

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: VA-521 - Virginia Balance of State CoC

1A-2. Collaborative Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeward

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	5
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	2
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	2
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	4
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	3
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	4
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	3
35.	Agencies Serving Survivors of Human Trafficking	Yes	3
36.	Victim Service Provider(s)	Yes	3
37.	Domestic Violence Advocate(s)	Yes	3
38.	Other Victim Service Organization(s)	Yes	3
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	5
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC is comprised of 12 regionalized LPGs and five committees (cmtes) that are public. Solicitation for new CoC members is conducted at the LPG level via postings on provider websites and in-person recruitment events. LPGs have membership cmtes that conduct outreach to local and regional govt. entities, faith communities, private businesses, etc. The CoC lead agency, the Virginia Dept. of Housing and Community Development (DHCD), leverages relationships with other state agencies to extend invites to join the CoC. The CoC facilitates bimonthly public virtual forums to create transparent communication with partners and members of the public who are interested in learning more about the VA BOS. Information is communicated via the DHCD website, emails, PDFs, and other accessible platforms including but not limited to in-person meetings and virtual meetings. The CoC has recorded virtual meetings, which are available for providers. Recordings of meetings can include close caption options for individuals who need this resource. LPGs have boards and cmtes designed to address the needs of individuals experiencing homelessness. LPG boards and cmtes leverage accessibility tools, such as language lines and ADA accessible material to ensure information provided is accessible. Local providers coordinate with organizations and advocates who support individuals with disabilities to ensure information is accessible to this population.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

CoC membership includes stakeholders with knowledge and interest in preventing and ending homelessness. Stakeholders include persons with lived experience, local govt. officials, planning district commissions, private funders, advocates including the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA), school divisions, police departments, faith-based communities, PHAs, VA hospitals, CSBs (mental health agencies), homeless service providers, CAP agencies, dept. of veteran services, and dept. of behavior health and developmental services (DBHDS). The CoC facilitates public bi-monthly forums to elicit feedback and answer questions. Each LPG holds bi-monthly in person or virtual meetings with community stakeholders to communicate initiatives and solicit feedback. The CoC provides and solicits information in multiple ways. Information flows through LPG representation on the CoC steering cmte (the main CoC governing board), which meets bi-monthly. During the months the steering cmte does not meet, partners can engage in discussions regarding homelessness via the CoC's bi-monthly virtual forums and representation on CoC cmtes. The CoC PM participates in virtual sessions held with partners from across the state to gather input from all LPGs. CoC staff visit the LPGs annually to provide TA and solicit feedback regarding community needs. Additionally, DHCD conducts a CoC and LPG yearly meeting during the governors housing conference to solicit feedback regarding programs funded through the CoC as well as ESG. Information is communicated via the DHCD website, emails, PDFs, and other accessible platforms including but not limited to in-person meetings and virtual meetings. Recordings of meetings can include close caption options for individuals who need this resource. LPG boards and cmtes leverage accessibility tools, such as language lines and ADA accessible material to ensure that information provided by the CoC is accessible. Local providers coordinate with organizations and advocates who support individuals with disabilities to ensure information is accessible to this population. In an effort to access information about new approaches, the LPGs have put on individual partner meetings and local summits to highlight new approaches.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

Per the CoC policies and procedures, the Collaborative Applicant (CA) requested proposals for projects after registration and prior to the release of the NOFO via the CoC pre-application. On 6/16/2026 the preapplication documents were emailed to LPG lead agencies and the CoC steering cmte to disseminate to community stakeholders, including to organizations who have not previously received CoC funding. The pre-application was then published on the CoC website. On 6/17/2026 the CA facilitated an information session dedicated to outlining the pre-application process. CoC staff also held individual meetings with interested organizations to discuss project design and eligible activities. The CA provides instructions on project application submission during the communication of the local competition. Instructions are included on the CoC application timeline provided to CoC Steering Cmte members to share with community partners and is published on the CoC website. Information regarding project submission was included in the information session held on 06/17/2026. Pre-applications for new projects that have not previously received CoC program funding were due to the CA by 06/24/2026. During the release of the pre-application, the CA communicates project applicant eligibility with the CoC Steering Cmte and community partners. Agencies that are active participants in the LPG are eligible to apply for new funding. Projects are selected according to the CoC's ranking process outlined in the policies and procedures, which are on the CoC website. Applicants requesting funding for new projects must complete a preapplication submitted to DHCD that is posted on the website. Once projects are selected for submission to HUD, project applicants are notified and the project listing is posted on the CoC website. Information is communicated via the DHCD website, emails, PDFs, and other accessible platforms including but not limited to in-person meetings and virtual meetings. Recordings of meetings can include close caption options for individuals who need this resource. LPG boards and cmtes leverage accessibility tools, such as language lines and ADA accessible material, to ensure that information provided by the CoC is accessible. Local providers coordinate with organizations and advocates who support individuals with disabilities to ensure that information is accessible.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

To address the unmet need and provide a plan to address a gap in the CoC's current homelessness system and to update the annual action plan (AAP) for the consolidated plan for ESG, input sessions are held with CoCs and LPGs across VA to address gaps in the communities and target resources effectively. The needs assessment and market analysis conducted as part of developing the current Consolidated Plan identified the most pressing needs that VA must address to make it the best state in the nation in which to live, work and raise a family are the lack of affordable housing, lack of housing for special needs populations, individuals and families experiencing homelessness, and barriers to competitive and sustainable communities. Based off this plan and feedback from communities ESG will be fully leveraged along with other state resources to reduce the number of individuals and families experiencing homelessness. These funds will also focus on shortening the length of time people experience homelessness and reducing the number of individuals returning to homelessness. VA has established a policy framework and the infrastructure to address homelessness and to better serve special needs populations. The policy framework, statewide committees, subcommittees, and workgroups are organized around priorities such as youth and older adult homelessness, solutions including rapid re-housing and permanent supportive housing, data, family and chronic homelessness, and veterans. DHCD meets monthly with the PSH Steering Group, a cross-agency workgroup that focuses on the following populations: individuals with intellectual or developmental disabilities, individuals with serious mental illness, and individuals experiencing chronic homelessness. The group is in the process of developing coordinated referral methods to leverage existing and future PSH units. Additionally, VA leverages state resources to prevent individuals and households from becoming homeless based off identified need. These resources are targeted to households seeking shelter who are currently housed but at imminent risk of homelessness (within 14 days).

