

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: NC-516 - Northwest North Carolina CoC

1A-2. Collaborative Applicant Name: Hospitality House of Northwest North Carolina

1A-3. CoC Designation: CA

1A-4. HMIS Lead: MCAH

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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	No	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	No	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
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)	No	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	4
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Nonexistent	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	Nonexistent	
41.	Youth Advocate(s)	No	
42.	Youth Homeless Organization(s)	Nonexistent	
43.	Youth Service Provider(s)	Yes	6
44.	Other Homeless Assistance Provider(s)	Yes	1
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.	
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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)

A: The NWCoC utilizes communication via in-person and remote meetings, public forums, local media, websites, and presentations with member agencies and religious/civic groups and extends an open invitation to participate in CoC activities, meetings, and special projects. NC 516 members participate in county-specific forums in the area to engage stakeholders and affordable housing/homeless service providers. These forums have included elected officials, government staff, and nonprofit leadership, resulting in committed participation from agency leaders and from specific subpopulation advocates and providers. These activities ensure the invitation process for new members is publicly available and transparent across our large rural service area.

B: The NWCoC maintains an open, standing invitation that is publicly advertised throughout the year. The NWCoC Lead presents multiple times a year at civic meetings, local government, faith communities, and advocacy groups that represent various communities to broaden the reach of new NC 516 membership throughout the CoC's geographic area.

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)

A) The NWCoC solicits input from diverse organizations and stakeholders with knowledge in ending homelessness, including those providing services, housing, healthcare, workforce, education, local government, and law enforcement. Active solicitation includes CoC membership working with partner agencies to announce trainings/information sessions offered by NC 516 to increase the scope of input received by the CoC. The NWCoC Steering Committee operates with an open meeting format encouraging discussion of issues, programs, and community needs across organization types serving the population in various capacities. NWCoC meetings are posted in advance of each calendar year, with materials sent in advance of meetings to a listserv. The NWCoC Lead and stakeholders attend state and county commission/town meetings, participate in advisory/workgroups with hospitals, DHHS, mediation diversion programs, local law enforcement, in community planning, and presentations to student groups and civic/religious organizations to gather information and present on causes/solutions to homelessness. Members participate in the Watauga Housing Council, which actively advocates for policy changes in local government and influences affordable housing in the surrounding area.

B) Members include representatives from healthcare/substance use providers, homeless shelters, housing providers, VSPs, the PHA, housing developers, workforce development, veterans' service providers/VAMC, mainstream resource providers, persons with lived experience, advocacy groups, the LME/MCO, and Legal Aid. CoC members engage in planning, policy decisions, CoC funding, and represent counties across NC 516 to guarantee a broad range of knowledge about homelessness.

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)

A) NWCoC provides a complete description of project submission requirements and deadlines for applications, as well as the Annual Renewal Demand, bonus funding amounts available, and when/how notifications of acceptance, reduction, or rejection would be given to applicants in all communications/announcements sent out. NWCoC requests that prospective applicants complete online project applications in e-snaps and submit them to the project review committee as identified in public notices. Additional application requirements are requested to be submitted via email to the project review committee to accompany applications. NWCoC clearly states through multiple publicly accessible notices what criteria are being considered by the Scorecard Review and Ranking Subcommittee for applications to be submitted to HUD for potential funding, including applicant's capacity to run effective programs, projects that increased Permanent Housing and served unsheltered and chronically homeless individuals and families, victims of violence, youth under 25, and veterans, applicants who participate in community-wide efforts to end homelessness, and applicants who perform to NWCoC standards. The NC 516 Scorecard expressly states minimum score requirements and outlines how applications are scored before submission.

B) NWCoC did not receive any applications in FY26 from organizations that have not previously received funding. The CoC provides notices in multiple forms, including via email listserv, online posting, and on X (Twitter), Instagram, and Facebook, advertising funding availability and priorities for CoC funding. Additionally, the NOFO is discussed during NWCoC meetings upon release to encourage new applicants to apply.

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)

NWCoC incorporates strategies through multi-level data collection, monitoring trends in demographics, CoC priorities, and housing and job retention, and serving on task forces that address this population's needs. Gaps are identified and fall within short-term and long-term goals. One short-term example is an increase in encampments identified by street outreach and law enforcement in a concentrated area. This gap in service may be identified through weekly meetings with CoC-funded agencies, and then a strategy developed with street outreach teams to visit on-site with law enforcement to take appropriate steps to offer services and improve safety. Long-term gaps are identified in an annual Needs and Gaps Assessment led by the CoC Lead agency. One example is the increase in the aging population over the age of 55. With this type of data trend, the CoC compares statewide data and develops a strategy to prioritize this population in housing and service plans after 24 months of data confirmation. NWCoC covers a large rural geographic area. CoC-funded projects have been encouraged to determine the areas with higher levels of homeless occurrence, especially the priority areas to build a timeline for service expansion. CoC Projects have incorporated these timelines within their strategic plans to develop services in high-need areas. The CoC has supported this expansion through bonus funding across the 7-county region, adding locations, increasing CE access points, and expanding face-to-face warm handoff interactions. NWCoC has included privately funded Street Outreach updates within each monthly agenda to keep members updated with on-the-ground reports from counties within the CoC, rather than relying solely on data collection, such as the annual Point-in-Time count. This real-time reporting enables efficient, rapid responses to changes in homeless population gaps, which in turn drives focus on additional service and housing needs across the region. CoC data analysis remains an important tool, when combined with regional needs assessment, to determine funding sources and strategies and identify gaps in services. CoC members collaborate with providers such as regional hospitals, FQHC, law enforcement, food access providers, and mental health providers to assess trends and plan strategy specific to this population.

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?	0%

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)

NWCoC works directly with multiple substance use treatment providers to ensure 24/7 access for individuals to treatment options in our large rural service area, including Homestead Recovery Center, Recovery Revolution NC, Project Lazarus, and Daymark Recovery Services. Daymark Mobile Crisis provides 24 hour access to detox and treatment for individuals within the CoC that are seeking treatment. The Mobile Crisis line provides referral for those in need of treatment, assists them with the enrollment process, and provides transportation to ensure there are no barriers to access. Homestead Recovery Center houses three case management programs, peer services, workforce development and reentry services, recovery court advocacy, recovery housing, and a mobile recovery wellness outreach program. Additionally, Recovery Revolution NC works with NWCoC towards goals of recovery in the area, and accepts referrals from Northwest CoC Agencies to ensure that participants impacted by mental health and/or substance use have access to wrap-around services. The provider coordinates care with participants served by project organizations to ensure there is a continuum of care, makes referrals to ensure that Wilkes Recovery Revolution, Inc. participants have access to services provided by Northwest CoC Agencies, shares data when appropriate and applicable to appropriately measure our organizations' effectiveness. NWCoC agencies make direct referrals to substance use treatment services, and case managers help clients access these services by navigating the intake process and working with local partners to plan transportation to treatment. One of the local Substance Use Treatment providers meets weekly with the Lead Agency for NWCoC, along with the Chief of Police for local law enforcement, as we work towards a plan for ensuring access to substance use treatment that will restore sobriety to those experiencing homelessness alongside Substance Use Disorder.

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)

NWCoC works directly through partner agencies to provide outpatient treatment for program participants as well as effective mental health and substance use treatment options. The Lead Agency for NWCoC hosts a Medical Outpost twice weekly with an MOU in place for High Country Community Health, a Federally Qualified Health Center, to provide medical, substance use treatment, and behavioral health care. Additionally, the Lead Agency provides three licensed agency therapists to provide mental health services, access to substance use treatment services, and medication management dedicated to those experiencing homelessness. NWCoC also partners with Homestead Recovery Center, which operates peer recovery services and outpatient treatment for those struggling with addiction. Outpatient services have increased as this service expanded into two additional counties serving the CoC. NC 516 agencies work regularly with Daymark Recovery Services' Assertive Community Treatment Team, as ACTT provides individualized treatment, medication support, skill-building, housing support, vocational assistance, and family support to those experiencing homelessness. ACTT helps individuals become more independent, stay stable in the community, and achieve recovery goals, and this relationship provides the support that a significant portion of those experiencing homelessness need to stabilize in their mental health and/or recovery to ensure productivity and permanent housing. Daymark Mobile Crisis is available throughout NWCoC for non-medical crisis calls for individuals experiencing suicidal ideation, and Daymark provided the Lead Agency with iPads for increased access to crisis services through telehealth. NWCoC also meets weekly with the area Co-Response Team, made up of a dedicated Police Officer and Peer Support Specialist, to provide both immediate crisis response and ongoing case management, helping individuals navigate local resources and build long-term stability.

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)

NWCoC partners with multiple substance use treatment providers to connect individuals to peer support options in our large rural service area, including Homestead Recovery Center, Recovery Revolution NC, Project Lazarus, and Daymark Recovery Services. Agency Service Coordinators directly refer program participants to local Peer Support providers to ensure they have access to appropriate recovery navigation resources that support long-term recovery and stability in employment and housing. NWCoC has an MOU agreement with Recovery Revolution NC for peer support, intensive outpatient treatment, and recovery housing. In turn, the CoC and the Lead Agency agree to collaborate with case management and housing navigation for those seeking recovery through their services. The Lead Agency for NWCoC operates three separate programs, funded through state Opioid Settlement funds, dedicated to rehousing those with Opioid Use Disorder alongside Substance Use Disorder and other co-occurring mental health issues. The programs help rehouse individuals while working one-on-one with partner Substance Use Treatment agencies to provide peer support and recovery navigation to help individuals stabilize in housing. At least one agency that provides peer support services attends monthly CoC meetings to help region-wide coordination of services for those enrolled in CoC programs and/or experiencing homelessness.

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)

NWCoC provides a standardized Coordinated Entry Prescreen and a Housing Interview and Assessment Tool (HIAT) to all program participants that provides initial needs assessments and identification of those with serious mental illnesses experiencing homelessness within the geographic region served. Once identified, referrals are made directly to CoC services, which include Daymark Recovery Services as an active member of the CoC, providing access to resources such as Assertive Community Treatment to those who need intensive care coordination and comprehensive treatment. Daymark Recovery Services' regular attendance at NWCoC meetings allows for updates and planning around provider-observed trends so agencies can coordinate to better meet community needs and support stability. The Lead Agency for NWCoC employs three privately funded therapists who meet one-on-one with program participants, refer clients to community resources such as ACTT and other treatment programs that promote stability for those with serious mental illness, and also utilize partner organization High Country Community Health to establish and coordinate medication management for those within the seven-county region.

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)

Recovery Revolution Forensic Peer Support pairs certified staff with individuals involved with the justice system while also on a path of recovery. Additionally, the agency with which the CoC has an MOU offers Intensive Outpatient Treatment & Transitional Recovery Housing. Mediation Restorative Justice Center, is a court-supervised, post-sentence treatment program for non-violent defendants and is designed to identify and treat participants whose justice involvement is related to substance use.

