Instructions: The Department of Housing and Urban Development has not opened e-snaps to access project applications for the FY2026 NOFO. Therefore, for the FY2026 local funding competition, a completed local application package for CoC funding will include the local Northwest CoC (NW CoC) application below and, if available, the e-snaps application per project application submitted for consideration. If e-snaps is open by Friday, July 17, 2026, in reasonable time before the local competition deadline of July 24, 2026, 8:00 pm EDT, applicants must submit the e-snaps project applications. If e-snaps is not open in time to be completed by the local CoC competition deadline, the NW CoC will provide guidance on how and when to submit the e-snaps application per HUD guidance. All applicants should be prepared to complete the e-snaps application quickly, submit in e-snaps if available and provide notice of submission to Project Review Lead, Lori.Watts@vayahealth.com) so the project application can be pulled into the NW CoC Consolidated Application for Project Review, Scoring, and Ranking. The Project Review Lead will save as a PDF each Project Application. Submission in e-snaps and notification of submission to Project Review Lead should occur even if this occurs after the local competition deadline.

The local NW CoC application must be completed by applicants per project type. Scoring elements and required information may be drawn from the e-snaps application, if available, and the local application. These applications are used together to verify information, eliminate duplication, and ensure accuracy. Failure to submit both the NW CoC Local Application and, if available prior to the local deadline of July 24, 2026, the e-snaps application will be considered an incomplete application and will not be accepted or reviewed. If HUD extends the NOFO deadline or provides additional guidance, the information will be communicated to the NW CoC and posted on the funding page.

Thanks,

Lori Watts

Vice-Chair, Steering Committee of the NC-516 Northwest NC Continuum of Care

Lori.Watts@vayahealth.com

200 Ridgefield Court, Suite 218, Asheville, NC 28806

O 828-463-8208 | F 828-452-3743

Applicant Legal Name: Click or tap here to enter text.

DBA: Click or tap here to enter text.

Applicant Taxpayer Identification Number (EIN/TIN): Click or tap here to enter text.

Applicant Unique Entity Identifier (UEI): Click or tap here to enter text.

Applicant Mailing Address: PO Box Click or tap here to enter text.

Street Name Click or tap here to enter text.

City Click or tap here to enter text. **State** Click or tap here to enter text.

Zip Click or tap here to enter text.

Type of Application (Select one): ☐New ☐Renewal

Name and Contact Information of Person to be Contacted Involving this Application:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Provide Project Applicant Profile via PDF (from eSnaps – currently available)

Title of Applicant's Project: Click or tap here to enter text.

Proposed Project Start Date: Click or tap to enter a date. (Year is 2027)

Proposed Project End Date: Click or tap to enter a date. (Year is 2028)

Project Detail: **Renewal Component Type – (Select one):**

☐PSH ☐RRH ☐Joint TH-RRH ☐TH ☐SSO-CE

New Component Type – (Select one):

CoC Bonus: ☐TH ☐PSH ☐RRH ☐HMIS ☐SSO

☐SSO-Outreach ☐SSO-CE (Expansion only, must cover geographic area)

DV Bonus (Projects Dedicated to Victims of Domestic Violence per NOFO):

☐TH ☐RRH ☐SSO-CE (only 1 per CoC, must cover geographic area)

Funding Type Requested (New Only): ☐ DV Bonus ☐ Regular Bonus

Total Amount Requested for this Project: $

Special Subpopulation Served as defined in the NOFO (if applicable):

☐Youth

☐Families with Children

☐High Utilizers of Healthcare per NOFO

☐Elderly and/or Disabled Individuals and families as defined in the NOFO

☐Chronically homeless individuals and families as defined in the NOFO

Supplemental Questions – All Applicants

1. 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? ***(2000-character max)***

Click or tap here to enter text.

2. 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.) ***(2000-character max)***

Click or tap here to enter text.

3. How many members of your Board of Directors are homeless or formerly homeless? ***(2000-character max)***

Click or tap here to enter text.

4. Has the agency sent staff to trainings for mainstream benefits, employment assistance, and trauma-informed care in the last 12 months to serve the population? Examples may be Local/Regional/Community/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. ***(2000-character max)***

Click or tap here to enter text.

5. 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 so, include policies and procedures. If not, explain if there is a plan to establish policies and procedures that comply with state and federal law, HUD regulations, and NWCoC Written Standards. ***(2000-character max)***

Click or tap here to enter text.

6. Does the applicant have an arrangement for interpreter services and services for persons needing other assistance in communication? [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?] ***(2000-character max)***

Click or tap here to enter text.