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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	1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
		You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
		What percent of your TH/RRH/PSH projects have substance use treatment available on site?	66%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

All CoC projects including Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing resources throughout the CoC are offered in non congregate settings and coordinate with Community Services Boards (CSBs) to provide access to substance use treatment, which include mobile clinics and access to medically assisted substance use treatment. Substance use treatment within the CoC includes services for both youth and adults and is delivered through multiple CSBs offering varying levels of care. One CSB provides a full continuum of outpatient services, including intensive outpatient programs that operate for 12 weeks with structured sessions three days per week, as well as drug court support. This CSB also offers a less intensive outpatient program tailored to client need, focusing on coping skills development, relationship building, and social support. Additionally, its case management program assigns individual case managers to assess client needs and facilitate access to housing, financial, medical, and community supports. Case managers further evaluate clients' ability to function within the community and ensure linkages to appropriate resources. Another CSB in the CoC operates multiple residential facilities, including substance use treatment residences and transitional homes designed to support individuals with substance use disorders or co occurring conditions. These programs provide supervised living arrangements integrated with other CSB services, supporting the development of social and daily living skills. The goal is to help individuals stabilize within the residential setting and transition toward independent community integration upon program completion. This CSB also operates an eight bed recovery center that provides short term residential mental health and detoxification services to prevent inpatient hospitalization. A third CSB offers comprehensive outpatient substance use services delivered by licensed and certified professionals. Services include person centered recovery planning, peer recovery support, case management, and a range of support groups designed to help individuals achieve and maintain recovery. Referrals to these services are made based on client need. Across the CoC, CSBs provide treatment for mental health conditions, substance use and addiction, and intellectual and developmental disabilities. All areas of the CoC are served by a CSB, ensuring full geographic coverage for these critical services.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC and LPGs partner with CSBs and DBHDS to ensure support for individuals experiencing a mental health crisis, two LPG lead agencies are CSBs. VAs CSBs are the primary point of entry into VAs public behavioral health and developmental services system. CSBs provide treatment for mental health, substance use and addiction, and intellectual and developmental disabilities. There is a CSB that serves every county and city in the state. All CSBs in the CoC offer mental health and substance use disorder treatment. The services offered by CSBs in the CoC include but are not limited to a 24/7 hotline for emergency services for mental health or substance use crisis's, outpatient and inpatient mental health and substance use treatment, inpatient detoxification, counseling (individual and group sessions) and case management, psychosocial interventions that include rehabilitation services and day support services, and medication management. Individuals and households can access CSB services through referrals provided by CE, case managers, and contacting CSBs directly. Additionally, DBHDS administers a PSH program that utilizes existing partnerships to provide and coordinate community-based behavioral and primary health care services to individuals with serious mental illness in stable rental housing of their own. Eligibility for DBHDS PSH includes those meeting HUD's standards for very low income (50% Area Median Income or below) that also meet one or more of the following criteria: patients in state psychiatric facilities, residents of supervised residential settings (e.g., group homes) who want to live more independently, individuals chronically homeless (as defined by HUD) or literally homeless and at risk of becoming chronically homeless, and/or individuals who are unstably housed and frequent users of hospitals or criminal justice system interventions.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The CoC has projects that provide access to peer recovery specialists for peer support and recovery navigation. In the CoC there are four types of peer recovery specialists that include mental health, substance use recovery, youth and family, and permanent supportive housing. To become a peer recovery specialist there is a 72-hour course provided by DBHDS to become certified, to become certified you also need 500 hours of work experience and then pass the exam. In VA DBHDS is the sole manager of this training process, and all training and trainers have been approved by DBHDS. Once they pass the exam and become certified, then they can become registered with the board of health professions. Peer recovery specialists spend a minimum of two hours a month with clients, but often see their clients at least once a week for an hour at a time. Peer recovery specialists work with their clients to support them with recovery navigation, provide crisis planning, finding natural support in the community, and walk alongside their clients as they're navigating recovery. CSBs across the CoC provide peer recovery support for assisting with recovery navigation. Additionally, individuals with lived experience are hired, and represented on boards across the CoC. Individuals with lived experience provide invaluable input on policies and procedures, program implementation, and identify gaps in service delivery to strengthen the crisis response system in communities across the CoC.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC works to identify individuals experiencing a serious mental illness by receiving referrals from a large network of community providers, the initial assessment at CE, and the contact that case managers have with clients. At CE a focus is on mental health to ensure referrals are sent to providers that meet the clients' needs which include CSBs. Additionally, many communities across the CoC have mobile health units that can provide access to primary care and mental health care. Some CSBs in the CoC provide assertive community treatment teams, but not all CSBs have this program. An example of how the CoC partners with assertive community treatment teams is through one of the CSB lead agencies in the LPGs. The assertive community treatment team is comprised of case managers, nurses, and a psychiatrist that work with clients twice a week or more dependent on client needs. The assertive community treatment team works with clients housed through the PSH program to provide mental health support services while the PSH housing specialist provides the housing support. The PSH housing specialist and the assertive community treatment team collaboratively serve clients to ensure that the clients' mental health and housing needs are met. The psychiatrist meets clients where they are, and nurses go to individuals houses to do blood work and administer medication. For clients that need a higher level of care, referrals are made to the assertive community treatment team.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC has a partnership with the specialty dockets that are in the community through the local CSB. The local CSB receives referrals from drug courts and the therapeutic docket, the CSB works to provide mental health, behavioral health, and substance use case management. The public defender's office works with clients who have cases on the specialty dockets to ensure that they are connected with resources that meet their clients' needs, along with coordinating with the CSB.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC maintains close coordination with the identified provider to promote housing stability and support clients progress. Coordination occurs through shared service planning, and ongoing communication between LPG staff and the provider to ensure that each household's housing needs, barriers, and goals are met. LPGs work with clients to integrate supportive services including housing navigation, case management, and connections to mainstream benefits into each household's individualized housing plan. LPGs also collaborate on developing strategies that promote long term stability, such as landlord mediation, increasing income, and linkages to behavioral health or other specialized services when needed. When court orders are relevant, LPGs work with clients to leverage them to support housing stability. This may include complying with court mandated service engagement, facilitating documentation required by the court, coordinating with legal service partners, and aligning housing plans with conditions set by the court to prevent disruptions in housing. By integrating court related requirements into case planning, LPGs help ensure clients remain stably housed while meeting judicial obligations. Through these coordinated efforts, LPGs support each individual and households' progression toward housing stability.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC and LPGs partner with CSBs and DBHDS to ensure support for individuals experiencing a mental health crisis. VA has a 988 service to listen and work with callers to assist with connections to local mental health professionals or community resources. CSBs offer crisis services, which include mobile crisis response, community-based stabilization, crisis stabilization units, emergency services, and REACH (the statewide crisis system of care for individuals with developmental disabilities).