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)

NWCoC provider agencies work with the Mediation and Restorative Justice Center (MRJC) to ensure housing stability for individuals and families experiencing homelessness by utilizing CoC program assistance in collaboration with the services provided by MRJC to create a well-rounded approach to individuals with co-occurring Substance Use Disorder and mental health disorders. The services provided by CoC program funding and MRJC simultaneously increase stability for program participants and help move them towards independence as the CoC prioritizes a Move-On strategy for those enrolled in services that have achieved independence. Both stable housing opportunities and court-supervised, the post-sentence treatment program for non-violent defendants promote long-term independence for NWCoC program participants.

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)

NWCoC works directly with Daymark Mobile Crisis, which has provided increased access to crisis services through telehealth with iPads for the Lead Agency. NWCoC works with the law enforcement-assisted Co-Response team in one of the counties with the highest number of those experiencing homelessness to ensure crisis stabilization and reduce emergency room visits.

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.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

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)

Regional FQHC provides services for homeless clients in 2 of 7 CoC counties, as no other specific behavioral health centers exist. NWCoC has a formal MOU with the FQHC for the CoC Funded Rural PSH grant for services only.

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)

N/A.

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)

NC 516 agencies provide ongoing case management and supportive services for program participants to ensure warm handoffs and successful interventions with mental health and recovery services in the region. Through intensive case management, program coordinators provide referrals to mental health and recovery service providers, accompany program participants to meet with potential service providers, and provide follow-up case management to support long-term housing retention and reduce barriers to maintaining housing for clients enrolled in CoC-funded programs. The partnerships between aforementioned area mental health providers, the Co-response team, substance use treatment agencies, and the Lead Agency for NWCoC are a collaborative effort to best serve program participants by strategically addressing issues in the community early on. Collaborators are able to troubleshoot barriers for service-resistant individuals so that mental health and recovery providers can provide the full scope of wrap-around services necessary to maintain housing for those struggling with substance use disorder and co-occurring mental health issues. NWCoC utilizes standardized assessments and motivational interviewing to provide agencies early indications of diagnoses that may warrant connection to community resources that support stable housing outcomes.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$691,197
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.	\$564,970
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	82%
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.	\$370,671
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).	135%

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%

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)

NWCoC works annually with the NC Dept. of Health and Human Services (DHHS), the ESG recipient for North Carolina, during the planning phase and local competition for the state's Request for Applications (RFA). The CoC consults with the ESG on application requirements, revisions, state and local process intersection, and allocation and award of ESG funds to sub-recipients. Prior to release of the annual RFA, the NWCoC solicits information on program and service gaps identified in the community and then engages DHHS/ESG in planning initiatives and project alignment based on the CoC's allocation under the State's Fair Share plan. DHHS/ESG and state CoC Leads have quarterly ESG Technical Assistance meetings to evaluate data, report performance, share best practices, and evaluate sub-recipient performance. The NWCoC conducts bi-annual reviews of sub-recipients' performance, including clients served and exit outcomes for funded activities, and then evaluates program performance in determining ESG funding recommendations each year. Desk monitoring following the ESG CPD monitoring guidebook, is conducted within the NWCoC at the agency/program level by the recipient.

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)

NC 516 CoC-funded agencies operate two of the only emergency shelters in the region. OASIS provides emergency shelter for those fleeing intimate partner domestic violence. Hospitality House operates an Emergency Shelter providing temporary shelter for individuals and families from the seven county surrounding region. The local Coordinated Entry and Assessment System is operated through the Lead Agency, which partners with area providers and OASIS to ensure timely referral to CoC program assistance. CoC partners attend all Coordinated Entry calls (General CE and DV Parallel) where CE Referrals are considered and approved by the CoC. There is a direct relationship with emergency shelter providers and CoC assistance due to the limited number of agencies providing homeless services in the region. As a result, access to CoC assistance is streamlined for individuals and families in the region seeking access to permanent housing resources.

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)

NC 516 follows all legal requirements and laws to effectively share PIT, HIC, HMIS, and System Performance data with entities such as state and local governments so relevant data can be collected to inform future implementation of the homeless response system. The NC 516 Written Standards comply with all requirements regarding the HUD Equal Access Rule, other federal and state non-discrimination and privacy laws required by the Department of Housing and Urban Development, and are applicable to all CoC and ESG funded programs in the Northwest Continuum of Care (CoC). NC 516 provides annual training to agencies and the community at large on the Equal Access Rule, Fair Housing compliance, and other related requirements to guide circumstances where data may be disclosed to inform the homeless response system. All NWCoC participating programs must uphold the privacy protection standards established by Operating Policies and Procedures and relevant State and Federal confidentiality laws and regulations that protect participant records containing personally identifiable information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Agencies must have appropriate Release(s) of Information (ROI) that are consistent with the type of data the agency plans to share and the time period for which the ROI is valid. Confidential participant information may only be released with the participant or the participant's guardian's consent. A HUD and HIPAA compliant record retention policy and procedure must be developed and enforced by all recipient agencies. CoC and ESG programs must maintain records in accordance with regulations (24 CFR 578.103; 24 CFR 576.500 et seq.). NWCoC shares PIT, HIC, HMIS, and SPM data, guided by Operating Policies and Procedures to ensure an effective homeless response system.

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)

NC 516 providers work directly with community partners to track de-identified data on service use, such as healthcare utilization records and 911 calls, to improve long-term care. The tracking of community resource utilization, such as emergency healthcare needs and law enforcement calls, lead to a collaborative effort in the region to create a Co-Response Team to address increased reactive calls for police services for those experiencing homelessness in the region. Data from a selected eight-month period in 2025 compared to the same time frame in 2026 showed a 42% reduction in use of the emergency services system since implementing the Co-Response Team in NWCoC's county with the highest consistent PIT count. In addition, the Lead Agency for NC 516 operates an on-site Medical Outpost available to those experiencing homelessness and enrolled in CoC programs to reduce the need for emergency medical visits by connecting the uninsured and underinsured with primary medical and mental healthcare. This project that is available to program participants came as a result of tracking data from individuals in the region that were involved in the medical system and reporting negative outcomes from involvement with emergency 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)

NWCoC works with Vocational Rehabilitation to refer individuals with disabilities in the region for assistance in employment services. Additionally, provider agencies work with NCWorks through the NC Department of Commerce to refer individuals for career assistance and training programs.

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 NWCoC works collaboratively with local law enforcement to address the immediate safety concerns of the community associated with unsheltered homelessness. CoC staff communicate frequently with first responders to address vulnerable situations faced by street outreach clients, comply with all laws, and connect clients to supportive services as quickly as possible. The CoC has established a Co-Response Team with the Boone Police Department so staff and first responders can address situations together. This allows law enforcement to respond directly with trained homeless service staff and provide additional support for situations involving safety concerns, behavioral health, and substance abuse. The co-response model shifts law enforcement interactions into opportunities to build trust among clients using CoC services. By creating more positive interactions and communicating directly with CoC staff or homeless service providers, the CoC can turn more interactions with law enforcement into supportive engagement rather than allowing people to cycle between the street, emergency services, and law enforcement. Co-response allows us to meet people where they are, provide treatment, support, and housing services while complying with federal, state, and local law.

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 NWCoC uses case management to help unhoused clients find safe, appropriate family members or other support systems that may provide housing, transportation, financial assistance, and stability. When reunification is possible, staff work with clients to confirm safe arrangements before travel or exiting. If a client relocates outside of the CoC's jurisdiction, staff connect that individual with shelters, health providers, local services, and transportation so the transition does not end with simply purchasing a bus ticket. Case managers also help clients strengthen beneficial support systems, especially when those relationships contribute to healthier living conditions. This may include connecting clients to family, friends, faith communities, or other support systems that may provide employment, healthcare, transportation, and resources. Reunification is handled on a case-by-case basis, with the ultimate goal of safe reconnection to family or friends who will encourage more beneficial habits, rather than connecting people with places they fled to avoid habits that may have contributed to their homelessness. The Co-Response Team helps with relocation efforts, including providing occasional financial assistance for one-time travel costs for individuals seeking connection with a family or support network that is interested in reunification with the program participant.

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)

NWCoC works collaboratively with local law enforcement, government agencies, medical and mental health providers, EMS, and first responders to address public safety concerns associated with unsheltered homelessness while still connecting individuals to shelter and support services. CoC partners do not interfere with local efforts to address encampments, public illicit drug use, or individuals who present an immediate danger to themselves or to others. Instead, the NWCoC has established a co-response unit with the Boone Police Department to ensure the safety and legal needs of all clients using supportive housing services. Through this partnership, law enforcement and shelter staff respond together to street outreach needs, mental health or safety concerns, and any high-risk or vulnerable situations. The Co-Response Team model allows first responders to address immediate needs, safety concerns, and legality associated with unsheltered clients, while CoC Lead staff remain focused on providing supportive services geared toward appropriate treatment, recovery, and stabilization. The CoC complies with all federal, state, and local SORNA requirements, including sharing necessary information with law enforcement while complying with North Carolina confidentiality and privacy laws. When clients enter for shelter services, staff conduct warrant and Sex Offender Registry checks in collaboration with law enforcement agencies to ensure the safety and privacy of all clients.

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)

When tents and encampments are identified in the CoC's geographical region, the CoC works with local government, outreach service providers, and law enforcement to identify those staying in encampments and help them move into stable housing. Using local practices, including trespass and public-safety concern laws, the CoC has continued to strengthen co-response and street outreach teams to connect unsheltered clients with resources while maintaining public land frequently used for camping. Boone Town Code 80.05 and 80.07 supports this initiative through clear procedures on identifying and abating public nuisances, which includes encampments and anything concerning accumulated waste, obstruction, or an immediate concern for the public. Through defining encampments as public nuisances, we are able to locate areas of concern and address them in a timely manner with law enforcement assistance. Two years ago, the CoC Lead Agency worked with local law enforcement to develop a tent camping notification form that has been effective for both law enforcement and local agency street outreach teams. This form notifies people that camping is not allowed and, depending on the property owner, provides a deadline to remove the tent and belongings from the property. These notices also include the phone number for the regional shelter and street outreach team to connect individuals with supportive services such as food access, showers, basic needs, and housing options. The main barriers to encampment are not necessarily restrictive local policies, but the limited availability of emergency shelter beds for displaced individuals. To address these challenges, the CoC will continue working with housing authorities and community partners to expand options for individuals vacating encampments. Through timely intervention, partnerships with local agencies and law enforcement, and direct service engagement, the CoC will support local efforts to ensure public safety and cleanliness while also creating a safe path for unsheltered clients to enter shelter, treatment facilities, or permanent housing.

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)

NWCoC provider agencies serve individuals experiencing unsheltered homelessness in all seven counties of our rural service area. Vastly different from homelessness in urban areas, encampments in our region do not typically show up as large, highly visible, and clustered encampments of many people. Instead, NC 516 uses non-CoC-funded Street Outreach programs to extend CoC services to individuals in small camps, makeshift tents and shelters, or those living in their vehicles, wooded areas, or unoccupied buildings such as barns. Because the CoC extends across a mountainous area, camps are often temporary, dispersed, and less visible from typical streets and public areas. Individuals move between counties, from public to private properties dependent on weather and other available shelter services. Because of these conditions, it is not possible to provide an accurate count of encampments at any given time. The CoC Lead Agency, Hospitality House of NWNC, operates a Street Outreach program to find and identify unsheltered clients and connect them to shelter services, transportation, medical and mental health care, substance use services, and other resources. The Co-Response team provides law enforcement support, including a trained Law enforcement officer and a Peer support staff member, to supplement outreach efforts. The main goal is to identify unsheltered clients and connect them to available CoC resources and longer-term housing services as quickly as possible, reducing their impact on public safety and minimizing petty crime that creates barriers to housing.

