

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: KS-507 - Kansas Balance of State CoC

1A-2. Collaborative Applicant Name: Kansas Statewide Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kansas Housing Resources Corporation

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	1
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	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	4
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)	Yes	1
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	1
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
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	2
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

A. The KS BoS CoC maintains an open, free membership process that is transparent and publicly accessible across all 101 counties. Membership is open to any individual or organization committed to ending homelessness in the CoC's geographic area, regardless of organizational type or prior funding history. The membership application is posted on the KSHC website at kshomeless.com and may be submitted at any time.

KSHC, as Collaborative Applicant, distributes monthly membership meeting invitations, written agendas, and public announcements via email listserv, newsletters, and social media. Every invitation includes a standing call for new members to join, as required by the Governance Charter. Regional Coordinators and standing committees conduct direct outreach across all 101 counties through calls, emails, and presentations to organizations and individuals who may be interested in joining the CoC, extending the invitation beyond regular meeting attendees to communities and sectors throughout the geographic area. This outreach occurs at monthly regional planning meetings, during committee meetings, training sessions, and technical assistance activities throughout the year.

Recruitment targets the full range of stakeholders described in 24 CFR 578.7(a)(2), including persons with lived experience of homelessness, nonprofit providers, victim service providers, faith-based organizations, local governments, tribal organizations, public housing agencies, school districts, mental health and substance use agencies, healthcare providers, businesses, law enforcement, veteran serving organizations, and criminal justice providers. New applicants are added to the CoC Membership Agenda at the next meeting following receipt of their application, with membership status and voting rights documented.

B. The CoC's invitation process occurs at minimum annually and is reinforced continuously throughout the year. Monthly membership meeting invitations, each containing a standing call for new members, extend this process year round. The Governance Charter, approved March 4, 2026, requires every meeting announcement to include a public invitation for new members to join, ensuring the process is documented, transparent, and recurring.

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)

A. The KS BoS CoC, serving 101 mostly rural counties across nine geographic regions, solicits and considers stakeholder input through standing governance, regional planning, and policy review processes. Monthly membership meetings are announced through the KSHC website, email listserv, newsletter, and social media; written agendas are distributed in advance, and any stakeholder may present information or propose agenda items. Proposed CoC policies including Written Standards, CES policies, the Governance Charter, and Gap Analysis are posted for written public comment before Steering Committee consideration; input is incorporated into final policy and minutes are distributed to all members. Monthly regional planning meetings across all nine regions allow the rural geography to engage in smaller settings; Regional Coordinators ensure regional perspectives feed into CoC-level planning and the annual Gap Analysis. Monthly standing committee meetings provide additional sector specific input forums. The Gap Analysis is shared publicly and directly drives CoC priority setting.

B. The CoC draws from a broad array of individuals and organizations whose knowledge of and interest in preventing and ending homelessness spans direct service, lived experience, and system level engagement. Persons with lived experience, through the Lived Experience Advisory Board, bring direct personal knowledge to CoC decision making on policy, priority setting, and program design. Service providers, domestic violence organizations, and substance use treatment providers contribute operational knowledge of service gaps and client level barriers. Law enforcement and courts bring knowledge of criminal justice contact points and diversion opportunities; public housing authorities contribute expertise on mainstream subsidies and transition pathways. Elected officials and federal partners contribute policy and funding expertise aligned with state housing plans. Healthcare providers, faith communities, and businesses contribute knowledge of community safety nets in rural counties without formal shelter infrastructure. Veteran serving, youth serving, tribal, and senior and disability service organizations represent populations disproportionately affected by homelessness and bring knowledge of specific barriers. Nine regional representatives ensure rural perspectives from all 101 counties inform CoC planning directly.

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.
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(limit 2,500 characters)

A. The KS BoS CoC publicly posted a Request for Proposals process to accept and consider applications from all eligible organizations, including those that have not previously received CoC Program funding. The FY2026 local competition Letter of Intent was posted on the KSHC website and distributed to the full CoC membership via email listserv, newsletter, and social media. Application materials, including published scoring criteria and eligibility requirements, were publicly available prior to the submission deadline.

All proposals are evaluated by an independent rank and review panel using the Scoring Criteria for New Projects, approved June 15, 2026, which assesses organizational capacity, project design, population served, and alignment with CoC system priorities. Panel members complete conflict of interest attestations prior to scoring. The scored Priority Listing is reviewed and approved by the Steering Committee before submission to HUD.

To support organizations new to the CoC Program, KSHC hosted a new applicant training and provided technical assistance materials including project level compliance, FAQs, sample budgets, and application guidance. One-on-one technical assistance was provided to all interested applicants throughout the application period.

The CoC conducted targeted outreach to faith-based organizations, tribal organizations, and new service providers through nine monthly regional planning meetings, the CoC newsletter, social media, and the KSHC website. Regional Coordinators and standing committees identified organizations with local capacity throughout the 101-county area through direct calls, emails, and presentations, referring prospective applicants to KSHC hosted information sessions.

B. Yes, the FY2026 competition received proposals from seven organizations that had not previously received CoC Program funding. All were evaluated using the same published scoring criteria applied to all new applicants, consistent with the KS BoS CoC NOFO Policies.

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)

FY2025 Coordinated Entry data submitted to Clarity shows that of 588 total referrals from CES, 65% were referrals to RRH, yet the CoC's total RRH bed inventory is only 306 beds. The CoC identified 2,289 individuals through Homeless CES in FY2025, with need present across all nine geographic regions, including areas where RRH and PSH capacity is most limited. PSH, with 405 beds in only 8 cities, remains geographically concentrated and out of reach for many rural participants. FY2025 HDX data shows a 24-month return to homelessness rate of 13.2%. These three data points together define the gap the CoC is working to close.

1. Closing the RRH gap requires adding beds where the data shows unmet demand. FY2026 investment in new RRH and SSO projects targets the south central, SW, north central, east central, and SE regions because CES referral data shows demand without supply in those areas.
2. Veterans are served through a dedicated Veterans CES process and the 159 veteran-specific PSH beds in the system. Families are connected to family-dedicated RRH and TH projects and the Family Housing Support Program. Chronically homeless individuals are prioritized through CES vulnerability scoring for placement in the 405 available PSH beds, with geographic expansion of PSH as a longer-term goal.
3. By end of the FY2026 program year, RRH bed inventory should reach at least 380 beds. The target for the 24-month return rate is below 10% by the FY2026 SPM reporting cycle.
4. New project grants are expected to execute by January 2027, with new RRH capacity operational by March 2027. The Steering Committee receives quarterly progress reports throughout.
5. Funding comes from CoC Program reallocation funds (\$350,140), the CoC Bonus award for new projects, and ESG-funded RRH administered by KHRC.
6. The Steering Committee oversees implementation. The Performance and Compliance Committee monitors RRH utilization and return rates quarterly. The Collaborative Applicant tracks CES referral-to-placement ratios and reports to the full CoC membership.

1B-5a	Confirmation of Plan Coverage.
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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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- Frequently Asked Questions

	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?	50%

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)

KS-507 is designated by HUD as a rural Continuum of Care, spanning 101 mostly rural counties across nine geographic regions. On-site or in-county substance use treatment is not consistently available across the CoC's geography; many participants live in counties without a local provider, and accessing care can require driving 30 to 60 miles or more, a significant barrier in a rural geography where transportation is often unavailable.

Beyond the CoC's CCBHC partnerships, the Kansas Department for Aging and Disability Services (KDADS) funds 45 substance use disorder treatment providers statewide through SAMHSA's Substance Use Block Grant, including dedicated outpatient SUD programs such as CKF Addiction Treatment, Compass Behavioral Health, Southwest Guidance Center, Crawford County Community Mental Health Center, Southeast Kansas Mental Health Center, DCCCA, and others operating within the CoC's geography. DCCCA maintains a Rural Kansas Substance Use Disorder Toolkit, organized by region, that documents available MAT and non-MAT outpatient options across rural counties. Alcoholics Anonymous and Narcotics Anonymous meetings are available in communities throughout the CoC's geography, including virtual options accessible statewide, providing peer-based recovery support that does not require transportation to a clinical setting. Case managers are trained on local treatment resources in their regions through regional planning meetings and maintain current awareness of outpatient providers, AA/NA meeting schedules, and telehealth options so participants can be connected to the right level and type of care regardless of geography.

Prairie View, Inc., a federally designated CCBHC, operates Meadowlark Leasing, a PSH project where participants have integrated access to outpatient SUD treatment, MAT, psychiatric care, and crisis intervention through the same organization that provides their housing. Mental Health America of the Heartland operates Marion Apartment and Blaylock Residences and coordinates directly with CCBHC partners to ensure SUD treatment access throughout housing participation. For all other projects, case managers facilitate warm hand-offs to CCBHC and outpatient treatment partners and connect participants to telehealth-based SUD services when in-person access is not feasible.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Because outpatient treatment is not uniformly available across the geography, CoC-funded projects partner with behavioral health providers through formal MOUs and referral agreements that govern how participants are connected to services, how case managers coordinate care, and how providers communicate back to housing staff when treatment engagement changes.

These partnerships deliver a range of appropriate levels of care across the CoC. In the SW region, Catholic Charities of Southwest Kansas holds MOUs with Compass Behavioral Health, Southwest Guidance Center, The Center for Counseling, and Heartland RADAC, which coordinates referrals to outpatient, intensive outpatient, and residential SUD treatment across a 28-county area. In the south central region, Prairie View, Inc., a federally designated CCBHC, provides outpatient and intensive outpatient SUD treatment and medication-assisted treatment including buprenorphine and naltrexone. In the east central region, Elizabeth Layton Center, a federally designated CCBHC, and CrossWinds Counseling and Wellness, a CCBHC, provide outpatient mental health and SUD treatment, medication management for psychiatric conditions and substance use disorders, and mobile crisis response. In the north central region, Central Kansas Mental Health Center provides weekly on-site mental health services directly to participants. In Douglas County, Heartland RADAC coordinates SUD assessments and appropriate level-of-care referrals. Across these partnerships, psychosocial interventions include individual and group therapy, motivational interviewing, cognitive behavioral therapy, and trauma-informed care. Suicide prevention is addressed through CCBHC intake screening, safety planning protocols, and 24/7 crisis access including the 988 Suicide and Crisis Lifeline. Recovery supports include peer recovery specialists embedded in CCBHC teams and connection to community recovery programs. Case managers initiate referrals, coordinate transportation or telehealth where distance is a barrier, and maintain ongoing communication with treatment providers to support concurrent housing stability.

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

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

(limit 2,500 characters)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Peer recovery support and recovery navigation are available to CoC-funded project participants through a combination of in house staff, CCBHC embedded peer specialists, community recovery programs, and organizations that employ individuals with lived experience of homelessness and substance use disorder.

The CoC's Lived Experience Advisory Board includes members who are certified peer support specialists. LEAB members hold seats on the Steering Committee, the Performance and Compliance Committee, and the Rank and Review Panel, meaning peer support expertise informs CoC policy, program design, and funding decisions across the full system.

CCBHCs serving CoC participants embed peer recovery specialists within their clinical teams. Prairie View, Inc., in the south central region provided 4,520 individual peer services and 661 group services. CKF Addiction Treatment, Inc., in the north central region, employs Kansas Certified Peer Mentors and Recovery Navigators who remain engaged with participants throughout treatment and housing transitions, accompanying participants to appointments and maintaining ongoing contact following placement.

Several CoC-funded projects provide peer support directly. My Father's House Community Services, in the east central region, hosts on-site peer-led recovery support groups including Narcotics Anonymous. DVACK, in the north central region, employs survivors with lived experience as peer advocates through a compensated Peer Support Program. Thrive Allen County, in the SE region, partners with SEK Recovery House to provide participants access to a peer-led social recovery model. Catholic Charities of Southwest Kansas maintains Lived Experience Advisory Boards that meet quarterly across a 28-county area. Recovery navigation is a core function of CoC-funded case management across all nine regions. Case managers maintain active knowledge of local treatment and recovery resources, initiate referrals, accompany participants to initial appointments where feasible, and maintain contact with recovery support providers to respond to barriers before they affect housing stability.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. The CoC identifies individuals experiencing Serious Mental Illness through multiple entry points and connects them to services through a structured process that moves from identification to active clinical engagement.

Identification occurs at several points. The Coordinated Entry assessment screens all individuals for mental health history, current psychiatric symptoms, and functional impairment at intake. Regional outreach partners identify unsheltered individuals with visible SMI symptoms and initiate contact in the field, with higher-need regions conducting outreach weekly. Hospital discharge coordinators, crisis services, and the 988 Suicide and Crisis Lifeline refer individuals to CES. Prairie View's Access Department connects individuals seeking behavioral health services who are experiencing homelessness directly into Coordinated Entry, bridging the gap between clinical and housing entry points.

Once SMI is identified, the connection process moves through regional case conferencing. CES Admin convenes regional case conferencing meetings where high acuity individuals are reviewed and matched to appropriate housing and services. CoC-funded project staff participate in case conferencing and initiate warm hand-offs to CCBHC partners, with active communication maintained between the housing project and the treatment provider to ensure the clinical relationship is established before the transition is considered complete.

CCBHC partners including Prairie View in the south central region, Elizabeth Layton Center in the east central region, and CrossWinds Counseling and Wellness in the east central region provide Assertive Community Treatment as a required service component, bringing intensive psychiatric care coordination, medication management, and assertive outreach directly to individuals in community settings. Elizabeth Layton Center's mobile crisis team accompanies outreach workers into encampments and community settings to conduct mental health assessments and provide immediate psychiatric crisis support in the field. Individuals with SMI are prioritized through CES vulnerability scoring for permanent supportive housing projects serving people with mental health and physical health disabilities, including those operated by Mental Health America of the Heartland and Douglas County.

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)

Douglas County PSH, an active renewal project in Douglas County, coordinates with Douglas County Drug Court; court-ordered conditions are integrated into individual housing and service plans. Building Health, in the SE region, coordinates with Pittsburg Recovery Court. Central Kansas Mental Health Center provides Assisted Outpatient Treatment and coordinates with CoC housing providers on shared clients under court supervision and civil commitment in the north central region.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. The CoC coordinates with drug courts, specialty courts, and Assisted Outpatient Treatment programs across multiple regions to ensure that court ordered conditions are integrated into housing and service plans rather than managed separately from housing stability goals.

Douglas County Permanent Supportive Housing, an active renewal project, coordinates with Douglas County Drug Court. Court-ordered treatment conditions are incorporated directly into individual housing and service plans, with case managers maintaining communication with court staff to align housing stability activities with court supervision requirements.

Building Health, in the SE region, coordinates with the Pittsburg Recovery Court. This partnership connects individuals under court supervision to housing resources and supportive services, with court ordered conditions reflected in each participant's service plan and progress reviewed in coordination with court staff.

Central Kansas Mental Health Center provides Assisted Outpatient Treatment in the north central region and coordinates directly with CoC housing providers on clients who are simultaneously enrolled in court ordered programming or subject to civil commitment. Housing case managers integrate AOT requirements and court ordered conditions into monthly service plan reviews, ensuring that treatment engagement and housing retention reinforce each other.

My Father's House Community Services, an active renewal TH project in the east central region, serves on the Community Corrections Advisory Board for the 6th Judicial District and coordinates with community corrections on housing access for individuals prior to discharge. Coordinated Entry assessments are offered at discharge, allowing court ordered conditions to be incorporated into housing and service planning from the beginning of program participation.

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)

My Father's House Community Services, an active renewal TH project in the east central region, holds a formal MOU with Elizabeth Layton Center, a CCBHC, providing 24/7 mobile crisis response and crisis stabilization. Prairie View, Inc., a CCBHC in the south central region, provides 24/7 mobile crisis response for Meadowlark Leasing PSH. CrossWinds Counseling and Wellness provides mobile crisis response in the east central region. The 988 Lifeline is available across all 101 counties.

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.	186

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)

My Father's House Community Services, an active renewal TH project in the east central region, holds a formal MOU with Elizabeth Layton Center, a CCBHC, providing 24/7 mobile crisis response, SUD treatment, psychiatric medication management, therapy, and SOAR. Prairie View, Inc., a CCBHC in the south central region, operates Meadowlark Leasing, an active renewal PSH project. DVACK holds a formal MOU with Central Kansas Mental Health Center in the north central region.

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)

Ashby House Housing Plus, an active renewal PSH project in the north central region, operates sober housing for chronically homeless individuals with co-occurring SMI and substance use disorders through a recovery-oriented model.

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)

Serving 101 mostly rural counties, the KS BoS CoC facilitates warm handoffs through structured protocols at each care transition point, demonstrated by active renewal projects, proposed FY2026 projects, KDADS-funded staff, and ESG street outreach providers.

Mental Health America of the Heartland, Marion Apartments, convenes onsite care team meetings bringing together The Guidance Center, VA, and community partners. When a resident is hospitalized, the Residential Manager coordinates with Saint John Hospital and The Guidance Center on discharge planning, ensuring return to housing with follow-up care and service continuity in place. For veteran residents, coordination with the VA Domiciliary Program ensures continued aftercare following residential treatment.

Prairie View Meadowlark Leasing provides a warm handoff model through Prairie View's CCBHC care coordinators, who arrange inpatient placements through the same organizational system providing housing, maintaining housing enrollment through treatment and coordinating planned return upon discharge. MHAH Blaylock Residences develops a formal Supportive Action Plan collaboratively with the resident, CrossWinds, and Pawnee Mental Health when destabilization occurs.

CKF Addiction Treatment's proposed FY2026 Pathfinder Recovery Navigation project keeps Recovery Navigators engaged throughout treatment and housing transition, accompanying participants to housing intake appointments and maintaining minimum monthly contact following placement.

My Father's House provides up to six months of post-exit case management after permanent housing placement, maintaining service connections during the highest-risk period for returns to homelessness.

KSHC employs Boundary Spanners funded by Kansas Department for Aging and Disability Services that cover 101 counties who facilitate warm handoffs for individuals with disabling conditions at nursing facility transitions, connecting people exiting nursing facility stays to CES and community housing, and assisting individuals whose care needs require nursing facility placement to access that care without housing disruption.

ESG funded street outreach providers extend the CoC's warm handoff capacity at initial engagement. Bloom House, Central Kansas Mental Health Center, Building Health, and The Building Community conduct outreach to unsheltered individuals and provide structured warm handoffs into CES, connecting people to available shelter and housing resources

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$4,183,164
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.	\$1,275,251
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	30%

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.	\$2,005,265
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).	78%

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)

The KS BoS CoC's relationship with Kansas Housing Resources Corporation, the state ESG recipient, is built into the CoC's governance structure rather than managed through periodic outreach. KHRC holds a designated seat on the KS BoS CoC Steering Committee and participates monthly, ensuring that ESG planning decisions and CoC priorities are developed in the same room and inform each other in real time.

Beyond governance, KSHC and KHRC coordinate closely on ESG fund allocation decisions each program year, including how to align ESG priorities with CoC system gaps identified through the annual Gap Analysis. KSHC staff serve on KHRC's ESG Rank and Review Panel, bringing CoC system level knowledge directly into KHRC's local funding decisions. KSHC provides trainings and office hours for ESG-funded agencies on HMIS participation, CES requirements, coordinated entry processes, and performance expectations, and will continue to offer these supports as ESG agency capacity needs evolve.

KSHC evaluates system performance data for ESG-funded agencies quarterly and shares findings with KHRC, which informs both CoC priority setting and KHRC's ongoing monitoring of ESG grantees. The HMIS Oversight Committee, which includes KHRC, provides an ongoing forum for coordinating HMIS policies and data standards across ESG and CoC-funded providers. ESG-funded projects participate in the CoC's CES using the standardized assessment process, including a DV-specific prioritization pathway developed in coordination with KHRC and victim service providers. KHRC's seat on the CoC's Steering Committee ensures this partnership is a permanent collaboration of how the CoC operates.

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 KS BoS CoC coordinates with emergency shelter providers across all nine geographic regions to ensure that people entering shelter are quickly assessed and connected to permanent housing resources rather than cycling through emergency services without a housing plan.

Emergency shelter providers participate in the CoC's Coordinated Entry System, serving as access points where staff conduct or facilitate assessments at entry. The CoC's Access Points by Region document maps 30 CES access points including shelters: Salina Rescue Mission in the north central region, Stepping Stone Shelter in the SW region, Lawrence Community Shelter in Douglas County, McPherson Housing Coalition in the south central region, My Father's House Community Services in the east central region, Manhattan Emergency Shelter and Fresh Start Emergency Shelter in the Flint Hills region, and Leavenworth Interfaith Community of Hope in the NE region.

My Father's House Community Services operates an Emergency Shelter Room alongside its CoC-funded TH project, accepting after-hours emergency admissions in coordination with the Paola Police Department. MHAH Marion Apartments maintains a formal partnership with Leavenworth Interfaith Community of Hope, connecting shelter residents to the PSH pipeline in the NE region.

KSHC hosts monthly regional planning meetings where shelter providers and CoC housing projects discuss shared clients, service gaps, and barriers to housing entry. Regional Coordinators maintain direct relationships with shelter staff to ensure referrals into CES result in timely housing assessment and follow-through rather than waiting list placement without active case management. KSHC coordinates with KHRC to align ESG-funded shelter standards with CoC expectations, including shared CES participation requirements and performance monitoring.

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)

The KS BoS CoC shares PIT, HIC, HMIS, and System Performance data with state and local government partners through multiple channels, ensuring that homelessness data directly informs planning and resource allocation beyond the CoC's own programs.

PIT and HIC data are submitted annually to HUD via HDX 2.0 and published publicly. KSHC shares PIT and HIC results directly with state agency partners including Kansas Department for Children and Families (DCF) and Kansas Housing Resource Corporation (KHRC), and presents findings at Steering Committee meetings attended by state government staff, elected officials, and local government representatives. The annual Gap Analysis compiles PIT, HIC, HMIS, and SPM data across all nine regions and is shared publicly with the full CoC membership, including state and local government stakeholders, to inform annual priority setting and resource allocation. KSHC also shares PIT results, Gap Analysis findings, and system performance data with state and federal representatives through direct email distribution and in-person meetings, including briefings with state agency leaders, state legislators, and members of Kansas's congressional delegation.

System Performance Measure data is submitted to HUD via HDX 2.0 and shared with KHRC quarterly, informing KHRC's monitoring of ESG-funded agencies and its own system-level planning. KDADS, which holds a Steering Committee seat and funds KSHC's Boundary Spanners program, receives system performance data that informs state behavioral health planning. DCF, which funds the Family Housing Support Program administered through KHRC and KSHC, receives data relevant to family homelessness and prevention outcomes.

KSHC participates in the statewide Built for Zero dashboard, which provides a shared data infrastructure across all Kansas CoCs tracking real-time progress toward ending veteran and chronic homelessness. The dashboard aggregates by-name list data and system performance metrics, giving state partners and all Kansas CoC lead agencies a unified view of trends and outcomes across the state.

The CoC maintains a formal data sharing agreement with the Dole VA Medical Center, through which VASH enrollment and exit data is imported into HMIS. State and local government representatives attend monthly Steering Committee meetings where HMIS generated performance dashboards are reviewed.

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 KS BoS CoC uses several non-HMIS data sources across its 101 mostly rural counties to improve service coordination and system-level planning. The CoC's CES operates on Bitfocus Clarity Human Services, enabling a unified record of each individual's housing history, service utilization, and assessment data. The Clarity Outreach Map, implemented in 2024, documents encampment locations as geographic HMIS data points and tracks engagement and resolution in real time, informing both outreach deployment and law enforcement coordination.

Douglas Permanent Supportive Housing uses My Resource Connection, a data sharing platform connecting more than 10 community agencies, law enforcement, healthcare, emergency shelter, and hospital ER, to share care coordination data on shared clients. Douglas County also hosts a weekly Familiar Faces huddle using this shared data to coordinate multi-disciplinary responses to frequent utilizers, often including people experiencing homelessness.

Prairie View Meadowlark Leasing uses Prairie View's CCBHC electronic health records, coordinated directly with the project's case management system, to align behavioral health treatment and housing stability goals at the individual participant level.

Mental Health America of the Heartland, Marion Apartments, coordinates with Medicaid Managed Care Organization care managers, who provide supplemental benefits such as home-delivered meals and health system navigation, a non-HMIS data source that informs individual care planning.

At the system level, the CoC references United Way ALICE data to identify counties with the highest proportions of households below the survival budget threshold. Regional Coordinators use ALICE data alongside HMIS gap analysis to prioritize outreach, prevention resources, and new project investments in counties where economic vulnerability most exceeds current CoC capacity, directly informing where care is deployed.

McKinney-Vento data, coordinated with local education liaisons, identifies families with school-age children experiencing housing instability who may not yet appear in HMIS. Regional Coordinators use these referrals to connect families to CES assessment and, where eligible, to the Family Housing Support Program for prevention services, intervening before housing instability becomes literal homelessness.

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)

My Father's House Community Services, an active renewal TH project in the east central region, holds a formal MOU with Second Chances Begin Here Inc. for on-site GED, diploma completion, ESL, and college preparation. NEK-CAP Inc., an active renewal RRH project in the NE region, holds a formal MOU with LifeSkills Connect, a WIOA grantee, for youth employment services. CKF Addiction Treatment, Inc. hosts a KansasWorks office within its facility in the north central region.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Outreach projects cooperate with first responders and law enforcement through formal MOUs, board-level partnerships, and structured co-response protocols. The number of active outreach teams grew from 7 in 2024 to 10 in 2025 as documented in HMIS, and the Clarity Outreach Map, implemented in 2024, tracks encampment locations in real time to coordinate deployment alongside law enforcement. In regions without dedicated outreach funding, agencies absorb community-driven and ad-hoc outreach as part of their regular operations, maintaining law enforcement coordination through existing working relationships.

Prairie View Meadowlark Leasing in the south central region, holds formal law enforcement MOUs with seven agencies including the Peabody, North Newton, Hesston, Hillsboro, and McPherson Police Departments and the Marion and McPherson County Sheriff's Offices, establishing structured collaboration for behavioral health crisis response, mobile crisis diversion, and coordinated reentry planning.

Catholic Charities of Southwest Kansas holds a formal MOU with the Finney County Sheriff's Office and conducted a coordinated encampment response alongside law enforcement, County Commissioners, and healthcare partners, successfully connecting all encampment residents to housing and services before site clearance. CCSWKS also operates a 48-hour community reporting response model expanding to Ford County.

In the north central region, DVACK holds a formal MOU with the City of Salina Police Department, and Salina Rescue Mission operates a dedicated street outreach team. The City of Salina provides a public GIS mapping tool that allows community members, service providers, and law enforcement to drop location pins identifying individuals experiencing homelessness, enabling coordinated outreach response across agencies.

My Father's House Community Services has a Paola Police Department captain serving on its Board of Directors, with law enforcement making direct referrals and assisting with after-hours admissions. Douglas County Permanent Supportive Housing hosts a weekly Familiar Faces huddle with police, Sheriff, EMS, mobile crisis, and hospital ER staff. Building Health conducts HOME-ARP funded street outreach in the SE region, coordinating with local law enforcement to connect unsheltered individuals to CES and CoC housing resources.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. The CoC supports family and support network reunification as a core component of its housing crisis response, grounded in the CES Policies and Procedures, Version 10.0, which establishes diversion and rapid resolution, including conflict mediation, problem solving conversations, and connection to community resources, as a required element of every CES access point across all nine regions.

Case managers across CoC funded projects assess reunification and support-network options as a standard practice at intake and throughout program participation. My Father's House Community Services, an active renewal TH project in the east central region, evaluates reunification potential at intake when a participant expresses interest in reconnecting with family, the case manager assesses safety and stability, assists with communication, and facilitates travel planning. MFH provides travel assistance using project funds as an allowable supportive service cost, and when clinical support is needed to navigate family dynamics or trauma, coordinates with Elizabeth Layton Center through its formal MOU.

For individuals and families experiencing domestic violence, reunification assessment requires integrated safety planning. DVACK's proposed FY2026 TH project and Prairie View's proposed FY2026 Safe Transitions project both incorporate safety planning into all reunification discussions, ensuring that reconnection with family or support networks does not expose survivors to further harm. KCSDV Housing First RRH, an active renewal project operating across all nine regions, coordinates safe contact and reunification planning through its Housing Advocacy Coordinators, who facilitate warm referrals back to CoC housing when out-of-area reunification is not safe.

