



Northern Colorado Continuum of Care

FY 2025 CoC Program NOFO

Request for Proposals (RFP) Backgrounder

Updated 12/5/2025

## Introduction

The Northern Colorado Continuum of Care (CoC) is accepting proposals for the U.S. Department of Housing and Urban Development's (HUD) [FY 2025 Continuum of Care \(CoC\) Notice of Funding Opportunity \(NOFO\)](#). On March 15, 2025, the President signed H.R. 1968 authorizing the Full-Year Continuing Appropriations and Extensions Act, 2025 (Public Law 119-4) which makes approximately the same amount of CoC Program Funding available for FY 2025 as the Consolidated Appropriations Act, 2024 (Public Law 118-42, approved March 9, 2024). Funding of approximately \$3,918,000,000 is available under this NOFO. Homeless service organizations may apply for this competitive funding to provide supportive services and housing programs for individuals and families experiencing homelessness. HUD expects to make approximately 7,000 awards from the funds available under this NOFO.

Applicants are encouraged to read the NOFO in its entirety prior to applying.

## FY 2025 HUD Policy Priorities

HUD has identified the following priorities for this competition:

1. Ending the Crisis of Homelessness on our Streets.
2. Prioritizing Treatment and Recovery.
3. Advancing Public Safety.

- 4. Promoting Self-Sufficiency.
- 5. Improving Outcomes.
- 6. Minimizing Trauma.

## Submission Instructions and Deadline

Applications must complete all relevant project application components for each project proposal they submit.

*If you are applying for funding for multiple project types, please submit a separate proposal for each project.*

Applicants must submit their project application(s) via the [Jotform application](#), which will include a administrative, financial, and substantive project narrative information. Then, a neutral panel will review and score all applications, and rank those applications according to score. As there may be more funding requested than will be available, some applications may be removed from the competition at this point. Applications accepted to move forward will be placed on the “priority listing”, which will be submitted for consideration to HUD. All applications on the priority listing must then complete an application in e-snaps.

Accepted applications will be organized into two tiers: Tier 1 (higher ranked applications) and Tier 2 (lower ranked applications).

## Project Selection and Application Submission Timeline

Date	Activity
11/13/2025	NOFO Released
12/01/2025	Letters of Intent Due
12/04/2025	Applicant Training (Zoom at 3pm)
12/11/2025	Narrative Assistance Session
12/15/2025	Project Ranking Applications Due
12/30/2025	Agencies Notified of Ranking/ Priority Listing
01/02/2025	Appeals Due

01/06/2025	Appeal Decisions Made; Consolidated Application posted for public review
01/07/2025	Project Applications Due in e-snaps
01/13/2025	Consolidated Application Submitted to HUD

## Funding and Project Types

The Northern Colorado Continuum of Care (NoCO CoC) is eligible to apply for approximately \$1.46 million in the upcoming Continuum of Care (CoC) Program competition. The NoCO CoC is accepting applications for the following project types:

- Renewal Permanent Supportive Housing (PSH)
- Renewal HMIS<sup>1</sup>
- Renewal Supportive Services Only (SSO) Coordinated Entry System (CES)<sup>2</sup>
- New Transitional Housing (TH)
- New Supportive Services Only (SSO) Standalone
- New Supportive Services Only (SSO) Street Outreach (SO)

Applicants who have current CoC funded projects may also apply for a Transition Grant, allowing them to shift current project components to new, eligible project components over a one-year period. Applicants applying for Transition Grants must be in good project standing and whose project funds expire in CY 2026.

The NoCO CoC is NOT accepting applications for the following project types:

- Renewal Rapid Rehousing (RRH)
- New PSH
- Expanded projects

## Eligible Applicants

Organizations are invited to apply if they meet applicant eligibility and funding conditions included in the NOFO. HUD will review all applications based on the criteria detailed in Section V of the NOFO. To be considered eligible for funding, an applicant must be one of the following entity types:

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<sup>1</sup> Only the HMIS lead can apply for Renewal HMIS projects.