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)

North Carolina's 911 Good Samaritan Law (G.S. 90-96.2 and G.S. 18B-302.2) provides limited immunity for those seeking medical assistance for a drug-related overdose, which massively lessens the fear of contacting 911 for fear of prosecution in the event of an emergency. The CoC benefits from the strong working relationship between homeless service providers and first responders throughout the region. When individuals experiencing homelessness also struggle with substance use, it is easier for officers to connect with individuals and discuss available services, rather than immediately funneling them into the justice system. Law enforcement and the Co-Response Team will often work with case managers to refer to emergency shelters, health care, and substance use treatment facilities so the individual experiencing substance reliance does not have to operate through the complicated system alone. Within the last year, several counties within the CoC have utilized Opioid Settlement funding to bring Community Paramedic programs onboard. The NWCoC Lead served on the planning and strategy committee, along with law enforcement, hospital, FQHC, Recovery service agencies, and county emergency management staff, to set goals and outcomes related to community needs and the homeless subpopulation for this new service. This type of CoC representation for community-wide strategic planning will greatly benefit the safety of both the community and those experiencing homelessness and addiction. The CoC continues to strengthen these relationships in an effort to create clear pathways toward recovery and build connections throughout the community, especially with healthcare providers who can medically address drug use and provide long-term solutions.

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)

Fentanyl and illicit opioids are a significant concern in Northwest North Carolina, alongside polysubstance use. Illicit substances are frequently involved in a substantial share of overdose deaths in the region, which have increased in recent years.

The CoC partners with individuals experiencing homelessness that is complicated by substance use and overdose risk. By maintaining relationships with law enforcement, hospitals, and treatment centers throughout the region, such as Project Lazarus, Recovery Revolution NC, and Homestead Recovery Center, NWCoC provider agencies refer individuals to resources that can more directly address the challenges that make recovery and treatment harder to surmount. The main challenge NWCoC faces is the limited capacity of treatment centers.

According to the North Carolina Department of Health and Human Services, overdose deaths in NC have dropped over 23%, and emergency room visits for overdoses have dropped 18% in 2026 (NCDHHS 2026).

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)

North Carolina law follows a thorough process for responding when individuals are experiencing mental illness and may present danger to themselves or others. Under N.C.G.S. § 122C-261, an individual experiencing a mental health crisis may be taken in for evaluation upon reasonable grounds that the individual is a danger and may require additional treatment to prevent further deterioration.

Through our Co-Response Team and our connection to Vaya Health and Daymark Services, the CoC can provide mental health care when necessary. Staff are trained to contact law enforcement and crisis providers to assess the safety risk associated with a client experiencing mental illness. Staff provide relevant information to help law enforcement and crisis responders better assist the individual and provide the expected standard of care. Vaya Health operates a 24/7 crisis line and mobile crisis center, and Hospitality House purchased two iPads for clients to access immediate telehealth services through Daymark Recovery, which connects clients with a provider who can evaluate them virtually and provide the necessary mental health services.

Staff regularly encounter individuals experiencing suicidal ideation, severe behavioral problems, possible psychosis, and substance-induced mental crises. Staff coordinate with co-response and first responders when an individual poses an immediate risk, while continuing to engage the individual in shelter, treatment, housing, and case management services. When the CoC and law enforcement officers determine that involuntary commitment is the only feasible solution, the CoC ensures the individual will remain connected to available housing services and treatment centers once the immediate crisis has passed.

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)

NWCoC follows all guidance under Title 1 of the Adam Walsh Child Protection and Safety Act of 2006, the comprehensive, and the national sex offender registration system called SORNA, Sex Offender Registration and Notification Act. Sex offender registration and notification programs are important for public safety purposes. CoC-Funded agencies have policies in place that address the notification of sex offender status before admittance into areas of service that are not permitted under sex offender restrictions. The registration provides local and federal authorities with important information about convicted sex offenders, such as the offender's name, current location, and past offenses. Currently, public notification includes sex offender websites in all states, the District of Columbia, and some territories. Individuals who are requesting admittance into CoC-funded program areas must give their name and DOB during pre-screening to allow staff time to check both the state and national sex offender registry. Additional safety steps include a faxed copy to local law enforcement for another check that includes a nationwide site and pending absconding charges. The safety of program participants is always the top priority of all CoC-funded agencies.

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 NWCoC region covers 2500 sq. miles in 7 rural counties. Because the CoC's service area is fully rural, NC 516 employs a multi-faceted approach to Street Outreach that includes collaboration with a network of local providers. NWCoC members attend coalition meetings focused on identifying households who are literally homeless or at imminent risk of homelessness to meet service needs. Outreach staff attend area agency meetings to provide guidance and a point of access in remote areas of the region with limited resources. Through information sharing, Outreach staff help identify encampments and plan onsite visits with appropriate local agencies. The Lead Agency opened a third Housing and Outreach Center in 2026, providing additional Street Outreach services to three of the region's most rural counties.

Partners in the Lead's Medical Care Outpost have accompanied Outreach staff to provide care at encampments and build relationships with those who are resistant to housing. This has increased the number of unsheltered individuals receiving medical/mental health care, as they are receiving hand-offs between Outreach and Medical Outpost staff onsite at the Lead's Watauga Housing Outreach & Center. Outreach is a key topic at NWCoC's monthly meetings, where staff share updates and challenges in engaging with people experiencing homelessness. Monthly meetings with service providers and law enforcement improve connections with those resistant to services. As a result of education and presentations to local government officials, a Co-Response team comprised of a social worker and a law enforcement officer, works full-time in the local community to assist in de-escalation of mental health crises. Outreach staff engages the social worker to bridge the gaps in services before they escalate to a crisis level, improving the outcomes of justice-involved persons. Additionally, CoC members participate in monthly meetings with homeless/support service providers, FQHC, food access agencies, substance recovery agencies, and law enforcement to maintain communication and increase engagement with service-resistant individuals. The NWCoC uses tailored information to boost awareness of resources for highly vulnerable clients who are least likely to request assistance. CE intakes and information are available in English, Spanish, and in person. Intake specialists have access to interpreters and assistance for persons with disabilities that ensure understanding.

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	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))	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 NC 516 Ensuring Access to Educational Services Policy, adopted in 2018, ensures individuals and families experiencing homelessness are informed of their rights and eligibility for educational services consistent with McKinney-Vento (42 U.S.C §11434a (2)) and NC law. Providers of homeless services, shelter, and housing must inform homeless households with minor children or unaccompanied youth of their rights/eligibility and protections and provide direct assistance with school enrollment and educational services. The policy requires: the parent or guardian having charge or control must enroll a child between the ages of 7-16 years old in school within 5 business days of admission into housing or shelter program; that staff provide the parent or guardian with information on the district/school that is age and grade level appropriate for the child and on the right to remain at the child's school of origin; the right of enrollment of a child/youth regardless of production of previous school or health records, birth certificates or proof of residency, and the contact information for the school social worker, LEA and/or McKinney-Vento liaison. Parents who choose home-schooling must provide program staff with grade-appropriate curriculum/web-based programming used to support a home-schooled student, proof of ongoing progress in mastering grade-level material (per N.C.G.S.), and that staff will provide or make arrangements with a school's transportation coordinator, if requested by the parent, guardian, or unaccompanied youth, to facilitate engagement with school services or activities. Providers must ensure the parent/ guardian follow school policies regarding absences, has the medical documentation necessary to return to school after an illness or injury, and are encouraged to develop relationships with community partners to offer educational support such as tutoring, reading programs, and, if needed, the provision of supplemental learning materials. Providers are required to inform families of their options for child care or early child developmental support, including evaluation, and assist households in healthcare and benefits enrollment and accessing annual wellness evaluations to support the understanding of age-appropriate developmental milestones and immunizations.

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)

NC 516 collaborates with area foster care services, both private and publicly operated homes, as well as Department of Social Services Child Protective Services case managers to ensure safe transitions to housing and supportive services. The CoC Lead serves in one of the county-appointed seats representing housing and crisis services for the Community Child Protection Teams (CCPT). This allows direct communication between agencies for more complex situations involving Foster Care transition and Child Welfare Services. Educational resources and opportunities on this service topic are shared when available in the region at monthly CoC meetings.

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)

There are no RHY-funded programs within NC 516.

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)

OASIS, Inc.'s Transitional Housing (TH) project primarily serves families with children experiencing homelessness who are fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking. The project's five-bed capacity is designated for a household with at least one adult and one child and operates within NC-516's parallel Coordinated Entry system for survivors.

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)

OASIS, Inc.'s Transitional Housing project combines temporary housing with individualized supportive services designed to help families increase stability and prepare for permanent housing. Each participant works with an OASIS advocate to develop an Individual Housing Stability Plan based on the household's strengths, goals, barriers, and self-determined priorities. To improve household income and the ability to maintain rent after leaving transitional housing, participants are connected with employment assistance and job training based on their individual needs and goals. OASIS advocates also help families access mainstream benefits and other income supports for which they may be eligible. Case management and housing stabilization services help families address barriers that can interfere with employment or income, including transportation, childcare, healthcare, behavioral healthcare, legal needs, and housing-related challenges. These services are coordinated with community partners and tailored to each family's circumstances, with the goal of increasing self-sufficiency and helping families transition safely to stable permanent housing.

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)

OASIS, Inc.'s Transitional Housing project leverages mainstream family service systems through individualized assessment, advocacy, referral, and ongoing case management. Families complete a needs assessment when entering OASIS emergency shelter and again when entering the Transitional Housing program to identify benefits, services, and other resources needed to support housing stability.

Based on identified needs, OASIS advocates work closely with the Department of Social Services and other community partners to help families access mainstream benefits and resources for which they may be eligible, including Medicaid, Work First/TANF, SNAP, childcare subsidy, and WIC. Advocates assist participants with navigating these systems, addressing barriers, and coordinating with partner agencies rather than relying solely on CoC-funded services.

OASIS also connects families with employment and job-training resources, healthcare and behavioral healthcare, food assistance, education services, transportation, and other community-based supports. By leveraging these mainstream family service systems alongside CoC-funded transitional housing and supportive services, the project helps families address financial and practical needs that affect their ability to obtain and maintain permanent housing.

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)

OASIS, Inc.'s Transitional Housing project combines housing assistance with family-centered supportive services designed to address the needs of both parents and children. Families complete an individualized needs assessment and work with an OASIS advocate to identify childcare, parenting, healthcare, education, and other supports needed to promote family and housing stability. OASIS maintains an MOU with the Children's Council to connect families with parenting education and support, including Triple P parenting programs, parenting classes, teen parenting support, childcare assistance, and connections to other community resources. OASIS also has an agreement with the Children's Playhouse that allows families referred by OASIS to participate in its programs free of charge, providing families with additional opportunities for child and family support.