Renewals Only

Recipient Performance:

1. Did you Submit your previous year's Annual Performance Report (APR) on time?

   Select One ☐Yes ☐No

2. Do you have any HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?

   Select One ☐Yes ☐No

3. Do you draw funds quarterly for your current renewal project?

   Select One ☐Yes ☐No

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?

   Select One ☐Yes ☐No

   4a. If Yes, please explain reasons for not spending full amount of grant award. Below complete amount spent of 2023 award to date, total 2023 award and percentage spent of the award amount.

   Total Amount Spent: $ Total 2023 Award: $
   Percentage %

   (2000-character max) Click or tap here to enter text.

Please Provide the SAGE APR for FY2022 and FY2023 and the e-LOCCS Screenshots for 2024 Grant Award Spending to date.

Reallocation or Grant Reduction:

Total Amount Requested for this Project if not completely reallocated: $

Reduction from 2025 Renewal Amount if partial reallocation to Transition Grant to 2026 Proposed (New) Application: $

Bonus if any $

Total $ for New Application

Project Detail: **Renewal Component Type – (Select one):**

☐PSH ☐Joint TH-RRH ☐TH ☐SSO-CE

New 2026 Renewal Amount if not fully Reallocated: $

2025 Renewal Amount (2026 GIW): $

Details of Budget:

Leasing $

Rental Assistance $

Supportive Services $

HMIS $

VAWA $

Operations $

Admin $

Total $

Project Description: Provide a description that addresses the entire scope of the proposed project. ***(3000-character max)***

Click or tap here to enter text.

Supportive Services for Program Participants:

Will Supportive Services be required in this project? ☐Yes ☐No

If yes, submit supportive service agreement (contract, occupancy agreement, lease, participation agreement, or equivalent).

What do supportive services consist of? ***(2000-character max)***

Click or tap here to enter text.

Will this be a Sober Living Project? ☐Yes ☐No

***TH, TH-RRH, PSH only**

Will On Site Behavioral Healthcare be provided? ☐Yes ☐No

***PSH only**

Will On Site Substance Use Treatment be provided? ☐Yes ☐No

***TH, PSH only**

Funding Request if Leasing:

Leased Units Budget: Click or tap here to enter text.

Total Annual Assistance Requested: Click or tap here to enter text.

Grant Term: Click or tap here to enter text.

Total Request for Grant Term: Click or tap here to enter text.

Total Units: Click or tap here to enter text.

Funding Request if Rental Assistance:

Type of Rental Assistance: Click or tap here to enter text.

County: Click or tap here to enter text.

Unit Size: Click or tap here to enter text.

# of Units: Click or tap here to enter text.

2026 FMR: Click or tap here to enter text.

Total Rental Assistance Request: Click or tap here to enter text.

(# of units for each size unit x 2026 FMR for Unit Size x 12 months)

2026 FMR's:
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2026_code/select_Geography.odn

Housing Type and Location:

Total Units:

# of	Click or tap here to enter text.	1-Bedrooms X FMR	$	=	$
# of	Click or tap here to enter text.	2-Bedrooms X FMR	$	=	$
# of	Click or tap here to enter text.	3-Bedrooms X FMR	$	=	$
# of	Click or tap here to enter text.	4-Bedrooms X FMR	$	=	$
# of	Click or tap here to enter text.	-Bedrooms X FMR	$	=	$

Total Beds: Click or tap here to enter text.

Sources of Match: Include copies of signed Match Letters

Type of Match: Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Type of Match: Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Type of Match: Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Type of Match: Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Summary Budget:

Leased Units: Click or tap here to enter text.

Leased Structures: Click or tap here to enter text.

Rental Assistance – Short Term: Click or tap here to enter text.

Rental Assistance – Long Term: Click or tap here to enter text.

Supportive Services: Click or tap here to enter text.

Operating (cannot be requested with Rental Assistance grants):

Click or tap here to enter text.

HMIS: Click or tap here to enter text.

VAWA: Click or tap here to enter text.

Admin: Click or tap here to enter text.

Cash Match: Click or tap here to enter text.

In-Kind Match: Click or tap here to enter text.

Total Match: Click or tap here to enter text.

Total Project Budget including Match: Click or tap here to enter text.

New Only

HUD's new national priority centers on treatment, recovery, and required services. HUD favors projects with onsite substance use treatment, required service participation, sufficient treatment bed capacity, and 24/7 detox or inpatient access. (NOFO)

New project requirements reshape TH, RRH, PSH, and Street Outreach. New transitional housing must provide 20 hours/week of services; new RRH must show strong employment outcomes and require services; new PSH must serve elderly (55+) or physically disabled individuals (not including substance use disorder) with required services; and new street outreach must demonstrate strong law-enforcement partnerships. (NOFO)

New TH Projects:

- Describe below how 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. ***(2000-character max)***

Click or tap here to enter text.