<sup>2</sup> Only the Collaborative Applicants may apply for Renewal Supportive Services Only (SSO) Coordinated Entry System (CES) projects.

Government Entities: State, County, City/Township, and Special District Governments

Tribal Entities: Native American Tribal Governments (Federally recognized) and Tribal Organizations

Housing Authorities: Public Housing Authorities, Indian Housing Authorities

Nonprofits: Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Other: Entities specified in the NOFO's "Additional Information on Eligibility"

### *Key Eligibility Notes*

Faith-based organizations may apply on the same basis as any other organization

Individuals are **ineligible** applicants.

Project applicants must meet all statutory and regulatory requirements in the McKinney-Vento Homeless Assistance Act, (42 U.S.C. 11381-11389) (the Act) and the CoC Program Rule found in 24 CFR part 578 (the Rule).

For more information on applicant eligibility see Section V.A.1 of the NOFO.

### Cost Sharing or Matching

This Program requires cost sharing or matching, as described below.

24 CFR 578.73 of the Rule requires that recipients must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. 24 CFR 578.73.

Please note that although the CoC is collecting some financial administrative and project details, it is not collecting operating Budget Line Items (BLIs) at this time. Should your project be selected for the NoCO CoC's Consolidated Application, your organization will be required to submit a project budget into e-snaps. Your organization must submit a budget that, at a minimum, indicates direct and any indirect costs. You must also submit form HUD-426.

The project application in e-snaps includes the budget forms available under this NOFO. Project applicants will select the appropriate budget form(s) based on the requested

activities and must be completed for the proposed project. Additionally, there is a section to capture indirect cost rates and the HUD-426 form, if applicable. Please refer to pages 26 and 103 of the HUD NOFO for further guidance.

## Resources

Below are resources to further guide the development of your application.

- HUD's Continuum of Care Program website, including a copy of the FY 2025 CoC Competition NOFO: <https://www.hud.gov/hud-partners/community-coc>
- Northern Colorado Continuum of Care website, including the public notification of this local competition: <https://www.nocococ.org/>

To submit technical questions, please email HUD at [cocnofo@hud.gov](mailto:cocnofo@hud.gov).

For questions regarding the local competition, please email the NoCO CoC team at [contact@nocococ.org](mailto:contact@nocococ.org).

# FY 2025 CoC Program NOFO Proposal

## Application Coversheet

The Northern Colorado Continuum of Care (CoC) is accepting proposals for the U.S. Department of Housing and Urban Development’s (HUD) [FY 2025 Continuum of Care \(CoC\) Notice of Funding Opportunity \(NOFO\)](#). On March 15, 2025, the President signed H.R. 1968 authorizing the Full-Year Continuing Appropriations and Extensions Act, 2025 (Public Law 119-4) which makes approximately the same amount of CoC Program Funding available for FY 2025 as the Consolidated Appropriations Act, 2024 (Public Law 118-42, approved March 9, 2024). Funding of approximately \$3,918,000,000 is available under this NOFO. Homeless service organizations may apply for this competitive funding to provide supportive services and housing programs for individuals and families experiencing homelessness. HUD expects to make approximately 7,000 awards from the funds available under this NOFO.

Applicants are encouraged to read the NOFO in its entirety prior to applying.

*If you are applying for funding for multiple project types, please submit a separate proposal for each project.*

*Applicants may submit their project applications up until Tuesday, December 15, 2025 by 5pm.*

## Organization and Contact Information

Field Name	Response
Agency/Organization Name	[Text response]
Employer Identification Number (EIN)	[Text response]
Unique Entity ID (UEI)	[Text response]
Administrative Address	[Text response – Street Address, City, State, ZIP fields]
Phone	[Text response]
Fax	[Text response]
Website	[Text response]
Primary Contact	[Text response]
Name	[Text response]
Title	[Text response]
Phone	[Text response]
Email	[Text response]