OASIS addresses healthcare needs through a Community Healthcare Advocate, who provides education, advocacy, and resource navigation and connects parents and children with appropriate healthcare providers and community resources, including pregnancy-related and child healthcare when needed. Advocates also connect families with childcare and educational resources and help address barriers such as transportation that could prevent families from accessing services.

These supports are coordinated alongside transitional housing and ongoing case management so that families can address safety, parenting, childcare, health, education, income, and housing needs together while working toward permanent housing and long-term stability.

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)

NWCoC has three active Veteran Services providers as CoC members: ABCCM (Asheville Buncombe County Christian Ministries), Salisbury Veterans Medical Center, and Asheville Veteran Services.

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)

NWCoC has voting members who are Victim Service Providers (VSP's). Local VSP organizations include OASIS, DANA, and the non-VSP Hospitality House's domestic violence/sexual assault/human trafficking housing programs. These providers have housing, shelter, and supportive service programs for those fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

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)

NWCoC works with Homestead Recovery, a recovery agency that offers a Reentry program, providing work readiness, employment attainment and retention assistance, and a career closet for those transitioning from incarceration back into the workforce.

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)

NWCoC partners with the Co-Response team to address high emergency services utilization among those experiencing homelessness. The Co-Response team pairs law enforcement officers with social workers to respond to calls and reduce emergency response use in instances that could be addressed without EMS or first responders.

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)

NWCoC partners with FQHC, High Country Community Health to provide onsite medical/mental health services for the aging population experiencing homelessness. This partnership has improved access to vital services for individuals who often have chronic medical needs and has reduced the need to utilize emergency room care for these services. On-site medical care has also improved participants' access to more appropriate long-term housing, such as assisted living facilities and end-of-life 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)

NWCoC Order of Priority identifies length of time homeless as the primary measure through Coordinated Entry for referral to CoC program assistance. Those identified as chronically homeless are referred to CoC programs first to quickly resolve chronic homelessness in NW 516. The NWCoC has five PSH projects, each with chronic beds that ensure access to housing assistance for chronically homeless individuals, including the Permanent Supportive Housing for the Hard to Serve project.

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 Permanent Supportive Housing for the Hard to Serve project operated by Hospitality House of Northwest North Carolina provides on-site behavioral healthcare through the utilization of our on-site Medical Outpost, which operates twice a week in partnership with High Country Community Health, our local Federally Qualified Health Center. Through this partnership, High Country Community Health provides access to a behavioral healthcare provider to supplement the three behavioral healthcare providers Hospitality House employs full-time. This ensures access to on-site behavioral healthcare, as the clinic operates twice a week on-site for individuals enrolled in the program and those most likely not to have access to behavioral healthcare services. These services were identified by NC 516 as critical for those with a history of chronic homelessness, as their chronicity is often connected to ongoing and persistent mental health issues in combination with other physical disabilities. Providers meet with those enrolled in the CoC program, provide one-on-one Behavioral Health services, and move clients towards medication management or a regular behavioral health provider if needed for long-term stabilization.

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)

Hospitality House's Permanent Housing for the Hard to Serve follows NC-516's Coordinated Entry and Vulnerability Review policies to assess whether participants may require a higher level of care. The Vulnerability Review considers severe medical and behavioral health conditions, ability to complete activities of daily living, self-neglect or safety concerns, frequent emergency-service use, and terminal or acute medical needs. The policy recognizes that some individuals may require specialized resources, including skilled nursing care, when PSH is not the appropriate intervention. NC 516 provider agencies also partner with High Country Community Health (HCCH), which provides onsite medical and behavioral healthcare and helps identify changing healthcare needs. When assessment indicates that a participant requires care beyond what can appropriately be provided in PSH, staff coordinate with healthcare and community partners to connect the participant to an appropriate higher level of care such as assisted living, skilled nursing, residential treatment, or end-of-life care.

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)

Hospitality House's Permanent Housing for the Hard to Serve follows NC-516's Moving On and Program Participant Transfer policies to assess PSH participants for readiness to transition to other permanent housing. The assessment considers whether the participant still needs intensive supportive services, the household's financial and long-term housing needs, eligibility for other housing resources, participant choice, and any potential consequences of a transition. For PSH participants who no longer require the level of supportive services provided through PSH but continue to need long-term rental assistance, NC-516 has a Moving On partnership between the CoC Lead, Hospitality House, and Northwest Regional Housing Authority. Hospitality House works with the participant to identify a suitable, safe permanent housing option and coordinates with the housing authority when the participant is ready to transition using an eligible transferable Housing Choice Voucher. This process allows participants who are ready for greater housing independence to move from PSH without losing necessary rental assistance, while also making PSH resources available to individuals with greater supportive-service needs. Transitions are coordinated with the participant and are based on individual readiness and housing stability rather than a predetermined length of stay.

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?	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.	09/23/2026
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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)

- 1) The Northwest CoC (NC 516) strives to create a fair and transparent process for notification, distribution, and allocation of funds for new projects/activities and renewal projects for both federal and state funds. The Ranking and Review subcommittee established by the NC 516 Steering Committee may recommend that some project applications not be included in the Priority Listing, ranked lower, or that some renewal projects funding be partially or fully reallocated to existing or new applicants to ensure an effective delivery of services and housing opportunities across the region. To ensure fairness, these projects have the opportunity to appeal the external Ranking and Review Subcommittee's decisions. The Subcommittee analyzes the performance measures of all CoC-funded projects, the annual monitoring report, and quarterly spending report from HUD, and reallocates financial resources when doing so will improve the capacity to end homelessness. Projects are scored based on organizational capacity, project approach and design, cost effectiveness and utilization, performance outcomes, financial audits/capacity, and spending history. The subcommittee considers HUD's policy priorities, strategic objectives, and NC 516's needs and priorities, in relation to project funding recommendations. To identify projects that may be low performing or less needed, the subcommittee reviews performance measures such as exits to permanent housing, gained/increased income, length of stay, positive exits to known destinations, how projects are meeting a community need, increasing benefits, e.g. The NC 516 Reallocation Policy is distributed to the listserv and posted to the NC 516 public website during the NOFO to notify the CoC that new projects may be eligible for funding through the reallocation process or bonus funds.
- 2) For the 2026 CoC Competition, no projects were identified by the Review and Ranking subcommittee as low performing, less needed or inconsistent with the NC 516 needs.
- 3) No projects were identified to be reduced or reallocated in 2026. If low performance/slow spenders of CoC funds were identified, projects would be reallocated either voluntarily or competitively with low performing/less needed projects being rejected/reduced, and the amount reallocated for a new project.
- 4) There were no projects rejected/reduced or reallocated as no projects submitted were identified as low performing, less needed or inconsistent with the NC 516 current needs.

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.	Single CoC
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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)

NC-516 participated in a new Point-in-Time (PIT) Count survey methodology implemented by multiple Continuums of Care throughout North Carolina using Green River and the Open PATH Warehouse. This methodology introduced an online application that allows surveyors to conduct surveys with individuals experiencing homelessness using a smartphone, tablet, or computer, eliminating reliance on paper-based surveys. Completed surveys are transferred directly to an online database, streamlining data entry and reducing the risk of surveys being lost or misplaced before reaching the NC-516 contact responsible for data entry. Weather conditions presented significant challenges during the 2026 PIT Count. The region experienced three winter storms during the count period, including dangerously cold temperatures and hazardous precipitation. These conditions created safety concerns for volunteers and individuals experiencing homelessness and may have limited the ability of Street Outreach teams to locate unsheltered individuals. Some individuals may have sought refuge in less visible or difficult-to-access locations, potentially affecting the accuracy of the count. Volunteer participation was another contributing factor. The approved change in the PIT Count date, combined with below-zero temperatures, affected volunteer availability and willingness to participate. Reduced volunteer turnout limited outreach coverage in certain areas and may have contributed to fewer completed surveys. Although the new mobile application improved efficiency and streamlined data collection, severe weather, reduced volunteer participation, and the adjustment to new technology presented challenges that may have affected the overall accuracy of the 2026 PIT Count.

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)

NWCoC addressed a significant encampment that developed in 2024, which local law enforcement struggled to address because of the encampment's impact on local businesses and agencies. Officials contacted the Lead Agency for NWCoC and requested assistance, leading to collaboration between law enforcement and the Lead Agency's privately funded Street Outreach program. Local businesses pressured the encampment to dissolve, and the collaborative effort resulted in the Lead Agency finding shelter or housing placement for 12 individuals in the encampment. There were 6 who refused to leave and ultimately had to be addressed separately by law enforcement. Collaboration between the Lead Agency and law enforcement helped develop localized understanding of CoC assistance programs and created an ongoing line of communication for future cooperation surrounding unsheltered homelessness and encampments in our rural community.

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.	7
2. Enter the reduction in the number of encampments during your evaluation period.	4

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.	61
2. Enter the reduction in the number of people in encampments during your evaluation period.	34

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)

Not Applicable.

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 Northwest Continuum of Care (NWCoC) uses a Coordinated Entry Pre-Screen tool to identify individuals and families at imminent risk of homelessness or experiencing housing instability. This process allows the NWCoC to identify households in need of assistance and connect them with appropriate resources before they enter the homelessness response system. The Pre-Screen process evaluates factors that may contribute to a household's risk of becoming homeless, including income loss or employment instability, housing cost burdens, financial hardship, lack of emergency savings, experiences of domestic or family violence, disabling health conditions, and limited family or community support. Identifying these challenges early allows service providers to tailor interventions to each household's circumstances. Households identified as being at imminent risk of homelessness but not yet homeless are referred to available local Crisis Assistance programs. These programs may provide short-term financial assistance, eviction prevention, and housing stabilization services to help households maintain their current housing. The NWCoC's prevention and diversion efforts focus on early intervention, connecting households to mainstream benefits, community resources, and other supportive services. By addressing housing instability before it results in homelessness, the NWCoC seeks to reduce the number of individuals and families experiencing homelessness for the first time and strengthen long-term housing stability throughout the region.

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)

The NC-516 Continuum of Care (CoC) has experienced an increase in the average length of time individuals and families remain homeless due to the region's longstanding shortage of affordable housing, further exacerbated by Hurricane Helene. Helene destroyed thousands of homes in northwestern North Carolina, including affordable rental units, limiting housing options and making it more difficult for households to transition from shelter and temporary housing into permanent housing. Damage to housing developments and delays in restoring affected units further contributed to extended stays in CoC-funded programs.

In response, NC-516 is implementing a comprehensive plan to reduce how long households remain homeless. The CoC uses Coordinated Entry, the By-Name List, and established prioritization criteria to identify households experiencing homelessness and expedite referrals to appropriate housing resources. Regular case conferencing and Vulnerability Reviews help agencies identify barriers, coordinate resources, and develop action plans for households experiencing extended homelessness.

NC-516 promotes housing navigation and barrier reduction to support timely placements. Participating agencies help households obtain identification and documentation, apply for mainstream benefits, establish income, complete housing applications, connect with landlords, and access rental assistance and supportive services. Case management supports individuals and families with complex needs to ensure successful transitions into permanent housing.