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

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

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

Formal partnerships with Behavioral and Mental Health Facilities varies at different degrees through VA-521. The CoC includes DBHDS and multiple CSBs on its governing board for decision making. Since 2015, LPGs have partnered with local CSBs to ensure access to mental health and related services through PATH services. Finally, through a formal agreement, a CoC community receives Opioid Abatement Funds supporting substance use treatment in the New River Valley.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The CoC does partner with CSBs that operate sober housing, despite not currently having a new or existing CoC program funded project. One of the CSBs in the VA BoS CoC operates many residential facilities that include substance use facilities, the transitional homes serve as a social and living skills development program for individuals who have substance use disorders, or co-occurring disorders. This CSB also operates a recovery center that focuses on detoxification.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

CE access points have knowledge of all possible referrals and eligibility requirements. CE access points make referrals based on the information provided and coordinate with a network of community resources to ensure clients can access the services they need. If a person's needs fall outside of the homeless crisis response system, referrals are made to the most appropriate mainstream resource or when the access points do not have knowledge of the appropriate service; the access points provide information to 211 VA which is a directory of services available in their community. Case managers also work to provide referrals and warm handoffs for services that best meet their clients' needs, including mainstream resources and local CSB services. Additionally, VA leverages state resources to prevent individuals and households from becoming homeless. These resources are targeted to households seeking shelter who are currently housed but at imminent risk of homelessness (within 14 days). Additionally, all households seeking homeless assistance must be engaged in diversion, a problem-solving conversation to address the household's current housing crisis. Diversion conversations include a discussion of alternative resources available to the household, linkages to mainstream and natural supports, and light-touch assistance such as short-term and one-time financial assistance.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$3,062,466
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,424,665
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	47%

4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$356,167
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	58%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

DHCD is responsible for the annual action plan and updating the strategic plan. DHCD has an established, ongoing process for consulting with ESG recipients to ensure coordinated planning, prioritization, and allocation of ESG funds. This collaboration occurs through structured meetings and data sharing. Annually, through input sessions ESG recipients participate directly to discuss funding priorities, performance measures, service gaps, and emerging needs across the region. These discussions inform both the CoC's broader strategic planning and the annual update to the ESG written standards. Regular reviews of HMIS data, CE outcomes, and project-level performance help ensure ESG resources are allocated to interventions that best support the community's goals of reducing homelessness and improving housing stability. ESG recipients provide input into performance thresholds, outcome expectations, and recommended system improvements. ESG recipients will continue to be integrated into the development of policies, priorities for funding allocation, and system wide strategies. This ongoing collaboration allows the CoC and ESG partners to align resources, address gaps, and improve the effectiveness of the homelessness response system.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC coordinates closely with emergency shelter providers to ensure individuals and households experiencing homelessness are promptly connected to CoC funded housing and supportive services. Shelter staff participate directly in the CE system by receiving referrals and referring individuals and households to the most appropriate CoC interventions. The CoC provides regular training, written guidance, and ongoing technical assistance so shelter providers understand eligibility requirements, referral pathways, and available housing resources. Through case conferencing, shelter staff and CoC partners review active households, resolve barriers, and match people to housing programs as soon as resources become available. This collaboration ensures consistent communication, shared problem solving, and a smooth transition from shelter to permanent housing for individuals and households.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Annually, the VA BoS CoC shares PIT and HIC data with the LPGs and this information is disseminated out to community partners which includes but is not limited to state and local government. LPGs meet bi-monthly to discuss the homeless response system, these meetings also include sharing PIT and HIC information with their LPG annually. During case conferencing, LPGs meet to drive forward housing solutions which include the sharing of HMIS data from the by-name list. Over the past two years CoC staff have worked internally with DHCD staff to share information from the HDIP, the statewide HMIS platform. Annually, the CoC visits the LPGs. For the past two years the annual visits included presentations from the HDIP that included system performance measure and annual performance report data to help identify trends among clients, improve service coordination, and identify service gaps. CoC staff is working internally with other DHCD staff to standardize system performance measures to ensure the VA BoS CoC homeless response system is effective at ending homelessness. The CoC shares PIT and HIC data with ESG administrators to inform resource allocation.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The VA BoS CoC informs decisions with community data both from other systems of care and non-HMIS data sources. The CoC utilizes information from other federal data sources, such as the Centers for Disease Control (CDC), and other state partners, such as the VA Department of Health, to ascertain what vulnerable populations exist within our CoC and what resources may be required to serve them. For example, we have utilized the CDC's Social Vulnerability Index to identify resource-poor areas and suggest programmatic changes to LPGs that address populations in the area. Data from the VA Department of Health guides our CoC in identifying localities with pertinent issues, such as higher rates of chronic illness, substance use/overdoses, and healthcare access. Additionally, the CoC contributes to the statewide data warehouse, the HDIP, to help identify statewide trends among clients, improve service coordination, identify service gaps, and share client documents and data across the state.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Many LPGs across the CoC have internal workforce development programs. Homeless service staff in the LPGs meet regularly with workforce development staff to address the needs of job seekers (who have experienced homelessness or unstable housing) to secure meaningful employment, competitive wages, and career advancement. The CoC partners with mainstream employment organizations to advertise for available positions, provide opportunities for apprenticeships and identify education opportunities for individuals and families to increase their cash income. These partners also provide input in the planning efforts to increase cash income within the LPGs. Mainstream partners aiding the CoC in these efforts include DMAS, Virginia Employment Commission, Dept. of Aging and Rehabilitative Services, Virginia Department of Labor and Industry, Dept. of Social Services, Community Action Agencies, and Dept. of Juvenile Justice. During FY25, 15% of system leavers increased their employment cash income and 20% increased their total income. For FY26, 13% of leavers increased employment cash income and 20% increased their total income.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Our CoC's street outreach projects work closely with first responders and law enforcement through regular communication to ensure interactions with individuals experiencing homelessness are safe, supportive, and oriented toward service engagement. Outreach teams and first responders conduct joint welfare checks, share real time information about individuals' needs, and collaborate during crisis situations to provide de escalation, trauma informed engagement, and immediate connection to housing and supportive services. Law enforcement receives ongoing training from CoC partners on homelessness response and referring individuals to the appropriate CoC access points. These partnerships help reduce unnecessary enforcement actions, promote trust between unsheltered individuals and public safety agencies, and increase successful referrals to shelter, housing programs, and supportive services offered through the LPGs. An example of when this occurs is during the PIT Count, officers will escort LPG staff members through the local planning group and support the effort to complete and compile PIT Count Surveys.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