Secondary Contact	[Text response]
Name	[Text response]
Title	[Text response]
Phone	[Text response]
Email	[Text response]

## Organization and Project Information

Field Name	Response
Project Name	[Text Response]
Proposal Request (Requested funding amount from HUD)	[Text Response (\$)]
Total Match Amount (at least 25% of Proposal Request)	
Total Project Budget (Including Match amount)	[Text Response (\$)]
Total Agency Budget	[Text Response (\$)]

Please note that although the CoC is collecting some financial administrative and project details, it is not collecting operating Budget Line Items (BLIs) at this time. Should your project be selected for the NoCO CoC's Consolidated Application, your organization will be required to submit a project budget into e-snaps. Your organization must submit a budget that, at a minimum, indicates direct and any indirect costs. You must also submit form HUD-426.

The project application in e-snaps includes the budget forms available under this NOFO. Project applicants will select the appropriate budget form(s) based on the requested activities and must be completed for the proposed project. Additionally, there is a section to capture indirect cost rates and the HUD-426 form, if applicable. Please refer to pages 26 and 103 of the HUD NOFO for further guidance.

**1. Project Address is the same as Agency Administrative Address (listed above):**

Yes       No

**2. Is your organization a victim service provider defined in 24 CFR 578.3?**

(Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.)

Yes       No

**3. Has your organization ever received a federal grant, either directly from a federal agency or through a State/local agency?**

Yes       No

**4. Describe your organization's financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.** Provide specific examples of being the applicant or subrecipient of similar projects with successful administration of SHP, S+C, or CoC program funds or other federal, state, local, or private resources.

### Application Type (Select One)

- Renewal Project (currently funded by CoC)
- New Project (NOT currently funded by CoC)
- Transition Project (currently funded but changing program component)

### Project Component (Select One)

- Transitional Housing (TH)
- Supportive Services Only – Standalone (SSO)
- Supportive Services Only – Street Outreach (SSO-SO)
- Permanent Supportive Housing (PSH)
- Supportive Services Only – Coordinated Entry System (SSO-CES)
- HMIS

## Will these funds be sub-granted?

- Yes, we intend to contract funds to sub-recipient(s)
- No, we do not intend to contract funds to sub-recipients

## Threshold Factors: ALL Projects

To advance to full application review, all project applications must meet the threshold factors as set by HUD and CoC.

### Basic Project Information

#### Question 1. Eligible Population

Please indicate the target populations this project intends to serve. Select all that apply.

- People experiencing chronic homelessness
- Seniors
- Veterans
- Families with children
- Youth (18-24)
- Persons living with disabilities
- Persons living with mental illness
- Persons living with substance use disorder
- Persons fleeing domestic violence
- Persons living with HIV/AIDS
- N/A – Project serves all subpopulations
- Other \_\_\_\_\_

#### Project Alignment with CoC Priorities

Please note that the CoC will be taking your project's target population and housing type into your scoring consideration. Applications whose population and housing type align with CoC priorities will pass these components of threshold review. You do not need to supply any information on these components at this time. Please refer to the scoring rubric or reach out to [contact@nocococ.org](mailto:contact@nocococ.org) for additional clarification.

### Financial Administration

#### Question 1. Spend Down 90% (for renewal projects only)

What was the percentage of unexpended funds from the most recent completed grant year?

### **Question 2. Proper Match Documentation**

Please provide documentation indicating your requested project amount, the amount your organization will match (at least 25%), the total project budget amount, and your commitment to provide a project match.

### **Question 3. No Major Audit Findings**

Please provide your most recent organizational audit report for CoC review.

Please note that, for applicable project types, the CoC will be verifying that your organization has submitted requests for eLOCCS drawdowns on at least a quarterly basis as part of this project's scoring consideration. You do not need to supply any information on this component. Please refer to the scoring rubric or reach out to [contact@nocococ.org](mailto:contact@nocococ.org) for additional clarification.