The CoC continues to strengthen partnerships among housing providers, landlords, and community agencies to identify vacancies and expand housing opportunities throughout the seven-county region. As damaged units are restored, NC-516 will work to ensure available housing is efficiently utilized. The CoC also supports targeted outreach and coordinated housing efforts in rural communities where transportation and limited housing availability create additional barriers.

NC-516 will monitor housing utilization, length-of-stay trends, and housing placement outcomes to identify system-level barriers and improve performance. Through coordinated referrals, housing navigation, barrier reduction, and ongoing collaboration, NC-516 is committed to helping individuals and families exit homelessness more quickly and achieve long-term housing stability.

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?	42.04%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Based on HMIS data, 42.04% of participants who exited Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) during the reporting period exited to unsubsidized housing. This exceeds the 20% threshold identified in the NOFO. The calculation included participants who exited from TH, RRH, and PSH projects during the selected 12-month reporting period. The total number of participants who exited these project types was used as the universe for the calculation. We then reviewed HMIS Data Element 3.12 – Exit Destination for each participant who exited. The exits counted as unsubsidized housing were those with the following destinations: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; and Owned by client, no ongoing housing subsidy. The number of participants who exited to one of these four qualifying destinations was compared to the total number of participants who exited TH, RRH, and PSH. Based on this HMIS data, 42.04% of participants exited to unsubsidized housing. The results demonstrate that the NC-516 Continuum of Care is helping participants move from TH, RRH, and PSH into permanent housing without an ongoing housing subsidy. The CoC continues to work with participants to increase housing stability and support successful transitions to permanent housing.

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.	02/04/2026
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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	105	4	76	69.72%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	34	0	25	73.53%
4. Rapid Re-Housing (RRH) beds	20	0	20	100.00%
5. Permanent Supportive Housing (PSH) beds	89	0	83	93.26%
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)

ES 69.7%

1) The average number of beds available (71.0) is accurate. The lower bed coverage rate (61.72% / 59.71%) is due to scan points not being used consistently. Over the next 12 months, the CoC will work with affected projects to improve the consistent use of scan points and ensure nightly utilization is accurately captured. Staff will receive refresher guidance on the scan point process, and projects will be reminded of the importance of consistently recording nightly utilization.

2) To implement these steps, the CoC will review scan point and utilization data monthly to identify gaps or inconsistencies. Projects with continued issues will receive follow-up, and progress will be reviewed quarterly to determine if additional corrective action is needed. This process will improve the accuracy of utilization data and help the CoC increase the reported bed coverage rate to at least 85%.

TH 73.5%

1) Over the next 12 months, outreach will continue through community partners, emergency shelters, Street Outreach, Coordinated Entry (CE), and other agencies serving individuals experiencing homelessness. Available TH beds will be shared through these outreach and referral networks so eligible individuals can be identified, referred through CE, and connected to available housing as quickly as possible. NWCoC will monitor vacancies and utilization regularly and follow up with outreach partners and CE when beds remain available. These efforts will help ensure available TH beds are filled as quickly as possible and increase the bed coverage rate to at least 85 percent.

2) The program has successfully expedited the housing placement process, allowing individuals to be housed more quickly than in previous reporting times. As a result, there has been increased availability within the Transitional Housing (TH) project. To ensure these vacancies are promptly filled, outreach efforts have expanded across the seven counties served. With the onset of colder weather, NWCoC anticipates a greater willingness among unsheltered individuals to accept housing and shelter options, reducing the number of people remaining outdoors.

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	Access to On-Site...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f - Units Req...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Supportive Servic...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Coordination Publ...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	NC 516 NOFO Local...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	NC 516 Local Comp...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	NC 516 2026 Compe...	09/28/2026
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	NWCoC Advancing R...	09/28/2026
11. Other	No		

Attachment Details

Document Description: Access to On-Site Treatment

Attachment Details

Document Description: 1C-1f - Units Requiring Treatment

Attachment Details

Document Description: Supportive Service Agreement

Attachment Details

Document Description: Coordination Public Safety

Attachment Details

Document Description: NC 516 NOFO Local Scorecard for New and
Renewal CoC Applications 2026

Attachment Details

Document Description: NC 516 Local Competition Selection Results

Attachment Details

Document Description: NC 516 2026 Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: NWCoC Advancing Recovery

Attachment Details

Document Description: NC 516 Certification of Consistency

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required



Northwest Continuum of Care (CoC) Treatment and Recovery Services - On-Site Treatment

The Northwest CoC (NWCoC) recognizes that participants experiencing homelessness often have traumatic experiences that can result in substance use to cope with their trauma history. The NW CoC supports a holistic approach to the goal of ending homelessness, including substance use recovery, and promotes funding for efforts by community partners to assist homeless individuals, families, persons fleeing domestic violence and/or victimization, and youth, that address trauma and advance recovery and stable housing opportunities. NWCoC does not currently have on-site treatment available, but has demonstrated access to treatment services in the fully rural CoC for program participants.



Northwest Continuum of Care (CoC) Projects and Treatment Providers Requiring Substance Use Treatment

The Northwest CoC (NWCoC) recognizes that participants experiencing homelessness often have traumatic experiences that can result in substance use to cope with their trauma history. The NW CoC supports a holistic approach to the goal of ending homelessness, including substance use recovery, and promotes funding for efforts by community partners to assist homeless individuals, families, persons fleeing domestic violence and/or victimization, and youth, that address trauma and advance recovery and stable housing opportunities. NWCoC does not currently have CoC Program Projects that require substance use treatment services as a condition of their continued participation in the program.



Hospitality House of Northwest North Carolina

Supportive Services Agreement

Hospitality House requires all program participants to agree to engage in weekly supportive services such as case management and employment training. These services are in an effort to serve homeless families and individuals in our community and to advance progress towards self-sufficiency and independent living goals, as set forth in 42 U.S.C. 11386a(b)(1)(F).

Your signature below indicates that you agree to meet with your Service Coordinator once per week as you work towards your individual goal plan for independence and self-sufficiency. These goals might include meeting your healthcare needs, working with vocational rehabilitation or exploring employment opportunities, applying for SSI/SSDI, and/or increasing access to non-cash benefits.

If a participant otherwise qualifies for admission or assistance, this assistance can not be denied on the basis of the participant being a victim of domestic violence, dating violence, sexual assault, or stalking, consistent with 24CFR 5.2005(b)(1)

Signature: _____ Date: _____

Program Participant

Signature: _____ Date: _____

Staff



PO Box 309, Boone, North Carolina, 28607
828-264-1237

Camping is prohibited on
Hospitality House Property.
Sleeping on property after 7
PM may result in police
involvement and a trespass.

2026 Scorecard for Northwest NC CoC (NC 516) Funds: New and Renewal Projects

This scorecard will be used by the Northwest CoC Project Ranking and Review Subcommittee to score applications for new and renewal projects.

This scorecard has five goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program efficiently, can operate on HUD's reimbursement basis as well provide the required matching funds for any award, and have experience serving the population or a similar one with positive outcomes such as self-sufficiency and housing stability).
- Fund projects that reflect the Northwest NC Continuum of Care priorities: projects that meet community needs such as permanent housing and serving unsheltered homeless individuals and families including children, victims of violence, older adult and disabled households, and veterans.
- Fund projects that reflect HUD priorities: transitional and outreach projects that provide robust wraparound trauma-informed supportive services and participation requirements, advance public safety, improve outcomes, promote self-sufficiency, promote treatment and recovery, and outreach to unsheltered homeless individuals and families, elderly, and physically disabled households.
- Incentivize agencies to be good partners; participating in community efforts to end homelessness, utilizing HMIS or HMIS Comparable Database, and helping create a system-wide homeless service system for the entire Continuum of Care's geographic area.
- Ensure that funded projects are being good stewards of US Housing and Urban Development (HUD) and meeting HUD requirements and the Northwest NC CoC (NC 516) standards.

Applicant: _____

Project Name: _____

Project Type: _____

Final Score: _____

Rank: _____

Date: _____

The CoC Project Ranking and Review Subcommittee may ask applicant agencies to provide additional information to determine agency capacity to: Implement projects in a timely manner with successful outcomes, score well on the HUD Annual Performance Report (APR), and avoid jeopardizing overall agency stability or future funding in the Northwest NC CoC (NC 516).

Applicant Name

Reviewer:

Project Name

New & Renewal Projects must meet at least the HUD minimum threshold score for the proposed project per the NOFO. Additionally in each scored section, NC 516 local application and HUD funding priorities will be used in the ranking process for proposed projects. The CoC Project Ranking and Review Subcommittee will score timely and complete project applications and this score will determine whether project is accepted, ranked, reduced, or rejected for inclusion in the final Northwest NC CoC (NC 516) Consolidated Application and Priority Listing.

Maximum Score Possible (Renewals): 325

Maximum Score Possible (New): 325

Project Score: 0

1-Review Threshold

Did the new applicant provide a response to each question in the Local Application? Answer Yes or No.

Each new project must provide a response to the following questions from the local application as applicable. If awarded, a recipient must meet all the criteria listed in the criteria column for its component prior to executing a grant agreement. Incomplete or late project applications will not be accepted, reviewed, or considered.

Eligibility for New Applicants	Yes	No
Is the New applicant an eligible applicant as reflected in the NOFO?		
Is the New project application complete and is there a response for each narrative?		
PASS/FAIL		
Transitional Housing Criteria	Yes	No
Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)		
The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.		
The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.		
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.		

Describe how the proposed project will: •assess the service needs of program participants, •and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement. Indicate that the proposed project will create service plans for each program participant that include: •the services to be provided, when and how often services will be provided, by whom all services will be provided; •program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.		
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.		
PASS/FAIL		

Supportive Services Only (SSO) Standalone Criteria	Yes	No
The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.		
The proposed project has 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.		
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.		
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.		
PASS/FAIL		
Supportive Services Only (SSO) Street Outreach Criteria	Yes	No
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.		
The proposed project has 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.		
Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.		
The applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.		
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.		
PASS/FAIL		

SSO-Coordinated Entry (SSO-CE) Criteria	Yes	No
The Coordinated Entry system is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.		
There is a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs.		
There is a standardized assessment process.		
The project will ensure program participants are directed to appropriate housing and services that fit their needs.		
PASS/FAIL		
Permanent Housing: Permanent Supportive Housing (PH-PSH) Criteria	Yes	No
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.		
The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services.		
The project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i).		
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.		
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.		
PASS/FAIL		

Permanent Housing: Rapid Rehousing (PH-RRH) Criteria	Yes	No
The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.		
The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.		
The applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.		
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.		
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.		
PASS/FAIL		
Homeless Management Information System (HMIS) Criteria	Yes	No
How the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation.		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		
The ability of the HMIS to un-duplicate client records.		
The HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		
PASS/FAIL		

CoC Planning – Collaborative Applicants Only Criteria	Yes	No
Governance and Operations-The CoC conducts meetings of the entire CoC membership that are inclusive and open to members and demonstrates the CoC has a written governance charter in place that includes CoC policies.		
CoC Committees-The CoC has CoC-wide planning committees, subcommittees, or workgroups to address the needs of persons experiencing homelessness in the CoC's geographic area that recommends and sets policy priorities for the CoC.		
The proposed planning project that will be carried out by the CoC with Planning grant funds is compliant with the provisions of 24 CFR 578.7.		
The funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects.		
PASS/FAIL		
Eligibility for Renewal Applicants	Yes	No
Is the Renewing applicant an eligible applicant for the renewal as reflected in the GIW?		
Is the Renewing project application a grant that expires in 2027 as reflected in the GIW?		
Is the Renewing project application complete and is there a response for each narrative?		
PASS/FAIL		