- The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months. Explain below. ***(2000-character max)***

Click or tap here to enter text.

- 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 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. Explain. ***(2000-character max)***

Click or tap here to enter text.

- 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. Explain. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent). ***(2000-character max)***
    - **Submit Supportive Services Agreement**
    - Describe:

Click or tap here to enter text.

- Describe below that the proposed project will provide 20 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.). If participant has employment, employment hours count toward the 20 hour per week requirement. Note: The 20 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. ***(2000-character max)***

Click or tap here to enter text.

- Indicate that the proposed project will create service plans for each program participant that include:
    - Describe the services to be provided, when and how often services will be provided, by whom all services will be provided; ***(2000-character max)***

Click or tap here to enter text.

    - Describe the 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. ***(2000-character max)***

Click or tap here to enter text.

- Describe how the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404. ***(2000-character max)***

Click or tap here to enter text.

New SSO Standalone:

- Explain how the Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants. ***(2000-character max)***

Click or tap here to enter text.

- Describe the proposed project's 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. ***(2000-character max)***

Click or tap here to enter text.

- Explain how 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. ***(2000-character max)***

Click or tap here to enter text.

- Describe how services provided are cost-effective, consistent with 2 CFR 200.404. ***(2000-character max)***

Click or tap here to enter text.

New SSO-SO (Street Outreach):

- Explain how 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. ***(2000-character max)***

Click or tap here to enter text.

- Describe how 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. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate that the applicant has a history of 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, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate the applicant has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and 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. ***(2000-character max)***

Click or tap here to enter text.

- Describe how services provided are cost-effective, consistent with 2 CFR 200.404. ***(2000-character max)***

Click or tap here to enter text.

New SSO-Coordinated Entry (SSO-CE):

- Demonstrate 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. ***(2000-character max)***

Click or tap here to enter text.

- Indicate there is a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate there is a standardized assessment process. ***(2000-character max)***

Click or tap here to enter text.

- Explain how project will ensure program participants are directed to appropriate housing and services that fit their needs. ***(2000-character max)***

  Click or tap here to enter text.

- Demonstrate funds requested are reasonable to support the NW CoC Coordinated Entry System and the funding will improve the CoC's ability to serve homeless individuals and families to obtain housing and evaluate outcomes of both CoC Program-funded and ESG-funded projects. ***(2000-character max)***

  Click or tap here to enter text.

New Permanent Housing: Permanent Supportive Housing (PH-PSH):

- Explain how the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants. ***(2000-character max)***

Click or tap here to enter text.

- Describe 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. ***(2000-character max)***

Click or tap here to enter text.

- Explain how the project will be designed to serve elderly individuals and/or individuals with a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. The units will prioritize these populations. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) by **attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent)**. ***(2000-character max)***

Click or tap here to enter text.

- Describe how the average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve. ***(2000-character max)***

Click or tap here to enter text.

- Describe how 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. ***(2000-character max)***

Click or tap here to enter text.

New Permanent Housing: Rapid Rehousing (PH-RRH):

- The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months. ***(2000-character max)***

Click or tap here to enter text.

- 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. ***(2000-character max)***

Click or tap here to enter text.

- The applicant has previously operated homelessness projects where outcomes for employment income were improved compared to the average project in the CoC. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent). ***(2000-character max)***

Click or tap here to enter text.

- The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve. ***(2000-character max)***

Click or tap here to enter text.

- Explain how 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. ***(2000-character max)***

Click or tap here to enter text.

New Homeless Management Information System (HMIS):

- How will the HMIS funds be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery. ***(2000-character max)***

Click or tap here to enter text.

- Explain how the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards. ***(2000-character max)***

Click or tap here to enter text.

- Demonstrate funds requested are reasonable and will improve the CoC's ability to collect data and evaluate the outcome of both CoC Program-funded and ESG-funded projects. ***(2000-character max)***

Click or tap here to enter text.

- Describe the ability of the HMIS to un-duplicate client records. ***(2000-character max)***

Click or tap here to enter text.

- Indicate how 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. ***(2000-character max)***

Click or tap here to enter text.

CoC Planning – Collaborative Applicants Only:

- Governance and Operation – Explain how 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. ***(2000-character max)***

Click or tap here to enter text.

- CoC Committees – Describe how 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. ***(2000-character max)***

Click or tap here to enter text.