## **Project Description**

Please provide a detailed description that addresses the entirety of the project's scope. Include details on the primary population served, the type of housing and specific unit configuration (e.g., dormitory, SROs, scattered site apartments, clustered apartments, single family housing/townhomes), and the perceived impact of the project based on numbers served and services provided. Please also include information on the proposed staffing structure (including any sub-recipients) to ensure successful project outcomes, the proposed length of period of performance (grant period), and a brief summary of other funding sources used for this project (e.g., in-kind donations, federal funding, other non-federal government funding). If mixed funding, please explain.

## **HUD Required Certifications for All Projects**

Project applicants must certify affirmatively the following:

**If selected for CoC program funding under this NOFO**, our organization, and any project subrecipients, agrees to abstain from engaging in racial preferences or other forms of illegal discrimination.

Yes, our organization agrees

No, our organization does not agree

**If selected for CoC program funding under this NOFO**, our organization, and any project subrecipients, agrees to abstain from operating drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

Yes, our organization agrees

No, our organization does not agree

## For Transition Grants Only

This section should only be completed if your organization is submitting a new project application to transition an existing CoC renewal project to a new project component.

### Current Project’s Grant Name and Number

#### Question 1.

Please provide the renewal project name, as listed on HUD’s Grant Inventory Worksheet (GIW).

#### Question 2.

Please provide the renewal project grant number, as listed on HUD’s Grant Inventory Worksheet (GIW).

#### Question 3.

**Renewal grants expiring in CY 2026 may submit a FY transition grant application to request a component type change. Only renewal grants expiring in CY 2026 are eligible to apply for a transition grant. Please certify that your organization is applying for a transition grant and that your renewal grant has an expiration date in CY 2026.**

Yes; our organization currently has a renewal grant with an expiration date in CY 2026 AND we are applying for a one-year transition grant.

**Question 4.**

Please indicate the component you are transitioning from (CURRENT program component):

- Permanent Supportive Housing (PSH)
- Rapid Re-housing (RRH)
- Supportive Services Only (SSO)

**Question 5.**

Please indicate the component you are transitioning to (NEW program component):

- Transitional Housing (TH)
- Supportive Services Only (SSO) - Standalone
- Supportive Services Only (SSO) - Street Outreach (SO)

**Question 6.**

Please describe in detail how you plan to transition the project from the prior program type to the new program type within one year.

# Renewal Project Application

## Permanent Supportive Housing (PSH) Application

### Current Project's Grant Name and Number

#### **Question 1.**

Please provide the renewal project name, as listed on HUD's Grant Inventory Worksheet (GIW).

#### **Question 2.**

Please provide the renewal project grant number, as listed on HUD's Grant Inventory Worksheet (GIW).

### PSH Renewal: Threshold Factors

To advance to rating factor review, renewal projects must meet the minimum project eligibility, capacity, timeliness, and performance standards as set forth by HUD.

#### **Question 1.**

Did the project meet its plans and goals established in the initial grant?

Yes  No

Briefly explain below.

#### **Question 2.**

Did the project demonstrate all timeliness standards for grants being renewed?

Yes  No

Briefly explain below.

**Question 3.**

Did the project demonstrate success in assisting clients to achieve and maintain self-sufficiency and independent living?

Yes  No

Briefly explain below.

**Question 4.**

Was the project willing to accept technical assistance and did the project demonstrate adequate financial account with no documented mismanagement (e.g., drastically reducing the population served, making program changes without prior HUD approval, losing control of project site)?

Yes  No

Briefly explain below.

## PSH Renewal: Rating Factors

### System Performance

\*For questions 1 and 2, **use the date range 10/1/2024-9/30/2025** when pulling your data.

**Question 1. Returns to Homelessness**

Please provide the rate at which program participants return to homelessness. (This data point is only accessible through a custom report provided by your HMIS Lead. Please reach out to them to request this information.)

**Question 2. Supportive Services for Retention Rate**

2a. Please provide the housing retention rate for program participants served by this project. (This data point is only accessible through a custom report provided by your HMIS Lead. Please reach out to them to request this information.)