Did the new and renewal applicant submit the required attachments from the Local Application Attachments Checklist? Answer Yes or No or N/A.			
Required Attachments	Yes	No	N/A
Program Policies and Procedures: i.e., Permanent Supportive Housing projects, Rapid Rehousing projects, Transitional Housing projects, Joint TH-RRH projects (DV & Non-DV), SSO-SO, SSO only, SSO-CE projects			
Supportive service agreements (contracts, occupancy agreements, leases, participation agreements, or equivalent).			
Sample Lease for projects requesting Rental Assistance or Leasing funds			
Occupancy Agreements or Lease for Transitional Housing			
Match letters/documentation that show ability to meet HUD requirement of at least 25% of total budget (excluding leasing funds) unless HUD granted waiver per the NOFO			
Project Budget – Detailed – Units, Beds, FMR, Rental Assistance or Leasing, Supportive Services, Operating Costs, Administration, 25% Match requirement			
If agency was monitored in past two years by HUD, CoC, Internal Audit, or other type of monitoring/audit, please attach HUD letter or CoC letter regarding any findings and their resolution including agency corrective action plan/ response			
Non-Profit Board Member List for Current Board			
Agency Organization Chart			
Agency Detailed Budget			
Agency Detailed Balance Sheet			
Budget vs. Actual Profit & Loss Statements for Last 2 Fiscal Years			
Agency Audit (Single or Program-Specific Audit) if required or Form 990 if not required			
Audit Documentation (most recent fiscal year Single Audit if applicable, independent audit, or CPA and management letter, or 990 if no audit performed)			
Written Procurement Procedures			
Record-Retention Policy			
Indirect cost rate or negotiated indirect cost rate or the MTDC (Modified Total Direct Costs) if applicable			

1-Review Threshold

Organization's Conflict of Interest Policies or Organization's Code of Conduct Policy			
Proof of active SAM.gov registration (screenshot showing application status or active registration with expiration date and summary registration download from SAM.gov)			
IRS 501(C)3 designation letter, if applicable			
Written agreements (MOA/MOU/ or equivalent formal agreement) with the agency to support the CoC funded project(s) for educational supports and services for children ages 0-5, such as Public Pre-K, Head Start, Child Care (including Child Care and Development Fund), or home visiting (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV);			
Written Letter of Commitment/MOU/MOA, e.g., showing Percentage of Healthcare Leverage available if new project or for renewal, other commitments to support program participants outside of HUD funding utilizing mainstream services to provide supportive services			
Other Housing/Homeless-related Coalitions or Partnerships within Northwest Region in which Agency participates			
Opportunity Zones if applicable, Form HUD 2996			

1-Review Threshold

Renewal Projects only: Copy of the SAGE APR for the most recently completed grant cycle submitted in SAGE Renewal Projects only: APR (Annual Performance Report from HMIS or comparable database) for July 1, 2025 – June 30, 2026 Renewal Only: NC HMIS Data Quality or Data Completeness Reports (A020 HMIS report – Business Objects) or Comparable Database Aggregate Reports, July 1, 2025 – June 30, 2026: a. Report that shows if data errors in HMIS or Comparable Database Aggregate Report are 0-10% or above 10% (goal is less than 10%) b. Report showing if additional beds outside of agency project applications are entered into HMIS or Comparable Database Renewal Projects only: SAGE APR for FY2022 and FY2023 Renewal Projects only: e-LOCCS Screenshots or e-LOCCS summary for 2024 Grant Award Spending to date			
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Standard						
Disclaimer - If unmet, stop review		Met	Unmet	N/A	If Unmet, Stop Review	
If application was submitted after local competition deadline, applicant is ineligible. Stop review.						
Disclaimer - If unmet, stop review		Met	Unmet	N/A	If Unmet, Stop Review	
Application was incomplete (missing information, required attachments, supplemental questions not submitted, e.g.) or ineligible applicant, stop review.						

Applicant Name

Reviewer:

Project Name

2-CoC & Community

(AGENCY'S RELATIONSHIP TO COMMUNITY)

Maximum Points: 10

Score: 0

Participation in Committee Activities

Does the agency submitting the project application actively participate in the Northwest NC CoC (NC-516) Steering Committee activities?	Met		Unmet
Actively participate in Steering Committee meetings (Renewal Only: 75% of meetings in past year)	Met	Unmet	
75% or Higher	0		
Under 75%	-20		

Participation in Northwest NC CoC (NC-516) Activities

Does the agency actively participate in the following Northwest NC CoC (NC-516) activities?	# of Times Meeting Occurred	# of Times Applicant Participated
# of times participated in Northwest NC Steering Committee (July'25 June'26) (meeting minutes)	4	
# of times participated in subcommittee meetings (CoC Subcommittee, ESG Subcommittee, Data Quality and Policy System Performance Subcommittee) (meeting minutes)	8	
Participated in at least one subcommittee's meeting (meeting minutes)	Yes/No	
Participated in at least half of Northwest NC Steering Committee meetings (meeting minutes)	Yes/No	
Did agency participate in either 2025 or 2026 Point-in-Time and Housing Inventory data	Yes/No	
Is New Applicant Agency interested in participating in Northwest NC Steering Committee or Subcommittees?	Yes/No	

Opportunity Zones

Opportunity Zones	Possible Score	Project Score
You may receive up to five (5) points, if your proposed activities are within an Opportunity Zone. To receive points, you must complete and submit form HUD-2996, Certification for Opportunity Zone Preference Points. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive preference points.	10	

Applicant Name

Reviewer:

Project Name

3-Supplemental Questions Maximum Points: 60 Score: 0		
Describe agency and subrecipients' (if applicable) experience operating the housing project or service delivery project for this population if not the same type of project (permanent supportive housing, rapid re-housing, transitional, outreach, e.g.) currently applying for, describe experience in operating other assistance programs? Did applicant provide data and outcomes to support answer. (Supplemental Section of Local Application)	10	
Are there other housing/homeless related coalitions or partnerships within the Northwest region in which the agency participates? (AMY meetings, Ashe Coalition, Watauga Housing Coalition, e.g.)	10	
How many members of your Board of Directors or Planning Body are homeless or formerly homeless? (agency supplemental responses or annual NC 516 CoC monitoring responses)	10	
Has the agency sent staff to training for mainstream benefits, employment assistance, trauma-informed care in the last 12 months to serve the population? Examples may be local/CoC/State/HUD trainings. Please list the date(s) of training(s) and percentage of staff that have attended training(s) in the last 12 months. (agency supplemental responses)	10	
Does the applicant have an Anti-Discrimination and Fair Housing Policy in full compliance with state and federal law, HUD regulations, and the NWCoC Written Standards? If not, did applicant explain if there is a plan to establish policies and procedures that comply with state and federal law, HUD regulations, and NWCoC Written Standards. <i>[Program policies and procedures]</i>	10	
Does the applicant have an arrangement for interpreter services and services for persons needing other assistance in communication? <i>[e.g. has a MOA/MOU or other agreement with interpreter service for non-English speaking persons and services for hearing or sight impaired persons?]</i> (agency supplemental responses)	10	

4-Financial-Agency Capacity

Applicant Name

Reviewer:

Project Name

4-Financial-Agency Capacity				
Possible Points: 35				
Score: 0				
Lines of Authority/Responsibility				
Does the agency have an organization chart that illustrates the actual lines of authority/responsibility?	Met	Unmet	N/A	Unmet, Documentation on not provided
Are financial duties and responsibilities segregated (to the extent practicable) so that no one individual has complete authority over a financial transaction? [24 CFR 578.99(e)]	Met	Unmet	N/A	Unmet, Documentation on not provided
Audit				
Did applicant agency submit an organizational financial audit?	Yes	No	N/A	Unmet, Documentation on not provided
If applicant agency did not submit an organizational financial audit, did they submit their 990?	Yes	No	N/A	Unmet, Documentation on not provided
Does the applicant (or any of its subrecipients, if applicable) meet the annual expenditure threshold (\$1,000,000) for having a single or program-specific audit conducted?	Yes	No	N/A	Unmet, Documentation on not provided
If Single Audits are required, does the recipient have a system or methodology to ensure that such audits are conducted? [24 CFR 578.99(g)]	Yes	No	N/A	Unmet, Documentation on not provided
If applicable, did the recipient promptly follow up and take corrective action on audit findings, including preparation of a summary schedule of prior audit findings and a corrective action plan in accordance with 24 CFR 578.99(e) and (g)?				
Yes		10		
No		0		

4-Financial-Agency Capacity

Procurement			
Do the agency have its own written procurement procedures? (Method of Procurement e.g: (a) micro-purchases, (b) small purchases, (c) sealed bids, (d) competitive proposals, and (f) noncompetitive proposals. [24 CFR 578.99(e) and 24 CFR 578.103(a)])			
Yes		10	
No		0	
Record Retention			
Does the agency have a record retention policy that meets federal funding requirements? 24 CFR 578.103(c) and (d)? [24 CFR 578.99(e)]	Met	Unmet	N/A
			Unmet, Documentati on not provided
Indirect Cost Rate (Informational Purposes Only)			
Does the agency have an indirect cost rate or negotiated indirect cost rate or the MTDC (Modified Total Direct Costs)?	Met	Unmet	N/A
			Unmet, Documentati on not provided
Agency Capacity			
	Possible Score		Project Score
Completed Similar Projects: Has the agency or subrecipients implemented this same type of project previously or currently (permanent supportive housing, rapid re-housing, transitional, outreach, e.g.)? (Supplemental Form)			
Has successfully implemented the same project type? (Supplemental Form)			
Yes		5	
No		0	
If not, has the agency successfully implemented this same type of project (permanent supportive housing, rapid rehousing, transitional, outreach, e.g.) using another funding source? [Supplemental Form]			
Yes		5	
No		0	
If the answer to either of the questions is yes, are the same staff that were operating the program at that time going to be operating the proposed project?			
Yes		10	
No		0	
If none of the above, has the agency successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.) or a CoC-funded project of a different type?			
Yes		15	
No		0	
Agency Stability: Has the agency been in operation for at least three years?			

