



Northern Colorado Continuum of Care

FY 2025 CoC Program NOFO

Request for Proposals (RFP) Backgrounder

Updated 12/10/2025

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 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 HMIS¹
- Renewal Supportive Services Only (SSO) Coordinated Entry System (CES)²
- 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

¹ Only the HMIS lead can apply for Renewal HMIS projects.

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

Section V of the NOFO. To be considered eligible for funding, an applicant must be one of the following entity types:

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.

Applicants are required to submit a line-item budget indicating direct and any indirect costs. Budgets should also detail the requested project amount, the amount the applicant will match (at least 25%), the total project budget amount, and applicants' commitment to provide a project match.

Please note that if your project is selected for the NoCO CoC's Consolidated Application, your organization will be required to submit your project budget into e-snaps. 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. 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.

For questions regarding the local competition, please email the NoCO CoC team at 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 (\$)]

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)

- ☐ Permanent Supportive Housing (PSH)
- ☐ Transitional Housing (TH)
- ☐ Supportive Services Only – Standalone (SSO)
- ☐ Supportive Services Only – Street Outreach (SSO-SO)
- ☐ 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 of people experiencing homelessness 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 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. Project Budget and Match Documentation

Please submit a line-item budget indicating direct and any indirect costs. Your budget should also detail 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.

Please note that if your project is selected for the NoCO CoC's Consolidated Application, your organization will be required to submit your project budget into e-snaps. 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. Please refer to pages 26 and 103 of the HUD NOFO for further guidance.

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 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.

New Project Application

New Application: Transitional Housing

New TH: Threshold Factors

The following narrative questions require applicants to justify their project's eligibility for the points available in the Transitional Housing scoring section.

Please note that **new TH projects must receive at least 7 out of 10 available HUD threshold points** (NOFO, Pg. 55). Proposals that score below 7 points will be automatically rejected and will not move forward in the review process.

Question 1.

Describe your organization's strategy for ensuring participants receive the supportive services necessary to obtain and maintain permanent housing. Indicate specific services your organization will provide directly to project participants (e.g., case management, housing navigation) and identify the formal partnerships agreements (agency names, type of service) you have established with external organizations to deliver specialized or supplementary services (e.g., job placement, educational attainment, behavioral health support). (2 points)

Question 2.

Describe your organization's previous experience operating transitional housing or other housing related projects. Provide project details (project names, dates, and outcomes) to demonstrate your organization's successful history assisting individuals and families exit homelessness within a 24-month timeframe. (1 point)

Question 3.

Explain your project plan for achieving required exit outcomes, including efforts to ensure at least 50% of participants exit to permanent housing within 24 months and at least 50%

of participants exit with employment income. Describe how your data system (HMIS or other) will track and verify these specific outcomes. (1 point)

Question 4.

Explain 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 this project. Describe the process and staffing resources dedicated to helping participants enroll in mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP). (1 point)

Question 5.

Confirm your project will require participants to take part in supportive services (e.g., case management, employment search, substance use treatment, etc.) in line with 24 CFR 578.75(h). Provide a copy of the required supportive service agreement (contract, occupancy agreement, lease, or equivalent) detailing these mandatory requirements. (2 points)

Question 6.

Describe how your project design (e.g., staffing and scheduling details) will ensure all eligible participants may receive up to 40 hours per week of customized supportive services. Clarify what activities count toward this 40-hour requirement (e.g., job training, scheduled treatment, educational classes, and case management). (2 points) [Note that 40 hours per week may be adjusted for employed participants, participants over age 62 and/or participants with a physical or developmental disability/impairment. See NOFO Pg. 57 for details.]

Question 7.

Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted. (1 point) [Follow this link to learn more about 2 CFR 200.404 requirements: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRea20080eff2ea53/section-200.404>]

New TH: Rating Factors

System Performance

*For questions 1-3, **use the date range 10/1/2024-9/30/2025** when pulling your data.

HMIS certification

Our organization uses HMIS and will run reports from HMIS to report the data points below.

☐ Yes ☐ No

Please provide the following information to calculate the rates for Questions 1 and 2.

	Total Participants
Exits to Permanent Housing	(#)
Exits to Homelessness, Institutions, Temporary or Other Situations	(#)
Total Participants exited during the reporting period (Adding the two rows above should equal the total)	(#)

Question 1. Returns to Homelessness

Please provide the rate at which project participants return to homelessness.

Question 2. Exits to PH

Please provide the rate at which project participants exit permanent housing (PH) without an ongoing subsidy.

Question 3. Length of Stay

Please provide the average length of stay for project participants. Please provide this in number of days.*

***How to Calculate Average Length of Stay (LOS) for Transitional Housing**

1. List all clients served

Include everyone who exited during the period you're analyzing (10/1/2024–9/30/2025).