When a participant's reunification destination is outside the CoC's 101-county geography, case managers coordinate with the receiving CoC or local service provider to arrange continuity of care, and KSHC maintains working relationships with neighboring CoCs to facilitate smooth transitions.

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 KS BoS CoC serves 101 mostly rural counties and cooperates with law enforcement and first responders to advance all four public safety objectives below without impeding or interfering with local efforts. Evidence of cooperation is provided in the Law Enforcement MOU attachments.

1. Clearing tents and encampments: When law enforcement or local governments identify encampments for clearance, outreach teams, coordinated through formal MOUs with the City of Salina Police Department (DVACK), Finney County Sheriff's Office (CCSWKS), City of El Dorado Police Department (Rise El Dorado proposed FY2026), and Peabody Police Department (Prairie View), activate to conduct advance outreach, complete CES assessments, and connect residents to shelter and housing before and during clearance.
2. Decreasing public use of illicit drugs: The CoC's Advancing Recovery Policy, prohibits all project operators from knowingly permitting illicit drug use on property under their control, consistent with 21 U.S.C. §§ 841 and 856. Outreach workers receive law enforcement referrals and connect individuals using drugs in public to SUD treatment and recovery navigation.
3. Addressing danger to self or others: Project case managers coordinate with behavioral health partners and law enforcement to facilitate civil commitment evaluation under K.S.A. 59-2945 et seq. when a participant presents imminent risk of harm. Prairie View CCBHC is required by its designation to provide 24/7 mobile crisis response.
4. SORNA information sharing: Project staff assist participants who are registered sex offenders in fulfilling Kansas Sex Offender Registration Act (K.S.A. 22-4901 et seq.) address registration requirements as a standard housing placement outcome, and do not obstruct this process.

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)

1. Local law and policy: Across the KS BoS CoC's 101 mostly rural counties, encampment clearances are enforced primarily under K.S.A. 21-5808 (Criminal Trespass), which prohibits occupancy of public or private property without authorization and provides the legal basis for clearance notices. The City of Salina applies this alongside local ordinances regulating camping on public property in the North Central region. In the Southwest region, the Finney County Sheriff's Office enforces trespass and public nuisance statutes, coordinated through Catholic Charities of SWKS (CCSWKS) formal MOU with the Finney County Sheriff's Office, the documented local policy governing the encampment response in that region.

2. Leveraging beneficial policies and overcoming harmful ones: The restrictive effect of K.S.A. 21-5808 is that it authorizes removal without requiring connection to housing or services, risking repeated enforcement cycling without resolving homelessness. The CoC overcomes this by activating advance outreach before any clearance occurs, using the mandatory notice period under Kansas law as a housing-focused intervention window. Outreach teams document individuals in Bitfocus Clarity's Outreach Map, complete CES assessments, and connect encampment residents to shelter and housing resources before the site is cleared. KSHC coordinates with regional providers to identify placements. Post-clearance, outreach workers continue engagement with individuals who relocate to prevent disengagement from the housing system.

3. Data: In the Southwest region, CCSWKS's coordinated response under the Finney County Sheriff's MOU successfully engaged, assessed, and connected all residents of an identified encampment, 9 individuals across 7 households, to housing and supportive services before site clearance, demonstrating that advance outreach prevents enforcement only outcomes. The CoC's affiliated outreach teams in HMIS increased from 7 to 10 in FY2025, expanding co-response capacity in the North Central, Northeast, South Central, and Southeast regions. FY2025 HDX metric 7a.1 data reflects 44.1% successful exits in street outreach project performance; the co-response model's expansion contributed to increased documented engagements and housing connections in regions where law enforcement referral protocols were formalized during the evaluation period.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Formal encampment counts are not systematically tracked across the CoC's rural geography; encampments in rural areas tend to be small, dispersed, and transient rather than concentrated, and are identified through ongoing outreach engagement and law enforcement contact rather than scheduled census activities.

In Douglas County, coordinated encampment response efforts have resolved all known encampments through connections to housing and services. The county's weekly Familiar Faces huddle, which brings together law enforcement, EMS, hospital emergency departments, and service providers, provides an ongoing mechanism for identifying and responding to any new encampments as they are identified.

In the north central region, the City of Salina hosts a public GIS mapping tool through which law enforcement officers mark the locations of individuals experiencing homelessness encountered during regular patrol. Outreach teams use this data to coordinate engagement and service connection, effectively functioning as a real-time encampment and unsheltered tracking system for the region.

In the SE region, when an encampment is identified, law enforcement directly contacts community partners including CCBHCs, Catholic Charities, and Building Health to assist with outreach, connection to services, and housing referrals. This activation model means response is coordinated from the point of identification rather than after a clearance decision has been made.

Where outreach teams are operational, KSHC's Clarity Outreach Map documents known encampment locations as geographic data points within HMIS, allowing those regions to track engagement contacts and resolution status in real time.

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)

1. Local law and policy: Kansas law prohibits the possession and distribution of controlled substances under K.S.A. 21-5705 et seq. The KS BoS CoC's Advancing Recovery Policy, adopted by the Steering Committee in August 2026, prohibits all CoC project operators from knowingly permitting the manufacture, sale, or distribution of illegal substances on property under their control, consistent with 21 U.S.C. sections 841 and 856. The policy establishes a clear standard while preserving the CoC's commitment to connecting individuals with substance use disorders to treatment rather than removing them from housing.
2. Plan: Law enforcement partners refer individuals observed using drugs in public to outreach workers and CoC-connected service providers rather than defaulting to citation or arrest. Across multiple regions, CoC-funded projects hold formal MOUs with SUD treatment providers, providing immediate referral pathways to assessment and treatment when outreach workers make contact with individuals using substances. In Douglas County, the weekly Familiar Faces huddle identifies frequent utilizers, including individuals with active substance use disorders, and coordinates multi-agency responses that include housing referrals alongside treatment engagement. CKF Addiction Treatment's proposed FY2026 Pathfinder Recovery Navigation project would provide Recovery Navigators specifically tasked with accompanying individuals from initial contact through SUD treatment entry and housing placement.
3. Data: Quantitatively, the 2026 PIT count identified 199 adults with substance use disorders across the CoC's 101-county geography, and CoC-funded projects hold more than 15 executed formal SUD treatment and recovery partnership agreements across the nine regions, creating documented referral infrastructure for law enforcement contacts. Qualitatively, when law enforcement identifies an individual using drugs in public and refers them to a CoC-connected provider, case managers do not require sobriety before engagement or housing entry, which means the referral pathway remains open regardless of where someone is in their recovery. This approach allows the CoC to respond to public drug use as a public health matter rather than a barrier to service.

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)

Illicit drug use in public spaces across the KS BoS CoC's 101 mostly rural counties is present but geographically dispersed, consistent with the rural and frontier nature of the service area. Unlike urban CoCs where drug activity concentrates in identifiable public spaces, the CoC's rural geography means unsheltered individuals with SUD are more often found in isolated locations such as abandoned properties, rural encampments, parking areas, and transient sites rather than in high density public spaces. This dispersal makes systematic documentation of public drug use incidents more reliant on law enforcement referrals and outreach team observations than on centralized surveillance data.

The 2026 PIT count identified 199 people with chronic substance use disorders across the CoC. Overdose response capacity varies significantly across the CoC's geography. In counties with CCBHC presence, 24/7 mobile crisis response provides a clinical intervention pathway alongside law enforcement. In regions where a CCBHC covers a large area, law enforcement are frequently the primary first responder to overdose incidents, with limited behavioral health co-response available.

The CoC's Advancing Recovery Policy, adopted by the CoC's Steering Committee, reflects the CoC's recognition that illicit drug use in public spaces requires a coordinated treatment connection response rather than enforcement alone, prohibiting project operators from permitting illicit drug use on project property while directing outreach workers to connect individuals to SUD treatment and recovery navigation as the primary intervention.

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)

1. Local law and policy: Kansas law provides for involuntary evaluation and commitment through K.S.A. 59-2945 et seq. and requires behavioral health centers to provide crisis services within their service areas under K.S.A. 39-2001 et seq. All 26 behavioral health centers in the KS BoS CoC's 101 county geography now hold federal CCBHC designation, creating uniform crisis infrastructure required by both state law and federal certification to serve every region. CCBHC certification requires 24/7 mobile crisis response, crisis stabilization, and a dedicated hospital liaison to assist with discharge planning and community reentry. Central Kansas Mental Health Center (North Central) also provides Assisted Outpatient Treatment under court order for individuals presenting a danger to themselves or others.
2. Plan to leverage beneficial policies and overcome harmful ones: Project case managers maintain working knowledge of regional CCBHC crisis resources and the civil commitment process. When imminent risk is present and voluntary engagement is exhausted, the case manager coordinates with the regional CCBHC and law enforcement to initiate civil commitment under K.S.A. 59-2945. Mobile crisis and stabilization are used as lower-threshold interventions first. When a participant is committed, the case manager coordinates with the CCBHC's required hospital liaison to manage discharge planning and prevent discharge to unsheltered status. Housing enrollment is maintained through the commitment period wherever possible, and participants return to housing upon discharge with an updated service plan.
3. Quantitative and qualitative data: The 2026 PIT count identified 305 people with SMI, the largest documented subpopulation. All 26 CCBHCs across all nine regions provide mandatory 24/7 mobile crisis response and hospital liaison services, creating uniform crisis coverage across the full 101-county geography. KSHC provided two civil commitment trainings to CoC members in 2026, equipping project case managers with working knowledge of K.S.A. 59-2945 procedures and CCBHC crisis pathways. CCBHCs with formal CoC project partnerships, including Central Kansas Mental Health Center, Pawnee Mental Health Services, The Guidance Center, Crawford County Mental Health Center, Compass Behavioral Health, Southwest Guidance Center, and CrossWinds Counseling & Wellness, ensure every region has a documented, accessible crisis pathway that does not rely solely on law enforcement.

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)

1. Local law and policy: Kansas's Sex Offender Registration Act under K.S.A. 22-4901 et seq. requires persons convicted of designated sex offenses to register with law enforcement in each jurisdiction where they reside, work, or attend school, consistent with federal SORNA requirements under 34 U.S.C. 20901 et seq. The CoC's NOFO Policies require all project operators to cooperate fully with SORNA registration obligations and prohibit occupancy agreements from containing provisions that obstruct participant compliance.

2. Plan: Research published by the Kansas Department of Corrections in its Community and Field Services guidance on sex offender housing restrictions demonstrates that housing instability is one of the primary obstacles to accurate sex offender registry compliance. When individuals lack stable housing, they are unable to provide a verifiable address, which undermines the registry's public safety function. The CoC's strategy to provide stable housing is itself a SORNA compliance mechanism. Case managers assist participants who are registered sex offenders with fulfilling address registration requirements as a priority outcome of housing placement, coordinating directly with local law enforcement through the CoC's 12 formal executed LEO MOUs to document stable, registerable address placement at housing entry.

3. Data: Quantitatively, the CoC has executed 12 formal law enforcement MOUs that include coordination provisions for housing placements, creating verified channels for timely SORNA registration across all nine regions. KDOC research documents that housing instability causes registered individuals to provide unverifiable locations rather than legitimate addresses, degrading registry accuracy. Qualitatively, KSHC has reviewed all CoC project occupancy agreements to confirm no provision conflicts with a participant's ability to register. In practice, case managers treat SORNA registration as a milestone of housing entry. They identify registered sex offenders at intake, confirm the new address is registerable before move-in where possible, and document completed registration in the participant's service record.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Reaching all people experiencing homelessness across this geography requires layered, region specific approaches rather than a single centralized outreach model. Each region has a designated Regional Coordinator who convenes monthly planning meetings with local providers, outreach workers, law enforcement, and community partners. Regional Coordinators maintain working knowledge of local service gaps, informal camping sites, and populations not connected to the formal service system, and ensure that activity across all outreach channels feeds into Coordinated Entry.

The annual HIC and PIT Count inform outreach deployment by identifying counties with unsheltered activity and limited shelter capacity. The CoC's Access Points by Region document maps 30 CES access points across all nine regions, ensuring entry points exist even where dedicated shelter infrastructure does not. The CoC's 10 active outreach teams use Bitfocus Clarity's Outreach Map to document field engagements, allowing KSHC to monitor geographic coverage and direct resources to areas where individuals remain unengaged.

ESG-funded street outreach providers extend the CoC's formal outreach capacity across the geography. Catholic Charities of Southwest Kansas, Central Kansas Mental Health Center, Building Health, The Building Community, and Bloom House operate funded street outreach programs, completing CES assessments in the field and reporting engagement through HMIS, ensuring that individuals reached through ESG outreach enter the same coordinated system as those reached through CoC outreach teams.

In areas not covered by formal outreach teams, faith-based organizations, healthcare workers, and law enforcement share information through regional planning meetings and case conferencing, with Regional Coordinators ensuring contacts are captured in CES. The CoC applies the Built for Zero framework to assess outreach coverage, working toward two measurable standards: that 90% of homeless service providers actively contribute data to the by-name list through HMIS, and that the CoC is identifying at least 90% of individuals experiencing homelessness as measured by comparing by-name list counts to the annual PIT Count. These thresholds direct outreach resources to coverage gaps and provide an objective measure of whether the system is reaching the full population.

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)	No
5.	Technical College(s)	No
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 KS BoS CoC's written policies and procedures for informing individuals and families of their educational service eligibility are documented in the CoC's Written Standards, which implement 24 CFR 578.23(c)(4)(iv), and in our Coordinated Entry Policies and Procedures.

The CoC's Written Standards require all providers serving households with children to: designate a staff person responsible for ensuring children are enrolled in school and connected to appropriate community services, including Title I, Head Start, and post publicly and provide at intake written notice of available educational services in the community; document efforts to verify enrollment and service connection at least annually; and, to the maximum extent practicable, place families in housing as close as possible to the children's school of origin to prevent educational disruption.

At CES intake, all families with children and unaccompanied youth are informed of their rights to educational services under the McKinney-Vento Homeless Assistance Act. CES assessors document educational enrollment status for all households with children under 18 and provide information on contacting the local McKinney-Vento liaison. KSHC coordinates with the Kansas State Department of Education McKinney-Vento State Coordinator to ensure project staff across all nine regions maintain current information on educational rights and liaison contacts, so that intake notifications are accurate and actionable.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. The CoC coordinates with the Kansas Department for Children and Families (DCF), and its contracted child welfare providers to ensure that youth and families transitioning from foster care and child welfare systems are connected to housing before discharge.

DCF holds a designated seat on the KS BoS CoC Steering Committee, establishing a structural governance connection that ensures housing and service needs of youth transitioning from child welfare are coordinated with state level planning on an ongoing basis. KSHC staff serve on the Kansas Citizen Review Panel for Custody to Transition, ensuring housing needs are considered in state oversight of youth exiting DCF custody and that children are not discharged to homelessness.

Prairie View Meadowlark Leasing, an active renewal PSH project in the south central region, holds a formal Care Coordination Agreement with Saint Francis Ministries, one of Kansas's primary contracted child welfare and foster care service providers, establishing referral pathways for youth aging out of foster care or exiting DCF custody who need housing resources. My Father's House Community Services, an active renewal TH project in the east central region, coordinates with Osawatomie State Hospital case managers on pre-discharge planning, providing housing applications ahead of discharge and arranging housing interviews before discharge when possible for individuals with prior child welfare involvement. KCSDV provides formal training and consultation to Kansas child welfare staff and contractors, including foster care workers, on services for survivors of domestic and sexual violence through a formal contract with DCF.

The 2026 PIT count identified 69 unaccompanied youth under age 25 across the CoC. Bloom House Youth Services, in the NE region, operates a RHY-funded Basic Center Program serving unaccompanied youth including those exiting foster care, is a documented CES access point, and provides warm referrals to CoC TH and RRH projects for youth approaching program time limits or transitioning out of DCF custody.

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 KS BoS CoC coordinates with HHS RHY-funded providers across its 101 county geography where such programs exist. Bloom House Youth Services operates an HHS-funded Basic Center Program providing emergency shelter and homeless prevention services for youth and is a designated CES access point per the Access Points by Region document. No HHS-funded Transitional Living Programs, Street Outreach Programs, or Maternity Group Homes are currently operating within the CoC's geographic area.

Coordination with Bloom House occurs through three mechanisms. First, Bloom House is integrated into the Northeast region's CES as a designated access point: youth presenting at Bloom House are assessed using the CoC's standard assessment tools, entered into HMIS, and added to the by-name list. Second, Bloom House staff participate in the Northeast region's monthly CES case conferencing meetings, where CoC housing project staff and Regional Coordinators review youth on the by-name list and identify appropriate housing matches among available TH and RRH resources. Third, youth approaching Bloom House's program age limits or maximum length of stay receive documented warm referrals to CoC TH and RRH projects through the CES referral process, ensuring continuity of service at program exit.

KSHC maintains awareness of RHY program locations and capacity through regional planning meetings and updates the Access Points by Region document when new access points are established or existing ones change status.

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)

My Father's House Community Services an active renewal TH in East Central primarily serves homeless women and families with children in 14 beds and 4 units. NEK-CAP Inc. Housing with Opportunities (active renewal RRH, Northeast) primarily serves families with children in Atchison, Brown, Doniphan, and Leavenworth Counties. Catholic Charities of Southwest Kansas Housing Program an active renewal RRH in Southwest primarily serves families with children and DV survivors across 28 counties.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Improving family income is a priority across CoC-funded TH and RRH projects serving families, particularly in rural areas where employment opportunities are limited and transportation is a barrier to consistent work.

My Father's House Community Services uses a structured income-focused service model. Case managers meet with each family at least twice monthly using a 90 Day Goals and Milestones framework that tracks income and employment goals alongside housing goals. Income improvement is a documented goal in every service plan. MFH holds a formal MOU with Second Chances Begin Here Inc. for on-site delivery of GED, diploma completion, ESL, AO-K, Microsoft certification, and college preparation services, available at both the program site and local library. MFH maintains the Facebook group Miami County Kansas Jobs, which has more than 6,200 members, connecting participants to local employment postings. Case managers provide job search coaching, resume preparation, and interview preparation, and use program-owned vehicles to transport participants to job interviews.

Catholic Charities Inc. Southeast Kansas RRH connects families to employment and training resources in the SE region through case management, including referrals to KansasWorks and local community college programs. Case managers screen all families for income supports at intake and assist with applications for TANF employment services, which include job training and work activity requirements that build income while families are in housing.

Catholic Charities of Southwest Kansas connects families in its RRH program to KansasWorks offices across the 28-county SW service area and assists families with TANF employment plan development, integrating workforce development into the housing stabilization plan from program entry.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. The CoC leverages mainstream family service system funding through project-level benefit enrollment and through a CoC-wide program specifically designed for families.

KSHC administers the Family Housing Support Program, funded by the Kansas Department for Children and Families (DCF) through Kansas Housing Resources Corporation (KHRC) to KSHC as subrecipient. The program serves only families and provides short-term rental assistance and homeless prevention services, drawing on DCF mainstream family service funding to intervene before or at the point of housing crisis. Because DCF administers Temporary Assistance for Needy Families (TANF) in Kansas, this program represents a direct connection between the state's mainstream family service system and the CoC's housing stability work. KSHC has committed to serving 950 families annually over the two-year grant period, supported by a total award of \$2,295,652. The program was developed collaboratively with CoC lead agencies across Kansas and is available to families within the 101-county area.

My Father's House Community Services, an active renewal TH project in the east central region, conducts mainstream benefit eligibility screening at intake and assists families with TANF, SNAP, Medicaid and KanCare, WIC, and Child Care and Development Fund applications. MFH holds a formal MOU with Elizabeth Layton Center that includes SSI/SSDI Outreach, Access, and Recovery (SOAR), connecting participants with disabilities to federal disability benefits.

NEK-CAP Inc., an active renewal RRH project in the NE region, holds a formal MOU with KDHE for KanCare Presumptive Eligibility, allowing trained staff to enroll eligible participants in Medicaid directly. NEK-CAP is a Community Action agency and uses Community Services Block Grant (CSBG) funds as match for case management costs, extending the reach of CoC dollars through mainstream funding.

CC Inc. Southeast Kansas RRH, an active renewal project in the SE region, enrolls eligible families in TANF, SNAP, Medicaid and KanCare, and CCDF as a standard element of the housing stabilization plan, and holds formal agreements with Pittsburg Housing Authority (PHA) providing a pathway to mainstream housing subsidies that extend beyond the CoC grant term.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. CoC-funded projects serving families integrate parental support services directly into housing programs, addressing both the housing and the caregiving dimensions of family homelessness.

Catholic Charities of Southwest Kansas, an active renewal RRH project serving families across a 28-county area, provides on-site Pregnancy Support Counseling for expectant mothers and holds a formal partnership with Russell Child Development Center, connecting families with children to early childhood development services while maintaining housing stability.

My Father's House Community Services, an active renewal TH project in the east central region, provides Life Skills Education addressing parenting skills, household management, and child development as part of its core service model. MFH holds a formal MOU with USD 368 to ensure that children in the program are connected to their McKinney-Vento homeless education rights and enrolled in school without disruption. Case managers facilitate prenatal care referrals and WIC enrollment for pregnant participants and coordinate with Elizabeth Layton Center for family therapy when needed.

NEK-CAP Inc., an active renewal RRH project in the NE region, operates Head Start and Early Head Start programs internally, giving families in its RRH program direct access to early childhood education and family support services through the same organization providing their housing assistance.

Prairie View's proposed FY2026 Safe Transitions transitional housing project, designed for families fleeing domestic violence, would provide parenting programs including Family Fundamentals, Parent Peer Support Specialists with lived experience, family therapy, and child and adolescent outpatient and school-based services through Prairie View's Certified Community Behavioral Health Clinic, in coordination with SafeHope and Saint Francis Ministries.

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)

KSHC holds a formal data sharing agreement with the Robert J. Dole VA Medical Center (Dole VAMC) to import VA data into HMIS, supporting Veterans Coordinated Entry. Prairie View Meadowlark Leasing holds a formal Care Coordination Agreement with Dole VAMC. Mental Health America of the Heartland Marion Apartments coordinates with Leavenworth VA Medical Center and the VA Domiciliary Program. Catholic Charities of Southwest Kansas and Catholic Charities Inc. hold formal SSVF MOUs.

 nbsp;nbsp;

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)

KCSDV, the Kansas statewide domestic violence coalition, holds seats on the Steering Committee, HMIS Oversight Committee, and Survivor Centered Services Committee. DVACK, the Domestic Violence Association of Central Kansas, has a proposed FY2026 TH project serving survivors in the north central region. Catholic Charities of Southwest Kansas holds MOUs with Family Crisis Centers in Garden City and Great Bend. Rise El Dorado's proposed FY2026 SSO holds an MOU with Family Life Center Safehouse.

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)

Prairie View Meadowlark Leasing holds formal MOUs with Marion County Sheriff's Office and McPherson County Sheriff's Office/Jail that include jail-based behavioral health services, discharge planning, and coordinated reentry to permanent housing. My Father's House Community Services coordinates with the 6th Judicial Community Corrections, with its President on the Community Corrections Advisory Board, and with Osawatomie State Hospital on pre-discharge housing applications and CES assessments.

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)

Prairie View Meadowlark Leasing holds formal partnerships with NMC Health, McPherson Hospital, and Hillsboro Community Hospital for discharge planning and coordinated reentry to housing. Prairie View's Crisis Intervention Center diverted 88% of crisis admissions from emergency hospitalization in 2025. Douglas County Permanent Supportive Housing hosts a weekly Familiar Faces huddle coordinating law enforcement, EMS, hospital ER staff, and service providers around frequent utilizers.

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)

KSHC employs KDADS-funded Boundary Spanners across all 101 counties to help aging and disabled individuals transition from nursing facilities into community housing and coordinates with the Kansas Department for Aging and Disability Services (KDADS) Commissioner on aging and housing policy. A KDADS representative holds a Steering Committee seat. Douglas County Permanent Supportive Housing partners with Jayhawk Area Agency on Aging and Senior Resource Center for in-home care and medical respite.

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)

Catholic Charities Inc. SEK Rural Set Aside PSH accepts referrals exclusively through CES using chronic homelessness and vulnerability prioritization. Douglas County PSH prioritizes chronic homelessness with a formal service agreement with Mental Health America of the Heartland (MHAH). Prairie View Meadowlark Leasing and MHAH Blaylock Residences serve chronically homeless individuals with serious mental illness through CCBHC-integrated and behavioral health-partnered housing models.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. The PSH projects identified in 1C-19 provide or arrange on-site and community-based behavioral health services through direct CCBHC integration, formal behavioral health partnerships, and coordinated case management.

Prairie View Meadowlark Leasing is operated by Prairie View, Inc., a federally designated Certified Community Behavioral Health Clinic (CCBHC), which provides integrated on-site behavioral health services to all participants including Assertive Community Treatment (ACT). In 2025, Prairie View's ACT team delivered 5,417 ACT services to 47 individuals through home and community-based psychiatric care coordination, medication management, and assertive outreach. Participants access this full range of services through the same organization operating their housing. MHAH Blaylock Residences holds formal partnerships with CrossWinds Counseling and Wellness and Pawnee Mental Health Services, providing participants with outpatient therapy, psychiatric care, and medication management. On-site SMART Recovery groups and individual coaching are provided weekly by the Residential Manager. Service participation in behavioral health is required in each resident's occupancy agreement addendum.

Douglas County Permanent Supportive Housing, operated by MHAH, provides on-site case management and coordinates directly with behavioral health providers, with a minimum weekly in-home visit schedule ensuring continuous monitoring of behavioral health status for all participants. Catholic Charities Inc. SEK Rural Set Aside PSH coordinates with behavioral health providers in the SE region, including Building Health, to ensure participants experiencing chronic homelessness with co-occurring behavioral health needs are connected to ongoing mental health and SUD services throughout their housing participation.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. CoC-funded PSH projects serving chronically homeless individuals each maintain a documented process for identifying when a participant's needs exceed what community-based supportive housing can address, and for facilitating access to a higher level of care without losing housing.

For Prairie View Meadowlark Leasing, Prairie View's CCBHC multidisciplinary team continuously monitors participants. When clinical assessment indicates a higher level of care is needed, Prairie View's care coordination network, including formal agreements with NMC Health, McPherson Hospital, and Hillsboro Community Hospital, facilitates placement while housing enrollment is maintained.

For Douglas County Permanent Supportive Housing, MHAH's minimum weekly in-home visits create a continuous assessment cadence. When a participant's health or behavioral health changes, the MHAH case manager coordinates referrals to inpatient behavioral health, residential SUD treatment, or nursing care while maintaining housing enrollment. Douglas County PSH holds formal service agreements with Jayhawk Area Agency on Aging and Senior Resource Center for participants who may need assisted living, and coordinates with Douglas County VNA and Trinity In-Home Care for nursing and personal care needs.

For MHAH Blaylock Residences, when a tenant's needs escalate, the Housing Coordinator develops a formal Supportive Action Plan collaboratively with the tenant, CrossWinds Counseling and Wellness or Pawnee Mental Health Services, and other stakeholders, with specific interventions, timelines, and responsibilities to address instability while preserving housing.

For Catholic Charities Inc. SEK Rural Set Aside PSH, case managers assess participant needs through regular home visits and coordinate referrals to behavioral health, medical, or residential treatment providers when community-based services are insufficient. These policies are documented in each project's written program policies and the KS BoS CoC Written Standards.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. Moving on from PSH to unsubsidized or other permanent housing requires both housing stability and economic readiness, particularly for participants in rural areas with limited affordable housing options. Each of the CoC's PSH projects serving chronically homeless individuals maintains a documented process for assessing and supporting this transition.

For Prairie View Meadowlark Leasing, case managers assess readiness through individualized Housing Stabilization and Treatment Plans. Prairie View's Individual Placement and Support (IPS) Supported Employment model served 106 participants in 2025, with 30.2% obtaining competitive employment and 50% maintaining employment for six or more months, building the economic foundation for moving on. Prairie View coordinates with local housing authority staff to assist eligible participants in accessing Housing Choice Vouchers (HCV) and public housing.