All households seeking homeless assistance must be engaged in diversion, a problem-solving conversation to address the household's current housing crisis. Diversion is not meant to turn households away from accessing necessary services; rather, it is a strengths-based practice that helps households identify safe housing options and solutions based on their available resources, not those of the homeless crisis response system. Diversion conversations include a discussion of alternative resources available to the household, linkages to mainstream and natural supports, light-touch assistance such as short-term and one-time financial assistance, and reunification with family. Currently, the CoC is working to create a diversion checklist that will assist in reunification efforts for individuals and households experiencing homelessness or living in CoC program funded housing. Training for the diversion check list will focus on connecting individuals and households experiencing homelessness with supports, family, financial assistance, and identifying if they are working with other case managers that may be able to assist them. Training will also focus on making sure that diversion conversations happen as the person is moving through the crisis response system and not just at CE. The CoC is also working on implementing a policy that highlights that diversion conversations should be happening as clients are moving through the crisis response system and not just at CE.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC encourages partnerships with local efforts and first responders to ensure that individuals and families are connected with homeless services. LPGs implementing formal street outreach are encouraged to share information across outreach teams and sites and engage with other systems, including law enforcement, hospitals and emergency departments, corrections, libraries, and job centers to ensure individuals and households are connected to services to meet their needs. Law enforcement receives ongoing training from CoC partners on homelessness response and referring individuals to the appropriate CoC access points. These partnerships help reduce unnecessary enforcement actions, promote trust between unsheltered individuals and public safety agencies, and increase successful referrals to shelter, housing programs, and supportive services offered through the LPGs.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Due to the rural nature of VA 521, unsheltered homelessness often appears in non traditional forms, such as couch surfing, making encampment identification challenging and frequently underreported. To address this, LPGs actively coordinate encampment identification and reduction by leveraging partnerships with homeless service providers, hospitals, law enforcement, and mental health agencies. Outreach teams conduct structured, ongoing engagement to locate individuals in encampments and support their transition to permanent housing. Several communities within the CoC have local ordinances that permit clearing tents and encampments on public property. When these actions occur, LPGs use them as opportunities for rapid engagement—identifying individuals, sharing information quickly for alternative housing accommodations, and connecting people to homeless services if they are not already linked. Additionally, CoC partners provide continuous homelessness response training to law enforcement, strengthening collaboration and ensuring consistent referrals to appropriate access points. This is an effort to collaborate with local efforts in addressing unsheltered homelessness across the CoC communities. These coordinated efforts support both immediate action in reaching unsheltered individuals and long term planning to improve identification, engagement, and connections to shelter, housing programs, and supportive services across VA 521.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Due to the rural nature of VA-521, unsheltered homelessness presents itself non-traditionally. Anecdotally, it has been reported by partners that often those experiencing homelessness in rural communities are often couch surfing. Which can create a unique challenge for encampment identification. We understand that due to the rural nature of communities, the number of those who are experiencing unsheltered homelessness in VA-521 will often be an under reported number. At this time, encampment identification and reduction is coordinated locally by leveraging relationships between the LPGs homeless services providers and community partners, including hospitals, law enforcement, and mental health providers. LPGs implement formal street outreach with the goal of connecting those to permanent housing. Currently, those in residing in encampments are engaging with outreach providers and are in progress of transitioning to housing.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Public illicit drug use is prohibited with penalties per state law (Code of Virginia §18.2-247 through §18.2-324.2). With the understanding of state law the CoC policies and procedures are focused on quickly engaging individuals and households experiencing homelessness and getting them connected to homeless services if they are not already connected. LPGs implementing formal street outreach share information across outreach teams and sites and engage with other systems, including law enforcement, to ensure that people are connected to homeless services when they are identified. Law enforcement receives ongoing training from CoC partners on homelessness response and referring individuals to the appropriate CoC access points. These partnerships promote trust between unsheltered individuals and public safety agencies, and increase successful referrals to shelter, housing programs, and supportive services offered through the LPGs.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Per the data from the Virginia Department of Health, in 2025, the median rate of overdose visits to emergency departments of localities within the CoC was 38.1 per 10,000 people. The 2025 overdose rate within the CoC is notably lower than the rate for all of Virginia, which was 41.6 per 10,000 people. There is no data available to indicate whether these overdoses occurred in a public or private location. Public illicit drug use is prohibited with penalties per state law (Code of Virginia §18.2-247 through §18.2-324.2).

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Public illicit drug use is prohibited with penalties per state law (Code of Virginia §18.2-247 through §18.2-324.2). With the understanding of state law the CoC policies and procedures are focused on quickly engaging individuals and households experiencing homelessness and getting them connected to homeless services if they are not already connected. LPGs implement formal street outreach with the purpose of engaging those who are experiencing unsheltered homelessness, providing the appropriate service when necessary and assessing the health and safety of the individual or household. When appropriate, partners will make referrals to services that will best meet the need of the individuals they may be engaging. This may include engagement with 988 services in coordination with DBHDS partners. Once the individual or household has been initially assessed, providers will share information across outreach teams and sites and engage with other systems to support further engagement to ensure that people are connected to homeless services when they are identified. In an effort to support engagement, CoC partners will also support law enforcement by providing ongoing training from related to homelessness response and referring individuals to the appropriate CoC access points. These partnerships promote trust between unsheltered individuals and public safety agencies, and increase successful referrals to shelter, housing programs, and supportive services offered through the LPGs.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC and its LPGs operate in accordance with Virginia state law, including the Sex Offender and Crimes Against Minors Registry Act, which provides public access to the state registry. As necessary, partners will complete background checks on all incoming or referred households. When appropriate, CoC and LPG partners will coordinate referrals to ensure those who need additional support in communities are connected with the resources that are most suited to the needs of the household. In alignment with state law, households will be referred to alternative housing arrangements as necessary. CoC and LPG partners also provide ongoing training to a variety of partners, including law enforcement, to ensure an effective engagement with any individual who is experiencing homelessness and needs additional supports. Trainings include information on homelessness response and effective referral practices, strengthening collaboration and are intended to improve connections to appropriate access points. Aligned with state law, CoC policies prioritize timely engagement with individuals and households experiencing homelessness and connecting them to needed and most appropriate services. LPGs and partner agencies conduct assessments, make referrals to appropriate supports, and share information as appropriate to coordinate care, including for individuals on the registry who may need additional supports in communities. Through these partnerships, communities continue to receive support and guidance, which helps reduce enforcement actions, builds trust with unsheltered individuals, and increases successful referrals to housing programs and supportive services across the CoC.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Per the CoC CE Policies and Procedures "Each LPG reviews/updates CE advertising and marketing materials at least annually to ensure that all individuals and families in need know how to access the CE system. CE system partners must post these materials in locations at their agency that are accessible to the public. The CoC also makes these materials available to other community-based organizations and at events. In addition, each LPG provides access updates to 211 annually." Additional efforts of the LPG communities to affirmatively market housing and services include implementing formal street outreach, participating in community events, and implementing online forms for easier connection to services. All LPG communities have a CE hotline to ensure that people from anywhere in the geographic area can make contact with a homeless service provider. Additionally, the VA BoS CoC is currently in the process of creating a policy to ensure there are forms on each of the LPGs community's website to ensure that people can contact a homeless services provider at anytime. Access point information for the LPG communities is posted publicly on DHCD's website through different formats, which includes a map that you can select your community on to receive contact information and a list that you can search for your community on to receive contact information. Annually, during the PIT count, all LPGs proactively seek all individuals and households in their geographic region to make contact and connect them with homeless services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC adopted the following procedures for services offered to families: case managers verbally and in writing must notify parents of their child's rights to access and receive educational services that include enrolling in school without required documentation, remaining in their school of origin with transportation provided, and free lunch. In addition to the CoC written procedures for services, LPGs are required to adopt procedures to inform individuals and families who become homeless of their eligibility for educational services. Additionally, DHCDs website lists available resources to assist with housing needs and inform households on local community resources.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