4-Financial-Agency Capacity

	Met	Unmet	N/A	Unmet, Documentati on not provided
Did the applicant submit financial statements and a copy of their budget from the most recent fiscal year? (Financial statements will be used to assess fiscal stability of the applicant agency. Financial statements that demonstrate instability may result in the agency not meeting <i>[Budget vs actual profit and loss statement for the last two fiscal years; agency detailed budget]</i>)	Met	Unmet	N/A	Unmet, Documentati on not provided
Does the agency have the financial capacity to operate this project on a reimbursement basis? <i>[Agency detailed balance sheet]</i>	Met	Unmet	N/A	Unmet, Documentati on not provided
Non-profits only: Has the agency submitted a list of their board of directors and a copy of the minutes from their three most recent board meetings? Does the agency have an active and engaged board of directors? <i>[Board list and minutes]</i>	Met	Unmet	N/A	Unmet, Documentati on not provided
Administrative Capacity: Is the administrative staff separate from the services staff?	Yes	No	N/A	Unmet, Documentati on not provided

Applicant Name

Reviewer:

Project Name

5-New Project Design

Score: 0		
Possible Score = 170	Project Score	Project Score
Did New Project Applicant provide a description of the new project?		
Yes	20	
No	0	
Is New Project a dedicated Sober Living ? (TH, RRH, PSH only)		
Yes	10	
No	0	
Will the New Project provide on site Substance Use Treatment? (TH, RRH, and PSH only)		
Yes	10	
No	0	
Will the New Project provide on site Behavioral Health? (RRH, PSH only)		
Yes	10	
No	0	

Transitional Housing Criteria	Possible Score	Project Score
Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)	20	
The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.	20	
The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.	20	
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.	10	

Transitional Housing Criteria continued	Possible Score	Project Score
<i>Describe how the proposed project will:</i> •assess the service needs of program participants, •and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement. <i>Indicate that the proposed project will create service plans for each program participant that include:</i> •the services to be provided, when and how often services will be provided, by whom all services will be provided; •program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.	25	
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.	25	
Supportive Services Only (SSO) Standalone Criteria	Possible Score	Project Score
The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.	30	
The proposed project has 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.	30	
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.	30	
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.	30	

5-New Project Design

Supportive Services Only (SSO) Street Outreach Criteria	Possible Score	Project Score
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.	15	
The proposed project has 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.	25	
Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.	30	
The applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.	20	
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.	30	
SSO-Coordinated Entry (SSO-CE) Criteria	Possible Score	Project Score
The Coordinated Entry system is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.	30	
There is a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs.	30	
There is a standardized assessment process.	30	
The project will ensure program participants are directed to appropriate housing and services that fit their needs.	30	

5-New Project Design

Permanent Housing: Permanent Supportive Housing (PH-PSH) Criteria	Possible Score	Project Score
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.	20	
The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services.	30	
The project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i).	20	
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.	30	
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.	20	
Permanent Housing: Rapid Rehousing (PH-RRH) Criteria	Possible Score	Project Score
The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.	20	
The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.	25	
The applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.	25	
Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.	30	
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.	20	

Homeless Management Information System (HMIS) Criteria	Possible Score	Project Score
How the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation.	30	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.	30	
The ability of the HMIS to un-duplicate client records.	30	
The HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.	30	
CoC Planning – Collaborative Applicants Only Criteria	Possible Score	Project Score
Governance and Operations-The CoC conducts meetings of the entire CoC membership that are inclusive and open to members and demonstrates the CoC has a written governance charter in place that includes CoC policies.	30	
CoC Committees-The CoC has CoC-wide planning committees, subcommittees, or workgroups to address the needs of persons experiencing homelessness in the CoC's geographic area that recommends and sets policy priorities for the CoC.	30	
The proposed planning project that will be carried out by the CoC with Planning grant funds is compliant with the provisions of 24 CFR 578.7.	30	
The funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects.	30	

Scoring Guidelines

Maximum Points Allowed = Complete, insightful and value added response or attached evidence. The respondent provided a complete response indicating mastery of the topic, answered all question components and demonstrates innovative application of approach that may set a best practice standard.

Half Points of the Points Allowed = Complete Response. The respondent provided a thorough response and answered all question components.

5 Points= Acceptable Response. The respondent answered the question with enough detail to compare the answer to other responses. The response answers a majority of the question components.

0 Points Only = The respondent failed to answer the basic components of the question, the answer was confusing or misleading, or the information provided does not allow for a comparison to other responses or The respondent failed to provide a coherent response to the question or the response was NO.

Applicant Name

Reviewer:

Project Name

6- Financial-Project				
Possible Points: 50				
Score: 0				
Budget Line Item Details				
Total \$ request for Housing Activities (leased units, leased structures, and/or rental assistance):			\$	
Total \$ request for Supportive Services:			\$	
Total \$ request for Operating Costs (Leasing Projects Only):			\$	
Total Match at 25% (excluding leasing costs)			\$	
Total \$ Administration (no more than 10% of total project):			\$	
Total \$ Negotiated Indirect Cost Rate or MTDC (Modified Total Direct Costs) at 15%:			\$	
Total \$ assistance requested :			\$	
Percentage of total budget devoted to supportive services	Possible Score		Project Score	
(supportive services request/total request x 100):	Select One			
Less than 30%		0		
Between 31% and 54.9%		5		
Between 55% and 74.9%		10		
Between 75% and 84.9%		15		
Between 85% and 100%		20		
Percentage of total budget devoted to staff costs	Possible Score		Project Score	
HMIS only				
Staff Costs			\$	
Software, Hardware, Licenses, Annual Fees, e.g.			\$	
Percentage of total budget devoted to staff costs			%	
Less than 60%		20		
Between 60% and 100%		0		
While services are an important component of supporting households in maintaining their housing, HUD and Northwest CoC prioritizes using other sources of available funding and/or mainstream services to provide SU treatment and MH support. Percentage of substance use treatment onsite or provided by partnering agency if new project or for renewal, other commitments to support program participants (written letter of commitment/MOU/MOA, e.g.).	Standard			
	Met	Service Type	%	Unmet, Documentation not provided

Budget & Match	Possible Score	Project Score
If questions regarding the budget are not complete and accurate, subtract up to 5 points.	-10	
Do match letters sufficiently document the required match for the project type? [Match amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections.]	Standard	
	Met	Unmet
PSH: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors		
(assessment of service needs + Case Management + outreach / total budgeted amount)?	Select One	
Less than 50%	0	
50-84%	5	
85-100%	10	
RRH: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors		
(assessment of service needs + Case Management + outreach / total budgeted amount)?	Select One	
Less than 50%	0	
50-84%	5	
85-100%	10	
TH-RRH (Renewal Only): The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors		
(assessment of service needs + Case Management + outreach / total budgeted amount)?	Select One	
Less than 50%	0	
50-84%	5	
85-100%	10	
TH: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors		
(assessment of service needs + Case Management + outreach / total budgeted amount)?	Select One	
Less than 50%	0	
50-84%	5	
85-100%	10	
TH-DV: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access, trauma-informed care, and safety planning for DV survivors		
(assessment of service needs + Case Management + outreach / total budgeted amount)?	Select One	
Less than 50%	0	
50-84%	5	
85-100%	10	
SSO: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors		
(assessment of service needs + CM + outreach / total budgeted amount)?	Select One	
Less than 50%	0	

50-84%		5	
85-100%		10	
SSO-SO: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors			
(assessment of service needs + CM + outreach / total budgeted amount)?	Select One		
Less than 50%		0	
50-84%		5	
85-100%		10	
SSO / SSO-CE only: The budget maximizes funding for assessment of service needs, case management, and outreach services and include access for DV survivors			
(assessment of service needs + CM + outreach / total budgeted amount)?	Select One		
Less than 50%		0	
50-84%		5	
85-100%		10	
HMIS or HMIS-Comparable: The budget maximizes funding that support the system costs and data collection and improve data sharing, outcomes, and transparency			
Budget maximized funding for staff, data collection, system intergration, reporting, and local training?	Select One		
Less than 50%		0	
50-84%		5	
85-100%		10	

Applicant Name

Reviewer:

Project Name

7-Renewal Design & Outcomes			
Possible Points Added: 170			
		Score:	0
		Possible Score	Project Score
Did Renewal Project Applicant provide a description of the renewal project?			
Yes		10	
No		0	
Will the Renewal Project require Supportive Services for project participants?			
Yes		10	
No		0	
Is Renewal Project a dedicated Sober Living ? (TH, TH-RRH, PSH only)			
Yes		5	
No		0	
Will the Renewal Project provide on site Substance Use Treatment? (TH and PSH only)			
Yes		5	
No		0	
Will the Renewal Project provide on site Behavioral Health? (PSH only)			
Yes		5	
No		0	
Scoring Guidelines			
Maximum Points Allowed = Complete, insightful and value added response or attached evidence. The respondent provided a complete response indicating mastery of the topic, answered all question components and demonstrates innovative application of approach that may set a best practice standard.			
Half Points of the Points Allowed = Complete Response. The respondent provided a thorough response and answered all question components.			
3 Points = Acceptable Response. The respondent answered the question with enough detail to compare the answer to other responses. The response answers a majority of the question components.			
0 Points Only = The respondent failed to answer the basic components of the question, the answer was confusing or misleading, or the information provided does not allow for a comparison to other responses or The respondent failed to provide a coherent response to the question or the response was NO.			
Populations Served			
Successful Exits from Assistance: % of Leavers exiting with positive exits to other permanent housing? (HMIS APR Q23c & Q23d, Q24b)		Possible Score	Project Score
<i>If Permanent Supportive Housing:</i>			
at least 30% Leavers - Positive Exit - Rental by Client - Moving on with Ongoing Assistance		1	
at least 20% Leavers - Positive Exit - Rental by Client - No Moving On Assistance		3	
at least 10% Leavers - Positive Exit - Rental by Client with no ongoing rental subsidy		5	

<i>If Rapid Rehousing of Combined Component (RRH):</i>			
at least 30% Leavers - Positive Exit - Rental by Client - Moving on with Ongoing Assistance		1	
at least 50% Leavers - Positive Exit - Rental by Client - No Moving On Assistance		3	
at least 60% Leavers - Positive Exit - Rental by Client with no ongoing rental subsidy		5	
<i>If Transitional Housing or Combined Component (TH):</i>			
at least 30% Leavers - Positive Exit - Rental by Client - Moving on with Ongoing Assistance		1	
at least 50% Leavers - Positive Exit - Rental by Client - No Moving On Assistance		3	
at least 60% Leavers - Positive Exit - Rental by Client with no ongoing rental subsidy		5	
What percentage of the household's served by the project were unsheltered at program entry? (SAGE APR Q15)	Possible Score	Project Score	
Less than 25%		1	
Between 25% and 49%		2	
Between 50% and 74%		3	
Between 75% and 99%		4	
100%		5	
PSH and RRH Projects: What percentage of households served by the project were chronically homeless? (SAGE APR Q26a) Though not required for Dedicated Plus, Northwest still prioritizes chronic homelessness following the Order of Priority.	Possible Score	Project Score	
Less than 10%		0	
Between 10% and 24%		1	
Between 25% and 49%		2	
Between 50% and 74%		3	
Between 75% and 99%		4	
100%		5	
What is the program's unit utilization rate? (Compare actual units in HMIS/comparable database vs. application projections for all 4 Quarters & take average - Annual Performance Reports in SAGE)			
0-49%		-5	
50-59%		0	
60%-94%		3	
95% or higher		5	