2. Calculate Length of Stay for each client

For each person:

Exit Date – Entry Date = Length of Stay (in days)

- a. If someone is still actively enrolled and does not have an exit date, leave them out.

3. Add all individual LOS values together

This gives you the **total number of days** spent in the program across all clients.

4. Count the number of clients

Just the number of people who have a Length of Stay in your list.

5. Divide

Average LOS = Total Days / Number of Clients

Example

Client A: 120 days

Client B: 45 days

Client C: 90 days

Total = 255 days

Number of clients = 3

Average LOS = $255 \div 3 = 85$ days

Question 4. Self-Sufficiency

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.

Service Type	Frequency
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 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 participant supportive service agreements (contract, occupancy agreement, lease, or equivalent), and submit as an attachment with your application.

System Contribution

Question 6. CES Participation

Does your organization commit to actively participating in the CoC's Coordinated Entry System (CES) upon project award, which would include taking referrals for project openings?

☐ Yes ☐ No

Question 7. Inventory

7a. Anticipated Inventory – Units

7b. Anticipated Inventory – Beds

Question 8. 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) and submit as attachment with your application.

Please note that the CoC will be taking your project's 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 for additional clarification.

Data Quality

Question 9. HMIS Readiness

Please indicate the ways your organization currently leverages the CoC's Homeless Management Information System (HMIS). Select all that apply.

- ☐ Our organization already uses HMIS to enter program participant information **and services** and has an identified agency Data Partner Agency Liaison (DPAL).
- ☐ Our organization already uses HMIS to enter program participant information, **but not services**, and has an identified agency Data Partner Agency Liaison (DPAL).
- ☐ Our organization is a DV organization and uses an HMIS comparable database.
- ☐ Our organization uses HMIS for Coordinated Entry System (CES) activities but does not enter program information into HMIS.
- ☐ Our organization does not currently use HMIS, but we commit to doing so in the future.
- ☐ Our organization is a DV organization and does not use an HMIS comparable database, but we commit to doing so in the future.

New Application: Supportive Service Only – Street Outreach (SSO-SO)

New SSO-SO: Threshold Factors

The following narrative questions require applicants to fully justify their project's eligibility for the points available in the SSO Street Outreach scoring section.

Please note that **new SSO – Street Outreach projects must receive at least 5 out of 6 available HUD threshold points** (NOFO, Pg. 58). Proposals that score below 5 points will be automatically rejected and will not move forward in the review process.

Question 1.

List the types of non-CoC funding (e.g., other public or private sources) this project will leverage to supplement project services. Describe the process and staffing resources used to connect unsheltered participants to mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP). (1 point)

Question 2.

Outline your project's strategy for providing supportive services to individuals with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (2 points)

Question 3.

Describe your organization's established history and operational protocol for partnering with first responders (including police, fire, and emergency medical services) to effectively and safely engage people living outside. Describe the nature of these partnerships, how they facilitate access to unsheltered individuals, and confirm that your project will cooperate with, assist, and not impede with law enforcement to enforce local laws such as public camping and public drug laws. (1 point)

Question 4.

Describe your organization's prior experience in providing outreach services consistent with 24 CFR 578.53(e)(13). Demonstrate the project's effectiveness by providing data or examples related to helping unsheltered individuals exit places not meant for human habitation and transition into safe housing or shelter options. (1 point)

Question 5.

Justify how the street outreach services provided are cost-effective, consistent with 2 CFR 200.404. Provide the estimated average annual cost per participant served and explain how this cost is reasonable relative to the intensity of engagement required for the unsheltered population and how it is maximized through the use of leveraged resources. (1 point)

[Follow this link to learn more about 2 CFR 200.404 requirements:

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRea20080eff2ea53/section-200.404>]

New SSO-SO: Rating Factors

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

HMIS certification

Our organization uses HMIS and will run reports from HMIS to report the data points below.

☐ Yes ☐ No

System Performance

Question 1. Unsheltered Engagement Rate

Provide your agency's unsheltered engagement rate.

	Enrollment Count	Percent of Total
Minimal Engagement: 1-2 Services		
Moderate Engagement 3-5 Services		
High Engagement: 6+ Services		
Total Enrollments		

Question 2. Connection to Emergency Shelter

2a. Provide data on connections to emergency shelter.

	Total Enrollments
Total Clients Connected to Shelter	
Total Clients Who Still Needed Shelter at Period End	
Average Length of Time from Enrollment to Shelter	
Total Clients Served	

Percent of Clients Connected to Shelter: (%)

Percent of Clients Still in Need of Shelter: (%)

2b. Describe your agency's strategy to connect project participants with emergency shelter.

Question 3. Service Engagement Frequency

Indicate which services your organization will provide to increase project participants' self-sufficiency and the frequency with which they'll be provided.