LPGs work with local Departments of Social Services and child welfare partners to help youth leave foster care with a safe place to live and a plan for maintaining housing. Before a youth exits care, partners can identify housing needs, connect the youth to CE, and explore available prevention assistance, RRH, and foster youth housing resources. LPGs implement projects that strengthen this transition by providing youth ages 18–24 who are experiencing homelessness or housing instability with housing assistance and individualized case management. Through case conferencing and LPG coordination, partners address housing barriers and connect youth with life skills, education, employment, and other supports that build long-term stability.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The VA BoS CoC acts as the CoC which is the central hub. The CoC helps align intake process and the standardized assessment form. We support the joint data tracking process to ensure there is a seamless process if a warm handoff is needed for street outreach to shelter or other program providers. The CoC supports HMIS and CE which ensures there is a way to align programs. Additionally, the CoC leverages the YHDP grant and state funding to decrease the amount of youth experiencing homelessness in the CoC. The YHDP grant is funded for mobile navigation and diversion, and TH-RRH. The goal of the YHDP TH-RRH program is to provide TH to 30 youth per year and permanently house 50 youth per year through RRH. The YHDP Mobile Navigation and Diversion project serves to outreach youth directly in the community. The youth outreach specialist meets clients where they are and provides outreach and support throughout the community. This staff member completes coordinated entry assessments, prioritization tools, prevention/diversion screenings, and works to connect the client to the CE system.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

A focus of the CoC is to ensure families experiencing homelessness are moved quickly into permanent housing. CE prioritization tools include points for families with children, and adult caregivers who are responsible for the wellbeing of another individual. Stabilizing families is accomplished through case management and providing resources that address the whole family's needs. There are multiple TH and RRH providers in the CoC that primarily or exclusively serve families.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

These projects provide dedicated case management and wrap around supportive services. The focus for case managers when they meet with clients is to establish a housing stability plan to ensure clients work to increase their income to help with rent, match clients with paid on the job training if the client is unemployed, and assist with financial literacy with understanding how to pay bills. All this is done during regular meetings with clients. Additionally, CE provides referrals to mainstream services which can include job training and certification programs. Many LPGs across the CoC have internal workforce development programs. Homeless service staff in the LPGs meet regularly with workforce development staff to address the needs of job seekers (who have experienced homelessness or unstable housing) to secure meaningful employment, competitive wages, and career advancement.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Multiple LPGs partner with local administrators to blend funding streams for subsidized employment, and childcare. Multiple LPGs are led by community action programs and have funding from mainstream family service systems such as TANF, and other family services. If LPGs do not have internal funding for TANF or other family services, they will provide referrals to their community partners that do. LPGs that have internal TANF funding or other family service system funding align the programs goals and use this funding to support families with children who are experiencing homelessness. LPGs also connect with regional partners that assist when there are funding shortages. Partnerships allow LPGs to collaborate with other agencies to maximize funding to serve more clients. Additionally, VA has a platform called common help where people can apply for multiple benefits at the same time, this includes food assistance, childcare assistance, heating and cooling assistance, healthcare, and cash assistance.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

LPGs use a whole family model that focuses on prenatal and pediatric care by using a unified support system that addresses the needs of both the parent and child. The idea behind the process is to allow LPGs to work with parents on housing assistance, child healthcare, and provide resources that meet the needs of their clients and their households. LPGs work with partners to blend funding streams for subsidized employment, and childcare. Multiple LPGs are led by community action programs and have funding from mainstream family service systems such as TANF, and other family services. If LPGs do not have internal funding for TANF or other family services, they will provide referrals to their community partners that do. LPGs that have internal TANF funding or other family services funding align the programs goals and use this funding to support families with children who are experiencing homelessness. LPGs also connect with regional partners that assist when there are funding shortages. Partnerships allow LPGs to collaborate with other agencies to maximize funding to serve more clients. Examples of services that some of the LPGs have internally and are able to provide include school readiness, parent engagement, parenting support classes, childcare subsidies, and infant and maternal health. Additionally, VA has a platform called common help where people can apply for multiple benefits at the same time, this includes food assistance, childcare assistance, heating and cooling assistance, healthcare, and cash assistance.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

To meet the needs of veterans there is a seat for the VA Department of Veterans affairs, on the main governing board of the CoC. On the local level providers have partnerships with VA hospitals, organizations that administer supportive services for veteran families, and organizations that administer VASH to ensure veterans can access veteran specific services. Additionally, veteran providers participate in case conferencing to ensure efforts to serve the individual or household is coordinated.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

To meet the needs of individuals and households attempting to flee domestic violence, dating violence, sexual assault, and stalking there is a seat for the state-wide sexual and domestic violence coalition, VSDVAA, on the main governing board of the CoC, and additional victim service providers(VSP). Additionally, the CoC elicits and adopts feedback around CoC-wide policies from other VSPs via the LPG's representative on the steering cmte.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

One of the LPGs works intensely with the discharge planning team based at the Jail to minimize individuals being released from jail into homelessness. The discharge planning team identifies eligible individuals upon entry and begins working on release and post-release plans. Eligible individuals are represented by the local public defender's office, which employs mitigation specialists to assist individuals in complying with pre-trial requirements.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Many of the LPGs partner with mobile clinics that have nurses, case managers, doctors, and interpreters to provide specialized supportive services for homeless individuals and households with a high level of medical needs. The mobile health clinics act as a primary care physician and can provide prescriptions, medication filling, and health examinations. For individuals or households that need a higher level of care, the mobile health clinic can provide direct referrals for medical needs.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

