

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: OK-500 - North Central Oklahoma CoC

1A-2. Collaborative Applicant Name: Community Development Support Assn., Inc.
(CDSA)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Development Support Assn., Inc.
(CDSA)

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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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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	No	
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	2
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	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	No	
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	No	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	No	
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	No	
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	No	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2. Open Invitation for New Members.

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)

We maintain a transparent, annually renewed invitation for individuals to join the CoC. This process is simple and accessible through the CoC or CDSA websites. language settings. CoC staff members extend membership invitations that encourage participation from homeless communities and formerly homeless persons in January of each year as we prepare for the point-in-time count. Emergency management personnel, local government officials, business owners, educators, health professionals, anti-poverty organizations, and others collaborate to include diverse representation including in CoC committees formed to support homeless.

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.
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(limit 2,500 characters)

1)Local government agencies, emergency management, private and public health providers, addiction recovery resources, street outreach teams, faith-based institutions, and individuals with lived experience are engaged in efforts to address homelessness through standing committees. Information from these groups is compiled and shared with those who can help connect people to resources that alleviate homelessness.

2)Meetings are open to everyone and publicly posted according to open meeting law. Homeless focus groups are held, where participants are provided with a warm lunch and discuss various topics. The insights gathered from these forums are shared with CoC members and barriers identified through this process may be addressed at the continuum level. Focus groups have also led to collaborative efforts with law enforcement to address mental health, substance abuse, and homelessness-related issues, such as squatting, by offering alternatives to incarceration.

3)All communications are distributed electronically in a mobile-responsive format that adapts to the language settings of the user's browser. Many CoC members also provide publicly available internet access for the homeless, ensuring they receive important information. Additionally, communications are posted in areas identified as experiencing economic distress.

4)The collaboration with law enforcement allowed officers to access solutions for mental health, substance abuse, and homelessness, giving them alternatives to arrest or incarceration for behaviors commonly associated with homelessness. An area Urgent Recovery Center (URC) was established to help stabilize homeless persons in mental health crisis without transporting them long-distance for residential treatment.

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.
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(limit 2,500 characters)

1)The meeting notice and agenda for each NCOKCoC meeting and Coc competition information are publicly posted on the front door of the meeting place and on Community Development Support Association (CDSA) website, www.cdsaok.org, and the North Central Oklahoma CoC website, www.ncokcoc.org. Additionally, an email is sent to all members in accordance with our bylaws and governance agreement. Our bylaws require members to be: a) in good standing, b) attend at least two-thirds of the Continuum's scheduled meetings, c) undergo a certified audit annually or be sponsored by a service provider that has undergone a certified audit, and d) utilize the HMIS or an approved equivalent system.

2)The CoC Competition process is announced at the August CoC Board meeting, sent to the OK-500 distribution list, and posted on both the CDSA and NCOKCoC websites. These announcements include a timeline, links to required documents and guidance, the Notice of Funding Opportunity (NOFO), details about funding availability, and rating and ranking tools. This announcement is accompanied by documents that outline key information about the process, important deadlines, and links to necessary forms.

3)The CoC notice describes how we use an approved Ranking and Rating Process to determine which project applications will be submitted. Once project applications are submitted via e-snaps, CDSA staff reviews them to ensure they meet threshold requirements. After threshold review, the applications are passed to the Chairperson of the Ranking and Rating Committee for scoring and evaluation. Recommended funding levels are determined by the governance committee and approved by the Continuum during each grant cycle.

4)By providing these forms electronically, we ensure that the documents are accessible to individuals with disabilities and to those who are fluent in languages other than English.

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

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)

We ensure that members of the CoC and those providing information and support to the CoC include experts in this complex and growing problem in our communities. We know that just one strategy is not sufficient to address the entire population and the barriers they struggle to overcome. For instance, we support the development of mental health services across a broad geographic region where services may be nonexistent. This requires remote access and addressing transportation issues where no public transportation exists. We also work to address the needs of people who are fleeing domestic violence, you are young, who are ill, and who have addictions. These categories require a different approach. The greatest gap we are currently experiencing is a lack of mental health treatment, coupled with not enough affordable housing. This year, we have had a new mental health provider in our area and one of our members is working to develop new affordable housing units because of the needs that were identified in the continuum. We can count the number of new mental health services and the number of new affordable housing units as outcomes achieved in the next 12 months. Funding for mental health activities is through Grand Mental Health. The housing project is under the direction of CDSA. Funding for housing development is through The HOME Investment Partnership Program and local funds.