For Douglas County Permanent Supportive Housing, MHAH's individualized housing self-sufficiency plans, developed using PREPARE or DLA-20 and updated at minimum monthly, document each participant's evolving stability and readiness. Douglas County holds formal service agreements with Lawrence Douglas County Housing Authority and coordinates with Jayhawk Area Agency on Aging and Senior Resource Center for participants needing assisted living alternatives. County Commissioners fund the Peaslee Technical Education Center for vocational training that supports economic readiness.

For MHAH Blaylock Residences, the Housing Coordinator assesses moving-on readiness through regular contact and annual Housing Stability Plan reviews, assisting interested participants with HCV applications and connection to affordable housing resources.

For Catholic Charities Inc. SEK Rural Set Aside PSH, case managers assess readiness through individualized service plans and coordinate with local housing authorities in the SE region when participants are ready for independent housing.

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

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

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

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/25/2026
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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.	09/25/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	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.	09/18/2026
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.	09/18/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1.The KS BoS CoC's reallocation process operates through voluntary and involuntary pathways governed by the NOFO Policies. KSHC monitors all projects throughout the year and the Performance and Compliance Committee receives quarterly APR reports. Projects are flagged when they expend less than 90% of awarded funds over two operating years, have unresolved monitoring findings, show inadequate financial management, or when the project type no longer aligns with CoC or HUD priorities. KSHC provides TA to address barriers and meets directly with operators when concerns persist. Monitoring data feeds into rank and review so scoring reflects actual results. Flagged projects are reviewed by the Rank and Review Panel, which recommends action to the Steering Committee. Voluntary requests are submitted through the Letter of Intent.

2.Yes. The P&C Committee's review of quarterly APR data and agency LOI submissions identified four lower performing or less needed projects. NEK-CAP Housing with Opportunities indicated in its LOI a voluntary intent to relinquish funds; KSHC consulted with the agency and confirmed the decision reflected housing shortages in its four-county area limiting full expenditure. Ashby House Housing Plus was flagged through APR review for spenddown concerns; KSHC met directly with the agency to review expenditure data before reallocation was confirmed. Manhattan Emergency Shelter's Flint Hills Rapid Rehousing indicated organizational closure through the LOI. CE Southeast Expansion was identified as less needed.

3.Yes. The CoC reallocated \$350,140: NEK-CAP relinquished \$22,133; Ashby House relinquished \$24,120; MESI closed \$234,492; and CE Southeast Expansion closed \$69,395. Funds were directed to Catholic Charities of Southwest Kansas new SSO (\$250,000) and Rise El Dorado new SSO (\$100,140), both competitively scored and selected to address identified service and geographic gaps.

4.The CoC did reallocate during FY2026. Each project reallocated reflected a documented rationale, and funds went to new projects with competitive proposals, demonstrated capacity, and alignment with the CoC's Gap Analysis.

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?	Yes
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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)	Bitfocus Clarity
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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)

The Kansas Balance of State CoC changed its unsheltered PIT count methodology in 2026 by adopting the Counting Us app for data collection, replacing the prior data collection method. This shift to a standardized, mobile-based platform improved real-time data entry, consistency, and data management across the CoC's nine regions and 101 counties. The CoC also made data quality improvements to unsheltered count implementation: training was enhanced through the use of Regional Coordinators, and trainings were recorded and made available online to improve consistency and accessibility across the large Balance of State geography. The CoC also implemented a more structured volunteer process by requiring all volunteers to register in advance, which improved coordination and preparedness for count night. As a result of these methodology and data quality changes, the unsheltered count increased from 295 individuals in 2025 to 334 individuals in 2026, an increase of 39 individuals (13%). This increase is primarily attributable to the improved methodology and training described above, which strengthened the CoC's ability to identify, engage, and accurately document individuals experiencing unsheltered homelessness. The 2026 count therefore reflects more comprehensive coverage and improved data quality, rather than solely an underlying increase in unsheltered homelessness.

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)

During the evaluation period October 1, 2024 through September 30, 2025, the KS BoS CoC implemented the following actions to reduce the number of encampments and the number of people residing in encampments across its 101-county service area. KSHC implemented Bitfocus Clarity's Outreach Map, enabling outreach teams across all nine regions to document encampment locations as geographic points in HMIS, assign individuals to outreach initiatives, and track engagement and resolution status in real time. This system provided KSHC with data infrastructure to monitor encampment activity across regions and deploy outreach resources strategically based on engagement data rather than anecdotal reporting alone.

The number of CoC-affiliated outreach teams in HMIS increased from 7 to 10 during this period, expanding outreach capacity in the North Central, Northeast, South Central, and Southeast regions. Outreach teams conducted regular engagement visits at documented encampment sites, completing CES assessments and connecting residents to shelter, housing, and service resources. Formal law enforcement coordination MOUs with the City of Salina Police Department (DVACK), Finney County Sheriff's Office (CCSWKS), City of El Dorado Police Department (Rise El Dorado), and Peabody Police Department (Prairie View) supported co-response approaches combining outreach engagement with law enforcement encampment response activities. When law enforcement or local governments identified encampments for clearance, CoC outreach teams activated to conduct advance outreach and CES assessment, connecting encampment residents to shelter and housing resources before clearance wherever possible.

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.	2
2. Enter the reduction in the number of encampments during your evaluation period.	1

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.	9
2. Enter the reduction in the number of people in encampments during your evaluation period.	7

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

(limit 2,500 characters)

Not Applicable.

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

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

(limit 2,500 characters)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. FY2025 System Performance Measure data shows a 9.4% reduction in first-time homeless individuals, reflecting positive progress that the CoC's current plan is designed to sustain and accelerate.

The CoC's primary upstream prevention strategy is the Family Housing Support Program, administered by KSHC as a subrecipient of Kansas Housing Resources Corporation (KHRC) using Kansas Department for Children and Families (DCF) funding. The program provides short-term rental assistance and homeless prevention services exclusively to families, intervening before or at the point of housing crisis. KSHC has committed to serving 950 families annually over the two-year grant period, supported by a total award of \$2,295,652. Because DCF administers TANF in Kansas, this program represents a direct linkage between the state's mainstream family service system and the CoC's prevention work.

KHRC also administers ESG-funded homelessness prevention assistance statewide, and the CoC coordinates with KHRC through monthly Steering Committee engagement and shared CES processes to ensure ESG prevention resources and CoC resources reach individuals at risk before housing loss becomes homelessness.

KSHC's KDADS-funded Boundary Spanners, covering all 101 counties, prevent entry into homelessness at nursing facility transitions by connecting individuals to community housing and support services before discharge, ensuring that a nursing facility stay does not result in return to homelessness.

The CoC's CES process incorporates diversion and rapid resolution at every access point, including conflict mediation and problem-solving conversations that resolve housing crises without formal program entry. Prairie View's Access Department connects individuals seeking behavioral health services who are experiencing housing instability directly into Coordinated Entry, intercepting potential first-time homeless individuals at the behavioral health contact point before homelessness is formalized.

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)

KS-507 is a HUD-designated rural CoC spanning 101 mostly rural counties across nine geographic regions. FY2025 System Performance Measure data submitted to HDX 2.0 shows an increase in average length of time homeless from 66.3 to 73.8 days. The CoC attributes this increase to three structural factors: rising rents reducing the affordable units available for rapid placement, the rural geography of the 101-county service area limiting the overall supply of rental housing and accessible landlords, and landlord capacity constraints that slow placement for participants with barriers. The 39% increase in chronic homelessness in the 2026 PIT count also contributes to a higher average, as individuals who have been homeless longer pull the system mean upward.

The CoC's plan to reduce length of time homeless focuses on three corresponding strategies.

First, expanding the landlord and housing unit base. New projects in FY2026 bring documented landlord relationships in regions where unit access has been the primary bottleneck. Rise El Dorado holds formal MOUs with Metro Home LLC, Silverwood Apartments, Valhalla Management, SOL REX VERUS Praedium LLC, and the City of Leon. United Way of Harvey and Marion Counties holds an MOU with Mid-Kansas Community Action Program. DVACK holds an MOU with Salina Housing Authority. Catholic Charities of Southwest Kansas holds an MOU with Ford County Housing Authority, providing direct PHA pathways that expand housing access in the SW region.

Second, accelerating CES to placement. The ces list is reviewed weekly in high-activity regions, with case managers and housing project staff troubleshooting placement barriers including documentation, landlord acceptance, and unit availability. Priority is given to chronically homeless individuals and those with the highest vulnerability scores.

Third, adding capacity in regions through proposed FY2026 RRH and SSO projects in the SE, south central, SW, north central, and east central regions, bringing additional housing slots and navigation capacity where pipeline demand has exceeded available resources.

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?	58.34%

Describe how you calculated the data for this response.

(limit 2,500 characters)

KS-507 ran HUDX-111-AD HUD CSV/XML Program Wide Data Export to identify all program participants who exited Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects between October 1, 2024 and September 30, 2025(FY 2025). The universe of projects included every active TH, RRH, and PSH project in HMIS, regardless of funding source, and covered all exits recorded during that period, not a sample.

For each exit in that universe, HMIS Data Element 3.12 (Destination) was reviewed and summed against four response options: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; and owned by client, no ongoing housing subsidy. This sum was then compared to the total number of exits recorded across TH, RRH, and PSH projects during the same period, regardless of destination, to calculate the percentage.

Of 821 total exits from TH, RRH, and PSH projects in FY2025, 479 were to one of the four unsubsidized housing destinations listed above. This produces a rate of 58.34% of program participants exiting TH/RRH/PSH collectively to unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026
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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	541	259	633	79.13%
2. Safe Haven (SH) beds	11	0	11	100.00%
3. Transitional Housing (TH) beds	79	0	28	35.44%
4. Rapid Re-Housing (RRH) beds	245	61	306	100.00%
5. Permanent Supportive Housing (PSH) beds	405	0	230	56.79%
6. Other Permanent Housing (OPH) beds	25	0	25	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. Over the next 12 months, KSHC will build on the actions already in place to raise HMIS and comparable database bed coverage among Emergency Shelter, Transitional Housing, and Permanent Supportive Housing providers to at least 85 percent. All new provider staff complete an in-depth mandatory new user training before receiving system access, covering full data entry requirements for bed and unit-level occupancy at intake, update, and exit; this mandatory training will be conducted yearly, and has been and will continue to be expanded to build provider understanding of System Performance Measures (SPM) and the Longitudinal Systems Analysis (LSA). The HMIS team also works with Regional Coordinators to deliver short, recurring HMIS trainings at every regional meeting and Coordinated Entry System (CES) meeting, so providers across the CoC's 101-county service area get consistent, ongoing instruction rather than a single session. HMIS is free for agencies to join, removing licensing cost as a barrier. In FY2026, the CoC also began a data import service for cold weather shelters that lack staff capacity to enter their own data: these providers submit a standard HUD CSV file to KSHC, and KSHC staff enter it into HMIS on their behalf.

2. The HMIS team will monitor bed coverage by provider within their region and flag any Emergency Shelter, Transitional Housing, or Permanent Supportive Housing provider below the CoC's 85 percent target for direct, one-on-one follow-up from the HMIS team. Mandatory new user training will remain required for system access and will be repeated yearly, with SPM and LSA content built in so providers understand how their data quality affects the CoC's HUD-reported outcomes. Regional and CES meeting trainings will continue on a set schedule so data quality expectations are reinforced consistently rather than only when gaps are reported. Because HMIS carries no cost to providers, cost will continue to be ruled out as a barrier, and staff capacity will be addressed directly: KSHC will expand the CSV data import service introduced in FY2026 to additional cold weather and other low-capacity providers in these project types. Progress toward 85% will be tracked through SPM's reporting so the CoC can confirm improvement over the 12-month period and adjust technical assistance for any provider that continues to lag.

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	List of TH/RRH/PS...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/25/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/25/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/25/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	KS-507 HDX Compet...	09/24/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/25/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	KS-507 Advancing ...	09/24/2026
11. Other	No		

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: Language from Project Supportive Service Agreements

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: KS-507 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone

Attachment Details

Document Description:

Attachment Details

Document Description: KS-507 Advancing Recovery Policy

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/25/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/25/2026
Submission Summary	No Input Required

Kansas Balance of State Continuum of Care (KS-507)
FY2026 CoC Program Competition

1C-1 Attachment: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment to 4A. Attachments Screen - NOFO Section V.B.1.c.(5)

KS-507 is a HUD-designated rural Continuum of Care. As a rural CoC, KS-507 receives full points for demonstrating that substance use disorder treatment is accessible to persons served by TH, RRH, and PSH projects across 101 counties in nine geographic regions. Access is provided through a combination of on-site treatment, coordinated agreements with Certified Community Behavioral Health Clinics (CCBHCs), and formal MOUs with treatment providers across the CoC's geographic area. All 17 TH/RRH/PSH projects in the FY2026 portfolio have SUD treatment available through at least one formal provider relationship.

Project Name	Type	Region	Status	SUD Treatment Provider(s)	Access Type
My Father's House Community Services	TH	East Central	Renewal	Elizabeth Layton Center (CCBHC) - formal MOU; provides on-site and community-based behavioral health and SUD treatment, crisis intervention	On-Site
Meadowlark Leasing	PSH	South Central	Renewal	Prairie View, Inc. (CCBHC) - same organization as housing operator; provides on-site integrated SUD treatment, MAT, ACT, and crisis services	On-Site
MHAH Blaylock Residences	PSH	East Central / Multi-Region	Renewal	CrossWinds Counseling and Wellness (CCBHC) - weekly on-site SMART Recovery groups and individual services; Pawnee Mental Health Services	On-Site / Coordinated Scattered Site
MHAH Marion Apartment	PSH	Northeast (Leavenworth)	Renewal	The Guidance Center - formal MOU; provides behavioral health services including SUD coordination; Leavenworth VA Medical Center	On-Site
Ashby House Housing Plus	PSH	North Central (Salina)	Renewal	Recovery-oriented sober housing model; coordinated SUD treatment through local CCBHC network in Salina area	Coordinated Scattered Site
NEK-CAP Housing with Opportunities	RRH	Northeast	Renewal	KDHE MOU for KanCare Presumptive Eligibility; coordinated access to SUD treatment through local CCBHC network in northeast region	Coordinated Access / Scattered Site
CC SWKS Southwest Kansas Housing Program	RRH / PSH	Southwest	Renewal	Formal MOUs with: Compass Behavioral Health; Southwest Guidance Center; Heartland RADAC (SUD assessment and referral); The Center for Counseling	Coordinated Access / Scattered Site
CC Inc. Southeast Kansas RRH 2024	RRH	Southeast	Renewal	Building Health (CCBHC) in SE region; Pittsburg Recovery Court coordination; coordinated SUD treatment access through regional CCBHC network	Coordinated Access / Scattered Site
CC Inc. SEK Rural Set Aside PSH	PSH	Southeast	Renewal	Building Health (CCBHC) in SE region; coordinated access to SUD treatment and behavioral health services through regional CCBHC partnerships	Coordinated Access / Scattered Site
KCSDV Housing First RRH (DV)	RRH	Statewide	Renewal	VAWA protected project - SUD treatment access is voluntary per participant choice; coordinated through regional CCBHC and behavioral health partners as requested by participant	Voluntary / Coordinated Access (VAWA)

Douglas County Permanent Supportive Housing	PSH	Douglas County	Renewal	Mental Health America of the Heartland - primary supportive services provider; coordinated access to SUD treatment through Douglas County behavioral health network including Heartland RADAC	On-Site / Coordinated Scattered Site
Oak Street Development (McPherson Housing Coalition)	PSH	South Central (McPherson)	Renewal	Coordinated access to SUD treatment through local CCBHC network in south central region	Coordinated Access
Southwick House (Plumb Place Inc)	TH	East Central	New FY2026	CrossWinds Counseling and Wellness (CCBHC) - formal MOU; provides therapy, medication monitoring, peer support, mobile crisis; CareArc; Empower House Ministries	Coordinated Access
DVACK Supportive Housing for DV Victims (DV)	TH	North Central	New FY2026	VAWA protected project - Central Kansas Mental Health Center formal MOU; provides weekly on-site mental health services and SUD coordination; Salina Family Healthcare Center formal MOU	Voluntary / Coordinated Access (VAWA)
Prairie View Safe Transitions (DV)	TH	South Central	New FY2026	VAWA protected project - Prairie View, Inc. (CCBHC) same organization as housing operator; provides on-site integrated SUD treatment, MAT, behavioral health, and crisis services	On-Site Voluntary (VAWA)
Thrive Allen County SEK Homelessness Project	RRH	Southeast	New FY2026	Formal agreements with local CCBHCs in SE region; Recovery Resources Director on staff coordinates SUD treatment access; SEK Recovery House (peer-led recovery MOU)	On-Site / Coordinated Access / Scattered Site
Douglas County PSH Expansion	PSH	Douglas County	New FY2026	Mental Health America of the Heartland - primary supportive services provider; coordinated access to SUD treatment through Douglas County behavioral health network	On-Site / Coordinated Access / Scattered Site

Kansas Balance of State Continuum of Care (KS-507)
FY2026 CoC Program Competition

1C-1f Attachment: List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Attachment to 4A. Attachments Screen - NOFO Section V.B.1.c.(5)

This attachment lists existing and proposed FY2026 CoC Program projects and the units associated with those projects that require program participant engagement in substance abuse treatment services as a condition of continued participation, consistent with 24 CFR 578.75. VAWA-protected domestic violence projects are listed separately; per 24 CFR 5.2005(b)(1), service participation cannot be required as a condition of housing for survivors of domestic violence, dating violence, sexual assault, or stalking. Total countable units with an SUD treatment requirement: 186 units across 13 projects.

Project Name	Type	Region	Status	Units	SUD Participation Requirement
My Father's House Community Services	TH	East Central	Renewal	11	SUD treatment engagement required as a condition of continued program participation per occupancy agreement
Meadowlark Leasing	PSH	South Central	Renewal	10	SUD treatment engagement required as a condition of continued program participation per program agreement
MHAH Blaylock Residences	PSH	East Central / Multi-Region	Renewal	11	SUD treatment engagement required as a condition of continued program participation per occupancy agreement
MHAH Marion Apartment	PSH	Northeast	Renewal	10	SUD treatment engagement required as a condition of continued program participation per occupancy agreement
Ashby House Housing Plus	PSH	North Central	Renewal	9	SUD treatment engagement required as a condition of continued program participation per program agreement
NEK-CAP Housing with Opportunities	RRH	Northeast	Renewal	21	SUD treatment engagement required as a condition of continued program participation per participant agreement
CC SWKS Southwest Kansas Housing Program	RRH / PSH	Southwest	Renewal	23	SUD treatment engagement required as a condition of continued program participation per client service agreement
CC Inc. Southeast Kansas RRH 2024	RRH	Southeast	Renewal	13	SUD treatment engagement required as a condition of continued program participation per participant agreement
CC Inc. SEK Rural Set Aside PSH	PSH	Southeast	Renewal	20	SUD treatment engagement required as a condition of continued program participation per participant agreement
Douglas County Permanent Supportive Housing	PSH	Douglas County	Renewal	12	SUD treatment engagement required as a condition of continued program participation per program agreement

Oak Street Development	PSH	South Central	Renewal	18	SUD treatment engagement required as a condition of continued program participation per program agreement
Southwick House (Plumb Place Inc)	TH	East Central	New FY2026	8	SUD treatment required as a condition of continued residence per occupancy agreement; participant must meet behavioral health care and substance use disorder treatment requirements if applicable diagnosis or violation exists
Thrive Allen County SEK Homelessness Project	RRH	Southeast	New FY2026	20	SUD treatment engagement required as a condition of continued program participation per program agreement
Douglas County PSH Expansion	PSH	Douglas County	New FY2026	Expansion units - supportive services	SUD treatment engagement required as a condition of continued program participation per program agreement
TOTAL UNITS WITH SUD REQUIREMENT (excluding VAWA projects and expansion units pending unit count)	186				
VAWA-Protected Projects (domestic violence) - Service participation cannot be required as a condition of housing per 24 CFR 5.2005(b)(1)					
KCSDV Housing First RRH	RRH	Statewide	Renewal	N/A	VAWA protected project - 24 CFR 5.2005(b)(1). SUD treatment is offered voluntarily and cannot be imposed as a condition of housing for domestic violence survivors.
DVACK Supportive Housing for DV Victims	TH	North Central	New FY2026	5	VAWA protected project - 24 CFR 5.2005(b)(1). SUD treatment is offered voluntarily and cannot be imposed as a condition of housing for domestic violence survivors.
Prairie View Safe Transitions	TH	South Central	New FY2026	10	VAWA protected project - 24 CFR 5.2005(b)(1). SUD treatment is offered voluntarily and cannot be imposed as a condition of housing for domestic violence survivors.

Kansas Balance of State Continuum of Care

KS-507

FY2026 CoC Program Competition

1C-3: Language from Project Supportive Service Agreements

Attachment to 4A. Attachments Screen

NOFO Section V.B.1.c.(7)

Kansas Statewide Homeless Coalition

September 2026

SECTION I: KS BoS CoC Service Participation Policy

KANSAS BALANCE OF STATE CONTINUUM OF CARE

Service Participation Policy

Approved by Steering Committee: August 28, 2026

Applies To: CoC-funded PSH, RRH, TH, and SSO projects administered through KS-507

Primary Authority: 24 CFR part 578; FY2026 CoC NOFO (CPD-2600-DC-0025); 24 CFR 5.2005; and applicable VAWA, civil-rights, privacy, and grant requirements

1. Purpose, Scope, and Interpretation

The Kansas Balance of State Continuum of Care (KS BoS CoC) establishes this policy to guide supportive service participation practices in CoC-funded projects. The policy applies to service participation practices used with adult participants in Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), and Supportive Services Only (SSO) projects administered through KS-507. HMIS and CoC Planning grants are outside the scope of this policy.

This policy must be read with the KS BoS CoC Written Standards, applicable grant agreements, and all controlling Federal, state, and local requirements. When a controlling requirement differs from this policy, the controlling requirement governs.

2. Federal Framework

Under 24 CFR 578.75(h), recipients and subrecipients may require a program participant to take part in supportive services that are not disability-related services provided through the project as a condition of continued program participation. A project whose purpose is to provide substance use treatment services may require participation in those treatment services, consistent with that regulation and other applicable requirements.

Recipients and subrecipients must conduct ongoing assessments of supportive-service needs, service availability, and service coordination, and must adjust services as appropriate to support long-term housing stability. (24 CFR 578.75(e))

3. Service Participation Practices

Projects may use service participation practices, service expectations, or individualized service participation requirements when permitted by Federal law, their project design, and this policy. The KS BoS CoC does not require every project to adopt service participation requirements.

A service expectation encourages engagement but does not authorize a project to impose an adverse action for nonparticipation. A project may treat participation as a condition of continued program participation only when all of the following requirements are met:

- The requirement is permitted by 24 CFR 578.75(h) and other applicable law.
- The requirement is based on the participant's individual service needs and is reasonably connected to the project's purpose and service model.
- The requirement is stated clearly in the project's written policies and, when applicable, the participant agreement or individualized service plan.
- Before the requirement is enforced, the project provides the participant with clear information about the required activity, expected frequency or duration, possible consequences of nonparticipation, and available grievance or appeal process.
- The project applies the requirement consistently, equitably, and in compliance with applicable civil-rights, fair-housing, disability, and VAWA protections.

Projects should develop individualized service plans collaboratively with participants and should adjust engagement approaches as a participant's needs, goals, or circumstances change.

4. Limits on Participation Requirements

A project must not make participation in disability-related services a condition of continued program participation. Disability-related services include mental health services, outpatient health services, and medication-related services provided to address a condition caused by a disability. (24 CFR 578.75(h))

A project whose purpose is to provide substance use treatment services may require participation in those services as a condition of continued program participation, consistent with 24 CFR 578.75(h), the project's grant agreement, and all other applicable requirements.

A service participation requirement is not a lease violation merely because it is a program condition. Before taking an adverse action based on alleged noncompliance with a service participation requirement, a project must follow the notice, grievance or appeal, due-process, termination, and tenancy procedures that apply to the project.

Nothing in this policy changes requirements related to lease terms, tenancy, termination of assistance, Fair Housing, Equal Access, nondiscrimination, reasonable accommodations, or VAWA protections.

5. Project Application

PSH, RRH, and TH projects may establish individualized service participation practices consistent with their component requirements, project design, and 24 CFR 578.75(h). A project that elects to use participation requirements must follow Sections 3 and 4 of this policy.

A project included in the CoC's FY2026 participation-requirements measure must maintain the applicable supportive service agreement language, such as language from a contract, occupancy agreement, lease, or equivalent document, and must provide it to the CoC upon request for monitoring.

SSO, outreach, and Coordinated Entry projects may offer supportive services and referrals based on participant need. Initial access to Coordinated Entry, assessment, outreach, or other SSO services must not be conditioned on agreement to participate in unrelated services or activities.

6. Documentation

Projects may document service needs, services offered, participant engagement, and updates to individualized service plans in HMIS or a comparable database when applicable and reasonable.

Projects must maintain documentation sufficient to demonstrate compliance with any service participation requirement they use, this policy, and applicable recordkeeping requirements. Documentation must comply with applicable privacy, consent, data-sharing, and recordkeeping requirements, including 24 CFR 578.103.

Victim service providers must use a comparable database as required by applicable Federal requirements. Nothing in this policy requires documentation or data entry that conflicts with a participant's privacy rights, a provider's confidentiality obligations, or applicable law.

7. Domestic Violence, Dating Violence, Sexual Assault, and Stalking

Recipients and subrecipients must comply with applicable Violence Against Women Act (VAWA) protections related to admission, assistance, participation, occupancy, termination, eviction, confidentiality, notice, emergency transfer, and non-retaliation.

A participant's actual or perceived status as a survivor of domestic violence, dating violence, sexual assault, or stalking, or conduct directly resulting from that status, must not be used as a basis to deny admission, assistance, participation, or occupancy when the participant otherwise qualifies. (24 CFR 5.2005(b)(1))

Projects serving survivors may offer supportive services, safety planning, and referrals based on the participant's needs and choices. Nothing in this policy limits a survivor's rights or protections under VAWA or overrides a victim service provider's applicable confidentiality practices.

8. Participant Notice and Grievances

Before a project applies a service participation requirement as a condition of continued program participation, the project must provide the participant clear written information about the requirement and the consequences of nonparticipation. The project must also make its applicable grievance or appeal process available to the participant.

If a client is disengaged from program service requirements, the client shall be notified in accordance with the program's established reengagement processes of notification or contact. The client shall have at least 30 days or the agency's individual policies to demonstrate compliance with service requirements. If the client does not reengage per service requirements after the defined timeframe, then the client may be exited from the program.

Participants may use the provider's existing grievance or appeal process to raise concerns about how a project applied its service participation practices.

9. Compliance and Review

To the extent authorized by applicable grant agreements, Written Standards, and CoC policies, projects must comply with this policy. The KS BoS CoC may monitor compliance through review of written policies, participant agreements, service records, and other relevant documentation, and may require corrective action when it identifies noncompliance.

The KS BoS CoC will review this policy at least annually and sooner when Federal requirements, HUD guidance, NOFO language, or local policy priorities materially change.

References

- 24 CFR 578.75(e) and (h) - General operations and supportive service agreements.
- 24 CFR 578.103 - Recordkeeping requirements.
- 24 CFR 5.2005(b)(1) - VAWA protections against denial of assistance based on survivor status.
- FY2026 Continuum of Care Competition NOFO, CPD-2600-DC-0025.
- 34 U.S.C. 12491 et seq. - Violence Against Women Act housing protections.
- KS BoS CoC Written Standards and applicable project grant agreements.

SECTION II: Project Supportive Service Agreement Language

The following is direct language from the supportive service agreements, occupancy agreements, program agreements, or equivalent documents for all projects in the KS-507 FY2026 CoC Program portfolio, excluding Planning grants, HMIS grants, and Coordinated Entry projects. The percentage calculation for scoring applies only to TH, PH-PSH, and PH-RRH projects per the FY2026 Detailed Instructions. Domestic violence projects are noted with applicable VAWA compliance language consistent with 24 CFR 5.2005(b)(1).