An agency in the VA BoS CoC owns and manages several HUD section 202 apartments. The organization works to put aging and elderly individuals experiencing homelessness into the HUD section 202 apartments. Property site coordinators and resident services coordinators are available to help residents who need referrals for special services including but not limited to housekeeping, transportation, meal Services, personal Care, medication reminders, and recreation and socialization services.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

One HUD CoC PSH project that prioritizes individuals and households experiencing chronic homelessness that the VA BoS CoC has is administered through Valley CSB, this program has been in operation since 2020. VCSB PSH staff work with a network of providers to connect project participants to resources that meet their needs, including but not limited to employment, education, mental health and substance use services, and moving on strategies.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The way the project identified in 1C-19 provides on-site behavioral healthcare is by providing all their supportive services through community-based engagement. Case managers go and meet with clients in their homes or in another location in the community that the client prefers. The project identified above also assists clients to access telehealth opportunities to ensure the client is supported with medication management.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

For the project identified in 1C-19, the assessment for a client needing a higher level of care is on-going. Each interaction with the client is used as an assessment point to see if the client needs a higher level of care. The provider considers what the client is reporting in terms of increased symptoms, and if the client is progressing in terms of ability to care for themselves. If there is a serious concern about the need for a higher level of care, the provider will make an adult protective services report to ensure that the client gets the level of care they need. Examples of higher levels of care include but are not limited to assisted living facilities, residential treatment facilities, behavioral health services, community supportive services, peer recovery services, mental health skill building, and referrals to the assertive community treatment teams.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

For the project identified in 1C-19 assessing program participant readiness for moving on to unsubsidized or other permanent housing options is started when the case manager starts working with the client. Service plans start with building goals for what their housing situation is going to look like when the client does not need the program or services anymore. Case managers work to be aware of when the housing choice voucher waiting list opens, and the case manager helps the client be added to that list.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	No

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	No
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/06/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. DHCD first identifies which projects had a history of returning HUD funding. The CoC then identifies whether the applicant was within their first renewal of their project or if the project had been renewed in previous rounds of the competition. Then DHCD assessed the amount returned from each year of the project's operation based on the HUD quarterly spending reports provided by the SNAPS office. The CoC PM utilizes this information as well as the project's APR that is required for the submission of the application for the local competition to determine whether reallocation of funding is necessary.
2. The CoC did identify a project to transition through reallocation during the local competition. The organization implementing the project notified the CoC on 06/25/2026 that the provider will be submitting a transition grant to change their PH-RRH grant to a TH grant. The project was notified on 8/6/2026 that their project will be included on the priority listing as a TH project.
3. The CoC did identify a project to transition through reallocation during the local competition. The organization implementing the project notified the CoC on 06/25/2026 that the provider will be submitting a transition grant to change their PH-RRH grant to a TH grant. The project was notified on 8/6/2026 that their project will be included on the priority listing as a TH project.
4. The CoC did identify a project to transition through reallocation during the local competition. The organization implementing the project notified the CoC on 06/25/2026 that the provider will be submitting a transition grant to change their PH-RRH grant to a TH grant. The project was notified on 8/6/2026 that their project will be included on the priority listing as a TH project.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

- 1.The CoC did conduct changes in the methodology to count unsheltered individuals between the FY 25 and FY 26 PIT counts. During the night of the PIT Count there was severe winter weather that limited access to our geographic area. To account for areas within VA-521 that were not canvassed during the night of the PIT we used HMIS data for street outreach projects in that region. Additionally, over the years the Point in Time Count has been implemented, outreach to individuals experiencing unsheltered homelessness improved through the increase in providers supporting CoC communities.
2. Due to the severe weather during the Point-in Time Count and areas being inaccessible we used HMIS data for street outreach projects in that region. Due to using street outreach data there was a 22% increase in the number of unsheltered individuals from FY25 to FY26.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

VA-521 LPGs community partners actively identify and reduce encampments by coordinating with homeless service providers and community partners. Outreach teams conduct formal, routine engagement with individuals and families experiencing unsheltered homelessness, share information across agencies, and collaborate with law enforcement, hospitals, corrections, libraries, and job centers to locate and assist people in encampments. These teams take direct, proactive steps to engage all unsheltered households and build rapport to support their transition into stable housing with appropriate services.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	12
2. Enter the reduction in the number of encampments during your evaluation period.	4

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	77
2. Enter the reduction in the number of people in encampments during your evaluation period.	20

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Currently, encampment identification and reduction is coordinated locally by leveraging relationships between the LPGs homeless services providers and community partners. LPGs implement formal street outreach to engage families and individuals experiencing unsheltered homelessness. LPGs share information across outreach teams and provider service sites, while also engaging with other systems for identification and support, including law enforcement, hospitals and emergency departments, corrections, libraries, and job centers. These efforts proactively seek all families and individuals experiencing unsheltered homelessness within the CoC/LPG geographic area, including people living in encampments or tent cities, and are not limited to serving only persons seeking assistance. All outreach is person-centered and emphasizes building rapport and trust as a means of helping people obtain housing with appropriate services. Encampments have been reported from the LPG level to the CoC level for support. The CoC is in the process of developing a formal strategy to address the needs of individuals and families experiencing unsheltered homelessness, including supporting those who reside in encampments and transition them to the most appropriate housing resource.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC leverages prevention funds to divert households from homelessness as opposed to eviction prevention. The CoC plans to support households at risk of becoming homeless through follow-up from CE systems. The CE subcommittee is dedicated to formalizing the technical assistance that will be available to access points to ensure they are supporting households at risk of becoming homeless. The CoC PM also works closely with development partners both internally and externally to discuss opportunities to develop capital within the CoC geographic region, LPGs work locally to develop capital within their geographic area. The CoC is working towards strengthening relationships with their workforce development providers to ensure opportunities for employment are made available to those experiencing homelessness. All households seeking homeless assistance must be engaged in diversion, a problem-solving conversation to address the household's current housing crisis. Diversion conversations include a discussion of alternative resources available to the household, linkages to mainstream and natural supports, and light-touch assistance such as short-term and one-time financial assistance. Currently, the CoC is working to create a diversion checklist that will assist in reunification efforts for individuals experiencing homelessness or living in CoC program funded housing. Training for the diversion check list will focus on connecting individuals and households experiencing homelessness with support, financial assistance, family reunification, and identifying if they are working with other case managers that may be able to assist them. Training will also focus on making sure that diversion conversations happen as the person is moving through the crisis response system and not just at CE. The CoC is also working on implementing a policy that highlights that diversion conversations should be happening as clients are moving through the crisis response system and not just at CE.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The VA BoS CoC has reviewed and is in the process of finalizing the updates to the CoC wide CE process with the goal of creating additional mechanisms to prioritize individuals experiencing homelessness for an extended length of time. A prioritization factor of the updated CoC prioritization tool includes the experience of multiple episodes of homeless. Additionally, the CoC will continue to divert households from homelessness by mediating with landlords, family and friends, or identifying alternative mainstream services. If diversion is not possible, emergency shelters ensure that households with the greatest needs are able to access shelter and then obtain the housing resources needed. The CoC utilizes a tool provided from the National Alliance to End Homeless that assists emergency shelters in evaluating shelter inflow, outflow and length of stay. The CoC HMIS admin created a report for this tool which helps identify those households staying the longest and enables shelters to evaluate the following on a monthly basis: total unique households served; total households entering shelter; total households exiting shelter; total household exiting to a permanent destination; average length of shelter stays for all households exiting to any destination; the average length of shelter stays in days for all households exiting to a permanent destination; and the average length of shelter stays for all stayer households. Communities also utilize weekly case conferencing as a method of identifying households with the longest lengths of time homeless. Additionally, CoC staff work with our partners at DHCD that are administering the eviction prevention reduction program and the ASNH to support the development of projects dedicated to increasing capital. CoC staff at DHCD work with each LPG to ensure they are reviewing data and using state prevention funds in accordance with the CoC system level procedures.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	46.50%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