Did 100% of program participants enter the program from an eligible situation? (If participants found ineligible, will follow up with grantee to determine eligibility) (SAGE APR Q15 Homeless Situations)	Possible Score	Project Score
Yes	0	
No	-5	
Transitional Housing Applicants: what percentage of program participants exited to a permanent housing destination? (points are awarded for meeting each goal)	Possible Score	Project Score
Performance met HUD Goal: At least 65%	0	
Performance met Northwest NC CoC (NC-516) Goal: At least 90%	5	
Permanent Supportive Housing & Rapid Rehousing Programs: what percentage of program participants exited to a permanent housing destination? (if no exits, 10 points is automatically awarded)	Possible Score	Project Score
90% or higher	5	
80% to 89%	3	
Below 80%	0	
What percentage of program participants exited to a known destination? (SAGE APR Q23c)	Possible Score	Project Score
95% or higher	5	
80-94%	3	
0-79%	0	
What percentage of program participants exited to an unknown destination (No Exit Interview Completed and Data Not Collected)? (SAGE APR Q23c under Other Situations, Exclude Deceased /Death)	Possible Score	Project Score
5% or less	5	
6-10%	3	
more than 10%	0	
What percentage of adults gained or increased total earned cash income (employment) from start to latest status check, i.e. annual assessment) ? (SAGE APR Q19a1)		
<10%	0	
10-20%	5	
21-50%	10	
Above 50%	15	
What percentage of adults gained or increased total earned cash income (employment) from start to exit? (SAGE APR Q19a2)		
<10%	0	
10-20%	5	
21-50%	10	
Above 50%	15	
What percentage of program participants had increased income at program exit? (all types) (Points are awarded for meeting each goal)	Possible Score	Project Score
Performance met HUD Goal: At least 20%	0	
Performance met Northwest NC CoC (NC-516) Goal: At least 30%	10	

What percentage of adults are missing income information at exit? (APR 18, Total # Adults missing information / Total Clients Served x 100)			
<10%		10	
10-15%		5	
above 15%		0	
What percentage of program participants who (age 18 or older only collected in report) were receiving mainstream benefits at annual assessment? (Points are awarded for meeting each goal) (SAGE APR Q20a, Q20b, Total # persons receiving at least 1 mainstream benefits {Q20b} at annual assessment / Total # persons {Q20b} at annual assessment)	Possible Score	Project Score	
Performance met HUD Goal: At least 20%	0		
(Above HUD Goal but below NWCoC (NC-516 Goal): At least 40%	3		
Performance met Northwest NC CoC (NC-516) Goal: At least 60%	5		
What percentage of program participants who (age 18 or older only collected in report) were receiving mainstream benefits at program exit? (Points are awarded for meeting each goal) (SAGE APR Q20a, Q20b, Total # persons receiving at least 1 mainstream benefits {Q20b} at program exit / Total # persons {Q20b} at program exit)	Possible Score	Project Score	
Performance met HUD Goal: At least 20%	0		
(Above HUD Goal but below NWCoC (NC-516 Goal): At least 40%	3		
Performance met Northwest NC CoC (NC-516) Goal: At least 60%	5		
What percentage of program participants were receiving health insurance at annual assessment? (Points are awarded for meeting each goal) (Sage APR Q21, Total # persons receiving at least 1 mainstream benefits {Q20b} at annual assessment / Total # persons {Q21} at annual assessment)	Possible Score	Project Score	
Performance met HUD Goal: At least 20%	0		
(Above HUD Goal but below NWCoC (NC-516 Goal): At least 40%	3		
Performance met Northwest NC CoC (NC-516) Goal: At least 60%	5		
What percentage of program participants were receiving health insurance at program exit? (Points are awarded for meeting each goal) (Sage APR Q21), Total # persons receiving at least 1 mainstream benefits {Q21} at annual assessment / Total # persons {Q21} at annual assessment)	Possible Score	Project Score	
Performance met HUD Goal: At least 20%	0		
(Above HUD Goal but below NWCoC (NC-516 Goal): At least 40%	3		
Performance met Northwest NC CoC (NC-516) Goal: At least 60%	5		

What percentage of people who exited to PH (PSH, RRH) returned to homelessness within 2 years. [Data Quality Report between 10/01/2023-09/30/2025 - may retrieve information from Green River, SPM, HMIS-Compatible Report]]			
0-10%		10	
11-20%		5	
Above 20%		0	
Length of Stay of TH Participants (TH Component of Combined Component and Dedicated TH projects in # of days, Q22a1)			
All participants stayed 1 year or less (365 days or less)		5	
Most participants stayed 1-2 years (366 to 730 days)		3	
Any participant that stays more than 2 years (more than 1096 days)		0	
What is the Average Cost per Household? It is reasonable? (Total Program Cost / # of people intend to serve)			
PSH			
TH-RRH Combined Component			
TH Dedicated			
HMIS Participation or Comparable Database (Per federal law – domestic violence programs are prohibited from using HMIS and must use a HMIS comparable database instead.)			
HMIS Data Completeness: <i>[NC HMIS report; Comparable Database aggregate report]</i>	Possible Score		Project Score
0-10%		0	
Above 10%		-10	
Timeliness with Data Entry at Project Entry and Project Exit (SAGE APR Q6a)	Possible Score		Project Score
<u>All</u> Data Entry added within 3 days or less		10	
<u>Any</u> Data Entry added 4-6 days		5	
<u>Any</u> Data Entry added 7-10 days		0	
<u>Any</u> Data Entry added at more than 11 days		-10	
Did the program submit their APR on or before the designated deadline?	Possible Score		Project Score
Yes		0	
No		-5	

HUD Monitoring Findings	Possible Score	Project Score
Is the recipient free of HUD monitoring findings for any agency's projects? If not, findings must be resolved or explained to the satisfaction of the Northwest CoC Project Ranking and Review Subcommittee for the application to meet standards. <i>[Supplemental]</i>	Standard	
	Met	Unmet
Is the recipient free of CoC monitoring findings for any agency's projects? If not, findings must be resolved or explained to the satisfaction of the Northwest CoC Project Ranking and Review Subcommittee for the application to meet standards. <i>[Interview with agency/NC 516 Monitoring report]</i>	Standard	
	Met	Unmet
Coordinated Entry and Prioritization		
Does the program only take referrals through the Coordinated Entry process?	Standard	
	Met	Unmet
Average Length of Time to Housing between Project Start Date and Housing Move-in Date. (SAGE APR, Q22c)		
	Possible Score	Project Score
all project participants are 0 to 90 days	10	
any project participants are 91 to 180 days	0	
any project participants are more than 181 days	-10	
Previous Project Spending Rates – These questions are for projects that have been operating for at least one year at the time of the NOFO release. (Percentage rounded to the nearest whole number)		
Amount awarded:		
Amount spent:		
% Spent:		
Percentage 90+%	Standard	
Projects that fall below the standard will trigger review by the Northwest CoC Project Ranking and Review Subcommittee. The review will determine potential consequences, including whether some funding should be reallocated to new projects	Met	Unmet

NC 516 Local Competition Selection Results

Agency & Project Name	2026 Score	Project Status	2026 Rank	Requested Funding Amount	Reallocated Funds
OASIS TH FY 26	323	Accepted	1	\$31,505.00	\$0.00
OASIS RRH FY26 (TH-RRH)	321	Accepted	2	\$133,536.00	\$0.00
OASIS PSH FY26	317	Accepted	3	\$93,930.00	\$0.00
Joint TH and PH-RRH Project Renewal FY2026	308	Accepted	4	\$39,988.00	\$0.00
Hospitality House DDV/SSA Joint TH and PH-RRH Project Renewal FY2026	300	Accepted	5	\$11,588.00	\$0.00
SSO Coordinated Entry Renewal FY2026	295	Accepted	6	\$56,126.00	\$0.00
Hospitality House Permanent Housing Leasing Expansion Renewal FY2026	290	Accepted	7	\$73,681.00	\$0.00
Rock Haven Permanent Housing Program FY 2026	287	Accepted	8	\$42,028.00	\$0.00
Wintergreen Supportive Housing Program FY2026	285	Accepted	9	\$35,320.00	\$0.00
Hospitality House Permanent Housing for the Hard to Serve Renewal FY2026	280	Accepted	10	\$24,620.00	\$0.00
OASIS DV Bonus FY26 Transitional	275	Accepted	11	\$141,073.00	\$0.00
SSO Street Outreach Bonus FY 2026	260	Accepted	12	\$500,000.00	\$0.00
Rural Permanent Supportive Housing Scattered Site Renewal FY2026	235	Accepted	13	\$148,875.00	\$0.00
NC-516 CoC Planning Application FY2026 (Planning)	n/a	Accepted	n/a	\$50,000.00	n/a
Total				\$1,382,270.00	



Northwest Continuum of Care (CoC)

Advancing Recovery in CoC Funded Projects

The Northwest CoC (NWCoC) recognizes that participants experiencing homelessness often have traumatic experiences that can result in substance use to cope with their trauma history. The NW CoC supports a holistic approach to the goal of ending homelessness, including substance use recovery, and promotes funding for efforts by community partners to assist homeless individuals, families, persons fleeing domestic violence and/or victimization, and youth, that address trauma and advance recovery and stable housing opportunities.

CoC funded projects must ensure that trauma-informed practices are consistent in policies, procedures, and substance use interventions, and conduct all interactions in a manner that recognizes the likelihood that a person receiving services and housing has experienced trauma. For effective service delivery and crisis stabilization, all CoC funded projects must understand the impact of trauma on individuals and families and effectively minimize the collateral effects, while responding appropriately with a trauma informed approach to service delivery that supports substance use recovery. Providers should adopt a trauma-informed approach throughout the agencies' policies and procedures and annually train staff and volunteers in trauma-informed care, substance use disorder, and best practices to ensure safety and effective delivery of services and housing support to advance recovery in CoC funded projects.

CoC funded projects are prohibited from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia such as syringes or needles used to inject illicit drugs, pipes or other supplies for safer smoking kits or fentanyl test strips intended for use by people using drugs, on or off property under their control, or knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction;"

This policy does not prohibit a CoC funded project from engaging in life-saving overdose prevention and response services such as opioid overdose reversal supplies, including the distribution of opioid overdose reversal medications (OORMs), such as naloxone and nalmefene, OORM distribution mechanisms (e.g. medication lock boxes and medication disposal kits) or overdose reversal training and education or prohibit infectious disease prevention services such as wound care supplies, sharp disposal kits or other infectious disease prevention services such as navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services.¹

CoC funded projects are encouraged to refer and assist participants to obtain substance use disorder treatment, healthcare, infectious disease prevention services, and recovery housing within the NW CoC or outside of the CoC.

CoC funded projects that violate this policy will be referred to the Project Ranking and Review Subcommittee for review and if the violation of the policy is affirmed after the review, a corrective action plan will be issued. Agencies that fail to meet the corrective action plan that addresses violations of this policy, will be referred to the CoC Board for review and recommendations, including a recommendation for involuntary reallocation in the next NOFO competition.

This policy does not constitute a requirement that program participants must be sober in order to receive CoC assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement. This policy does not restrict or prohibit CoC funded housing projects from requiring program participants to be sober or to participate in treatment as a condition of such assistance, in accordance with 24 CFR 578.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA) [Updated Funding Guidance for Grantees on Supplies and Services](https://www.samhsa.gov/about/news-announcements/dear-colleague-on-supplies-and-services), available at <https://www.samhsa.gov/about/news-announcements/dear-colleague>