2b. Indicate the type and frequency of the supportive services and assistance that will be offered to program participants to ensure that participants are able to successfully obtain and retain permanent housing in a manner that fits their needs.

<b>Service Type</b>	<b>Frequency</b>
Assessment of Service Needs	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Assistance with Moving Costs	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Case Management	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Child Care	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Education Services	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Employment Assistance	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Food	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Housing/Counseling Services	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Legal Services	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Life Skills	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Mental Health Services	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)

Outpatient Health Services	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Outreach Services	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Substance Use Treatment	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Transportation	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)
Utility Deposits	(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed, never)

If there are any additional services you provide that are not included in the table above, please list them here and the frequency they are offered.

**Question 3. Inventory**

Please indicate this project’s current inventory and outline the unit configuration (e.g., scattered site apartments, clustered apartments, single family homes/townhomes, etc.) served for the project.

	Project Impact
Number of Units	(#)
Number of Beds	(#)

**Inventory Type (Unit Configuration)**

- Site based – single site
- Site based – multiple sites
- Tenant based – scattered site

If the inventory differs from what was agreed upon in your initial project grant agreement, please explain below."

#### **Question 4. Connections to Supplemental Resources**

List the types of non-CoC resources, including other public or private sources (e.g., mainstream, health, social, and employment programs) this project will leverage to supplement project services. Describe how these resources will further maximize project impact, including an explanation of how they will increase project participant income from employment (non-governmental assistance) and connect with critical benefits.

#### **Question 5. Participation Required**

Does your project require program participants to take part in supportive services?

Yes  No

Please provide copies of any supporting documentation, including supportive service agreements (contract, occupancy agreement, lease, or equivalent), and submit as an attachment with your application.

#### **Question 6. Serving Specific Populations**

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. Explain how the units will prioritize these populations.

#### **System Contribution**

Please note that the CoC will be taking your project's Coordinated Entry System (CES) participation, Homelessness Management Information System (HMIS) participation, System Functionality, and project essentiality as determined by the CoC into your scoring consideration. You do not need to supply any information on these components at this time. Please refer to the scoring rubric or reach out to [contact@nocococ.org](mailto:contact@nocococ.org) for additional clarification.

#### **Question 7. Treatment/Recovery Onsite**

Does your organization provide onsite behavioral health services, including treatment and recovery services, or maintain a formal partnership with an organization that does?

Yes  No

Please provide copies of any supporting documentation (e.g., internal workflow for referring project participants to onsite services or partners, MOUs with partner agencies) and submit as attachment with your application.

## Data Quality

\*For questions 8-10, **use the date range 10/1/2024-9/30/2025** when pulling your data.

### **Question 8. Data Entry PII overall score**

Is your HMIS data entry PII overall score <5%? (Table Q6a. of the APR)

Yes  No

### **Question 9. Universal Data Element (UDE) Scores % of issue rate**

Do all of the fields in your UDE table have Issue Rate <5%? (Table Q6b. of the APR)

Yes  No

### **Question 10. Timeliness**

Question 10a. Timeliness: Please complete the table below using table Q6e. of the APR \*

	Number of Project Start Records	Number of Project Exit Records
< 0 Days - 4-6 Days (Total all records in the first four rows)		
7+ Days (Total all records in the last 2 rows)		

10b. Percent of Timely Records \*

10c. Timeliness: Does your data entry rate align with timeliness standards (>90%)? \*

- Yes  
 No

## HMIS Application

### Current Project's Grant Name and Number

#### Question 1.

Please provide the renewal project name, as listed on HUD's Grant Inventory Worksheet (GIW).

#### Question 2.

Please provide the renewal project grant number, as listed on HUD's Grant Inventory Worksheet (GIW).

### HMIS Renewal: Threshold Factors

To advance to rating factor review, renewal projects must meet the minimum project eligibility, capacity, timeliness, and performance standards as set forth by HUD.