The percentage of program participants exiting TH, RRH, and PSH to unsubsidized housing was calculated by dividing the number of persons from these programs exiting to unsubsidized housing (rent or own) by the total number of people exiting these programs. Based on HMIS data, from 10/01/2024 to 09/30/2025, 1,320 individuals exited from TH, RRH, and PSH with 527 persons exiting to an unsubsidized housing (rent or own). From 10/01/2025 to 09/23/2026, 1,062 individuals exited from TH, RRH, and PSH with 494 persons exiting to an unsubsidized housing (rent or own).

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	368	295	584	88.08%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	226	45	70	25.83%
4. Rapid Re-Housing (RRH) beds	241	20	259	99.23%
5. Permanent Supportive Housing (PSH) beds	623	0	302	48.48%
6. Other Permanent Housing (OPH) beds	53	0	53	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. The recruitment for new projects in HMIS is ongoing for the CoC. The CoC utilizes the following steps to address HMIS participation: TA for all LPG providers regardless of funding source, and participation in the cloud-based statewide HMIS warehouse (HDIP). The CoC will continue to provide TA for all LPG providers to join HMIS and continue to leverage the HDIP to increase participation in HMIS over the next 12 months for both permanent supportive housing providers and transitional housing providers.
2. During the CoCs visits to the LPG communities, presentations have focused on reports run from the HDIP which include system performance measures focused on the individual LPG communities. Presenting on the HDIP has garnered interest in joining the HMIS system. Locally, providers are having conversations about using the HMIS system to better show community need with their partners who are currently not participating in HMIS. HMIS-specific TA is provided to all partners regardless of funding source. If interest in participation in HMIS is identified, community members will be linked with the CoC HMIS admin, Homeward, for assignments for licensures and HMIS training. The strategies for the provision of HMIS TA to all community partners has improved the overall participation of partners in CoC operations. Homeward holds regular open office hours to support the implementation of HMIS and support project providers. Homeward also supports individual LPG trainings regarding HMIS projects and implementation. CoC staff support local providers in accessing private funding opportunities through applications that utilize data collected through HMIS. In addition to incorporating data from HMIS, the technical aspects of the project allow easier and more accurate integration of other data sources (such as criminal justice, health care, and education). The HDIP continues to be a tool leveraging participation in HMIS.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Project Supportiv...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No	HUD 2991	09/30/2026

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Project Supportive Service Agreement

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone
Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HUD 2991

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

INDIVIDUALIZED HOUSING STABILITY PLAN

Participant Information

Participant Name: _____

Household Members: _____

Current Address/Location: _____

Telephone/Email: _____

Program: ☐ Emergency Shelter ☐ Rapid Rehousing Other: _____

Case Manager: _____

Plan Start Date: _____ **Next Review Date:** _____

1. Participant's Housing Goal

My primary housing goal is:

Type of housing preferred: _____

Preferred location: _____

Monthly rent the household can reasonably afford: \$ _____

Accessibility, safety, transportation, school, employment, or other housing needs:

2. Current Housing Situation

- ☐ Experiencing unsheltered homelessness
- ☐ Staying in an emergency shelter
- ☐ Staying temporarily with family or friends
- ☐ Fleeing domestic violence or another unsafe situation
- ☐ At risk of eviction or housing loss

☐ Living in permanent housing but needing stabilization assistance

☐ Other: _____

Immediate housing or safety concerns:

3. Strengths and Available Resources

The following strengths, skills, relationships, income, benefits, or community resources may support the participant's housing stability:

4. Barriers to Housing Stability

Check all that currently apply:

- ☐ Limited or no income
- ☐ Unemployment or underemployment
- ☐ Poor credit or outstanding debt
- ☐ Prior eviction or landlord debt
- ☐ Criminal history
- ☐ Lack of identification or documentation
- ☐ Transportation limitations
- ☐ Physical-health needs
- ☐ Mental-health needs
- ☐ Substance-use concerns
- ☐ Domestic violence, stalking, or safety concerns
- ☐ Limited affordable housing
- ☐ Disability or accessibility needs
- ☐ Childcare needs
- ☐ Utility arrears
- ☐ Limited rental history
- ☐ Other: _____

Participant's description of the primary barriers:

5. Housing Stability Goals and Action Plan

Goal 1: Obtain or Maintain Safe, Affordable Housing

Specific goal:

Participant will:

- Complete housing applications and provide required documentation.
- Attend scheduled appointments or notify the case manager if rescheduling is needed.
- Identify housing preferences and potential units.
- Review lease requirements before signing.

Case manager will:

- Assist with housing searches, applications, and documentation.
- Communicate with landlords and property managers with participant consent.
- Help address rental, credit, or tenancy barriers.
- Coordinate eligible move-in or rental assistance when funding is available.

Target completion date: _____

Progress/Outcome: _____

Goal 2: Increase or Maintain Income and Benefits

Specific goal:

Participant will:

- Apply for eligible employment, income, or public-benefit programs.
- Provide requested documentation needed to complete applications.
- Report changes in household income as required by the program.

Case manager will:

- Provide referrals for employment, education, or job training.
- Assist with applications for SSI, SSDI, SNAP, TANF, Medicaid, veterans' benefits, or other eligible resources.
- Connect the participant with benefits or legal advocacy when needed.