1. My Father's House Community Services

My Father's House Community Services, Inc. | TH | Renewal | Region: East Central

Source: *My Father's House Community Services, Inc. Occupancy Agreement (MFHCS Transitional Housing Program) -- Page 1, Resident Responsibilities section, item 4 (case management and supportive services participation); Program Participant status paragraph*

"To work with my Case Manager to create an individualized plan of Goals and Milestones and identify and participate in Supportive Services to help me make active progress towards the goal of transitioning to permanent housing."

"I understand that I am not a Tenant and do not have the legal rights associated with Tenancy, rather I am a Program Participant and, as such, may be terminated from the program and asked to immediately vacate the above address for failing to comply with the obligations laid forth in this Occupancy Agreement. I understand that this Occupancy Agreement is renewable every 90 days (not to exceed 24 months) upon satisfactory review of compliance with said obligations."

2. Meadowlark Leasing

Prairie View Inc | PH-PSH | Renewal | Region: South Central

Source: *Meadowlark Leasing Services Program Expectations -- Page 1, Program Criteria items 4 and 5 (active participation in leasing program; skill development); signature acknowledgment paragraph*

"Persons accepted into Meadowlark Leasing Services Permanent Supportive Housing program will meet the following criteria: [...] Willing to work on mutually agreed upon areas requiring skill development. Willing and able to actively take part in the leasing program. Capable of upholding the standards of the lease agreement."

"Meadowlark Leasing Services is designed to assist in supporting me mentally, and socially, as well as economically."

3. Southwest Kansas Housing Program

Catholic Charities of Southwest Kansas | PH-PSH | Renewal | Region: Southwest

Source: *Catholic Charities of Southwest Kansas Client Service Agreement -- Page 1, Section 1 (Case Management Phases, intake through self-sufficiency); Page 2, Acknowledgment paragraph (failure to participate may result in loss of housing assistance)*

"This Client Service Agreement outlines the service requirements for participants in the Southwest Kansas Housing Program. Individualized Housing Stability Plans will define specific obligations and goals."

"Case Management Phases: Phase 1 - Intake, assessment, individualized service planning; weekly progress reviews and barrier resolution. Phase 2 - Coordination with external providers; bi-weekly progress reviews and barrier resolution. Phase 3 - Stabilization; monthly progress reviews. Phase 4 - Moving into self-sufficiency."

4. SEK Rural Set Aside Project - PSH

Catholic Charities, Inc. | PH-PSH | Renewal | Region: Southeast

Source: *Catholic Charities Inc. Participant Agreement -- Page 2, Catholic Charities Participant Agreement section, items 3 and 8 (case management planning and appointment requirements); participant understanding section (termination for failure to follow through)*

"As a participant in Program Services at Catholic Charities Inc., I agree to: Create and follow through on case management planning, with support from staff and meet with staff at least monthly or more often as mutually

determined. Engage and cooperate with staff, service providers, and landlords while receiving services. Keep my appointments with my case manager."
"Failure to follow through or violate agreements can result in termination of services at staff discretion."

5. Southeast Kansas RRH 2024

Catholic Charities, Inc. | PH-RRH | Renewal | Region: Southeast

Source: *Catholic Charities Inc. Participant Agreement -- Page 2, Catholic Charities Participant Agreement section, items 3 and 8 (case management planning and appointment requirements); participant understanding section (termination for failure to follow through)*

"As a participant in Program Services at Catholic Charities Inc., I agree to: Create and follow through on case management planning, with support from staff and meet with staff at least monthly or more often as mutually determined. Engage and cooperate with staff, service providers, and landlords while receiving services. Keep my appointments with my case manager."
"Failure to follow through or violate agreements can result in termination of services at staff discretion."

6. Housing with Opportunities

NEK-CAP, Inc. | PH | Renewal | Region: Northeast

Source: *NEK-CAP, Inc. Rights and Responsibilities for CoC & ESG Programs (signed participant agreement) -- Page 6 of 9, item 1 (full case management participation); participant responsibilities section (monthly home visit requirement)*

"Participants will participate fully in case management activities (home visits, regular contact, learning opportunities, etc.) provided by NEK-CAP, Inc. while they are in this program."
"All participants are required to have monthly home visits with their Housing Family Advocate."
"Weekly contact and one monthly home visit with Family Development Advocate from NEK-CAP, Inc."
"Each participant will develop a Family Development Plan."

7. Blaylock Residences

The Mental Health Association of the Heartland | PH-PSH | Renewal | Region: Multi-Region

Source: *MHAH Housing Program Occupancy Agreement -- Page 1, Support Service section (mandatory monthly participation); covers both Blaylock Residences and Marion Apartment*

"All individuals must participate in supportive services with MHAH staff a minimum of once a month or more often as determined by the treatment team."
"Each year, MHAH will conduct an annual recertification of income and eligibility."

8. Marion Apartment

The Mental Health Association of the Heartland | PH-PSH | Renewal | Region: Northeast

Source: *MHAH Housing Program Occupancy Agreement -- Page 1, Support Service section (mandatory monthly participation); covers both Blaylock Residences and Marion Apartment*

"All individuals must participate in supportive services with MHAH staff a minimum of once a month or more often as determined by the treatment team."
"Each year, MHAH will conduct an annual recertification of income and eligibility."

9. Permanent Supportive Housing

Douglas County, Kansas | PH-PSH | Renewal | Region: Douglas

Source: *Mental Health America of the Heartland - Douglas County Flexible PSH Program Agreement -- Page 1, Inspections and support services section (active participation in MHAH Service Coordination and Peer Support)*

"Tenant will actively participate in MHAH Service Coordination and Peer Support services."

"MHAH and/or Lawrence Douglas County Housing Authority (LDCHA) will conduct an annual recertification. Tenant agrees to participate in this process. Tenant will promptly report all changes in income to MHAH."

10. Oak Street Development

McPherson Housing Coalition Inc. | PH-PSH | Renewal | Region: South Central

Source: *KS-507 Service Participation Policy (Section I of this attachment), Section 5 (Project Application); project-specific agreement*

This project operates under the KS BoS CoC Service Participation Policy adopted August 28, 2026. Project-specific service participation agreement language will be maintained on file per Section 5 of that policy.

11. Housing Plus Renewal

Ashby House | PH-PSH | Renewal | Region: North Central

Source: *Memorandum of Understanding, Ashby House Housing Plus Program and Central Kansas Mental Health Center -- Items 2 (unconditional service commitment), 4 (match-eligible services listed), and 8 (14 participants to be served)*

"Central Kansas Mental Health Center makes an unconditional commitment as a third-party provider to provide services and match documentation for the Housing Plus program."

"Match eligible project costs include the following: case management, crisis care management, education services, employment assistance and job training, housing search and counseling services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment and transportation."

"Services recorded as in-kind match shall be provided to Ashby House eligible recipients served in the Housing Plus program for the operating dates/term of the grant contract. The projected number of participants/clients to be served in this contract is fourteen (14)."

12. Housing First Rapid Rehousing for Domestic Violence and Sexual Assault

Kansas Coalition Against Sexual and Domestic Violence (KCSDV) | PH-RRH | Renewal - DV | Region: Statewide

Source: *KCSDV RRH Supportive Services Acknowledgment Form (modified 9/24/2026) -- Page 1, regulatory note and services list (case management requirement per section 578.37(a)(1)(ii)(F); VAWA exemption stated; KCSDV directly provides Annual Assessment, Case Management, Transportation, Utility Deposits); Page 2, Supportive Services section (monthly coordinator contact; Housing Stability Plan); Page 3, participant signature acknowledging available services*

"Program participants receiving RRH assistance must agree to meet with a case manager at least once per month. (Section 578.37(a)(1)(ii)(F)). The project is exempt from this requirement if the Violence Against Women Act of 1994 or the Family Violence Prevention and Services Act prohibits the recipient from making housing conditional on the participant's acceptance of services."

13. Supportive Housing for Domestic Violence Victims

Domestic Violence Association of Central Kansas (DVACK) | TH | New - DV Bonus | Region: North Central

Source: *DVACK Emergency Solutions Grant Rapid Re-Housing Program Participant Handbook -- Page 3, Section 2B (weekly or bi-weekly case manager progress reviews; re-certification every 90 days); Page 6, Section 3C (termination for inability to adequately participate in services); Page 7, Section 4A (Housing Specialist case management and supportive services coordination); VAWA protections apply per 24 CFR 5.2005(b)(1)*

"You will review your progress with your Housing Specialist (case manager) on a weekly or bi-weekly basis. Every 3 months, or 90 days, re-certification for continued Rapid Re-Housing assistance will be done." [...] "It could also result in termination from the program due to an inability to adequately participate in services and the hindrance of this agency in providing services." Per 24 CFR 5.2005(b)(1), service participation is offered consistent with VAWA protections applicable to domestic violence survivors.

14. Prairie View Safe Transitions

Prairie View, Inc. | TH | New - DV Bonus | Region: South Central

Source: *Prairie View Safe Transitions Documented List of Supportive Services -- Page 1 (comprehensive case management services including at least monthly contact, home visits, housing stability planning, benefits assistance, income development); Page 2, Service participation approach section (collaborative, voluntary, trauma-informed; VAWA protections per 24 CFR 5.2005(b)(1))*

"Prairie View Safe Transitions is a transitional housing project serving individuals and families experiencing homelessness as a result of domestic violence in Harvey, Marion, and McPherson Counties. Prairie View will provide housing and housing-focused services in partnership with SafeHope [...]. Services include: comprehensive and coordinated case management; at least monthly case-management contact; home visits, community-based services, office appointments, telephone contact, and telehealth; permanent-housing search and transition planning; benefits assistance; life-skills development; transportation and community-resource coordination; income-development and employment supports." [...] "Participants will work collaboratively with project staff to identify housing, safety, recovery, and economic-stability goals. Supportive services will be offered through a voluntary, participant-centered, trauma-informed approach that protects participant choice, safety, and confidentiality." Per 24 CFR 5.2005(b)(1), service participation is offered consistent with VAWA protections.

15. Southwick House CoC Transitional Housing

Plumb Place Inc dba Southwick House | TH | New - CoC Bonus | Region: East Central

Source: *Southwick House CoC Program Resident Occupancy Agreement -- Page 1, item 2 (individual service participation requirement; HUD compliance); Page 2, item 4 (substance use disorder treatment requirements as condition of continued residence)*

"I agree to individual service participation as laid out in the Southwick House Service Participation requirements and in accordance with HUD service participant requirements."

"I agree to meet behavioral health care and substance use disorder treatment requirements if I have a diagnosis of substance use disorder, if I have been charged or convicted of a substance/drug or alcohol related crime, or if I have been found to be in possession of any illegal substance/drug or alcohol during my residence at Southwick House."

16. SEK Homelessness Project

Thrive Allen County | RRH | New - CoC Bonus | Region: Southeast

Source: *KS-507 Service Participation Policy (Section I of this attachment), Section 5 (Project Application); project-specific agreement pending*

This project operates under the KS BoS CoC Service Participation Policy adopted August 28, 2026. Project-specific service participation agreement language will be maintained on file per Section 5 of that policy.

17. Douglas County Permanent Supportive Housing Plus

Douglas County, Kansas | PSH | New - CoC Bonus | Region: Douglas

Source: *Mental Health America of the Heartland Program Agreement -- Page 1, Inspections and support services section; MHAH serves as service provider for both Douglas County PSH projects under the same program agreement*

"Tenant will actively participate in MHAH Service Coordination and Peer Support services."

"MHAH and/or Lawrence Douglas County Housing Authority (LDCHA) will conduct an annual recertification. Tenant agrees to participate in this process. Tenant will promptly report all changes in income to MHAH."

18. Southwest Kansas Supportive Services Program

Catholic Charities of Southwest Kansas | SSO | New - Reallocation | Region: Southwest

Source: *KS-507 Service Participation Policy (Section I of this attachment), Section 5 (Project Application); project-specific agreement pending*

This project operates under the KS BoS CoC Service Participation Policy adopted August 28, 2026. Project-specific service participation agreement language will be maintained on file per Section 5 of that policy.

19. RISE-Supportive Services

RISE-El Dorado, Inc. | SSO | New - Reallocation/CoC Bonus | Region: South Central

Source: KS-507 Service Participation Policy (Section I of this attachment), Section 5 (Project Application); project-specific agreement pending

This project operates under the KS BoS CoC Service Participation Policy adopted August 28, 2026. Project-specific service participation agreement language will be maintained on file per Section 5 of that policy.

20. Harvey and Marion Resource Navigation Services

United Way of Harvey and Marion Counties, Inc. | SSO | New - CoC Bonus | Region: South Central

Source: KS-507 Service Participation Policy (Section I of this attachment), Section 5 (Project Application); project-specific agreement pending

This project operates under the KS BoS CoC Service Participation Policy adopted August 28, 2026. Project-specific service participation agreement language will be maintained on file per Section 5 of that policy.

21. The Building Community - Wilson County Street Outreach

The Building Community | SSO | New - CoC Bonus | Region: Southeast

Source: KS-507 Service Participation Policy (Section I of this attachment), Section 5 (Project Application); project-specific agreement pending

This project operates under the KS BoS CoC Service Participation Policy adopted August 28, 2026. Project-specific service participation agreement language will be maintained on file per Section 5 of that policy.

22. Pathfinder Recovery Navigation

CKF Addiction Treatment, Inc. | SSO | New - CoC Bonus | Region: North Central

Source: CKF Pathfinder Recovery Navigation Supportive Services Participation Policy -- Page 1, paragraphs 2-3 (enrollment and participation requirement; frequency and intensity of case management)

"As a condition of enrollment and continued participation in Pathfinder Recovery Navigation, participants are required to participate in Recovery Navigation/Case Management with an assigned Recovery Navigator. Participation includes weekly and as needed contact with the Recovery Navigator to assess service needs, establish and review individualized goals, identify barriers to housing stability, and coordinate services necessary to support progress toward those goals."

"The frequency and intensity of Recovery Navigation/Case Management will be individualized based on participant needs, circumstances, and progress."

CARE COORDINATION AGREEMENT

Memorandum of Understanding

Between
Peabody Police Department
and
Prairie View, Inc.

This Memorandum of Understanding (MOU) is made and effective on this 1st day of April, 2024, by and between PEABODY POLICE DEPARTMENT (PPD) and Prairie View, Inc. (PV). The purpose of this agreement is to establish mutual coordination of treatment for persons referred between (PPD) and Prairie View, Inc. (PV).

PV has established outpatient mental health and substance abuse treatment and care for youth, adults, and families. Prairie View also offers crisis services (including mobile crisis services) for all ages, regardless of where the person is from or if they have the ability to pay for such crisis services.

PV wishes to associate with PPD to promote support for persons suffering from mental illness in the community and to ensure coordination of care for persons seeking services.

The goal of these crisis services is to ensure that individuals in the community have access to mental health services when they need support, where they need support.

The goal of mobile crisis is to respond to people in the community during their time of need, decreasing the need for LE/EMS involvement/jail, Emergency Department visits, and acute psychiatric hospitalizations by providing support to the person in the community, assessing, supporting, and providing education and necessary resources to help meet their presenting needs in a time of crisis.

Purpose and Scope of work:

PPD and PV will collaborate and coordinate treatment planning and care coordination activities in a manner that is person and family-centered. PV agrees to provide initial screening, intake, and, as capacity permits, appropriate treatment to persons receiving services who are referred to PV for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals' healthcare.

PPD and PV agree to coordinate care for individuals as necessary and appropriate. Persons receiving services have the absolute right to choose whether to pursue the recommended referral for health or mental health and substance use disorder services. If either party believes that the best interest of the person receiving services is a referral to a different person or entity due to the circumstances of that person receiving services, this agreement does not limit or prohibit such referrals. The parties further agree that no compensation will be paid to the other entity for referrals or recommendations.

PPD and PV agree to these terms:

1. Recognize the existence of their respective professional services;
2. Maintain contact/communication with regard to change in services offered by each entity;
3. Cooperate to minimize duplication of services;
4. Assist in providing necessary information with the use of appropriate release of information forms.

PV has a crisis line available 24/7 (800-362-0180), which is supported by clinical and non-clinical support, both in-person and remote.

PV will offer routine education and encourage communication among PPD partners.

PPD will recognize that mental health services are available and will recommend such services to community members as requested and deemed appropriate. Mobile crisis services can be requested by calling Prairie View's crisis line at 800-362-0180.

PPD will offer routine education to PV staff, as needed and as requested to address matters involving communication, response process, and safety.

PPD assumes no liability for actions of PV under this agreement. PV agrees to hold PPD harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which PPD may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

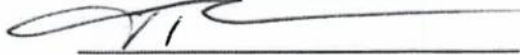
PV assumes no liability for action of PPD under this agreement. PPD agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PPD which PV may sustain, incur or be required to pay as a result of PPD's performance under this Agreement.

PPD and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the persons receiving services' right to privacy and governmental regulations, share records and provide reports for the benefit of the persons receiving services.

Both organizations agree these services are available to any person/family seeking services, regardless of his/her insurance status and/or ability to pay.

The terms of this agreement shall commence upon the date that this agreement is signed, and shall continue for one year. Either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

Peabody Police Department



Authorized Signature

Chief of Police

Title

Davis Wilson

Printed Name

4-3-2024

Date

Prairie View, Inc.



Authorized Signature

President / CEO

Title

Mary Johnson

Printed Name

4/3/2024

Date

CARE COORDINATION AGREEMENT

Memorandum of Understanding

Between
North Newton Police Department
and
Prairie View, Inc.

This Memorandum of Understanding (MOU) is made and effective on this 13th day of May, 2024, by and between NORTH NEWTON POLICE DEPARTMENT (NNPD) and Prairie View, Inc. (PV). The purpose of this agreement is to establish mutual coordination of treatment for persons referred between (NNPD) and Prairie View, Inc. (PV).

PV has established outpatient mental health and substance abuse treatment and care for youth, adults, and families. PV also offers crisis services (including mobile crisis services provided at the request of NNPD) for all ages, regardless of where the person is from or if they have the ability to pay for such crisis services.

PV wishes to associate with NNPD to promote support for persons suffering from mental illness in the community and to ensure coordination of care for persons seeking services.

The goal of these crisis services is to ensure that individuals in the community have access to mental health services when they need support, where they need support.

The goal of mobile crisis is to respond to people in the community during their time of need, decreasing the need for LE/EMS involvement/jail, Emergency Department visits, and acute psychiatric hospitalizations by providing support to the person in the community, assessing, supporting, and providing education and necessary resources to help meet their presenting needs in a time of crisis.

Purpose and Scope of work:

Nothing in this MOU will limit the NNPD from taking appropriate action as the department deems necessary.

NNPD and PV will collaborate and coordinate treatment planning and care coordination activities in a manner that is person and family-centered. PV agrees to provide initial screening, intake, and, as capacity permits, appropriate treatment to persons receiving services who are referred to PV for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals' healthcare.

NNPD and PV agree to coordinate care for individuals as necessary and appropriate. Persons receiving services have the absolute right to choose whether to pursue the recommended referral for health or mental health and substance use disorder services. If either party believes that the best interest of the person receiving services is a referral to a different person or entity due to the circumstances of that person receiving services, this agreement does not limit or prohibit such referrals. The parties further agree that no compensation will be paid to the other entity for services, treatment, care, referrals or recommendations.

NNPD and PV agree to these terms:

1. Recognize the existence of their respective professional services;
2. Maintain contact/communication with regard to change in services offered by each entity;
3. Cooperate to minimize duplication of services;
4. Assist in providing necessary information with the use of appropriate release of information forms.

PV has a crisis line available 24/7 (800-362-0180), which is supported by clinical and non-clinical support, both in-person and remote.

PV will offer routine education and encourage communication among NNPD partners.

NNPD will recognize that mental health services are available and will inform community members of services that are requested and deemed appropriate. Mobile crisis services can be requested by calling PV's crisis line at 800-362-0180.

NNPD will offer routine education to PV staff, as needed and as requested to address matters involving communication, response process, and safety, depending on NNPD's case load and availability of staff.

NNPD assumes no liability for actions of PV under this agreement. PV agrees to hold NNPD harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which NNPD may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

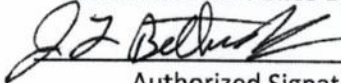
PV assumes no liability for action of NNPD under this agreement. To the extent permitted by law, including Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), NNPD agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of NNPD which PV may sustain, incur or be required to pay as a result of NNPD's performance under this Agreement.

NNPD and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the persons receiving services' right to privacy and governmental regulations, share records and provide reports for the benefit of the persons receiving services.

Both organizations acknowledge these services are available to any person/family seeking services, regardless of his/her insurance status and/or ability to pay.

The terms of this agreement shall commence upon the date that this agreement is signed, and shall continue for one year. Either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

North Newton Police Department

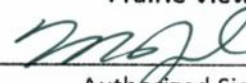

Authorized Signature

CHIEF OF POLICE
Title

JIM BETHARDS
Printed Name

5-22-2024
Date

Prairie View, Inc.


Authorized Signature

President/CEO
Title

Marcy Johnson
Printed Name

5/23/2024
Date

CARE COORDINATION AGREEMENT Memorandum of Understanding

Between
Hesston Police Department
and
Prairie View, Inc.

This Memorandum of Understanding (MOU) is made and effective on this 1st day of April, 2024, by and between HESSTON POLICE DEPARTMENT (HPD) and Prairie View, Inc. (PV). The purpose of this agreement is to establish mutual coordination of treatment for persons referred between (HPD) and Prairie View, Inc. (PV).

PV has established outpatient mental health and substance abuse treatment and care for youth, adults, and families. Prairie View also offers crisis services (including mobile crisis services) for all ages, regardless of where the person is from or if they have the ability to pay for such crisis services.

PV wishes to associate with HPD to promote support for persons suffering from mental illness in the community and to ensure coordination of care for persons seeking services.

The goal of these crisis services is to ensure that individuals in the community have access to mental health services when they need support, where they need support.

The goal of mobile crisis is to respond to people in the community during their time of need, decreasing the need for LE/EMS involvement/jail, Emergency Department visits, and acute psychiatric hospitalizations by providing support to the person in the community, assessing, supporting, and providing education and necessary resources to help meet their presenting needs in a time of crisis.

Purpose and Scope of work:

HPD and PV will collaborate and coordinate treatment planning and care coordination activities in a manner that is person and family-centered. PV agrees to provide initial screening, intake, and, as capacity permits, appropriate treatment to persons receiving services who are referred to PV for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals' healthcare.

HPD and PV agree to coordinate care for individuals as necessary and appropriate. Persons receiving services have the absolute right to choose whether to pursue the recommended referral for health or mental health and substance use disorder services. If either party believes that the best interest of the person receiving services is a referral to a different person or entity due to the circumstances of that person receiving services, this agreement does not limit or prohibit such referrals. The parties further agree that no compensation will be paid to the other entity for referrals or recommendations.

HPD and PV agree to these terms:

1. Recognize the existence of their respective professional services;
2. Maintain contact/communication with regard to change in services offered by each entity;
3. Cooperate to minimize duplication of services;
4. Assist in providing necessary information with the use of appropriate release of information forms.

PV has a crisis line available 24/7 (800-362-0180), which is supported by clinical and non-clinical support, both in-person and remote.

PV will offer routine education and encourage communication among HPD partners.

HPD will recognize that mental health services are available and will recommend such services to community members as requested and deemed appropriate. Mobile crisis services can be requested by calling Prairie View's crisis line at 800-362-0180.

HPD will offer routine education to PV staff, as needed and as requested to address matters involving communication, response process, and safety.

HPD assumes no liability for actions of PV under this agreement. PV agrees to hold HPD harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which HPD may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

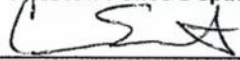
PV assumes no liability for action of HPD under this agreement. HPD agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of HPD which PV may sustain, incur or be required to pay as a result of HPD's performance under this Agreement.

HPD and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the persons receiving services' right to privacy and governmental regulations, share records and provide reports for the benefit of the persons receiving services.

Both organizations agree these services are available to any person/family seeking services, regardless of his/her insurance status and/or ability to pay.

The terms of this agreement shall commence upon the date that this agreement is signed, and shall continue for one year. Either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

Hesston Police Department



Authorized Signature

CHIEF of POLICE

Title

CHRIS EILERT

Printed Name

4-3-24

Date

Prairie View, Inc.



Authorized Signature

President / CEO

Title

Marcy Johnson

Printed Name

4/3/24

Date

CARE COORDINATION AGREEMENT

Memorandum of Understanding

Between
Hillsboro Police Department
and
Prairie View, Inc.

This Memorandum of Understanding (MOU) is made and effective on this 1st day of April, 2024, by and between HILLSBORO POLICE DEPARTMENT (HPD) and Prairie View, Inc. (PV). The purpose of this agreement is to establish mutual coordination of treatment for persons referred between (HPD) and Prairie View, Inc. (PV).

PV has established outpatient mental health and substance abuse treatment and care for youth, adults, and families. Prairie View also offers crisis services (including mobile crisis services) for all ages, regardless of where the person is from or if they have the ability to pay for such crisis services.

PV wishes to associate with HPD to promote support for persons suffering from mental illness in the community and to ensure coordination of care for persons seeking services.

The goal of these crisis services is to ensure that individuals in the community have access to mental health services when they need support, where they need support.

The goal of mobile crisis is to respond to people in the community during their time of need, decreasing the need for LE/EMS involvement/jail, Emergency Department visits, and acute psychiatric hospitalizations by providing support to the person in the community, assessing, supporting, and providing education and necessary resources to help meet their presenting needs in a time of crisis.

Purpose and Scope of work:

HPD and PV will collaborate and coordinate treatment planning and care coordination activities in a manner that is person and family-centered. PV agrees to provide initial screening, intake, and, as capacity permits, appropriate treatment to persons receiving services who are referred to PV for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals' healthcare.

HPD and PV agree to coordinate care for individuals as necessary and appropriate. Persons receiving services have the absolute right to choose whether to pursue the recommended referral for health or mental health and substance use disorder services. If either party believes that the best interest of the person receiving services is a referral to a different person or entity due to the circumstances of that person receiving services, this agreement does not limit or prohibit such referrals. The parties further agree that no compensation will be paid to the other entity for referrals or recommendations.

HPD and PV agree to these terms:

1. Recognize the existence of their respective professional services;
2. Maintain contact/communication with regard to change in services offered by each entity;
3. Cooperate to minimize duplication of services;
4. Assist in providing necessary information with the use of appropriate release of information forms.

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PV will offer routine education and encourage communication among HPD partners.

HPD will recognize that mental health services are available and will recommend such services to community members as requested and deemed appropriate. Mobile crisis services can be requested by calling Prairie View's crisis line at 800-362-0180.

HPD will offer routine education to PV staff, as needed and as requested to address matters involving communication, response process, and safety.

HPD assumes no liability for actions of PV under this agreement. PV agrees to hold HPD harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which HPD may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

PV assumes no liability for action of HPD under this agreement. HPD agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of HPD which PV may sustain, incur or be required to pay as a result of HPD's performance under this Agreement.

HPD and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the persons receiving services' right to privacy and governmental regulations, share records and provide reports for the benefit of the persons receiving services.

Both organizations agree these services are available to any person/family seeking services, regardless of his/her insurance status and/or ability to pay.

The terms of this agreement shall commence upon the date that this agreement is signed, and shall continue for one year. Either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

Hillsboro Police Department

Jessey Hiebert
Authorized Signature

Chief of Police

Title

Jessey Hiebert

Printed Name

04/03/2024

Date

Prairie View, Inc.

[Signature]
Authorized Signature

President/CEO
Title

Marcy Johnson
Printed Name

4/3/2024
Date

CARE COORDINATION AGREEMENT

Memorandum of Understanding

Between
McPherson Police Department
and
Prairie View, Inc.

This Memorandum of Understanding (MOU) is made and effective on this 1st day of April, 2024, by and between MCPHERSON LAW ENFORCEMENT AGENCY (MLE) and Prairie View, Inc. (PV). The purpose of this agreement is to establish mutual coordination of treatment for persons referred between (MLE) and Prairie View, Inc. (PV).

PV has established outpatient mental health and substance abuse treatment and care for youth, adults, and families. Prairie View also offers crisis services (including mobile crisis services) for all ages, regardless of where the person is from or if they have the ability to pay for such crisis services.

PV wishes to associate with MLE to promote support for persons suffering from mental illness in the community and to ensure coordination of care for persons seeking services.