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?	100%

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)

In-patient residential treatment is available in Garfield County at Integris and St. Mary's Hospitals. Valliant House, Grand Mental Health, and Catalyst also offer in-patient services. Outpatient treatment is available through Grand Mental Health. There are multiple sober living programs available. Programs can be accessed through referral by physicians or counselors or through self-referral.

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)

For people in crisis, we refer to 988, the mental health lifeline, for access to mental health professionals and access to substance use support in multiple languages, 24/7. Additionally, the people we serve can access immediate support through Red Rock Behavioral Health Services, or Grand Mental Health without a referral, though we often do refer.

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)

Founded in 2002, the Oklahoma C.A.R.T. association is a non-profit agency providing peer support services to people in recovery throughout Oklahoma by calling 1-405-436-4083 or visit <https://www.ocartaoklahoma.org/>. NAMI Oklahoma is a 501(c)3 nonprofit organization devoted to mental health support and education. The NAMI helpline is available M-F, 10-10. There are numerous community-based resources available to help maintain sobriety after formal treatment ends, including Oklahoma Department of Mental Health and Substance Abuse Services, OK I'M READY, and others. Peer support groups like AA and NA. function in nearly every Oklahoma community. Our CoC promotes information about the availability of these services and members regularly provide or refer to them.

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)

CoC members are regularly identifying people experiencing serious mental illness through contacts that occur during provision of multiple human services. Our region has access to urgent recovery centers (URC) that send trained staff to the person in crisis and transport to the URC where the individual may stay for up to 24 hours to receive treatment and potentially stabilize on medication. People are often transported to other longer term inpatient treatment when needed.

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 CoC partners with Youth and Family Services that provides multiple specialty treatment court services including Felony Drug Court, Family Treatment Court, Misdemeanor Drug Court, Mental Health Court, and Juvenile Drug Court. Youth and Family Services works with the District Attorney's office to assess potential participants in these treatment services to determine the likelihood of benefit.

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)

CoC members work hand-in-hand with Youth and Family Services in the Juvenile Drug Court program. This program, opened in 200, provides eligible, non-violent, juvenile offenders the opportunity to participate in a highly structure court supervised treatment program in lieu of incarceration. This may include housing provided in the Youth and Family Services transitional housing program or by other CoC members in affordable housing. Court orders for participation carry weight and the participant is aware that they have been given an opportunity to avoid jail, but must comply with the order of the court to receive other supports that will aid them in their struggle to overcome barriers to independence.

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)

A network of state-certified crisis intervention services is available to support individuals experiencing immediate mental health or substance use emergencies. These services are designed to de-escalate crises safely and connect individuals to ongoing care. Immediate crisis lines include • 988 Suicide & Crisis Lifeline where approximately 90% of calls are resolved over the phone. If additional local, face-to-face assistance is required, local teams can be dispatched through Grand Mental Health.

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.

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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.	
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You must enter a response in question 1C-1f.

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)

Grant Mental Health operates the CCBHC in our region and is a CoC member. Because Oklahoma utilizes a strict "no wrong door" policy through its CCBHC model, clinics are mandated to provide integrated care to anyone who asks for it, regardless of age, insurance status, or ability to pay. Available services include: 24/7 Crisis Response: Including mobile crisis teams and Urgent Recovery Center (URC) stabilization facilities, outpatient treatment and comprehensive mental health 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)

Mission of Hope in Stillwater provides Sober Living, maintains an strict "clean and sober" living environment, and does random drug testing.

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)

While we have a shortage of affordable housing, the CoC has established strong relationships with providers, both mental health providers and affordable housing providers. The structure of the CoC provides access by providers of mental health services and providers of affordable housing. We work together to meet the needs of individuals we serve. Coordinated entry and our HMIS system provide formal supports and the capacity to see what's available and who to contact. We understand that prevention of homelessness is more effective than trying to house someone who is already homeless.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$234,489
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.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
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.	
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).	0%

You must provide a response for elements 1, 2 and 4 in question 1C-2.