Service Type	Frequency
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 4. Participation Required

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

☐ Yes ☐ No

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

Question 5. Strategy for Reducing Encampments

Describe your agency's strategy for reducing encampment in your geographic service area. Include individual agency efforts or any broader partnerships in place to address encampments. Detail below or attach your organization's documented encampment reduction workflow.

System Contribution

Question 6. Partnerships with First Responders and Crisis

Does your organization have formal partnership agreements with first responders and emergency response teams to support project participants in crisis?

☐ 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.

Question 7. Diversion/Housing Problem Solving Workflow

Describe the workflow for helping individuals avoid sheltered or unsheltered homelessness by identifying safe housing alternatives. In your response, please address workflow, implementation consistency, staff training on HPS, documented policies and procedures, data collection, and any plans for future expansion of HPS practices.

Please note that the CoC will be taking your project's Coordinated Entry System (CES) 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 for additional clarification.

Data Quality

Question 8. HMIS Readiness

Please indicate the ways your organization currently leverages the CoC's Homeless Management Information System (HMIS).

- ☐ Our organization already uses HMIS to enter program participant information **and services** and has an identified agency Data Partner Agency Liaison (DPAL).
- ☐ Our organization already uses HMIS to enter program participant information, **but not services**, and has an identified agency Data Partner Agency Liaison (DPAL).
- ☐ Our organization is a DV organization and uses an HMIS comparable database.
- ☐ Our organization uses HMIS for Coordinated Entry System (CES) activities but does not enter program information into HMIS.
- ☐ Our organization does not currently use HMIS, but we commit to doing so in the future.
- ☐ Our organization is a DV organization and does not use an HMIS comparable database, but we commit to doing so in the future.

New Application: Supportive Service Only – Standalone (SSO)

New SSO: Threshold Factors

The following narrative questions require applicants to fully justify their project's eligibility for the points available in the SSO Standalone scoring section.

Please note that **new SSO - Standalone projects must receive at least 4 out of 5 available HUD threshold points** (NOFO, Pg. 57). Proposals that score below 4 points will be automatically rejected and will not move forward in the review process.

Question 1.

Explain how the services provided by this project are critically necessary to assist participants exit homelessness and achieve long-term self-sufficiency. (1 point)

Question 2.

Outline your project's strategy for providing supportive services to individuals with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (2 points)

Question 3.

List the types of non-CoC funding (e.g., other public or private sources) this project will leverage to supplement project services. Describe the process and staffing resources used to connect unsheltered participants to mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP). (1 point)

Question 4.

Justify how the supportive services provided are cost-effective, consistent with 2 CFR 200.404. Provide the estimated average annual cost per participant served and explain how this cost is reasonable relative to the type, intensity, and duration of the services delivered, and how it compares favorably to other similar service providers in the region. (1 point) [Follow this link to learn more about 2 CFR 200.404 requirements:

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRea20080eff2ea53/section-200.404>]

New SSO: Rating Factors

System Performance

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

Question 1. Engagement Rate

1a. Provide your agency's engagement rate.

	Enrollments Count	Percent of Total
Minimal Engagement: 1-2 Services		
Moderate Engagement: 3-5 Services		
High Engagement: 6+ Services		
Total Enrollments		

1b. Describe the data source used to run the reports for the metrics above.

Question 2. Self-Sufficiency

Indicate which services your organization will provide to increase project participants' self-sufficiency and the frequency with which they'll be provided.

Service Type	Frequency
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. Participation Required

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

☐ Yes ☐ No

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

System Contribution

Question 4. Partnerships with First Responders and Crisis

Does your organization have formal partnership agreements with first responders and emergency response teams to support project participants in crisis?

☐ 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.

Question 5. Diversion/Housing Problem Solving Workflow

Describe the workflow for helping individuals avoid sheltered or unsheltered homelessness by identifying safe housing alternatives. In your response, please address workflow, implementation consistency, staff training on HPS, documented policies and procedures, data collection, and any plans for future expansion of HPS practices.

Please note that the CoC will be taking your project's Coordinated Entry System (CES) 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 for additional clarification.

Data Quality

Question 6. HMIS Readiness

Please indicate the ways your organization currently leverages the CoC's Homeless Management Information System (HMIS).

- ☐ Our organization already uses HMIS to enter program participant information **and services** and has an identified agency Data Partner Agency Liaison (DPAL).
- ☐ Our organization already uses HMIS to enter program participant information, **but not services**, and has an identified agency Data Partner Agency Liaison (DPAL).
- ☐ Our organization is a DV organization and uses an HMIS comparable database.
- ☐ Our organization uses HMIS for Coordinated Entry System (CES) activities but does not enter program information into HMIS.
- ☐ Our organization does not currently use HMIS, but we commit to doing so in the future.
- ☐ Our organization is a DV organization and does not use an HMIS comparable database, but we commit to doing so in the future.