The goal of these crisis services is to ensure that individuals in the community have access to mental health services when they need support, where they need support.

The goal of mobile crisis is to respond to people in the community during their time of need, decreasing the need for LE/EMS involvement/jail, Emergency Department visits, and acute psychiatric hospitalizations by providing support to the person in the community, assessing, supporting, and providing education and necessary resources to help meet their presenting needs in a time of crisis.

Purpose and Scope of work:

MLE and PV will collaborate and coordinate treatment planning and care coordination activities in a manner that is person and family-centered. PV agrees to provide initial screening, intake, and, as capacity permits, appropriate treatment to persons receiving services who are referred to PV for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals' healthcare.

MLE and PV agree to coordinate care for individuals as necessary and appropriate. Persons receiving services have the absolute right to choose whether to pursue the recommended referral for health or mental health and substance use disorder services. If either party believes that the best interest of the person receiving services is a referral to a different person or entity due to the circumstances of that person receiving services, this agreement does not limit or prohibit such referrals. The parties further agree that no compensation will be paid to the other entity for referrals or recommendations.

MLE and PV agree to these terms:

1. Recognize the existence of their respective professional services;
2. Maintain contact/communication with regard to change in services offered by each entity;
3. Cooperate to minimize duplication of services;
4. Assist in providing necessary information with the use of appropriate release of information forms.

PV has a crisis line available 24/7 (800-362-0180), which is supported by clinical and non-clinical support, both in-person and remote.

PV will offer routine education and encourage communication among MLE partners.

MLE will recognize that mental health services are available and will recommend such services to community members as requested and deemed appropriate. Mobile crisis services can be requested by calling Prairie View's crisis line at 800-362-0180.

MLE will offer routine education to PV staff, as needed and as requested to address matters involving communication, response process, and safety.

MLE assumes no liability for actions of PV under this agreement. PV agrees to hold MLE harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which MLE may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

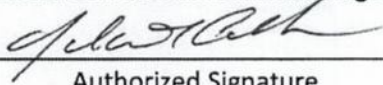
PV assumes no liability for action of MLE under this agreement. MLE agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of MLE which PV may sustain, incur or be required to pay as a result of MLE's performance under this Agreement.

MLE and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the persons receiving services' right to privacy and governmental regulations, share records and provide reports for the benefit of the persons receiving services.

Both organizations agree these services are available to any person/family seeking services, regardless of his/her insurance status and/or ability to pay.

The terms of this agreement shall commence upon the date that this agreement is signed, and shall continue for one year. Either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

McPherson Law Enforcement Agency



Authorized Signature

POLICE CHIEF

Title

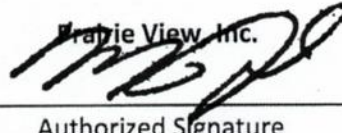
MIKE T. GOLDEN

Printed Name

04/03/2024

Date

Prarie View, Inc.



Authorized Signature

President & CEO

Title

Marcy Johnson

Printed Name

4/11/2024

Date

CARE COORDINATION AGREEMENT Memorandum of Understanding

Between
Marion County Sheriff's Office/Jail
and
Prairie View, Inc.

This Memorandum of Understanding (MOU) is made and effective on this 1st day of April, 2024, by and between MARION COUNTY SHERIFF'S OFFICE (MCSO) and Prairie View, Inc. (PV). The purpose of this agreement is to establish mutual coordination of treatment for persons referred between (MCSO) and Prairie View, Inc. (PV).

PV has established outpatient mental health and substance abuse treatment and care for youth, adults, and families. Prairie View also offers crisis services (including mobile crisis services) for all ages, regardless of where the person is from or if they have the ability to pay for such crisis services.

PV wishes to associate with MCSO to promote support for persons suffering from mental illness in the community and to ensure coordination of care for persons seeking services.

The goal of these crisis services is to ensure that individuals in the community have access to mental health services when they need support, where they need support.

The goal of mobile crisis is to respond to people in the community during their time of need, decreasing the need for MCSO/EMS involvement/jail, Emergency Department visits, and acute psychiatric hospitalizations by providing support to the person in the community, assessing, supporting, and providing education and necessary resources to help meet their presenting needs in a time of crisis.

Purpose and Scope of work:

MCSO and PV will collaborate and coordinate treatment planning and care coordination activities in a manner that is person and family-centered. PV agrees to provide initial screening, intake, and, as capacity permits, appropriate treatment to persons receiving services who are referred to PV for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals' healthcare.

MCSO and PV agree to coordinate care for individuals as necessary and appropriate. Persons receiving services have the absolute right to choose whether to pursue the recommended referral for health or mental health and substance use disorder services. If either party believes that the best interest of the person receiving services is a referral to a different person or entity due to the circumstances of that person receiving services, this agreement does not limit or prohibit such referrals. The parties further agree that no compensation will be paid to the other entity for referrals or recommendations.

LE and PV agree to these terms:

1. Recognize the existence of their respective professional services;
2. Maintain contact/communication with regard to change in services offered by each entity;
3. Cooperate to minimize duplication of services;
4. Assist in providing necessary information with the use of appropriate release of information forms.

PV has a crisis line available 24/7 (800-362-0180), which is supported by clinical and non-clinical support, both in-person and remote.

PV will offer routine education and encourage communication among MCSO partners.

MCSO will recognize that mental health services are available and will recommend such services to community members as requested and deemed appropriate. Mobile crisis services can be requested by calling Prairie View's crisis line at 800-362-0180.

MCSO will offer routine education to PV staff, as needed and as requested to address matters involving communication, response process, and safety.

MCSO assumes no liability for actions of PV under this agreement. PV agrees to hold MCSO harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which MCSO may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

PV assumes no liability for action of MCSO under this agreement. MCSO agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of MCSO which PV may sustain, incur or be required to pay as a result of MCSO's performance under this Agreement.

MCSO and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the persons receiving services' right to privacy and governmental regulations, share records and provide reports for the benefit of the persons receiving services.

Both organizations agree these services are available to any person/family seeking services, regardless of his/her insurance status and/or ability to pay.

The terms of this agreement shall commence upon the date that this agreement is signed, and shall continue for one year. Either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

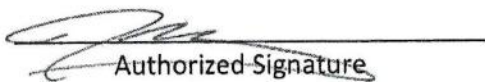
Jail Support Services:

Support and education regarding mental health/substance use disorder services for jail inmates will be provided as needed and at the agreed upon times and frequency determined by the Jail Captain and PV administration. At the time of booking, jail staff will complete a Brief Jail Mental Health Screening Tool to identify which inmates are in need of mental health support. A list of these inmates will be provided to the PV support staff as needed and/or during routine visit. Medical staff at the jail and /or the Jail Captain can also add inmates to the list. The focus and goal of this additional support is to identify inmates from Harvey, Marion, or McPherson counties who are likely to return to the community after a short jail stay (4 weeks – 3 months) and who would benefit from mental health services. The focus is to provide support and to educate about the mental health/substance use disorder services available to them upon release. PV staff will focus on coordinating care at time of release,

which may include providing transportation to PV for an initial evaluation to set up outpatient services. At this time, there is no charge for above listed services (education and coordination of care).

Psychiatric medication consultations with the jail medical provider or the inmate and therapy evaluations and consults remain the same as stated in previously agreed upon contract.

Marion County Sheriff's Office


Authorized Signature

SHERIFF
Title

JEFFREY T. SOYER
Printed Name

04/04/2024
Date

Prairie View, Inc.


Authorized Signature

President/CEO
Title

Marcy Johnson
Printed Name

4/8/24
Date

CARE COORDINATION AGREEMENT

Memorandum of Understanding

Between

McPherson County Sheriff's Office/Jail

And

Prairie View, Inc.

This memorandum of understanding (MOU) sets out the responsibilities of the collaborative relationship between McPherson County Sheriff's Office/Jail and Prairie View, Inc. (PV) for the provision of substance use disorder evaluations and coordination of care services.

The goal of this agreement is to work collaboratively to improve recovery for offenders being detained on substance misuse charges at the McPherson County Jail. Inmates will be referred to as clients in this MOU. Date to begin provision of services is pending funds awarded to PV by McPherson County Commissioners from Opioid Settlement funds received by the county.

Prairie View agrees to provide services as described below as long as funding is available. The McPherson County Sheriff's Office/Jail and Prairie View, Inc. agree to the following:

The McPherson County Sheriff's Office/Jail will:

- Identify and refer clients to Prairie View, Inc. substance use disorder services for further evaluation.
- Collaborate on provision of client identification documents.
- Maintain regular contact with the staff from PV.
- Provide opportunities for PV staff to discuss the program with staff.
- Provide space for:
 - One-on-one evaluations with PV staff.
 - One-on-one coordination of care and completion of forms with PV staff.
- Work with PV, parole, and other releasing authorities to provide for placement as a condition of release.
- Provide a release plan for the clients entering the Community.
- Work with PV to identify and apply for grant funding to enhance program operations and strive for sustainability.

Prairie View, Inc. will:

- Conduct one-on-one evaluations with referred identified clients (2 per week).
- Maintain regular contact with the McPherson County Sheriff's Office/Jail regarding the status of clients.
- Provide transitional treatment services, as needed, to clients transitioning into the Community.
- Provide regular referral for services based on the McPherson County Sheriff's Office/Jail release plan.

- Provide coordination of care based on the recommendations of the completed evaluation.
- Work with and support the McPherson County Sheriff's Office/Jail on any grant applications that are mutually beneficial to both agencies.

McPherson County Sheriff's Office/Jail assumes no liability for actions of PV under this agreement. PV agrees to hold McPherson County Sheriff's Office/Jail harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of PV which McPherson County Sheriff's Office/Jail may sustain, incur or be required to pay as a result of PV's performance under this Agreement.

PV assumes no liability for actions of McPherson County Sheriff's Office/Jail under this agreement. McPherson County Sheriff's Office/Jail agrees to hold PV harmless against any and all liability, loss, damage, cost, or expense arising from wrongful or negligent acts of McPherson County Sheriff's Office/Jail which PV may sustain, incur or be required to pay as a result of McPherson County Sheriff's Office/Jail's performance under this agreement.

McPherson County Sheriff's Office/Jail and PV agree to adhere to all federal and state regulations governing Protected Health Information (PHI), and within the constraints of the client's right to privacy and governmental regulations, share records and provide reports for the benefit of the client.

Both organizations agree this service is available to any consumer, regardless of his/her insurance status and/or ability to pay.

This MOU will begin Aug. 12th, 2024, and shall continue for the term of said funds, the funds being exhausted, or either party may terminate this agreement at any time by giving the other party thirty (30) days written notice of termination.

McPherson County Sheriff's Office/Jail

Signed by: [Signature] Undersheriff 14 Jun 24
Name Title Date

Prairie View, Inc.

Signed by: [Signature] President / CEO 7/1/2024
Name Title Date



Administrative
(785) 826-7210



Fax
(785) 826-6515

July 14, 2026

Domestic Violence Association of Central Kansas
203 S. Santa Fe
Salina, Kansas 67401

Dear Sir or Madam:

The Salina Police Department works closely with the Domestic Violence Association of Central Kansas on a regular basis. We share similar responsibility in the protection of Domestic Violence and Sexual Assault victims. We have developed a collaborative working relationship with the staff at DVACK, which is essential in effectively aiding the victims in these cases. We have found that the staff at DVACK are very professional, and readily available to assist the Salina Police Department in dealing with these situations.

The Salina Police Department responds to numerous domestic violence and sexual assault cases every year. It is comforting to know that we can refer the victims to DVACK for additional help. We do not have the time, manpower, or expert training to counsel or serve the needs of the victims in the manner that the staff at DVACK can provide for these services.

As Chief of Police for the Salina Police Department, I work with all the staff members of DVACK. Our primary contact is the Chief Executive Officer, Andrea Quill. We have found that Andrea is very professional, accessible, cooperative, knowledgeable, and quick to respond. Because of the professional manner in which the staff at DVACK conducts itself, the collaborative working relationship with the Salina Police Department works very well. The Salina Police Department is in support of DVACK applying for and being awarded FY2026 CoC grant funds to continue to provide life-saving services to victims of domestic violence and sexual assault. More specifically, we are supportive of HUD funds being utilized to address emerging housing issues related to domestic and sexual violence as well as elder abuse, whereby, HUD funds will be used to assist with victim-centered transitional housing services.

Sincerely,

C.J. Wise
Chief of Police

Memorandum of Understanding (MOU)

Between:

Finney County Sheriff's Office and Catholic Charities of Southwest Kansas

Purpose:

This MOU establishes a collaborative outreach initiative to address the needs of individuals who are unhoused in Finney County. The goal is to ensure timely assistance, improve community safety, and reduce costs associated with homelessness.

Scope of Agreement

Reporting Process

Catholic Charities will receive reports of encampments or individuals who are unhoused.

Reports can be made by:

- Phone: 620-272-0010
- Text Line: 620-422-4192
- Email: Marci Smith – msmith@catholiccharitiesswks.org
- QR Code: Attached Flyer

Response Timeline

Catholic Charities or Community Outreach Team will initiate contact within 48 hours of receiving a report.

Law Enforcement Role

The Finney County Sheriff's Office agrees to assist with outreach when safety concerns arise.

Responsibilities

Catholic Charities:

Provide outreach, resources, and referrals to individuals reported as unhoused.

Sheriff's Office:

Ensure safety during outreach when requested.

Maintain communication with Catholic Charities regarding safety concerns.

Report contact with unhoused individuals or encampments.

Trauma-Informed Outreach

Both parties agree to use trauma-informed, non-punitive approaches during outreach. The primary goal of all interactions is engagement, voluntary service connection, and ensuring the safety and dignity of individuals who are unhoused. Enforcement actions will not be initiated during outreach unless there is an immediate safety threat.

Safety Protocols

When requested or when safety concerns are identified, the Sheriff's Office will accompany outreach teams. Deputies will maintain a supportive, non-enforcement presence during planned outreach unless immediate safety risks require intervention.

Cost Savings to the Community

Addressing homelessness proactively reduces costs associated with:

- Emergency Services: Fewer law enforcement calls, ambulance runs, and ER visits.
- Incarceration Costs: Avoiding arrests for minor infractions related to homelessness.
- Public Health: Reducing the spread of communicable diseases and improving mental health outcomes.

Estimated Savings:

The average cost per unhoused individual to the community (law enforcement, ER visits, jail time) can range from \$30,000–\$50,000 annually.

Outreach and housing interventions typically cost \$10,000–\$15,000 annually per person, resulting in \$20,000–\$35,000 savings per individual per year.

Signatures

Catholic Charities of Southwest Kansas

Name: Deborah J Snapp, LBSW

Title: Executive Director

Date: 11/26/2025

Finney County Sheriff's Office

Name: STEVE MANTIWER

Title: SHERIFF

Date: 11/25/2025

MEMORANDUM OF UNDERSTANDING

Date: 7-14-2026

HUD FY2026 CoC Program NOFO – Supportive Services Only (SSO) Project

This Memorandum of Understanding (“MOU”) is entered into by and between **RISE** (the "Recipient / Lead Service Provider") and the **City of El Dorado Police Department** ("EDPD" or "Public Safety Partner") to define the project roles and commitments under the **FY2026 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO)** for the project titled **RISE-El Dorado Supportive Services**

1. Purpose & Project Definition

The purpose of this agreement is to formalize a public safety and street outreach partnership under the **FY2026 CoC SSO Component**. This project targets unsheltered individuals experiencing chronic homelessness, severe mental illness, or substance use disorders within the City of El Dorado. The initiative combines law enforcement public safety contacts with real-time, voluntary social services, street outreach, and Coordinated Entry diversion to reduce recidivism, lower emergency response burdens, and facilitate transitions into housing.

2. Term of Agreement

- **Duration:** This agreement shall begin July 10, 2026 and continue throughout the span of the CoC grant period through 2027.

3. Roles and Responsibilities

A. RISE (Recipient & Supportive Services Lead)

- **Coordinated Entry Intake:** Administer standard assessments, manage housing queues, and coordinate immediate supportive resources (such as emergency lodging vouchers or mental health stabilization referrals).
- **Compliance & Reporting:** Input required participant data into the regional Homeless Management Information System (HMIS) and submit annual performance metrics to the CoC Collaborative Applicant.
- **Prohibited Activities:** Ensure no grant-funded personnel or subrecipients operate safe consumption sites or distribute illicit drug paraphernalia, adhering strictly to HUD NOFO federal safety standards.

B. City of El Dorado Police Department (Public Safety Partner)

- **Diversion & Warm Referrals:** Utilize designated field triage protocols to refer non-violent individuals experiencing homelessness to RISE.
- **Information Coordination:** Evaluate community safety metrics, and balance enforcement with supportive services.

4. Confidentiality, Data Sharing, and Privacy

- **HMIS and Law Enforcement Boundaries:** To preserve participant trust and comply with federal privacy rules, explicit client data stored in HMIS will not be accessible to EDPD for general law enforcement or investigative purposes.
- **Information Exchange:** The parties will utilize a HIPAA-compliant release of information (ROI) form when sharing specific medical, psychological, or case management files between outreach staff and crisis officers.

5. Signatures & Execution

By signing below, both entities certify that they authorize this project definition, commit the designated resource values, and will adhere to all federal subrecipient standards under the FY2026 CoC NOFO.

For RISE:

Sharon Gifford - Administrative Director

Authorized Signature & Title

7-14-2026

Date

For City of El Dorado Police Department:

Walter B. Williams

Chief of Police (or Authorized Designee)

City Manager

Date

7/15/26

KS-507 BOS COC
ADVANCING RECOVERY BY PROHIBITING ILLICIT DRUG ENABLEMENT
POLICY

Approved Steering Committee: 8/28/2026

Policy

The Kansas Balance of State Continuum of Care is committed to supporting housing stability, participant safety, recovery, and access to appropriate substance use disorder treatment and recovery supports. The CoC recognizes that substance use disorders are health conditions and that people experiencing homelessness should have meaningful access to housing, services, treatment, recovery supports, and community-based resources.

This policy establishes CoC expectations for all CoC-funded housing projects submitted by the CoC and prohibits activities that enable or facilitate the use or distribution of illicit drugs on property under the control of CoC-funded housing projects. All CoC-funded Housing Providers shall comply with this policy, the Ks BoS CoC Written Standards, and all applicable provisions of 24 CFR Part 578 and federal law.

Prohibited Activities

In accordance with FY 2026 NOFO Section V.B.2.b and consistent with 21 U.S.C. §§ 841, 856, and 863, all CoC-funded Housing Providers within the Ks BoS CoC shall not operate drug injection sites or “safe consumption sites,” shall not knowingly distribute drug paraphernalia on or off property under their control, shall not knowingly permit the use or distribution of illicit drugs on property under their control, and shall not conduct, permit, encourage, or allow any of these activities under the pretext of “harm reduction.”

Each project applicant submitted by the Ks BoS CoC under the FY 2026 competition and subsequent competitions shall provide the affirmative certifications required under NOFO Section V.A.4.a.(6) as a condition of inclusion on the CoC Priority Listing.

Recovery and Treatment Encouragement

The CoC encourages recipients and subrecipients to connect participants with substance use disorder treatment, recovery housing, peer recovery supports, behavioral health care, primary health care, employment supports, and other services that promote long-term housing stability and recovery, consistent with the eligible supportive service categories at 24 CFR 578.53 and the ongoing assessment requirement at 24 CFR 578.75(e).

Recipients and subrecipients are encouraged to maintain active referral relationships with qualified substance use disorder treatment providers, recovery housing providers, community mental health centers, peer support programs, hospitals, federally qualified health centers, and other appropriate community partners within or outside the CoC geographic area.

Sobriety and Treatment Participation Permitted Under 24 CFR Part 578

Nothing in this policy restricts or prohibits CoC-funded Housing Providers from requiring program participants to be sober or to participate in treatment as a condition of assistance where such requirements are permissible under 24 CFR Part 578, including 24 CFR 578.75(h) (supportive services participation) and

24 CFR 578.93(b)(5) (sober housing). Consistent with the FY 2026 NOFO clarification at Section V.B.2.b, the prohibitions in the section above do not in themselves require program participants to be sober, to participate in treatment in order to receive assistance, or to be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement, although those practices may be allowable under 24 CFR Part 578.

Fair Housing, VAWA, and Disability Protections

This policy does not authorize, and shall not be interpreted to authorize, any practice that violates the Fair Housing Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, 24 CFR 578.93, or the Violence Against Women Act. Reasonable accommodations and modifications shall be provided to qualified individuals with disabilities, including individuals in recovery from substance use disorder.

Consistent with 24 CFR 5.2005(b)(1), assistance shall not be denied to, terminated from, or refused to a program participant on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.

Monitoring and Remedies

Compliance with this policy will be addressed through KSHC's existing CoC monitoring framework. If KSHC, in its role as Collaborative Applicant, determines through monitoring, audit, complaint, or other credible information that a CoC-funded Housing Provider is operating in violation of the Prohibited Activities section, KSHC will provide the Housing Provider with written notice of the alleged violation and a reasonable opportunity to respond, refer the matter to the Performance & Compliance Committee for review, and apply one or more remedies proportional to the nature and persistence of the violation.

Remedies may include a written corrective action plan, required technical assistance, a compliance finding in official Monitoring. KSHC will document each determination and remedy in CoC monitoring records consistent with 24 CFR 578.103.

Reporting Violations

In accordance with 24 CFR 578.9 and the Standardized Grievance & Appeal Process section of the Ks BoS CoC Written Standards, anyone who believes a CoC-funded Housing Provider within the Ks BoS CoC is operating in violation of this policy may report such concerns through the following channels:

- Housing Provider Grievance/Reporting
 - Each Housing Provider is required to have an internal grievance and reporting process that is readily available to anyone who may need to officially report a violation.
- KSHC Reporting
 - Online: <https://www.kshomeless.com/file-a-grievance.html>
- HUD Reporting
 - Online: https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint
 - Phone: 1-800-669-9777 (1-800-927-9275 TTY)

Scoring Criteria for New Projects for FY26 NOFO

New Project Scoring Summary
Updated and Approved: 6/15/2026

[illegible]

12. Coordination/Access to Treatment & Recovery Services	5 points
13. Workforce Development Coordination/Partnership	5 points
	Subtotal: 40
Total Points:	150 points

Rating Factor	To Receive Maximum Points	Scoring
A.1: Population Served and Housing	Demonstrate 5+ years of experience (or a subrecipient/partner) providing similar housing/services to the proposed population.	15 pts: 5+ years of experience with both the proposed population and housing/service model. 13 pts: 5+ years with either the population or model, or 3–4 years with both. 10 pts: 2–3 years with both, or 3+ years with one and some experience with the other. 7 pts: 1–2 years with one or both, with clear relevance to the proposed project. 5 pts: Less than 1 year of direct experience, or related work with similar populations or services. 2 pts: No direct experience, but a detailed and feasible implementation plan with identified staff or partners. 1 pt: No experience; a vague or partial plan is mentioned, but lacks sufficient detail. 0 pts: No experience and no plan presented.
A.2: Federal/Public Grant Management Experience	Demonstrate a successful track record managing HUD or comparable federal/state grants within the past 2 or more years.	5 pts: 5+ years managing with any type of federal grant, either directly or as a subrecipient. 4 pts: 5+ years managing state or local grants, or 3–5 years of federal grant management, either directly or as a subrecipient. 3 pts: 2–3 years of public grant management experience (federal, state, or local), either direct or subrecipient. 2 pts: 1–2 years of public grant experience, or relevant involvement in grant-funded programs. 1 pt: No grant experience, but includes a credible plan for grant administration or identifies a fiscal sponsor. 0 pts: No experience and no plan provided.
A.3: Leadership and Board with Lived Experience	Demonstrate inclusion of individuals with lived experience of homelessness in organizational leadership, decision-making roles, or governing boards.	3 pts: Individuals with lived experience currently serve on the board of directors or in formal leadership roles with influence over governance, policy, or program design. 2 pts: Individuals with lived experience participate in formal advisory groups or planning processes that influence decision-making, even if not in governance roles. 1 pt: Organization has a written plan or informal practice to include lived experience, but engagement is inconsistent or non-leadership focused. 0 pts: No representation or influence from individuals with lived experience in leadership, advisory, or planning roles.
A.4: Participant Feedback Practices	Demonstrate how the organization systematically gathers, evaluates, and incorporates feedback from program participants to improve services and operations.	2 pts: Organization uses formal, recurring methods (e.g., surveys, focus groups, advisory groups) to collect participant feedback and can demonstrate that feedback results in program or policy changes. 1 pt: Organization collects feedback occasionally or informally, with limited structure or evidence of influence on program decisions. 0 pts: No process or evidence of participant feedback practices.

B.1: Target Population and Needs Alignment	Demonstrate that the proposed project is designed to serve a clearly defined target population with high needs and aligns with current gaps and priorities identified by the CoC.	5 pts – The project targets a high-need population prioritized by the CoC and HUD (e.g., unsheltered individuals, youth, survivors of domestic violence) and cites 3 or more data sources (e.g., PIT Count, SPM, coordinated entry, local needs assessment) to demonstrate strong alignment with identified gaps. 4 pts – The project targets a CoC- and/or HUD-prioritized population and cites 2 data sources to demonstrate alignment with documented needs. 3 pts – The project targets a generally relevant population and cites 1 data source suggesting partial alignment with CoC or HUD priorities. 2 pts – The project identifies a population served but provides limited data and weak connection to CoC or HUD priorities. 1 pt – The project serves a population not currently prioritized by the CoC or HUD and provides minimal or no supporting data. 0 pts – The project does not clearly identify a population or demonstrate alignment with CoC or HUD needs.
B.2: Scale of Reach or Units	Evaluate the number of unduplicated households to be served annually and the geographic coverage of the project. Full points require meeting both thresholds for scale and geographic reach.	5 pts – Project will serve 20 or more households annually and operate in two or more counties. 4 pts – Project will serve 20 or more households in one county, or 15–19 households in two or more counties. 3 pts – Project will serve 15–19 households in one county, or 10–14 households in two or more counties. 2 pts – Project will serve 10–14 households in one county, or 5–9 households in two or more counties. 1 pt – Project will serve 5–9 households in one county, regardless of need level. 0 pts – Project will serve fewer than 5 households or does not define household scale or geographic reach.
B.3: Plan for Rapid Implementation	Evaluate the project’s readiness to begin operations quickly after grant award, including key elements such as housing or service site identification, partner coordination, hiring plans, and fund accessibility.	5 pts – Project has a clear and feasible implementation plan with identified service and/or housing sites, executed or draft partner agreements, a hiring strategy, and a timeline that positions the project to begin operations on or near January 1, 2027 4 pts – Project has most key implementation elements identified and a realistic plan to begin operations within one month of the expected start date. 3 pts – Project has a general plan in place but several key components (e.g., location, MOUs, hiring) are still in development; timeline indicates readiness within the first quarter of the grant period. 2 pts – Project has an early-stage or conceptual implementation plan with limited progress on critical elements or unclear timelines. 1 pt – Project provides minimal information about implementation readiness or startup plans. 0 pts – No implementation plan provided or lacks feasibility to begin within the first year of the grant.
C.1: Supportive Services Provision	Evaluate the type, availability, and coordination of supportive services proposed to meet the needs of the target population.	5 pts – Offers a comprehensive array of on-site or coordinated services (e.g., case management, behavioral health, employment, life skills), demonstrated through MOUs or service plans. 4 pts – Provides a broad set of supportive services aligned with participant needs, with some formal agreements or staffing identified. 3 pts – Provides access to a basic set of supportive services, including case management, through internal staff or community partnerships. 2 pts – Offers general services but lacks detail on coordination, staffing, or access pathways. 1 pt – Mentions services but does not explain how they will be delivered or accessed. 0 pts – No supportive services are provided or planned.