Target completion date: _____

Progress/Outcome: _____

Goal 3: Develop a Sustainable Household Budget

Monthly household income: \$ _____

Monthly rent: \$ _____

Utilities: \$ _____

Food: \$ _____

Transportation: \$ _____

Medical expenses: \$ _____

Other essential expenses: \$ _____

Total monthly expenses: \$ _____

Specific budgeting goal:

Action steps:

- Develop a monthly household budget.
- Prioritize rent, utilities, food, transportation, and medical needs.
- Establish a rent-payment plan when appropriate.
- Apply for eligible utility, food, transportation, or emergency assistance.
- Address debts that could affect housing stability.

Target completion date: _____

Progress/Outcome: _____

Goal 4: Strengthen Health, Safety, and Support Systems

Specific goal:

Participant will:

- Identify healthcare, behavioral-health, recovery, safety, or personal-support needs.
- Choose which voluntary supportive services they wish to receive.
- Participate in safety planning when appropriate.

Case manager will:

- Provide referrals to healthcare, mental health, substance-use, legal, domestic-violence, transportation, childcare, and other community services.
- Assist with appointment coordination when requested.
- Maintain participant confidentiality and provide trauma-informed support.

Target completion date: _____

Progress/Outcome: _____

Goal 5: Maintain Successful Tenancy

Specific goal:

Participant will:

- Pay the participant's portion of rent and utilities on time.
- Follow the lease and communicate maintenance concerns appropriately.
- Notify the case manager promptly of eviction notices, landlord disputes, income loss, safety concerns, or other threats to housing stability.
- Work with the case manager to resolve tenancy concerns when assistance is requested.

Case manager will:

- Explain lease requirements and tenant responsibilities.
- Provide landlord mediation with participant consent.
- Help address notices, lease violations, utility concerns, or other risks to housing.
- Connect the participant with legal assistance when necessary.
- Develop a housing-crisis response plan with the participant.

Target completion date: _____

Progress/Outcome: _____

6. Housing Crisis Prevention Plan

Warning signs that housing may be at risk:

Steps the participant and case manager will take if a housing crisis occurs:

1. Contact the case manager or designated program staff.
2. Review the notice, lease concern, financial emergency, or safety issue.
3. Contact the landlord with participant consent when appropriate.
4. Identify available rental, utility, legal, safety, or emergency resources.
5. Develop a written plan to resolve the immediate concern and prevent housing loss.

Emergency contact or support person, if authorized by participant:

Name: _____ Telephone: _____

7. Referrals and Supportive Services

Service or Resource	Referral Agency	Responsible Person	Referral Date	Outcome
Housing				
Employment/Income				
Benefits				
Healthcare				
Behavioral Health				
Transportation				
Legal Assistance				
Domestic Violence/Safety				
Education/Childcare				
Other				

8. Plan Review

This plan will be reviewed at least every _____ days and updated when the participant's goals, needs, income, household composition, safety, or housing situation changes.

Progress since the last review:

Challenges or changes affecting the plan:

Goals or action steps being added or revised:

9. Participant-Centered Agreement

This Housing Stability Plan was developed collaboratively with the participant. The participant helped identify their own goals, priorities, strengths, barriers, and preferred services.

Supportive services are intended to assist the participant in achieving and maintaining housing stability. Participation in voluntary supportive services is not a condition of tenancy unless a specific requirement is authorized by law, the lease, or applicable program regulations.

Signing this plan indicates participation in its development. It does not waive the participant's legal rights or guarantee financial assistance, housing placement, or the availability of a particular service.

Participant Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

Supervisor Signature, if required: _____

Date: _____



Glenn Youngkin
Governor

Caren Merrick
Secretary of
Commerce and Trade

COMMONWEALTH of VIRGINIA

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Bryan W. Horn
Director

Dear Sheriff Clark,

I'm writing to express my sincere appreciation for your hard work and dedication in supporting the Point and Time Count 2024. The contribution by CPL T.W. Bush, Deputy S. Carrington and Deputy Drumright have been appreciated by the Homeless and Special Needs Housing for the Balance of State.

The contribution on January 24th was instrumental in supporting Tri County Community Agency in providing hotel rooms for people who experienced homelessness. The hard work has not gone unnoticed, and I want to acknowledge the law enforcement officers publicly for the efforts. I also wish to say thank you for your kindness towards the employees of the Department of Housing and Community Development.

May you have continued success in helping to end homelessness. Again, thank you for all you do and the level of service and dedication you provide to the community.

Sincerely

Dr. Darl Wilburn

Dr. Darl Wilburn
Program Manager
Department of Housing and Community Development



Virginia Department of Housing and Community Development | Partners for Better Communities
Main Street Centre | 600 East Main Street, Suite 300 Richmond, VA 23219
www.dhcd.virginia.gov | Phone (804) 371-7000 | Fax (804) 371-7090 | Virginia Relay 7-1-1



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Tier 1/2	Rank	Project Name	Request
Tier 1	1	Foothills PSH Renewal FY2026	\$300,740.00
	2	NRCA BOS CoC RRH Renewal Application FY26	\$115,811.00
	3	SJV YHDP Transitional Housing/Rapid Rehousing FY26 Renewal	\$580,589.00
	4	SJV YHDP Mobile Navigation	\$258,462.00
	5	VCSB PSH Renewal FY26	\$314,738.00
	6	NDC RRH_DV Bonus Renewal_2026	\$232,847.00
	7	HMIS 2026	\$34,292.60
Tier 2	7	HMIS 2026	\$127,482.40
	8	BOS Coordinated Entry FY 2026	\$138,768.00
	9	SJV HRC RRH FY26	\$303,979.00
	10	CACH Street Outreach 2027	\$220,880.00
	11	Heartland LPG/STEPS RRH Renewal-FY26	\$465,686.00
	12	Heartland LPG/STEPS DV Bonus Transitional Housing-FY26	\$493,050.00
	13	NRV Transitional Housing Program	\$177,898.33
	14	Heartland LPG/STEPS Transitional Housing-FY26	\$171,486.67

Project Type	New/Renewal	Project Status
PSH	Renewal	Accepted
RRH	Renewal	Accepted
TH-RRH	Renewal	Accepted
SSO-Outreach	Renewal	Accepted
PSH	Renewal	Accepted
RRH	Renewal	Accepted
HMIS	Renewal	Accepted
HMIS	Renewal	Accepted
SSO	Renewal	Accepted
RRH	New	Accepted
SSO-Outreach	New	Accepted
RRH	Renewal	Accepted
TH	New	Reallocation
TH	New	Accepted
Construction/ TH	New	Reduced

Reallocated funds
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$493,050.00
\$0
\$0