#### Question 1.

Did the project meet its plans and goals established in the initial grant?

Yes  No

Briefly explain below.

**Question 2.**

Did the project demonstrate all timeliness standards for grants being renewed?

Yes  No

Briefly explain below.

**Question 3.**

Did this project's outcomes facilitate the successful outcomes of other CoC program funded projects in assisting clients achieve and maintain self-sufficiency and independent living?

Yes  No

Briefly explain below.

**Question 4.**

Was the project willing to accept technical assistance and did the project demonstrate adequate financial account with no documented mismanagement (e.g., drastically reducing the population served, making program changes without prior HUD approval, losing control of project site)?

Yes  No

## HMIS Renewal: Rating Factors

**Question 1. Proactive Case Management Tool**

Has the CoC implemented the ability to use HMIS as a proactive case management tool to promote treatment and recovery? If not, are there plans to develop this capability?

Yes  No  No, but plan to develop this capability

Briefly explain below.

**Question 2. Tracks Returns to Homelessness**

Can the CoC's HMIS track returns to homelessness?

Yes  No

Briefly explain below.

**Question 3. Collects UID's Data Standards**

Does HMIS collect all Universal Data Elements as set forth in the HMIS Data Standards?

Yes  No

Briefly explain below.

**Question 4. Produces HUD required data and reports**

Does HMIS produce all HUD required reports and provide data as needed for HUD reporting (e.g., APRs, quarterly reports, LSA, CAPER/ESG) and other reports required by other federal partners?

Yes  No

Briefly explain below.

**Question 5. Data Quality Procedures**

To what extent are the HMIS data quality procedures implemented?

- HMIS data quality procedures are fully implemented
- HMIS data quality procedures are partially implemented
- HMIS data quality procedures are not implemented

# Supportive Services Only (SSO) – Coordinated Entry System (CES) Application

## Current Project’s Grant Name and Number

### Question 1.

Please provide the renewal project name, as listed on HUD’s Grant Inventory Worksheet (GIW).

### Question 2.

Please provide the renewal project grant number, as listed on HUD’s Grant Inventory Worksheet (GIW).

## SSO CES Renewal: Threshold Factors

To advance to rating factor review, renewal projects must meet the minimum project eligibility, capacity, timeliness, and performance standards as set forth by HUD.

### Question 1.

Did the project meet its plans and goals established in the initial grant?

Yes  No

Briefly explain below.

### Question 2.

Did the project demonstrate all timeliness standards for grants being renewed?

Yes  No

Briefly explain below.

**Question 3.** Did this project’s outcomes facilitate the successful outcomes of other CoC program funded projects in assisting clients achieve and maintain self-sufficiency and independent living?

Yes  No

Briefly explain below.

#### **Question 4.**

Was the project applicant willing to accept technical assistance and did the project demonstrate adequate financial account with no documented mismanagement (e.g., drastically reducing the population served, making program changes without prior HUD approval, losing control of project site)?

Yes  No

Briefly explain below.

## **SSO CES Renewal: Rating Factors**

### **Question 1. CES Accessibility**

Is the Coordinated Entry System (CES) easily available and reachable for all people within the CoCs geographic area who are seeking homelessness assistance, including those with disabilities?

Yes  No

Briefly explain below.

### **Question 2. Design to Reach High Need Populations**

Do you communicate with system partners and the public that the system is designed specifically to reach households experiencing homelessness with the highest needs?

Yes  No

Briefly explain below.

### **Question 3. Standardized Assessment Process**

Does the CES have a standardized assessment process?

Yes  No

Briefly explain below.

**Question 4. Referral and Matching**

Does the project ensure program participants are directed to appropriate housing and services that fit their needs?

Yes  No

Briefly explain below.

**Question 5. Data Quality Procedures**

To what extent are the Coordinated Entry System's data quality procedures implemented?

- CES data quality procedures are fully implemented
- CES data quality procedures are partially implemented
- CES data quality procedures are not implemented