C.2 Service Participation Requirement	Project incorporates service participation requirements based on individual needs and documents them in occupancy agreements, leases, or equivalent written agreements. Consistent with 24 CFR 5.2005(b)(1), assistance may not be denied, terminated, or otherwise restricted because a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.	5 pts: Project has implemented individualized service participation expectations documented in executed occupancy agreements, leases, or equivalent written agreements, with a clear narrative explaining how expectations are structured, communicated, and tailored to participant needs. 4 pts: Project has adopted service participation expectations with a clear, time-bound implementation plan, but documentation is still in development. 3 pts: Project is in early planning and describes a credible intent to adopt service participation expectations, with specific next steps and a target timeframe. 2 pts: Project acknowledges the FY26 NOFO incentive for service participation or describes informal expectations, but expectations are not documented or individualized. 1 pt: Narrative references service participation but is vague or unclear about whether expectations exist or are planned. 0 pts: Project operates with fully voluntary service participation and does not plan to adopt service participation expectations.
C.3: Participant Engagement and Retention	The project describes all of the following strategies to promote participant engagement and housing retention: (1) Regular, scheduled contact (e.g., monthly case management); (2) Reassessment of participant needs over time; (3) A plan for re-engaging participants who disengage; (4) Use of supportive services to help participants remain housed.	5 pts – All four strategies are clearly described. 4 pts – Three of the four strategies are clearly described. 3 pts – Two of the four strategies are clearly described. 2 pts – One of the four strategies is clearly described. 1 pt – Engagement or retention is mentioned, but none of the four strategies are clearly described. 0 pts – No engagement or retention strategies are described.
D1. Permanent Housing Exits	Demonstrate that participants exit to permanent housing at a rate that exceeds the CoC average from a similar current or previous project.	5 pts - Project provides data from the proposed project or a similar current or previous project showing permanent housing exits exceed the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates performance above the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to support permanent housing exits. 2 pts - Project provides limited data or a partial plan to support permanent housing exits, but the approach lacks detail. 1 pt - Project commits to promoting permanent housing exits but does not include a clear plan. 0 pts - No information provided.
D2. Returns to Homelessness	Demonstrate with a plan and data that participants return to homelessness at a percentage rate that is below the CoC average for returns within 6-12 months from a similar current or previous project.	5 pts - Project provides data from the proposed project or a similar current or previous project showing returns to homelessness within 6-12 months are below the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates returns below the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to prevent returns to homelessness. 2 pts - Project provides limited data or a partial plan to prevent returns to homelessness, but the approach lacks detail. 1 pt - Project commits to minimizing returns but does not include a clear plan. 0 pts - No information or plan provided.
D3. Increased Earned Income	Demonstrate that participants increase earned income at a rate that exceeds the CoC average from a similar current or previous project.	5 pts - Project provides data from the proposed project or a similar current or previous project showing earned income increases exceed the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates performance above the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to increase

		earned income. 2 pts - Project provides limited data or a partial plan to increase earned income, but the approach lacks detail. 1 pt - Project commits to supporting earned income but does not include a clear plan. 0 pts - No information provided.
D4. Increased Non-Employment Income	Demonstrate that participants increase of non-employment income at a rate that exceeds the CoC average.	5 pts - Project provides data from the proposed project or a similar current or previous project showing non-employment income increases exceed the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates performance above the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to increase non-employment income. 2 pts - Project provides limited data or a partial plan to increase non-employment income, but the approach lacks detail. 1 pt - Project commits to supporting non-employment income but does not include a clear plan. 0 pts - No information provided.
D5. Length of Program Participation	Project proposes a length of participation or service engagement that is appropriate for the project type and target population. The timeline is supported by data from the proposed project or a similar current or previous program, and aligns with housing-focused outcomes and effective service delivery.	5 pts - Proposed length of participation or service engagement is clearly appropriate for the project type and target population, supported by data from the proposed project or a similar current or previous program, and aligns strongly with housing-focused outcomes and effective service delivery. 4 pts - Proposed length is appropriate and supported by some data or a strong rationale, with minor gaps in alignment or justification. 3 pts - No performance data provided, but the proposal includes a strong plan and rationale for expected length of engagement or stay. 2 pts - Proposed length appears generally appropriate but the plan or justification is limited. 1 pt - Project commits to an appropriate duration but provides no plan or justification. 0 pts - No information provided.
D6. Commitment to HMIS and Data Quality	Project demonstrates full participation in HMIS (or a comparable database for VSPs) and a strong approach to ensuring high-quality data, including accuracy, completeness, and timeliness.	5 pts - Agency commits to full HMIS participation (or a comparable system if VSP), has previous experience collecting and reporting data using systems or standards aligned with HMIS, and describes a strong approach to data accuracy, completeness, and timeliness. 4 pts - Agency commits to full HMIS participation (or a comparable system if VSP) and has relevant data collection/reporting experience, but the data quality approach has minor gaps. 3 pts - Agency is not currently using HMIS or a comparable system but presents a clear plan for participation and data quality improvement. 2 pts - Agency describes partial readiness or general steps toward HMIS participation and data quality, but the plan lacks detail or timelines. 1 pt - Agency briefly mentions HMIS participation but provides no information on readiness or quality standards. 0 pts - No information provided.
D7. Commitment to Coordinated Entry	Project demonstrates full participation in the CoC's Coordinated Entry (CE) system, including accepting referrals and adhering to the standardized access, assessment, and referral process. Projects must commit to accepting at least 95% of CE referrals to be eligible for partial points.	5 pts - Agency has prior experience participating in CE and provides data or a narrative showing that 100% of referrals were accepted in a previous or current project. This project provides a statement that the new project commits to accepting 100% of referrals from CES. 4 pts - Agency has prior experience participating in CE and commits to accepting at least 95% of CE referrals, but prior referral acceptance data or the 100% commitment is incomplete. 3 pts - Agency commits to accepting at least 95% of CE referrals and describes how the project will participate in the CE process, but does not provide prior performance data. 2 pts - Agency commits to accepting at least 95% of CE referrals, but provides limited

		implementation details. 1 pt - Agency expresses intent to participate in CE but does not commit to accepting at least 95% of referrals or provides no implementation details. 0 pts - Agency does not commit to accepting at least 95% of referrals or does not describe CE participation.
D8. Program Cost Effectiveness	Demonstrate that the project's cost per permanent housing exit or retention is lower than the CoC average.	5 pts - Cost per household is lower than the CoC average for the project type and the required calculation is complete and clearly supported. 4 pts - Cost per household is lower than or approximately equal to the CoC average for the project type, but the calculation or supporting explanation has minor gaps. 3 pts - Cost per household is equal to the CoC average for the project type. 2 pts - Cost per household is higher than the CoC average for the project type, but the applicant provides a reasonable explanation or mitigation strategy. 1 pt - Cost per household is higher than the CoC average for the project type. 0 pts - Required cost per household calculation cannot be completed due to missing or inconsistent data.
E.1: Audit	Agency must submit a recent independent audit with unmodified opinions, no findings, and adherence to GAAP.	5 points: Agency has an audit with unmodified opinions and no findings. Accounting practices follow GAAP (Generally Accepted Accounting Principles). 4 points: Agency has an audit with findings and is following a corrective action plan/response. Accounting practices follow GAAP (General Accepted Accounting Principles). 3 points: Agency has a financial review with no findings. 2 points: Agency has a financial review with findings and is following a corrective action plan/response. 1 point: Agency provides unaudited financial statements or an outdated audit (more than 2 years old), with unclear or partial adherence to GAAP. 0 points: No audit or financial review provided.
E.2: Match	Applicant must submit signed and dated match documentation specifying source, amount, and eligible use, consistent with HUD match requirements.	5 points: Match is fully documented with signed, dated letters or agreements that clearly state the source, amount, and eligible use of funds, and documentation appears complete and eligible under 24 CFR § 578.73. 4 points: Match documentation is substantially complete and appears eligible, but has minor issues such as limited detail, minor formatting concerns, or small inconsistencies that do not prevent verification of source, amount, or eligible use. 3 points: Match documentation is provided and appears generally eligible, but one or more key elements are incomplete, unclear, or only partially documented, such as source, amount, eligible use, signature, or date. 2 points: Applicant identifies match sources and provides some supporting documentation, but documentation is weak, incomplete, unsigned, outdated, or insufficient to fully verify eligibility. 1 point: Applicant describes intended match sources but provides minimal documentation or documentation that does not clearly establish source, amount, eligible use, or commitment. 0 points: Match documentation is missing, does not meet HUD eligibility requirements, or the applicant does not demonstrate the required match.
E.3: Budget	Applicant must submit a complete and accurate budget with only eligible costs, fully aligned with the project narrative and HUD CoC Program requirements.	5 pts: Budget is complete, accurate, and clearly aligned with the project narrative. All costs are eligible and appropriately categorized with strong justification. 4 pts: Budget is mostly complete with minor formatting or calculation issues. Costs are eligible and reasonably aligned with the narrative. 3 pts: Budget is complete but contains moderate inconsistencies with the project narrative or has vague line-item justifications. All costs are eligible.

		2 pts: Budget lacks clarity, contains structural or alignment issues, or omits important information—but all costs remain eligible. 1 pt: Budget is submitted but is poorly structured or lacks necessary detail. No ineligible costs are included. 0 pts: Budget includes any ineligible costs or is not submitted.	
F.1: Leveraging Housing Resources/Partnerships	Demonstrate coordination with public or private housing providers, including commitments to provide units, subsidies, or prioritization of referrals.	Reviewed through documentation of signed MOUs, formal agreements, or letters of commitment.	5 pts: Applicant provides current, signed MOUs or formal agreements with housing providers documenting access to units, subsidies, or prioritized referrals, and clearly explains how the partnership will be implemented for project participants. 4 pts: Applicant provides letters of commitment, contracts, or draft agreements that document specific housing resources or prioritized referral pathways, but the partnership is not fully formalized through current signed MOUs or agreements. 3 pts: Applicant describes active and ongoing informal coordination with housing providers, including consistent referrals or access pathways, but lacks formal documentation. 2 pts: Applicant references informal coordination or partnerships under development, but documentation or implementation detail is limited. 1 pt: Applicant expresses intent or general informal support for housing partnerships but provides no clear evidence of coordination. 0 pts: No documentation or coordination with housing providers described.
F.2: Leveraging Healthcare Resources/Partnerships	Demonstrate formal partnerships with healthcare organizations to provide services, care coordination, or direct funding (e.g., Medicaid billing, in-kind services) to support the program.	Reviewed through documentation of signed agreements or evidence of healthcare funding or service provision.	5 pts: Applicant provides current, signed MOUs or formal agreements with healthcare providers that document care coordination, service delivery, direct funding, Medicaid billing, in-kind services, or other resource contributions for project participants. 4 pts: Applicant provides letters of commitment, contracts, or draft agreements that indicate clear participant access to healthcare services or resources, but the partnership is not fully formalized through current signed MOUs or agreements. 3 pts: Applicant describes active and ongoing informal coordination with healthcare providers, including consistent referrals, warm handoffs, care coordination, or service access, but lacks formal documentation. 2 pts: Applicant references occasional healthcare coordination or partnerships under development, but documentation or implementation detail is limited. 1 pt: Applicant expresses intent or general informal support for healthcare partnerships but provides no

			clear evidence of coordination. 0 pts: No documentation or healthcare coordination described.
F.3 Street Outreach Implementation and Encampment Reduction	Demonstrate that the project either currently implements or commits to implementing street outreach activities aligned with the CoC's Street Outreach strategies.	Reviewed through documentation of current or proposed outreach activities, budgeted staff roles, narrative descriptions, and alignment with CoC policies. For projects making a new commitment, evidence must include a detailed implementation plan or statement of intent.	5 pts: Applicant has a structured street outreach program or formal partnership (e.g., with law enforcement, co-responders, or outreach teams) focused on encampment engagement and reduction, with documented activities, staff roles, and alignment with CoC Street Outreach strategies. 4 pts: Applicant provides a clear, time-bound plan to implement structured street outreach or encampment engagement, with identified staffing, partners, activities, and alignment with CoC Street Outreach strategies. 3 pts: Applicant has informal coordination, internal procedures, or limited documented activities for street outreach or encampment engagement, but the approach is not fully structured or formalized. 2 pts: Applicant commits to establishing street outreach or encampment engagement activities within the project term, but the plan lacks detail, staffing, or partner commitments. 1 pt: Applicant expresses general intent or support for street outreach or encampment engagement but provides no clear implementation plan. 0 pts: No outreach activity, description, or plan is provided.
F.4 Involvement of Individuals with Lived Experience of Homelessness	Demonstrate meaningful involvement of individuals with lived experience in program design, governance, or operations.	Reviewed through narrative explanation (e.g., employment, advisory boards, compensated participation).	2 pts: Individuals with lived experience are currently involved in project design, service delivery, or advisory roles, or the organization has a clear, time-bound plan to establish meaningful involvement. 1 pt: Organization expresses support for involvement and provides general descriptions, but has no current participation or clear plan to develop it. 0 pts: No involvement of individuals with lived experience is described.
F.5 Cooperation with Law Enforcement / Public Safety	Submit a current MOU or formal agreement with a law enforcement or public safety agency, and describe your planned role in a structured initiative such as diversion, co-responder response, or encampment outreach.	Reviewed through narrative explanation or formal documentation	2 pts: Formal MOU with law enforcement/public safety and a clearly defined role in a structured initiative (e.g., diversion, co-responder team, encampment response). 1 pt: Evidence/narrative of regular coordination or informal partnership without a formal agreement or structured initiative. 0 pts: No collaboration described.

F.6 Coordination with Planning Efforts to Prevent Homelessness from Public Systems	Demonstrate coordination with public institutions that provide any form of bed space (e.g., foster care, behavioral health, nursing facilities, hospitals, jails, prisons) to prevent homelessness at discharge. A Public Housing Authority is not considered an institution for the purpose of this question. This may include participation in interagency discharge planning, shared protocols, or data-informed coordination strategies.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with at least one system (e.g., MOU, participation in discharge planning group, shared protocols or data use agreements). 1 pt: Demonstrates informal communication or case-by-case coordination without formal agreements or systemic planning. 0 pts: No coordination demonstrated.
F.7 Collaboration Related to Children and Youth	Demonstrate collaboration with youth- and family-serving systems (e.g., child welfare, schools, juvenile justice, youth shelters) to support children, youth, and families at risk of or experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships or structured coordination (e.g., MOUs, joint initiatives, active coordination with McKinney-Vento liaisons, foster care, or youth justice systems). 1 pt: Demonstrates informal collaboration or limited engagement with youth- or family-serving agencies. 0 pts: No collaboration demonstrated.
F.8 Coordination with Veteran Organizations	Demonstrate coordination with veteran-serving agencies to ensure veterans experiencing or at risk of homelessness are identified, engaged, and connected to appropriate housing and services.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships (e.g., MOUs, joint case conferencing, referrals, or participation in coordinated entry) with VA-funded or veteran-specific organizations. 1 pt: Demonstrates informal or ad hoc communication with veteran providers but lacks formal coordination. 0 pts: No coordination demonstrated.
F.9 Coordination with Victim Service Providers	Demonstrate coordination with domestic violence, dating violence, sexual assault, or stalking service providers to ensure access to safe housing and trauma-informed services for survivors.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with VSPs (e.g., MOUs, coordinated entry protocols, use of comparable databases, shared safety planning, supportive services or case conferencing). 1 pt: Demonstrates informal coordination or referrals to VSPs without formal agreements or system-level integration. 0 pts: No coordination demonstrated.
F.10 Partnering with Public Housing Agencies	Demonstrate coordination with one or more Public Housing Agencies (PHAs) to increase access to subsidized housing for people experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnership with a PHA (e.g., MOU, coordinated waiting lists, joint planning, or project-based voucher access for participants). 1 pt: Demonstrates informal coordination or occasional referrals to PHAs, without formalized partnership or shared planning. 0 pts: No coordination demonstrated.
F.11 CoC Participation	Demonstrate regular and active participation in CoC meetings, workgroups, trainings, and other system-level planning activities.	Verified through CoC meeting attendance records, workgroup participation logs, and committee rosters.	1pts: Meets Requirements 0pts: Does not meet requirements
F.12 Coordination/Access to Treatment & Recovery Services	Demonstrate coordination with substance use disorder (SUD) treatment, mental health, and behavioral health providers to ensure participants have access to treatment and recovery services aligned with HUD's NOFO emphasis on treatment and recovery as a pathway to self-sufficiency. Coordination may include on-site treatment, formal referral pathways, co-located services, or warm handoffs.	Reviewed through narrative explanation or formal documentation (e.g., MOUs, referral protocols, co-located service agreements, evidence of on-site treatment availability, or participation in	5pts: Applicant provides current, signed MOUs or formal agreements for any of the following: SUD treatment, mental health, or behavioral health providers, documenting on-site treatment, co-located services, recovery housing partnerships, or prioritized referral pathways for participants. 4pts: Applicant provides letters of commitment or contracts that indicate clear participant access to treatment

		regional recovery-oriented systems of care).	and recovery services but not formalized as ongoing agreements. 3pts: Applicant describes active and ongoing informal coordination with treatment and recovery providers (e.g., consistent referrals, warm handoffs, regular case conferencing) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with treatment or recovery providers but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for treatment/recovery partnerships. 0pts: No documentation or coordination with treatment and recovery providers described.
F. 13 Workforce Development Coordination/Partnership	Demonstrate coordination with workforce development centers, local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers to increase participant employment, earned income, and long-term economic independence, consistent with HUD's NOFO emphasis on self-sufficiency.	Reviewed through documentation of signed MOUs, employer partnership agreements, vocational training agreements, evidence of on-site or co-located employment services, or letters of commitment from workforce partners.	5pts: Applicant provides current, signed MOUs or formal agreements with workforce development partners (e.g., local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers) documenting participant access to employment services, training, or supports that enable economic independence. 4pts: Applicant provides letters of commitment that indicate participant access to workforce/employment resources but not formalized agreements. 3pts: Applicant describes active and ongoing informal coordination with workforce development partners (e.g., consistent referrals, on-site job fairs, employer engagement) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with workforce or employer partners but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for workforce partnerships but provides no clear evidence of coordination. 0 pts: No documentation or workforce development coordination described.

Scoring and Evaluation Criteria for Renewal/Expansion Projects

The scoring and evaluation process ensures project applications are assessed transparently and consistently, with an emphasis on alignment with HUD and CoC priorities, local needs, and system performance improvements.

Renewal Scoring Summary

Criterion	Maximum Points
A. Objective Criteria and Performance Measures 1. Length of Stay 2. Exits to Permanent Housing 3. Returns to Homelessness 4. Increased Earned Income for Stayers 5. Increased Non-Employment Income for Stayers 6. Increased Earned Income for Leavers 7. Increased Non-Employment Income for Leavers 8. Maintained Earned Income for Stayers 9. Maintained Non-Employment Income for Stayers 10. Maintained Earned Income for Leavers 11. Maintained Non-Employment Income for Leavers 12. % of participants with a disability 13. % of participants entering project from place not meant for habitation 14. Coordinated Entry Participation 15. HMIS Data Quality 16. Program Cost Effectiveness 17. Grant Spenddown	4 points 5 points 5 points 6 points 5 points 6 points 5 points 5 points 5 points 5 points 5 points 1 point 3 points 5 points 5 points 5 points 5 points Subtotal: 80
B. Required Services and Participation 1. Supportive Services Provision 2. Service Participation Requirement 3. Participant Engagement and Retention	10 points 10 points 10 points Subtotal: 30
C. Coordination 1. Leveraging Housing Resources/Partnerships	2 points

2. Leveraging Healthcare and Mainstream Resources/Partnerships	5 points
3. Street Outreach Implementation and Encampment Reduction	5 points
4. Involvement of individuals with lived experience of homelessness	2 points
5. Cooperation with Law Enforcement/Public Safety Organization	5 points
6. Coordination with Planning Efforts to Prevent Homelessness from Public Systems	2 points
7. Collaboration Related to Children and Youth	2 points
8. Coordination with Veteran Organizations	2 points
9. Coordination with Victim Service Providers	2 points
10. Partnering with Public Housing Agencies	2 points
11. CoC Participation	1 point
12. Coordination/Access to Treatment & Recovery Services	5 points
13. Workforce Development Coordination/Partnership	5 points
	Subtotal: 40
Bonus Points	
D. Transition/Reallocation	5 points
E. Opportunity Zones	1 point
F. Verification of Immigration Status using SAVE	1 point
Total Points:	150 points + 7 points

Rating Factor	To Receive Maximum Points	Calculation and Dataset	CoC Average/Standard	Scoring RRH/TH	Scoring PSH
A.1:PSH/RRH Length of Stay	Demonstrate that participants move from project entry to permanent housing placement within a timeframe that exceeds the CoC average.	Annual Performance Report (APR) Question 22c, Row 26, Column B	TH/RRH- 45 days PSH- 53 days	4 pts: 33 days or less 3 pts: 34-39 2 pts: 40-45 1 pt: 46-51 0 pts: 52 or greater	4 pts: 29 days or less 3 pts: 30-41 2 pts: 42-53 1 pt: 54-65 0 pts: 66 or greater

A.2: Exits to Permanent Housing	Demonstrate that participants exit to permanent housing at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 23c, Row 46, Column B Divided by Total (row 54, column B)	CoC Average 76%	5pts: 89% or greater 4pts: 84% - 88% 3pts: 76% - 82% 2pts: 70% - 75% 1pts: 64% - 69% 0pts: 63% or less	5pts: 89% or greater 4pts: 84% - 88% 3pts: 76% - 82% 2pts: 70% - 75% 1pts: 64% - 69% 0pts: 63% or less
A.3: Returns to homelessness	Demonstrate that participants return to homelessness at a percentage rate that is below the CoC average for returns within 6-12 months.	System Performance Measures (SPM) Measure2a and 2b, row25, column H	TH/RRH – 6-12 months: 2% PSH – 6-12 months: 10%	5pts: 0% 4pts: less than 1% (above 0%) 3pts: 1% 2pts: 2% 1pts: 3% 0pts: 4% or greater	5pts: 4% or less 4pts: 5% - 7% 3pts: 8% - 11% 2pts: 12% - 15% 1pts: 16% - 19% 0pts: 20% or greater
A.4: Increased income for stayers	Demonstrate that participants increase earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 16, column F divided by column H	TH/RRH – 17% PSH –3%	6pts: 35% or greater 5pts: 27%-34% 4pts: 18%-26% 3pts: 9%-17% 2pts: 4%-8% 1pts: 1%-3% 0pts: 0%	6pts: 12% or greater 5pts: 9%-11% 4pts: 6%-8% 3pts: 3%-5% 2pts: 2% 1pts: 1% 0pts: 0%
A.5: Increased non-employment income for stayers	Demonstrate that participants increase of non-employment income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 18, column F divided by column H	TH/RRH – 10% PSH – 4%	5pts: 24% or greater 4pts: 16%-23% 3pts: 8%-15% 2pts: 3%-7% 1pts: 1%-2% 0pts: 0%	5pts: 15% or greater 4pts: 10%-14% 3pts: 3%-9% 2pts: 2% 1pts: 1% 0pts: 0%
A.6: Increased earned income for leavers	Demonstrate that participants who exit the project increase earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 16, column F divided by column H	TH/RRH – 4% PSH – 6%	6pts: 16% or greater 5pts: 12%-15% 4pts: 8%-11% 3pts: 3%-7% 2pts: 2% 1pts: 1% 0pts: 0%	6pts: 18% or greater 5pts: 14%-17% 4pts: 9%-13% 3pts: 4%-8% 2pts: 2%-3% 1pts: 1% 0pts: 0%

A.7: Increased non-employment for leavers	Demonstrate that participants who exit the project increase non-earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 18, column F divided by column H	TH/RRH – 3% PSH – 8%	5pts: 13% or greater 4pts: 8%-12% 3pts: 3%-7% 2pts: 2% 1pts: 1% 0pts: 0%	5pts: 18% or greater 4pts: 13%-17% 3pts: 5%-12% 2pts: 2%-4% 1pts: 1% 0pts: 0%
A.8: Maintained earned income for stayers	Demonstrate that participants maintained earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 16, column D+E+G, divided by column H	TH/RRH – 77% PSH – 94%	5pts: 90% or greater 4pts: 82%-89% 3pts: 70%-81% 2pts: 50%-69% 1pts: 1%-49% 0pts: 0%	5pts: 99% or greater 4pts: 96%-98% 3pts: 90%-95% 2pts: 75%-89% 1pts: 1%-74% 0pts: 0%
A.9: Maintained non-employment income for stayers	Demonstrate that participants maintain non-employment income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 18, column(s) D+E+G, divided by column H	TH/RRH – 87% PSH – 96%	5pts: 96% or greater 4pts: 91%-95% 3pts: 80%-90% 2pts: 60%-79% 1pts: 1%-59% 0pts: 0%	5pts: 99% or greater 4pts: 97%-98% 3pts: 92%-96% 2pts: 80%-91% 1pts: 1%-79% 0pts: 0%
A.10: Maintained earned income for leavers	Demonstrate that participants who exit the project maintained earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 16, column(s) D+E+G, divided by column H	TH/RRH – 93% PSH – 94%	5pts: 99% or greater 4pts: 96%-98% 3pts: 88%-95% 2pts: 70%-87% 1pts: 1%-69% 0pts: 0%	5pts: 99% or greater 4pts: 96%-98% 3pts: 90%-95% 2pts: 75%-89% 1pts: 1%-74% 0pts: 0%
A.11: Maintained non-employment for leavers	Demonstrate that participants who exit the project maintain non-earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 18, column(s) D+E+G, divided by column H	TH/RRH – 96% PSH – 91%	5pts: 99% or greater 4pts: 97%-98% 3pts: 92%-96% 2pts: 80%-91% 1pts: 1%-79% 0pts: 0%	5pts: 98% or greater 4pts: 94%-97% 3pts: 86%-93% 2pts: 65%-85% 1pts: 1%-64% 0pts: 0%
A.12: % of participants with a disabling condition	Demonstrate that the percentage of participants entering the project	Annual Performance Report (APR)	TH/RRH – 39% PSH – 75%	<u>1pts: 39% or greater</u> <u>0pts: 38% or less</u>	1pts: 100% or greater 0pts: 99% or less

	with a disabling condition is higher than the CoC average for the same program type. For PSH projects, this percentage is 100% based on project type eligibility.	Question 13a2, column B, rows 17+18+19 divided by row 23			
A.13: % of participants entering from place not meant for habitation	Demonstrate that the percentage of participants entering the project from a place not meant for human habitation exceeds the CoC average.	Annual Performance Report (APR) Question 15, row 17 Column B divided by row 46 Column B	TH/RRH – 47% PSH – 50%	3pts: 55% or greater 2pts: 47%–54% 1pt: 45%–46% 0pts: 44% or less	3pts: 73% or greater 2pts: 50%–72% 1pt: 45%–49% 0pts: 44% or less
A.14: Coordinated Entry participation	Demonstrate that 95% of project enrollments are linked to referrals from the CoC’s Coordinated Entry System.	(KSHC Generated Looker Report)	95%	5pts: 100% 4pts: 96% - 99% 3pts: 95% 0pts: 94% or less	
A.15: HMIS Data Quality	Demonstrate that program data quality exceeds the CoC data quality standard.	System Performance Measure (SPM) Data Quality Current FY Destination issues divided by Total Leavers-1 = Data Quality Score (good quality Data)	TH/RRH – 97% PSH – 96%	5pts: 100% 4pts: 94% - 99% 3pts: 85% - 93% 2pts: 70% - 84% 1pts: 50% - 69% 0pts: 49% or less	
A.16 Program cost Effectiveness	Demonstrate that the project’s cost per permanent housing exit or retention is lower than the CoC average.	Calculated by dividing total HUD CoC funding in FY 2025 by the number of participants who exited to or retained permanent housing, as reported in the APR. APR Q23C column B, row 46 + Q22A1 Column F, row 26	TH/RRH – \$890 - \$1,586 PSH – \$219- \$4,893	5pts: \$1,100 or less 4pts: \$1,101-\$1,400 3pts: \$1,401-\$1,700 2pts: \$1,701-\$2,000 1pts: \$2,001-\$2,300 0pts: \$2,301 or greater	5pts: \$3,700 or less 4pts: \$3,701-\$4,500 3pts: \$4,501-\$5,300 2pts: \$5,301-\$6,100 1pts: \$6,101-\$6,900 0pts: \$6,901 or greater

A.17 Grant Spenddown	Demonstrate full expenditure of awarded funds within the grant term.	Calculated by dividing the total amount drawn down in eLOCCS by the total amount awarded for the most recently completed grant term.	90%	5 pts: 100% 4 pts: 98%–99% 3 pts: 90%–97% 2 pts: 85%–89% 1 pt: 80%–84% 0 pts: 79% or less
B.1: Supportive Services Provision	Evaluate the type, availability, and coordination of supportive services proposed to meet the needs of the target population consistent with eligible supportive services under 24 CFR 578.53.	10 pts: Offers a comprehensive array of supportive services (e.g., case management, behavioral health, life skills, employment) that are available on-site or through formal partnerships, with clear documentation (MOUs, staffing plans, or service protocols). 9 pts: Provides a broad and well-coordinated set of services tailored to participant needs, with some formal agreements and dedicated service staff. 7 pts: Provides core services (e.g., case management, referrals, housing navigation), with basic coordination infrastructure (e.g., internal staffing or informal partnerships). 5 pts: Offers supportive services with moderate scope or consistency, with partial alignment to the needs of the population or limited delivery pathways. 3 pts: Describes general or basic services with limited clarity on access, staffing, or delivery structure. 1 pt: Mentions services, but lacks explanation of type, frequency, or method of delivery. 0 pts: No supportive services are provided or planned.		
B.2: Service Participation Requirement	Incorporates service participation requirements based on individual needs and documents them in occupancy agreements or equivalent Consistent with 24 CFR 5.2005(b)(1) assistance may not be denied on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.	10 pts: Project has implemented individualized service participation expectations documented in executed occupancy agreements, leases, or equivalent written agreements, with narrative explaining how expectations are structured, communicated, and tailored to participant needs. 9 pts: Project has adopted service participation expectations with a clear, time-bound implementation plan, but documentation is in development (e.g., occupancy agreement language drafted, staff training underway). 7 pts: Project is in the early stages of planning and describes a credible intent to adopt service participation expectations, with specific implementation steps and a target timeframe identified. 5 pts: Project acknowledges the FY26 NOFO's incentive for service participation and expresses general intent to adopt expectations, but no plan or steps are included. 3 pts: Project describes participation expectations that are informal, undocumented, or not individualized, with no plan to formalize them. 1 pt: Narrative references service participation but is vague or unclear about whether any expectations exist or are planned.		