- Explain how the proposed planning project that will be carried out by the CoC with Planning grant funds are compliant with the provisions of 24 CFR 578.7. ***(2000-character max)***

Click or tap here to enter text.

- Explain how the funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects. ***(2000-character max)***

Click or tap here to enter text.

Details of Budget:

Leasing $

Rental Assistance $

Supportive Services $

HMIS $

VAWA $

Operations $

Admin $

Total $

Project Description: Provide a description that addresses the entire scope of the proposed project. ***(3000-character max)***

Click or tap here to enter text.

Supportive Services for Program Participants:

Supportive Services are required in this project.

***TH, PH-RRH, PH-PSH only – All Housing Projects**

You must submit supportive service agreement (contract, occupancy agreement, lease, participation agreement, or equivalent).

***All Projects require Supportive Services – 20 hours minimum. See NOFO.**

What do supportive services consist of? ***(2000-character max)***

Click or tap here to enter text.

Will this be a Sober Living Project? ☐Yes ☐No

***TH, RRH, PSH only**

Will On Site Behavioral Healthcare be provided? ☐Yes ☐No

***RRH or PSH only**

Will On Site Substance Use Treatment be provided? ☐Yes ☐No

***TH, RRH, PSH only**

Funding Request if Leasing:

Leased Units Budget: Click or tap here to enter text.

Total Annual Assistance Requested: Click or tap here to enter text.

Grant Term: Click or tap here to enter text.

Total Request for Grant Term: Click or tap here to enter text.

Total Units: Click or tap here to enter text.

Funding Request if Rental Assistance:

Type of Rental Assistance: Click or tap here to enter text.

County: Click or tap here to enter text.

Unit Size: Click or tap here to enter text.

# of Units: Click or tap here to enter text.

2026 FMR: Click or tap here to enter text.

Total Rental Assistance Request: Click or tap here to enter text.

(# of units for each size unit x 2026 FMR for Unit Size x 12 months)

2026 FMR's:
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2026_code/select_Geography.odn

Sources of Match: Include copies of signed Match Letters

Type of Match: Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Type of Match : Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Type of Match : Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Type of Match : Click or tap here to enter text.

Source: Click or tap here to enter text.

Name of Source: Click or tap here to enter text.

Amount of Written Commitment: Click or tap here to enter text.

Total Cash Match: Click or tap here to enter text.

Total In-Kind Match: Click or tap here to enter text.

Total Match: Click or tap here to enter text.

Must be 25% of project amount total excluding leasing $ Click or tap here to enter text.

Summary Budget:

Leased Units: Click or tap here to enter text.

Leased Structures: Click or tap here to enter text.

Rental Assistance – Short Term: Click or tap here to enter text.

Rental Assistance – Long Term: Click or tap here to enter text.

Supportive Services: Click or tap here to enter text.

Operating (cannot be requested with Rental Assistance grants):

Click or tap here to enter text.

HMIS: Click or tap here to enter text.

VAWA: Click or tap here to enter text.

Admin: Click or tap here to enter text.

Cash Match: Click or tap here to enter text.

In-Kind Match: Click or tap here to enter text.

Total Match: Click or tap here to enter text.

Total Project Budget including Match: Click or tap here to enter text.

FY2026 Policy Priorities:

- ***Ending the crisis of homelessness on our streets.*** Citing a California Policy Lab study from 2019, HUD claims that 75% of people experiencing unsheltered homelessness report a substance use disorder (SUD) and 78% report a mental health condition. Therefore, CoCs should direct resources towards outreach, intervention, and assistance consistent with Executive Order on "Ending Crime and Disorder on America's Streets." •
- **Prioritizing Treatment and Recovery.** CoCs should prioritize projects that provide treatment and services needed to recover and regain self-sufficiency, including on-site treatment and participation requirements in services.
- ***Advancing Public Safety.*** CoCs should cooperate with law enforcement to advance public safety. HUD cited the Supreme Court decision in Grants Pass v. Johnson as upholding the authority of local governments to prohibit public camping.
- ***Promoting Self-Sufficiency.*** Highlighting that one of the primary purposes of the COC program is to optimize self-sufficiency, HUD indicates that CoCs should prioritize projects that help lead to long-term economic independence for individuals and families. This would allow them to exit homelessness and prevent future returns to homelessness.
- ***Improving outcomes.*** CoCs should review all eligible projects to determine their effectiveness in reducing homelessness and prioritize those that promote self-sufficiency, increase employment income over government assistance, and promote treatment and recovery.
- ***Minimizing trauma.*** CoCs should encourage the use of trauma informed care, ensure safety of program participants, and access to 'safe, single-sex spaces' for women.