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)?	100.00%
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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)

Members of the CoC participate in rating and ranking of ESG applicants that are not in our region. Our applicants are rated and ranked by members of other CoCs in order to avoid conflicts of interest. Once the applications are scored, a CoC committee makes funding recommendations that must be approved by the CoC according to established procedures that have been previously approved by the CoC.

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)

Area Shelter providers participate in CoC planning and reporting. Services are promoted via the CoC website www.ncokcoc.org where resources can be accessed. This includes a benefits finder tab, Oklahoma Emergency Housing Voucher Agency locator, detailed information on the continuum of care and ESG programs. However, the most effective method of connecting people in shelter to other CoC assistance is through direct contact between providers and outreach to people in shelter. This is an important aspect of an organized CoC that meets regularly to address local needs. Through this process, shelters are aware of other service providers and welcome them to come to the shelter to provide direct services as needed and available.

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 CoC will issue a press release that provides PIT information. In addition, HIC, HMIS, and System Performance data is regularly used to document need and the effectiveness of services when addressing local and state governments or seeking additional funds for services.

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)

Currently, one of the most effective ways we can gauge how many people are homeless at a specific time is by counting meals served at feeding sites. We are experiencing growing demand on these mostly volunteer led services. The same increases are being reported through data collected at food banks. However, many families who are not homeless seek assistance at the food banks. Nearly all those eating at non senior feeding sites are unsheltered. We are in process of implementing Community Health Improvement Plans (CHIPs) that will help us access better data and positively impact services.

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 CoC has a partnership, through CDSA, with the Work Ready Oklahoma program that prioritizes TANF recipients and helps them become employed in living wage jobs. Over the past two years, nearly 300 people have completed the 2 week program and become employed. Follow-up and supportive services are provided to increase employment retention. Not all have been TANF recipients and many have been unsheltered.

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)

Through street outreach, we are able to understand to ensue that people have basic needs met and reduce cold weather deaths. We encourage people to go to shelter. But, often our limited shelters are full. We make a concerted effort to get people off the streets before Winter. This year, we will be operated a privately funded "Get them home by Christmas" program that helps with transportation. We live in a remote area of the country and most of our towns don't even have bus services. The nearest bus service is usually in a large metro area like Oklahoma City or Tulsa. Both of which can be a two hour drive from our region. The Urgent Recovery Center (URC) does participate in co-response with first responders as needed and first responders often transport people to the URC.

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)

Case management is always provided in CoC funded housing. Reunification with family is often sought by homeless persons. In Enid, a town of approximately 60,000, we have documented that homeless people have been brought here from smaller communities because the perception is that we have more services. But, our services are under stress and our one shelter is constantly full. From direct communication with some of these folks, we have learned that many are stranded in our community and don't know anyone. Some do have places where they have family support. They just can't get there. So, as described above, this year we are developing resources to help transport people to the nearest bus station and purchase bus tickets.

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?	No	

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)

CoC street outreach programs and coordinated entry staff have established communication with law enforcement. We respect local laws and do not support the public use of drugs, public camping that is not allowed. First responders are seen as members of the team, not adversaries.

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 CoC does not clear tents and encampments. This is generally done by local enforcement, either by code or by law enforcement. Our role is to assist in housing people in places that are suitable for human habitation and where sanitation is available. When we can meet the need for housing, the existence of encampments is mitigated. When encampments are cleared, our services are directed toward those who have lost housing, even though it is insufficient, unsuitable, and potentially illegal, in order to preserve life and support movement toward independence.

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)

We do have some encampments. Usually they are hidden from public view in wooded areas or behind an abandoned building, for instance. Local code enforcement has removed encampments and cleaned area vegetation to inhibit encampment development. We do not have the large encampments that are sometimes found in bigger towns.

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)

Local laws do not hinder our efforts. There is little tolerance in our small communities for public drug use and law enforcement is quick to police any activity that is reported. There is no perception that laws are too restrictive on this issue as we all understand the connection between substance use and homelessness.

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)

Overdoses do occur, but it is rare to see this or use of illicit drugs in public spaces within our continuum that includes many small towns, none larger than 60,000 population. Some entire counties in the region have population under 5,000.

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)

Involuntary commitment is made more difficult in our region because people are often far removed from residential treatment centers. That means that law enforcement would need to transport the individual and this would require that two officers transport in a secured vehicle, often removing officers from their other duties for an entire day.