		0 pts: Project operates with fully voluntary service participation and does not plan to adopt service participation expectations.	
B.3: Participant Engagement and Retention	The project describes all of the following strategies to promote participant engagement and housing retention: (1) Regular, scheduled contact (e.g., monthly case management); (2) Reassessment of participant needs over time; (3) A plan for re-engaging participants who disengage; (4) Use of supportive services to help participants remain housed.	10 pts: All four strategies are clearly and comprehensively described. 9 pts: Three strategies are clearly described. 7 pts: Two strategies are clearly described. 5 pts: One strategy is clearly described. 3 pts: Engagement or retention is mentioned, but none of the four strategies are clearly described. 1 pt: Narrative is vague or confusing; minimal effort to describe engagement or retention approaches. 0 pts: No engagement or retention strategies are described.	
C.1: Leveraging Housing Resources/Partnerships	Demonstrate coordination with public or private housing providers, including commitments to provide units, subsidies, or prioritization of referrals.	Reviewed through documentation of signed MOUs, formal agreements, or letters of commitment.	2 pts: Applicant provides current, signed MOUs or formal agreements with housing providers, documenting access to units, subsidies, or prioritized referrals. 1 pt: Applicant references past or occasional collaboration with housing providers or expresses general intent without clear evidence of coordination. 0 pts: No documentation or coordination with housing providers described.
C.2: Leveraging Healthcare Resources/Partnerships	Demonstrate formal partnerships with healthcare organizations to provide services, care coordination, or direct funding (e.g., Medicaid billing, in-kind services) to support the program.	Reviewed through documentation of signed agreements or evidence of healthcare funding or service provision.	5 pts: Applicant provides current, signed MOUs or formal agreements with healthcare providers that document care coordination, service delivery, or resource contributions. 4 pts: Applicant submits letters of commitment or similar documentation confirming healthcare support or service availability. 3 pts: Applicant describes active informal coordination with healthcare partners (e.g., warm handoffs, regular referrals), but lacks formal documentation. 2 pts: Applicant references general collaboration or past partnerships but provides limited detail or current engagement. 1 pt: Applicant indicates intent to coordinate with healthcare but shows no current activity or documentation. 0 pts: No documentation or healthcare coordination described.

C.3 Street Outreach Implementation	Demonstrate that the project either currently implements or commits to implementing street outreach activities aligned with the CoC's Street Outreach strategies.	Reviewed through documentation of current or proposed outreach activities, budgeted staff roles, narrative descriptions, and alignment with CoC policies. For projects making a new commitment, evidence must include a detailed implementation plan or statement of intent.	5 pts: Applicant has a structured street outreach program, a formal partnership (e.g., with law enforcement, co-responders, or outreach teams) focused on encampment engagement, or a clear, time-bound plan to create one. 4 pts: Applicant has informal coordination or internal procedures for encampment engagement, or a commitment to establish them within the project term. 3 pts: Applicant conducts outreach without structure or encampment focus, or commits to begin outreach with limited detail. 2 pts: Applicant provides a general intent to engage in outreach or encampment response, but lacks specific planning or timelines. 1 pt: Applicant acknowledges the importance of outreach, but provides no meaningful plan, detail, or structure. 0 pts: No outreach activity, description, or plan is provided.
C.4 Involvement of Individuals with Lived Experience of Homelessness	Demonstrate meaningful involvement of individuals with lived experience in program design, governance, or operations.	Reviewed through narrative explanation (e.g., employment, advisory boards, compensated participation).	2 pts: Individuals with lived experience are currently involved in project design, service delivery, or advisory roles, or the organization has a clear, time-bound plan to establish meaningful involvement. 1 pt: Organization expresses support for involvement and provides general descriptions, but has no current participation or clear plan to develop it. 0 pts: No involvement of individuals with lived experience is described.
C.5 Cooperation with Law Enforcement / Public Safety	Submit a current MOU or formal agreement with a law enforcement or public safety agency, and describe your planned role in a structured initiative such as diversion, co-responder response, or encampment outreach.	Reviewed through narrative explanation or formal documentation	5 pts: Applicant provides current, signed MOUs or formal agreements with law enforcement or public safety agencies, and clearly describes a defined role in a structured initiative (e.g., diversion, co-responder team, encampment response, crisis response collaboration). 4 pts: Applicant provides letters of commitment or contracts that indicate clear coordination with law enforcement or public safety agreements. 3 pts: Applicant describes active and ongoing informal coordination with law enforcement or public safety (e.g., consistent communication, joint outreach, regular case-level collaboration) but lacks formal documentation. 2 pts: Applicant references past or occasional collaboration with law enforcement or public safety but lacks detail or recent engagement. 1 pt: Applicant expresses intent or general support for law enforcement / public safety partnerships but provides no clear evidence of coordination. 0 pts: No coordination with law enforcement or public safety described.

C.6 Coordination with Planning Efforts to Prevent Homelessness from Public Systems	Demonstrate coordination with public institutions (e.g., foster care, behavioral health, hospitals, jails, prisons) to prevent homelessness at discharge. This may include participation in interagency discharge planning, shared protocols, or data-informed coordination strategies.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with at least one system (e.g., MOU, participation in discharge planning group, shared protocols or data use agreements). 1 pt: Demonstrates informal communication or case-by-case coordination without formal agreements or systemic planning. 0 pts: No coordination demonstrated.
C.7 Collaboration Related to Children and Youth	Demonstrate collaboration with youth- and family-serving systems (e.g., child welfare, schools, juvenile justice, youth shelters) to support children, youth, and families at risk of or experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships or structured coordination (e.g., MOUs, joint initiatives, active coordination with McKinney-Vento liaisons, foster care, or youth justice systems). 1 pt: Demonstrates informal collaboration or limited engagement with youth- or family-serving agencies. 0 pts: No collaboration demonstrated.
C.8 Coordination with Veteran Organizations	Demonstrate coordination with veteran-serving agencies to ensure veterans experiencing or at risk of homelessness are identified, engaged, and connected to appropriate housing and services.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships (e.g., MOUs, joint case conferencing, referrals, or participation in coordinated entry) with VA-funded or veteran-specific organizations. 1 pt: Demonstrates informal or ad hoc communication with veteran providers but lacks formal coordination. 0 pts: No coordination demonstrated.
C.9 Coordination with Victim Service Providers	Demonstrate coordination with domestic violence, dating violence, sexual assault, or stalking service providers to ensure access to safe housing and trauma-informed services for survivors.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with VSPs (e.g., MOUs, coordinated entry protocols, use of comparable databases, shared safety planning, supportive services or case conferencing). 1 pt: Demonstrates informal coordination or referrals to VSPs without formal agreements or system-level integration. 0 pts: No coordination demonstrated.
C.10 Partnering with Public Housing Agencies	Demonstrate coordination with one or more Public Housing Agencies (PHAs) to increase access to subsidized housing for people experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnership with a PHA (e.g., MOU, coordinated waiting lists, joint planning, or project-based voucher access for participants). 1 pt: Demonstrates informal coordination or occasional referrals to PHAs, without formalized partnership or shared planning. 0 pts: No coordination demonstrated.
C.11 CoC Participation	Demonstrate regular and active participation in CoC meetings, workgroups, trainings, and other system-level planning activities.	Verified through CoC meeting attendance records, workgroup participation logs, and committee rosters.	1pts: Meets Requirements 0pts: Does not meet requirements

C.12 Coordination/Access to Treatment & Recovery Services	Demonstrate coordination with substance use disorder (SUD) treatment, mental health, and behavioral health providers to ensure participants have access to treatment and recovery services aligned with HUD's NOFO emphasis on treatment and recovery as a pathway to self-sufficiency. Coordination may include on-site treatment, formal referral pathways, co-located services, or warm handoffs.	Reviewed through narrative explanation or formal documentation (e.g., MOUs, referral protocols, co-located service agreements, evidence of on-site treatment availability, or participation in regional recovery-oriented systems of care).	5pts: Applicant provides current, signed MOUs or formal agreements for any of the following: SUD treatment, mental health, or behavioral health providers, documenting on-site treatment, co-located services, recovery housing partnerships, or prioritized referral pathways for participants. 4pts: Applicant provides letters of commitment or contracts that indicate clear participant access to treatment and recovery services but not formalized as ongoing agreements. 3pts: Applicant describes active and ongoing informal coordination with treatment and recovery providers (e.g., consistent referrals, warm handoffs, regular case conferencing) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with treatment or recovery providers but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for treatment/recovery partnerships. 0pts: No documentation or coordination with treatment and recovery providers described.
C.13 Workforce Development Coordination/Partnership	Demonstrate coordination with workforce development centers, local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers to increase participant employment, earned income, and long-term economic independence, consistent with HUD's NOFO emphasis on self-sufficiency.	Reviewed through documentation of signed MOUs, employer partnership agreements, vocational training agreements, evidence of on-site or co-located employment services, or letters of commitment from workforce partners.	5pts: Applicant provides current, signed MOUs or formal agreements with workforce development partners (e.g., local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers) documenting participant access to employment services, training, or supports that enable economic independence. 4pts: Applicant provides letters of commitment that indicate participant access to workforce/employment resources but not formalized agreements. 3pts: Applicant describes active and ongoing informal coordination with workforce development partners (e.g., consistent referrals, on-site job fairs, employer engagement) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with workforce or employer partners but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for workforce partnerships but provides no clear evidence of coordination. 0 pts: No documentation or workforce development coordination described.
D. Transition/Reallocation	Demonstrate a full and strategic transition or reallocation of the project to a new eligible component or project type that aligns with KS BoS priorities, addresses system needs, and meets HUD threshold and quality standards.		5pts: Project is fully transitioning to a new eligible component or project type, with a clear rationale, alignment to HUD priorities, and a feasible implementation plan. 4pts: Project is partially reallocated (more than 50%) 3pts: Project reallocates 25–50%

		2pts: Project reallocates 10–25% 1pts: Project reallocates less than 10% 0pts: No reallocation or transition proposed.
E. Opportunity Zone	Demonstrate that the project is located within a federally designated Opportunity Zone, as determined by Map of Opportunity Zones HUD.gov / U.S. Department of Housing and Urban Development (HUD)	1pt: Project is located in an Opportunity Zone.
F. SAVE Use	Demonstrate that the applicant organization verifies immigration status using the SAVE system directly or in coordination with a state or local government, in accordance with the FY2025 CoC Program NOFO Policy Initiative Preference Point criteria.	1pt: Applicant uses the SAVE system for program.

KS-507 Balance of State Continuum of Care (CoC) Application Ranking, Review, Reallocation, and Appeal Policies

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Disclaimer:

This document is based on the assumption that the general process and terms of the CoC NOFO will remain consistent; however, changes may occur with each NOFO release. KSHC will present all specific changes to this document at CoC Steering Committee and CoC Membership meetings as they arise. As this document is not all-inclusive, applicants are encouraged to review the official NOFO for comprehensive guidance and requirements.

Reviewed and Approved by:

KS BoS CoC Steering Committee:

Effective Date:

6/15/2026

1. Purpose and Overview

This policy establishes a comprehensive framework for evaluating, ranking, prioritizing, and reallocating project applications submitted to the KS-507 Balance of State Continuum of Care (KS BoS CoC) for HUD funding. It outlines eligibility requirements, scoring criteria, and reallocation processes to ensure funding decisions align with HUD priorities, local needs, and the goal of ending homelessness.

2. Key Definitions and Concepts

Annual Renewal Demand (ARD): The total amount of funding required to renew all eligible CoC projects, including renewals, HMIS, and CES programs. The ARD determines the funding allocated to Tiers 1 and 2.

Collaborative Applicant: The Kansas Statewide Homeless Coalition (KSHC) serves as the Collaborative Applicant for the KS BoS CoC. KSHC manages the CoC's HUD funding application process, facilitates the Rank and Review process, coordinates local priorities, and ensures compliance with HUD requirements.

Coordinated Entry System (CES): A standardized process that assesses and refers individuals and families experiencing homelessness to appropriate housing and services. CoC-funded programs must exclusively accept referrals through CES unless serving populations exempted by HUD (e.g., survivors of domestic violence).

Homeless Management Information System (HMIS): A centralized database used by CoC-funded programs to collect client data, track performance, and evaluate outcomes. Victim service providers use comparable databases to protect client confidentiality while maintaining consistent data collection.

Local Priorities: Goals established annually by the CoC Steering Committee based on local data, gaps analyses, and community needs. These priorities ensure the funding process effectively addresses regional and population-specific gaps in service.

Performance Monitoring: Ongoing evaluation of CoC-funded projects based on HUD performance measures, local data, and grant compliance. Projects failing to meet benchmarks may face reallocation or require additional oversight.

Rank and Review Panel: A neutral group of 5-15 community members unaffiliated with any CoC applicant organizations. Panel members score, rank, and prioritize project applications using CoC-approved tools and criteria. The panel receives training on HUD requirements, local priorities, and system performance.

Reallocation: The process of redistributing CoC funding from underperforming projects to new or expanded projects. Reallocation can be voluntary (initiated by an agency) or involuntary (initiated by the CoC based on performance and community needs). Reallocation ensures funds are used for high-impact programs that align with CoC and HUD priorities.

System Performance Measures (SPM): Metrics required by HUD to evaluate CoC effectiveness. These include reducing the length of time people remain homeless, increasing exits to permanent housing, and minimizing returns to homelessness. SPM data informs funding decisions and local strategies.

Tiers: HUD organizes project funding into two categories:

- **Tier 1:** Represents 60% of the CoC's ARD and is prioritized for funding by HUD. Projects in Tier 1 are considered high-performing and essential.
- **Tier 2:** Represents the remaining ARD and any CoC Bonus projects and DV Bonus. Tier 2 projects face more competitive funding criteria and may not be funded depending on HUD's final decisions.

3. Roles and Responsibilities

This section outlines the roles and responsibilities of key stakeholders in the CoC competition process, ensuring clarity, accountability, and alignment with HUD and CoC priorities.

Kansas Statewide Homeless Coalition (KSHC) – Collaborative Applicant

As the Collaborative Applicant for the KS-507 Balance of State CoC, KSHC is responsible for:

- Managing the HUD CoC application process, including the Consolidated Application and the local competition for project applications.
- Publicizing HUD's Notice of Funding Opportunity (NOFO) and the local competition timeline through multiple channels, including the KSHC website, social media, and direct communication with CoC members.
- Ensuring that the Rank and Review process adheres to HUD requirements and CoC priorities.
- Conducting technical reviews of all project applications to ensure they meet HUD's threshold requirements before submission to the Rank and Review Panel.
- Training the Rank and Review Panel on CoC scoring criteria, local priorities, and HUD's funding priorities.
- Monitoring agency participation in CoC-required activities, including meetings, committee work, and Coordinated Entry compliance.
- Tracking performance of CoC-funded projects using metrics such as APRs, HMIS data, and HUD System Performance Measures.

Performance & Compliance Committee

The Performance & Compliance Committee plays a key role in ensuring transparency, accountability, and adherence to CoC policies. Responsibilities include:

- Recommending qualified, neutral individuals to serve on the Rank and Review Panel for Steering Committee approval.
- Developing and annually reviewing CoC competition policies, scoring tools, and other CoC NOFO related documents to align with HUD priorities and local needs.
- Evaluating participation compliance for all CoC applicants based on attendance, HMIS/CES involvement, committee contributions and monitoring results.
- Advising on reallocation decisions based on performance or financial data and local priorities.

Rank and Review Panel

The Rank and Review Panel is composed of impartial community members who are knowledgeable about CoC programs but have no direct connection to applicant organizations. Responsibilities include:

- Scoring, ranking, and prioritizing project applications using CoC-approved tools and criteria.
- Attending training sessions conducted by KSHC to understand HUD requirements, CoC priorities, and scoring methodologies.
- Using data from HMIS scorecards, performance reports, and local gap analyses to inform decisions.
- Collaborating to ensure rankings reflect HUD and local priorities.

KS BoS CoC Steering Committee

The Steering Committee provides oversight and final approval for key decisions in the CoC competition. Responsibilities include:

- Approving policies, procedures, and scoring tools recommended by the Performance & Compliance Committee.
- Approving the composition of the Rank and Review Panel and ensuring its neutrality.
- Reviewing and approving the final project rankings and prioritizations submitted by the Rank and Review Panel.
- Adjudicating appeals related to funding decisions in accordance with CoC policies.

4. CoC Membership Requirements

To be eligible for Continuum of Care (CoC) funding through KS-507, agencies must demonstrate active participation and engagement in the CoC's governance and collaborative planning processes. The following requirements define Active Membership Status and are necessary to remain in good standing for purposes of local competition and funding eligibility.

CoC Membership Application

Agencies must have a completed and current CoC Membership Application on file with the Kansas Statewide Homeless Coalition (KSHC), which serves as the Collaborative Applicant and CoC Lead Agency.

Attendance & Representation Requirements

- Attend at least 80% of CoC Membership meetings (10 out of 12 scheduled annually).
- Attend Regional Planning meetings as required in their region's approved Regional Plan.

Representation: Each agency may designate one or more staff members to represent it. Attendance is credited to the agency regardless of which representative attends, provided they have a CoC member application on file.

Good Standing

Agencies must be in good standing with the CoC. Good standing means:

- Compliance with HUD CoC Program regulations (24 CFR part 578), CoC Written Standards, HMIS and CES Policies and Procedures as applicable.
- No unresolved audit/monitoring findings or issues of non-compliance.
 - Agencies with findings or issues of non-compliance may still be considered in good standing if they have an accepted corrective action plan in place and are

making documented progress toward resolution and are not under suspension or debarment from HUD funding.

5. CoC Participation Requirements for CoC Program Applicants

Organizations seeking funding under HUD's Continuum of Care (CoC) Program through the annual Notice of Funding Opportunity (NOFO) must meet the following participation requirements. Each CoC Program grant is governed by the specific NOFO under which it was awarded; therefore, participation obligations are both general and NOFO-specific.

Renewal project applicants are expected to actively fulfill these requirements as part of their continued participation in the CoC. New project applicants must commit to meeting these requirements as a condition of funding.

A. Coordinated Entry System (CES) Participation

- All projects must participate in the CoC's Coordinated Entry System in accordance with 24 CFR 578.7(a)(8) and the CES Policies and Procedures.
- Participation in scheduled Regional Coordinated Entry Case Conference meetings as outlined in each region's Regional Plan.
- Projects must receive referrals through the CES in accordance with CES Policies and Procedures. The rate of referral acceptance and eligibility criteria must be consistent with the CoC's CES Policies and Procedures.

B. Homeless Management Information System (HMIS) Participation

- Projects must actively use the CoC's designated HMIS or, for Victim Service Providers (VSPs), a comparable database, per 24 CFR 578.7(b) and 578.57, and the HMIS Policies and Procedures.
- Enter client-level data into HMIS (or a comparable database for victim service providers).
- Complete all required HMIS trainings
- Participation includes maintaining accurate, complete, and timely data, and contributing to HUD-required performance reports.

C. Performance Monitoring and Evaluation

- Funded projects must participate in CoC-led monitoring activities, including performance reviews, data quality assessments, quarterly financial reviews and technical assistance processes.

Note: Certain additional participation expectations may vary depending on the NOFO under which a project is funded. Applicants are responsible for ensuring compliance with the requirements outlined in the specific NOFO applicable to their grant(s).

6. Application Process for Project Funding

The Kansas Statewide Homeless Coalition (KSHC), as the Collaborative Applicant for the Kansas Balance of State Continuum of Care (CoC), coordinates the local competition process for HUD's annual Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO).

The application process ensures a structured and transparent submission of project proposals. Requirements and procedures vary for new and renewal applications but adhere to HUD and CoC standards.

A. Public Notification and Timeline

KSHC will issue a public notification announcing the opening of the local CoC Program competition. This notice will be posted on the KSHC website/social media and emailed through regional and statewide stakeholder networks. The announcement will include:

- A detailed competition timeline
- Submission deadlines
- Training/technical assistance opportunities

The competition timeline will identify all critical deadlines, including those related to application submission, project review, notification of selection status, appeals, and final submission to HUD via e-snaps.

B. Local CoC Competition Overview

The Kansas Statewide Homeless Coalition (KSHC), serving as the Collaborative Applicant for the Kansas Balance of State Continuum of Care (CoC), administers the local competition for HUD Continuum of Care (CoC) Program funding on an annual basis. The purpose of this process is to review, evaluate, and prioritize project applications in accordance with HUD requirements and community goals to prevent and end homelessness.

The local competition is conducted in compliance with the CoC Program Interim Rule (24 CFR part 578), the annual HUD Notice of Funding Opportunity (NOFO), and the policies and procedures approved by the CoC Steering Committee. The CoC Steering Committee provides governance oversight, including the review and approval of competition policies, scoring tools, reallocation decisions, and the final project rankings submitted to HUD.

Phases of the Local Competition

The local competition includes the following key phases, which are implemented annually in alignment with the HUD NOFO and CoC-adopted policy framework:

- **Release of Local Competition Materials**
Upon publication of the HUD NOFO, KSHC releases a public notice announcing the start of the local competition. The notice is accompanied by a full competition timeline, application instructions, threshold and scoring criteria, and any required local forms. All materials are posted on the KSHC website and distributed to stakeholders across the CoC.
- **Letter of Intent Submission**
To facilitate strategic planning and targeted technical assistance, all entities interested in submitting any type of project—renewal, new (including reallocation, CoC Bonus, or DV Bonus), transition, or consolidation—must submit a Letter of Intent (LOI) by the date specified in the competition timeline. The LOI is not a full application and is not scored. It is used solely to gather preliminary information on applicant interest, project types, and potential reallocation strategies. KSHC will use the LOIs to tailor technical assistance and assess capacity needs across the KS Bos CoC geography. Submission of an LOI is a prerequisite to access technical support and proceed to the Local Application stage.

- **Local Application Submission**

All prospective applicants are required to submit a Local Application by the deadline specified in the competition timeline. The Local Application serves as a preliminary threshold screening and self-scoring tool. It allows KSHC to confirm basic project eligibility, proposed scope, and alignment with HUD and CoC priorities. Only applicants that submit a complete and timely Local Application may proceed to the full application stage. Threshold criteria is outlined in the Threshold section.

- **Scoring Verification**

Applications that pass threshold review are evaluated by an impartial Rank and Review Panel using scoring criteria approved by the CoC Steering Committee. Applicants self-select responses tied to predefined point values in the Local Application. The role of the Panel is to verify that narrative responses and uploaded documentation substantiate the selected responses and associated scores. Scores may be affirmed, reduced, or flagged as unsupported based on this review. Budget criteria are independently scored by the Panel using the CoC-approved budget scoring rubric. Final scores inform the subsequent ranking process and are outlined in the Scoring section.

- **Project Ranking and Tiering**

Based on scoring results, projects are ranked in priority order and assigned to HUD-designated funding tiers. The Rank and Review Panel prepares the Priority Listing for submission in accordance with HUD requirements and available funding.

- **Applicant Notification and Appeals**

All applicants receive written notification of their project's status (e.g. accepted, conditionally accepted, ranked, or rejected) outside of e-snaps no later than 15 days before the HUD application submission deadline (August 11, 2026 for FY2026). Applicants are provided information on appeal procedures, as outlined by the Appeals section.

- **Full Application Period**

Applicants whose Local Applications have been accepted and added to the Priority Listing are invited to submit complete project applications in HUD's e-snaps system, along with any local supplemental materials. The application period has a clearly defined opening and closing date. KSHC provides technical assistance and ongoing communication throughout this period.

- **Final Submission to HUD**

Accepted and ranked project applications are entered into HUD's e-snaps system and submitted along with the CoC Application and Priority Listing by the deadline established in the NOFO. Only projects that complete all local competition requirements are included in the final submission.

For detailed procedures related to threshold review, scoring methodology, project ranking, and the appeals process, refer to the corresponding sections of this document. These sections provide the full criteria, decision-making protocols, and requirements governing each phase of the local competition.

C. HUD's Role in the Project Selection

HUD reviews and scores the Consolidated Application submitted by each CoC, which includes the CoC Application, the Priority Listing, and individual project applications submitted through

e-snaps. Project applications are evaluated based on their tier placement, eligibility, alignment with HUD priorities, and the overall CoC Application score.

While the local CoC competition determines which projects are included in the Priority Listing, HUD retains authority over final funding decisions. HUD does not review or fund any project application that is not submitted by the CoC. Final project funding is subject to HUD's national review process and availability of funds.

D. Post-Submission and HUD Award Process

After the CoC submits the Consolidated Application:

- **Tier 1 Project Selection**
HUD will fund all Tier 1 projects that pass project eligibility and quality threshold reviews. Tier 1 includes up to 60 percent of the CoC's Annual Renewal Demand (ARD) and is not subject to CoC Merit Review scoring. However, projects may still be rejected if they fail threshold criteria or are found to conflict with statutory or policy prohibitions outlined in the NOFO. HUD will review all FY26 Renewals for threshold grant compliance.
- **HUD Reviews CoC Application and Project Listings**
HUD evaluates the full Consolidated Application, including the CoC Application and Priority Listing. While the CoC Application receives a Merit Review score, project-level funding decisions are driven primarily by individual project quality, ranking, tier placement, and alignment with HUD priorities.
- **Merit Review and Tier 2 Scoring**
HUD assigns each Tier 2 project a score of up to 100 points based on: (1) the CoC's Merit Review score (up to 50 points), (2) the project's relative position in Tier 2 (up to 40 points), and (3) whether the project includes required service participation (up to 10 points). These scores determine which Tier 2 projects receive funding.
- **Clarifications and Technical Corrections (if requested)**
HUD may contact the Collaborative Applicant to request clarification or corrections related to project applications or the CoC Application prior to award announcements. These communications typically occur via e-snaps or email.
- **HUD Issues Award Announcements**
HUD publicly announces CoC Program awards through a national press release and by posting award details on HUD Exchange. Notifications are also sent directly to Collaborative Applicants and project recipients.
- **Grant Agreements Executed**
After awards are announced, HUD issues Grant Agreements to each awarded recipient. Projects must complete and return signed agreements within HUD's designated timeframe to secure funding.
- **Project Start-Up and Reporting Requirements Begin**
Once the Grant Agreement is executed, recipients begin grant start-up procedures and must comply with all HUD CoC Program requirements, including HMIS participation, performance measurement, and financial reporting.

