$0	Renewal	
Housing Catalyst	Redtail Ponds FY24	78.8	PSH	Renewal	Accepted	5	\$438,813	\$0	Renewal	
Crossroads Safehouse & Services	Road to Home Transitional Housing	77.7	TH	New	Accepted	6	\$73,223	\$0	DV Bonus	
Outreach Fort Collins	Street Outreach for a Safe and Welcoming Community	72.1	SSO-SO	New	Accepted	7	\$2,805	\$2,805	Reallocation	Straddles Tier 1 & 2
Outreach Fort Collins	Street Outreach for a Safe and Welcoming Community	72.1	SSO-SO	New	Accepted	7	\$197,195	\$197,195	Reallocation	Straddles Tier 1 & 2
Denver Rescue Mission	Fort Collins Homeless Resolution Center	70.3	SSO	New	Accepted	8	\$75,570	\$75,570	Reallocation	
Jobs of Hope	Second Chance at Success	62.3	TH	New	Accepted	9	\$50,000	\$50,000	Reallocation	
City of Loveland	Street Outreach for a Safe and Welcoming Community	64	SSO-SO	New	Accepted	10	\$150,000	\$150,000	Reallocation	
A Woman's Place	A Woman's Place Transitional Housing Program	59.1	TH	New	Accepted	11	\$94,314		DV Bonus	
Family Housing Network	Sherwood House - Pathway to Stability	56	TH	New	Accepted	12	\$100,000	\$100,000	Reallocation	
City of Greeley	Bridges Outreach Program	55	SSO-SO	New	Accepted	13	\$387,129	\$119,864	Reallocation (\$119,864) + CoC Bonus (\$267,265)	
Alternatives to Violence	Alternatives to Violence Transitional Housing	52.8	TH	New	Accepted	14	\$187,116	\$0	DV Bonus	
Community Economic Defense Project	Housing Stability and Recovery Navigation Program	52.1	SSO	New	Accepted	15	\$171,846	\$0	CoC Bonus	
Catholic Charities	Northern Colorado Shelters	41.5	SSO	New	Accepted	16	\$60,889	\$0	CoC Bonus	
Division of Housing	DOH Consolidated PSH Northern Colorado FY2024	62.5	PSH	Renewal	Not ranked	N/A	\$380,758	(\$380,758)	N/A	Project scored below projects selected for funding. Tier 1 funds were exhausted before reaching it, and local policy did not allow PSH projects in Tier 2. The project was not assigned a final rank or included on the Priority Listing.
Alternatives to Violence	Northern Front Range Rapid Rehousing FY2024	N/A	RRH	Renewal	N/A	N/A	\$157,016	(\$157,016)	N/A	Under the CoC's FY 2026 local funding priorities, RRH renewals were not considered. The project was not ranked or included on the Priority Listing.
City of Greeley	City of Greeley RRH	N/A	RRH	Renewal	N/A	N/A	\$74,132	(\$74,132)	N/A	Under the CoC's FY 2026 local funding priorities, RRH renewals were not considered. The project was not ranked or included on the Priority Listing.
SummitStone Health Partners	Permanent Supportive Housing in Loveland	N/A	PSH	Renewal	N/A	N/A	\$83,528	(\$83,528)	N/A	Did not submit LOI for local application for FY2026. No FY 2026 application was scored or ranked.
Volunteers of America	COR3	44.6	TH	New	Declined	N/A	\$0	\$0	N/A	Submitted a local application; recommended funding amount left substantially less funding available than requested. Declined to proceed at the reduced amount and was not ranked in the final Priority Listing.

Total Including Planning \$2,491,830

Planning Grant	\$88,663
Tier 1	\$929,108
Tier 2	\$1,474,059
Not Funded	\$0
	\$2,491,830



CoC: CO-505— Statement to Advance Recovery

The Northern Colorado Continuum of Care (CoC) expects its CoC-funded housing projects to fully comply with their HUD grant agreements. The CoC expects projects to abide by their contractual commitments and avoid operating drug injection sites or “safe consumption sites”; knowingly distributing drug paraphernalia on or off property under their control; knowingly permitting the use or distribution of illicit drugs on property under their control; or conducting, permitting, encouraging, or allowing these activities under the pretext of “harm reduction.”

The CoC promotes the provision of substance use disorder treatment and recovery housing within or outside the CoC.

This statement does not require participants to be sober or participate in treatment to receive assistance, or require their eviction or exit for a first-time violation of a drug-related policy or lease requirement. It does not prohibit CoC-funded housing projects from requiring sobriety or treatment participation as a condition of assistance where permitted under 24 CFR 578.