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)

A public database of sex offenders is maintained by the Oklahoma Department of Corrections. The public can search the portal to look up information regarding registered sex offenders and their communities. The database can be searched by name, location, or physical profile. The information displayed includes full name and aliases, current home address, physical descriptions and a photograph, details regarding the specific offense and the offenders designated compliance level (1,2, or 3). This database helps the CoC to determine appropriate housing as sex offenders cannot be housed in areas that are near schools, parks, etc. Overcoming the restrictions for housing these individuals is often quite difficult. In Enid, the city has made a map outlining areas where sex offenders cannot be housed. The area encompasses a large percentage of the community. This is mitigated by having a full understanding of what housing is available.

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)

Standard outreach practices include identifying places where unsheltered people congregate, particularly prior to the Point-in-time (PIT) count, and deciding how to approach those individuals and give them access to potential services. Using our coordinated entry system and tracking data in the Homeless Management Information System (HMIS) helps us track who we have already accessed and what services they need/have received. Outreach across this large region requires multiple strategies, including marketing strategies, that make sure people know where help is available.

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)	Yes
2. Early Childhood Providers	Yes
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))	No
2.	School District(s)	No
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	No
5.	Technical College(s)	Yes
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)

Our website includes a link to an informational brief from the National Center for Homeless Education on Best Practices in Interagency Collaboration. This brief outlines the help that is available to children that allows homeless children to remain in one stable school environment. We know that students have rights to a free education and can attend while the school gathers documents, which is often a problem for homeless children. A local homeless liaison has been designated by the school district and the CoC works with this liaison as needed. This brief is included as an attachment to our policies.

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)

Area Youth and Family Services organizations and CoC members regularly work to assist youth transitioning from foster care. These youth sometimes are put on the streets when they turn 18 and there is no longer a payment to foster parents. Often, they are unprepared for independent life and have no plan for the future. Area CoC member CDSA YouthBuild is particularly important in addressing the needs of this population. Every year YouthBuild accepts 30 youth in a year long program that aids them to earn their high school diploma, get training, and continue in education, enlist in the military, or become employed. This highly successful collaboration has resulted in numerous homeless youth reaching independence. The Foster Care program makes regular referrals to YouthBuild.

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)

Rhy funded providers operate in Stillwater and in Enid. They provide emergency youth shelter and a transitional living program. Both programs are CoC members and collaborate within the CoC to ensure runaway and homeless youth receive needed services across the continuum. We do not have a maternity group home in the area.

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)

We have no program like this in our area. We do have a domestic violence shelter that serves families with children and an affordable housing program that primarily serves families with children.

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)

The YWCA shelter provides intensive case management, counseling, and job placement for victims of domestic violence. The CDSA affordable housing program works in tandem with Work Ready Oklahoma and YouthBuild to make sure that potential tenants are able to work and pay rent that is affordable to them.

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)

Work Ready Oklahoma is funded by TANF dollars with the purpose of putting people to work. This highly successful program has found sustainable employment for hundreds over the past two years and continue to do so while providing supportive services and case management to support sustained independence. YouthBuild and the CDSA affordable housing program use other funds to leverage the investment of TANF dollars, including Department of Labor funding and private investment.

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)

The CDSA affordable housing program gives tenants priority placement in childcare owned by the agency. Parenting support is provided by the associated Diaper Bank and pregnancy-related and child healthcare information is provided through the infant mortality prevention program that distributes safe sleep information to the family of every child born in the area.

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)

The collaborative applicant is housed in the same building (area one-stop) as the Veteran's service organization. The affordable housing program regularly collaborates with this program to secure housing for veterans. Work Ready Oklahoma is also located in this facility and provides easy access for veterans to access career pathways.

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 YWCA partners with the CoC to provide victim services including shelter, sexual assault nurse examiners (SANE), counseling, information on dating violence, sexual assault and stalking, as well as programs that target child abuse.

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 Department of Corrections regularly refers to homeless services within the CoC to ensure that former prisoners are able to access community services that aid in re-entry. Employment assistance is generally the first thing ex prisoners are seeking as they start from zero to re-build their lives.

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)

Often, these individuals are accessing care through emergency rooms where the care is the most expensive to provide and not designed to address chronic health issues. The CoC commonly refers to Great Salt Plains Health Center, which is federally funded and provides sliding scale eligibility, focused on the underserved. This partnership has made significant inroads in improving health outcomes for unsheltered persons in need of ongoing care.

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)

We have had success in the past year placing at least one elderly man with health and ambulation concerns at a local skilled nursing facility. This has required extensive case management that was provided by a street outreach provider who identified the person and their needs, was able to convince them to accept care, assisted the facility to access information and benefits, and transported the individual (who was in a wheelchair with one leg brace at full extension) to care.

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 Mission of Hope in Stillwater, Oklahoma operates supportive housing that is specifically dedicated to chronically homeless disabled individuals and families. The facility has operated since 2015.

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 Mission of Hope does not operate as a direct, standalone behavioral health clinic. Instead, it provides behavioral health support through comprehensive case management and coordination with local mental health resources. Residents requiring psychiatric care, substance abuse treatment, or intensive therapy are systematically connected to specialized Stillwater facilities such as Grand Mental Health-which offers 24/7 urgent behavioral care, and CREOKS Health Services. On site services include habilitation and life skills training to help individuals manage behavioral health challenges and regain their autonomy and long-term self-sufficiency.

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)

A participant's need for a higher level of housing care, such as moving from the emergency shelter into transitional housing or permanent supportive housing, is determined through an individualized case management assessment process. Next steps progress tracking begins when an individual enters the emergency shelter. Barriers are identified as are next steps that will help the individual move toward permanent housing. In order to qualify for the highest tier of internal housing care, the participant must meet specific federal and institutional guidelines.

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)

Mission of Hope assesses a participant's readiness to transition through comprehensive case management and tracking milestones in their life skills training. Rather than using a single test, readiness is evaluated continually by case managers as clients progress through emergency, transitional, or rapid re-housing programs. The assessment focuses on several core areas of self-sufficiency including Financial Stability and Income, Life Skills Mastery, Housing Navigation and Preparedness, Sobriety and Behavioral Health Maintenance an Connection to Community Support Systems.

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.	09/24/2026
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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.	09/24/2026
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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?	No
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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.	09/24/2026
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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)

No reallocation was done because we did not have low performing projects.

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?	No
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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)	Wellsky
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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.	Multiple CoCs
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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 weather was not good. So, we had fewer volunteers and less coverage because of that. This year, we will increase volunteer recruitment to account for that eventuality.

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)

We don't have a large problem with encampments, although there have been a few. We are working with shelters and affordable housing providers to increase housing in our area.

2A-4a. Reduce Encampments—Number of Encampments.

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

2A-4b. Reduce Encampments—Number of People in Encampments.

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	20
2. Enter the reduction in the number of people in encampments during your evaluation period.	10

&nbsp;nbsp;nbsp;

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

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)

There has been a reduction of both people and encampments, but not due to our direct involvement. The city has an ordinance that prohibits encampments within the city limits and all encampments are outside of the city limits and has been reduced due to inclement weather both in the summer heat and winter cold.

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)

Prevention of homelessness is the most effective way to reduce the number of homeless individuals in the community and it is much easier to keep someone in housing than to place someone in permanent housing once they have been homeless and lost all their possessions and become unemployed. Therefore, affordable housing providers are focusing on serving people who are fleeing domestic violence, in danger of becoming homeless, or formerly homeless. In the coming year, 14 new affordable units targeting these groups will come on-line in the continuum. While this number is small, it's a start.

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)

Again, much of the homelessness in our area is a direct result of two things: 1. lack of mental health services, 2. lack of affordable housing. Increasing both of these items is ongoing, but will require a long-term commitment-which we have.

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

35.94%

Describe how you calculated the data for this response.

(limit 2,500 characters)

I ran a WellSky HMIS System Performance Report for the previous fiscal year.

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.	01/22/2026
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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

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.

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				
2. Safe Haven (SH) beds				
3. Transitional Housing (TH) beds				
4. Rapid Re-Housing (RRH) beds				
5. Permanent Supportive Housing (PSH) beds				
6. Other Permanent Housing (OPH) beds				

You must enter a value for elements 1 through 6 in all four columns. If the project type does not exist in your CoC, enter '0' in all three columns for that project type.

2A-9a. Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.

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)

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?	No
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		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes		
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		
11. Other	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/22/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/23/2026
1C. Coordination and Engagement	Please Complete
1D. Project Review/Ranking	09/23/2026
2A. HMIS Implementation	Please Complete
3A. Policy Initiatives	09/23/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required