7. Threshold Review

Threshold criteria represent the minimum eligibility and compliance requirements that must be met in order for a project to advance in the local Continuum of Care (CoC) Program competition. Threshold review is conducted during the Local Application phase and is required for all applicants (new, renewal, reallocation, or expansion).

All submitted Local Applications will be assessed against the threshold criteria established by the Kansas Balance of State CoC and the U.S. Department of Housing and Urban Development (HUD). If an applicant fails to meet one or more threshold requirements, the Local Application will be automatically denied and the applicant will not be invited to submit a full application. There is no second-stage threshold review for disqualified Local Applications.

For new projects only, additional HUD-mandated project quality scoring thresholds apply. These are based on the project type as outlined in Section V.B.2 of the FY2026 CoC NOFO. Projects that do not meet the minimum required points for their project type during initial review will be disqualified by HUD.

Applicants must meet all threshold requirements to proceed to full project application submission. Failure to meet any of the following will result in disqualification from the FY2026 KS BoS CoC local competition:

Active CoC Participant

The applicant actively participates in CoC planning and coordination efforts, including relevant workgroups, trainings, or regional meetings in accordance with CoC policies, CoC governance charters, and committee charters.

Coordinated Entry Participation

The project must participate in the Kansas Balance of State CoC's Coordinated Entry system as per the CES Policies and Procedures.

E-LOCCS (Electronic Line of Credit Control System)

- **Existing CoC Grantees:** Must submit documentation verifying current and active access to HUD's eLOCCS system for two users. This includes a screen capture or official documentation showing that the organization's eLOCCS account is active.
- **New Applicants or First-Time CoC Program Applicants:** Must submit documentation that they have initiated the eLOCCS registration process or a signed statement of intent to register for eLOCCS access if selected for funding.

Final submission of an approved eLOCCS access form (HUD-27054) and establishment of the account is required by HUD prior to grant agreement execution. Failure to complete eLOCCS registration in a timely manner may result in HUD withholding or rescinding the award. Applicants are strongly encouraged to begin the registration process early if they do not already have eLOCCS access.

E-SNAPS

The applicant demonstrates the ability to submit and manage applications in HUD's e-snaps system through at least two registered user accounts.

Financial and Management Capacity

The applicant demonstrates the ability to manage federal funds responsibly, including financial infrastructure, internal controls, and/or past grant management.

HMIS Participation

All projects must participate in the CoC's HMIS system/comparable database for VSPs and meet HUD HMIS data standards.

Match (Documented)

The applicant provides documentation of the required 25% cash or in-kind match for all eligible costs, in accordance with 24 CFR §578.73.

No Debarments and/or Suspensions

The applicant is not debarred or suspended from receiving federal funds and certifies compliance with applicable federal grant regulations.

No Outstanding Delinquent Federal Debts

The applicant must not have unresolved or delinquent debts owed to federal agencies.

Organizational Type Eligibility

The applicant is an eligible entity under HUD CoC Program regulations, such as a nonprofit organization, unit of local government, or public agency.

Population Served

The proposed project must serve an eligible population as defined in the CoC Program Interim Rule (24 CFR part 578), consistent with the selected project type.

Prohibited Activities and Eligibility Certifications

The applicant must certify that it does not and will not:

- The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).
- The project applicant will not operate drug injection sites or “safe consumption sites” in violation of 21 U.S.C. 856(a)(1); knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2); or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863, including under the pretext of “harm reduction.” This certification does not require that program participants be sober to receive assistance, participate in treatment to receive assistance, or be evicted for a first-time violation of a drug-related program policy or lease requirement. Any applicant that engages in any of the above activities will be deemed ineligible for funding under this NOFO, in accordance with the project eligibility criteria outlined in Section V.A.4 of CPD-2600-DC-0025

Program Type Eligibility

The proposed project must be an eligible project type under the CoC Program, as defined in 24 CFR part 578 and the applicable HUD NOFO.

- **Prohibition Against Lobbying Activities**

The applicant certifies compliance with federal restrictions on the use of funds for lobbying, in accordance with 24 CFR §578.95 and 2 CFR part 200.

Resolution of Civil Rights Matters

The applicant must not have unresolved civil rights violations, and must certify compliance with applicable nondiscrimination and equal opportunity requirements.

SAM Registration

The applicant must have an active registration in the System for Award Management (SAM.gov) with no exclusions or flags.

NOFO Mandatory Trainings

All applicants are required to complete mandatory NOFO trainings as determined by the CoC Collaborative Applicant. These may include: NOFO 101 (overview of this year's CoC NOFO and the local competition), a New Applicant Training for agencies submitting new or reallocated projects, and a Renewal Applicant Training for agencies with existing grants. Attendance at applicable sessions is a threshold requirement for application eligibility. The CoC Collaborative Applicant may decide not to require meetings if time is limited, requirements will be listed in the NOFO schedule.

8. Scoring and Evaluation Criteria for Renewal/Expansion Projects

The scoring and evaluation process ensures project applications are assessed transparently and consistently, with an emphasis on alignment with HUD and CoC priorities, local needs, and system performance improvements. The KS BoS CoC Steering Committee reserves the right to modify the local project scoring criteria prior to the local application deadline should HUD release additional guidance or updates to the Project Application that materially alter expectations, scoring emphasis, or project type requirements.

Renewal Scoring Summary

Criterion	Maximum Points
A. Objective Criteria and Performance Measures 1. Length of Stay 2. Exits to Permanent Housing 3. Returns to Homelessness 4. Increased Earned Income for Stayers 5. Increased Non-Employment Income for Stayers 6. Increased Earned Income for Leavers 7. Increased Non-Earned Income for Leavers 8. Maintained Earned Income for Stayers 9. Maintained Non-Employment Income for Stayers 10. Maintained Earned Income for Leavers 11. Maintained Non-Earned Income for Leavers 12. % of participants with a disabling condition 13. % of participants entering project from place not meant for habitation 14. Coordinated Entry Participation 15. HMIS Data Quality 16. Program Cost Effectiveness 17. Grant Spenddown	4 points 5 points 5 points 6 points 5 points 6 points 5 points 5 points 5 points 5 points 5 points 1 point 3 points 5 points 5 points 5 points 5 points Subtotal: 80
B. Required Services and Participation 1. Supportive Services Provision 2. Service Participation Requirement 3. Participant Engagement and Retention	10 points 10 points 10 points Subtotal: 30
C. Coordination 1. Leveraging Housing Resources/Partnerships 2. Leveraging Healthcare and Mainstream Resources/Partnerships 3. Street Outreach Implementation and Encampment Reduction 4. Involvement of individuals with lived experience of homelessness 5. Cooperation with Law Enforcement/Public Safety Organization 6. Coordination with Planning Efforts to Prevent Homelessness from Public Systems 7. Collaboration Related to Children and Youth 8. Coordination with Veteran Organizations 9. Coordination with Victim Service Providers 10. Partnering with Public Housing Agencies 11. CoC Participation 12. Coordination/Access to Treatment & Recovery Services 13. Workforce Development Coordination/Partnership	2 points 5 points 5 points 2 points 5 points 2 points 2 points 2 points 2 points 2 points 1 point 5 points 5 points Subtotal: 40
Bonus Points J. Transition/Reallocation - Opportunity Zones	5 points 1 point

Verification of Immigration Status using SAVE	1 point
Total Points:	150 points + 7 points

9. Additional Threshold Requirements for New Projects

Beginning in FY2026, HUD requires that new project applications meet minimum scoring thresholds by project type as part of the project quality review process outlined in Section V.B.2 of the FY2026 CoC Program NOFO (FR-6900-N-25). These thresholds are mandatory and apply to all new project applications submitted under this competition.

These applications will not be ranked, recommended for funding, or included in the CoC Application submission to HUD.

The following minimum point thresholds apply to each project type:

- **Transitional Housing (TH):** Must receive at least 6 out of 8 points.
- **Supportive Services Only (SSO) – Standalone Projects:** Must receive at least 4 out of 5 points.
- **Supportive Services Only – Street Outreach:** Must receive at least 5 out of 6 points.
- **Permanent Housing – Permanent Supportive Housing (PH-PSH)** Must receive at least 3 out of 5 points.
- **Permanent Housing – Rapid Rehousing (PH-RRH):** Must receive at least 4 out of 6 points.

Applicants are strongly advised to review HUD’s rating factors for their project type and ensure applications clearly demonstrate alignment with HUD expectations.

New Transitional Projects	
6 out of 8 points	
2 points	Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing. (IE., case management, behavioral healthcare, employment training, etc.)
1 point	The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan to ensure homeless individuals and families will exit homelessness within 24 months.
1 point	The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure, that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.
1 point	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
2 points	Describe how the proposed project will: • Assess the services needs of program participants, • and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement. Indicate that the proposed project will create service plans for each program participant that include: • the services to be provided, when and how often services will be provided, by whom all services will be provided;

	program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.
1 point	Demonstrate the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.
New Supportive Services Only (SSO) Standalone	
4 out of the 5 points	
1 point	The Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.
2 points	The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
1 point	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
1 point	Demonstrate the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.
New Supportive Services Only (SSO) Street Outreach	
5 out of the 6 points	
1 point	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
2 points	The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
1 point	Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.
1 point	The applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.
1 point	Demonstrate the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.
New Permanent Housing: Permanent Supportive Housing (PH-PSH)	
3 out of 5 Points	
1 point	The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.
1 point	The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services.
1 point	The project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i).
1 point	The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.
1 point	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
New Permanent Housing: Rapid Rehousing (PH-RRH)	
4 out of 6 Points	
1 point	The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.
2 point	The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.
1 point	The applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.
1 point	The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.
1 point	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

10. Scoring Criteria for New Projects

The KS BoS CoC Steering Committee reserves the right to modify the local project scoring criteria prior to the local application deadline should HUD release additional guidance or updates to the Project Application that materially alter expectations, scoring emphasis, or project type requirements.

New Project Scoring Summary

Criterion	Maximum Points
A. Experience 1. Population Served and Housing 2. Federal Grant Management 3. Leadership and Board with Lived Experience 4. Participant Feedback Practices	15 points 5 points 3 points 2 points Subtotal: 25
B. Project Design 1. Target Population and Needs Alignment 2. Scale of Reach or Units 3. Plan for Rapid Implementation	5 points 5 points 5 points Subtotal: 15
C. Supportive Services and Participant Engagement 1. Supportive Services Provision 2. Service Participation Requirement 3. Participant Engagement and Retention	5 points 5 points 5 points Subtotal: 15
D. Outcomes and Performance Measures 1. Permanent Housing Exits 2. Returns to Homelessness 3. Increased Earned Income 4. Increased Non-Employment Income 5. Length of Program Participation 6. Commitment to HMIS and Data Quality 7. Commitment to Coordinated Entry 8. Program Cost Effectiveness	5 points 5 points 5 points 5 points 5 points 5 points 5 points 5 points Subtotal: 40
E. Financial Capacity 1. Audit 2. Match Commitment 3. Detailed Budget	5 points 5 points 5 points Subtotal: 15
F. Coordination 1. Leveraging Housing Resources/Partnerships 2. Leveraging Healthcare and Mainstream Resources/Partnerships 3. Street Outreach Implementation and Encampment Reduction 4. Involvement of individuals with lived experience of homelessness 5. Cooperation with Law Enforcement/Public Safety Organization 6. Coordination with Planning Efforts to Prevent Homelessness from Public Systems 7. Collaboration Related to Children and Youth 8. Coordination with Veteran Organizations 9. Coordination with Victim Service Providers 10. Partnering with Public Housing Agencies 11. CoC Participation 12. Coordination/Access to Treatment & Recover Services 13. Workforce Development Coordination/Partnership	5 points 5 points 5 points 2 points 2 points 2 points 2 points 2 points 2 points 2 points 2 points 1 point 5 points 5 points Subtotal: 40
Bonus Points - Opportunity Zones - Verification of Immigration Status using SAVE	1 point 1 point
Total Points:	150 points + 2 bonus points

11. Local Application & Preliminary Scoring

All renewal and new applicants must submit a Local Application as the first required step in the local competition process. The Local Application is used to collect core project information,

assess threshold eligibility, and automate scoring using the approved criteria in scoring section of this policy.

All project types subject to HUD ranking must complete a Local Application. This includes:

- CoC Renewal Projects including DV Renewal
- New Projects created through Reallocation, CoC Bonus, or DV Bonus
- DV Bonus and DV Reallocation Projects

CoC Planning and UFA Cost projects are exempt from local ranking and are not required to submit a Local Application. YHDP Renewal and YHDP Replacement projects are not applicable to the KS BoS CoC, as the CoC has not previously received a YHDP award and the FY2026 NOFO does not permit new YHDP projects.

The Local Application must be submitted through the designated electronic form provided by KSHC. Required elements include:

- Project type and funding request
- Target population(s) and geographic service area
- Alignment with CoC priorities and Regional Plan needs
- Responses to each scoring criterion included in this policy

Applicants must provide documentation or narrative justification for each scoring item, as specified in the Local Application form. Applications are scored based on applicant responses aligned to the criteria defined in this policy. Preliminary scores are assigned automatically based on submitted responses.

The Rank and Review Panel is responsible for validating all responses and supporting documentation. Panel members may:

- Adjust scores when submitted materials and/or narratives do not adequately support the applicant's claims or fail to meet the defined criteria.
- Review and verify all threshold requirements (e.g., project eligibility, target population, use of HMIS or comparable database, etc.).
- Reject applications that do not meet threshold eligibility, including cases where the applicant indicated compliance but submitted documentation or responses that do not substantiate the claim. Threshold determinations are based on verified information, not self-attestations. All threshold failures will be documented with written justification in the official scoring record.

12. Ranking and Tier Placement

The Ranking and Tier Placement process organizes project applications in priority order based on scores generated through the Local Application process and validated by the Rank and Review Panel. This process ensures alignment with the Continuum of Care's (CoC) priorities, funding availability, and HUD's CoC Program requirements. Projects are assigned to HUD's Tier 1 and Tier 2 funding categories to maximize the CoC's competitiveness in the national competition.

Rank and Review Panel Role

The Kansas Statewide Homeless Coalition (KSHC) staff and the Performance & Compliance Committee recommend members to serve on the Rank and Review Panel. Final approval is made by the CoC Steering Committee. The Panel consists of individuals who are knowledgeable in homelessness services and the CoC Program but unaffiliated with any applicant organizations.

The Rank and Review Panel receives all Local Application responses, documentation, and preliminary scores. It reviews applicant-submitted materials, validates the accuracy of responses, and adjusts scores where necessary to ensure consistency with the scoring criteria established in this policy. Recommended rankings are determined through a motion and majority. The Rank and Review Panel submits its recommended ranking and tier placement to the CoC Steering Committee for approval.

HUD Tiering Framework

Tier 1: Represents up to 60% of the CoC's Annual Renewal Demand (ARD). Projects in Tier 1 are prioritized for funding and considered essential to the CoC's system of care.

Tier 2: Comprises the remaining portion of the ARD, 40% plus any bonus projects. Tier 2 projects are awarded at HUD's discretion based on the CoC Application score and project-level criteria outlined in the NOFO.

Bonus Funds:

- **CoC Bonus Projects:** Projects requesting CoC Bonus funds must be ranked and included within the CoC's Priority Listing (Tier 1 or Tier 2). CoC Bonus funds are capped at up to 15% of the Final Pro Rata Need (FPRN) and can be used to create new Permanent Housing (PH-PSH, PH-RRH), Transitional Housing (TH), Supportive Services Only (SSO), SSO-Coordinated Entry, or Dedicated HMIS projects. All CoC Bonus projects must meet HUD's project eligibility and quality thresholds and will count toward the CoC's Tier 1 and Tier 2 limits.
- **Domestic Violence (DV) Bonus Projects:** DV Bonus projects must also be included on the CoC Priority Listing and are subject to the same Tier 1 and Tier 2 competition process as all other projects. DV Bonus projects must be 100% dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking who meet the HUD definition of homelessness. If a DV Bonus project is selected by HUD, it will be funded from the DV Bonus pool. If it is not selected, it will not be funded under that category and will not be considered for CoC Bonus or other sources.

Local Priority Considerations

The CoC sets local funding priorities each year using systemwide and regional data.

- **Gaps Analysis Report:** Combines Housing Inventory Count (HIC), Point-in-Time (PIT), Coordinated Entry (CES), HMIS APRs, and HDX System Performance Measures (SPMs) to identify unmet needs.
- **Project Type Prioritization:** Projects addressing identified gaps may receive priority in scoring and ranking. Priorities will meet both HUD priorities and identified project gaps identified in the gap analysis.

- **Regional Prioritization:** Each region develops a Regional Plan that evaluates funding, inventory, and needs. Regional priorities are integrated into CoC-wide ranking to ensure equitable distribution of resources.

This process ensures funding decisions are transparent, data-driven, and responsive to both systemwide and local needs.

Ranking Considerations

- **Thresholds:** Projects that do not pass threshold will not be scored or ranked on the priority list.
- **System Operations Projects:** The primary renewal projects for HMIS, including HMIS SNOFO and the Coordinated Entry System (CES) are considered essential to CoC operations and will be automatically ranked first, second, and third in Tier 1. DV CES will be ranked fourth in tier 1. The CoC will focus on receiving MOU and collaboration details for the collaborative application from these projects. These projects will not be scored or compared to housing projects. Any expansion projects (including DV and SNOFO) of HMIS or CES must be approved by the Steering Committee prior to being ranked in tier 2. HMIS and CES projects have the potential of up to approximately 10% each of the COC ARD to be able to scale and support the COC appropriately.

SNOFO Coordinated Entry Southeast Expansion will be placed in tier 2. The placement may be subject to restructure if any project is reallocated or consolidated with recommendations from the Rank & Review Panel and the Steering Committee Approval.

- **Renewal Projects with Limited Operating Data:** Projects without 12 full months of operating data (e.g., first-time renewals or expansions) will be evaluated using the full local project scoring tool. Performance measures requiring a full year of data are excluded from scoring unless at least 9 months of reliable data is available—if so, the project may be scored using that data. Historically, these projects were designated as "Protected Projects" and received special consideration during the local competition. However, under the FY2026 NOFO, HUD requires fully competitive ranking of all projects, and only 60% of the CoC's Annual Renewal Demand is protected in Tier 1. As a result, projects with limited data are no longer automatically protected and will not be guaranteed for placement in Tier 1. They must compete alongside all other projects for available funding.

To ensure fair evaluation, if a project has a high number of "Not Applicable" scoring elements, its total possible points will be adjusted. The project's raw score will be converted to a percentage of the applicable points, and then recalculated on the full 150-point scale to allow direct comparison across all projects.

Example: Adjusted Scoring for Limited Data

A project is evaluated using a scoring tool worth 140 total points. Due to limited data, 40 points are marked Not Applicable, leaving 100 applicable points. The project earns 60 out of those 100 points.

Certain performance metrics in the renewal scoring tool measure outcomes that are structurally inconsistent with the regulatory design of specific program components. Where HUD's program regulations (24 CFR part 578) or the FY2026 NOFO (CPD-2600-DC-0025) define a program component in a way that renders a metric inapplicable by design — not by performance — that metric will be designated "Not Applicable" and excluded from the project's total possible points. These determinations are made by program component type, not by project-specific circumstances, and are applied uniformly to all renewal projects of the same component

Adjusted Score:

$$\text{Adjusted Score} = \left(\frac{60}{100}\right) \times 140 = 84$$

The adjusted score of 84 is used in ranking and funding decisions to ensure transparency and comparability. Projects in this category must still submit a complete Local Application and include a narrative update on implementation, expenditure status, housing outcomes to date, drawdown rate, and any relevant HUD amendments or reallocation plans. For transparency, these will be identified as "Limited Data - Project."

- **Score-Based Ranking:** All eligible projects are initially ranked based on the total score derived from their responses in the Local Application, which uses an automated scoring framework. Applicants must provide accurate, verifiable information in the Local Application, and may be required to submit supporting documentation or narrative as specified. The Rank and Review Panel will review all scores and may adjust them if submitted responses are found to be inaccurate, inconsistent, or unsupported by verifiable material. Final ranking reflects both the Local Application score and any necessary adjustments made through this review process.
- **Funding Allocation:** Projects are funded in rank order until all available CoC Program funds are allocated. If funding is not sufficient to fully fund a project, that project may be partially funded at the Tier 1 and Tier 2 boundary, subject to HUD approval. Projects ranked below the available funding threshold may not receive partial or full funding. Final award decisions for Tier 2 projects are made by HUD based on national competition results.
-

Tie-Breaking Criteria:

In the event that two or more projects receive the same score, the CoC will apply the following tie-breaking criteria in order until the tie is resolved:

- a) **Priority Populations** – Preference for projects serving HUD priority populations.
- b) **Identified Gaps** – Preference for projects that address unmet needs identified in the CoC's Gaps Analysis Report or Regional Plans.
- c) **Equitable Geographic Distribution** – Preference for projects located in, or serving, regions of the CoC that are under-resourced compared to their documented need.

- d) **Cost Effectiveness** –
 - For **renewals**: lower cost per permanent housing exit or retention.
 - For **new projects**: lower projected cost per household to be served.
- e) **Households to Be Served** – Preference for the project proposing to serve the greater number of unduplicated households over the grant term.
- f) **Final Resolution** – If a tie still remains, the CoC will use a random selection process documented by the Rank and Review Panel.

13. Reallocation of Funds

Reallocation is a strategic mechanism used by the CoC to align limited resources with evolving system needs, performance outcomes, and HUD priorities. It enables the creation of new projects that address identified gaps and support evidence-based solutions. Project applicants may elect to voluntarily reallocate part or all of their funding when doing so better supports their organizational goals or the CoC’s strategic direction. In some cases, the CoC Lead and the Performance and Compliance committee may recommend reallocation based on data-informed review of project performance, capacity, or alignment with local and federal objectives. All reallocation decisions are made with the intent to strengthen the overall effectiveness and impact of the CoC’s homeless response system.

Voluntary Reallocation:

- Project applicants may choose to voluntarily reallocate part or all of their renewal project funding during the local CoC competition.
- Applicants should indicate their intent to voluntarily reallocate funds directly in the Letter of Intent and Local Application.
- Voluntarily reallocated funds may be made available for new projects through reallocation funding in accordance with HUD’s NOFO requirements.
- Projects choosing to reallocate voluntarily are encouraged to consult with the CoC Lead early in the process to discuss options, technical assistance, and potential future project opportunities.

Involuntary Reallocation:

- The CoC may initiate reallocation of part or all of a renewal project’s funding based on performance, CoC monitoring results, compliance, historical funding spend down, system alignment, or funding priorities.
- Projects that will be flagged for review by the Rank and Review for reallocation:
 - Expends less than 90% of its awarded funds over two operating years.
 - A Monitoring with findings with no evidence of progress fulfilling the Corrective Action Plan.
- Involuntary reallocation may be considered when:
 - Non-compliance with HUD or CoC policies and procedures as determined by Monitoring.

- Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon.
- Audit finding(s) for which a response is overdue or unsatisfactory.
- History of inadequate financial management accounting practices.
- Evidence of untimely expenditures on prior award.
- History of other major capacity issues that have significantly impacted the operation of the project and its performance.
- Timeliness in drawing down funds and reimbursing subrecipients for eligible costs as applicable.
- The project type no longer aligns with the strategic direction, community or population needs, or priorities of the CoC, or HUD.
- Other factors determined in the competition's priorities.
- Projects flagged for reallocation are reviewed by the Rank and Review Panel, which provides recommendations to the CoC Steering Committee.
- All renewal projects are reviewed using standardized criteria through the local competition process.
- Agencies may appeal reallocation decisions through the established appeals process.

Application Withdrawal:

Project applicants may voluntarily withdraw their Local Application from the local Continuum of Care (CoC) competition at any time prior to the day before the Rank and Review Panel convenes, without penalty.

All withdrawals must be submitted in writing via email and sent directly to the CoC Collaborative Applicant representative. Verbal withdrawals will not be accepted. The deadline for withdrawal will be clearly published in the annual Local Competition Timeline.

After this deadline, applicants who choose to withdraw or fail to submit a complete application will be required to participate in one or more Technical Assistance (TA) sessions with the CoC Collaborative Applicant prior to the next annual competition cycle in order to be considered eligible to reapply. The deadline for completing TA will be no later than 30 days prior to the opening of the next local competition cycle, unless otherwise specified by the CoC Collaborative Applicant. These sessions are intended to ensure the applicant is fully informed of program requirements, local competition expectations, and opportunities for project alignment with HUD and CoC priorities.

Post-Ranking Application Withdrawal

If a project applicant withdraws their application after the Rank and Review Panel has finalized the Priority Listing, or fails to submit a complete application for e-snaps following notification of inclusion on the Priority List, the CoC Steering Committee may implement one or more of the following actions to adjust the Priority Listing and reallocate the available funds:

a) Advance Projects on the Priority Listing

If a project is withdrawn after ranking, all lower-ranked projects may be moved up one or more positions on the Priority Listing to fill the vacancy. This may result in projects

being shifted from Tier 2 to Tier 1, depending on the size and position of the withdrawn project.

b) Reallocate Funds to Expansion Projects

If any ranked projects have been submitted as expansion projects, the CoC may increase the funding amount recommended for those projects, provided the increase does not exceed eligible limits and aligns with HUD's reallocation and expansion guidance.

c) Reconsider Previously Unfunded Projects

The CoC may re-evaluate one or more previously unranked or rejected projects, particularly if they were eligible and scored competitively, for potential inclusion on the Priority List using the newly available funds.

d) Increase Funding for Under-Requested Renewal Projects

If a renewal project on the Priority Listing requested less than its full eligible renewal amount, the CoC may increase its funding using amounts made available by a withdrawn project. This option is only allowed if the project is already on the Priority Listing, the new amount does not exceed the maximum eligible amount listed in the HUD Grant Inventory Worksheet (GIW), and the change does not require a new application.

e) Submit a New Reallocation Project

If the withdrawal creates a significant funding gap, and time permits before the e-snaps deadline, the CoC may open a limited, expedited call for reallocation projects, restricted to eligible project types. This option depends on NOFO timelines and capacity.

f) Enhance System-Level Projects (e.g., HMIS or CE)

The CoC may increase the funding level of CoC-wide projects such as HMIS or Coordinated Entry (CE), if these were underfunded relative to documented needs, and if allowable under the NOFO.

All such adjustments must occur prior to final submission of the Priority Listing in e-snaps and will be documented in the local competition record. The CoC Collaborative Applicant, in consultation with the CoC Steering Committee, will ensure any changes remain consistent with HUD NOFO requirements, maintain the integrity of the original scoring process, and are transparently communicated to all stakeholders.

14. Transition Grants

The FY2026 CoC NOFO introduces Transition Grants as a tool to help CoCs realign their project portfolio. A Transition Grant allows an existing renewal project to change from one eligible component type to another for a one-year period. The project being transitioned must be fully eliminated, and the new project must meet all threshold and quality requirements.

This option supports shifts toward HUD's priorities, including service-intensive Transitional Housing (TH) and Supportive Services Only (SSO) projects.

Requirements

- Only renewal projects with executed grant agreements expiring in Calendar Year 2026 are eligible.

- The same recipient must apply for the Transition Grant as is listed on the eliminated grant.
- The new project must use a different program component and must meet HUD's eligibility and quality thresholds.
- The full amount of funding from the eliminated project(s) must be used. Partial reallocations cannot be used to create a Transition Grant.

Applicants must clearly identify the project as a Transition Grant in e-snaps and describe the component change, rationale, and expected benefits. The KS BoS CoC will assess each transition request for alignment with system needs, performance goals, and HUD policy priorities.

15. Consolidated Projects

Consolidated Projects allow eligible renewal projects operated by the same recipient to be combined into a single application. This option is designed to streamline administration and simplify grant management for projects with similar characteristics.

Requirements

- Only renewal projects are eligible for consolidation.
- All projects must be operated by the same recipient.
- Each project must individually meet HUD's project eligibility and quality thresholds.
- Projects should have the same component type and serve similar populations.
- The CoC must identify the surviving project in the application and provide clear documentation for HUD review.

Recipients interested in consolidation must notify the CoC Lead before the local application deadline and submit a justification. The CoC will evaluate the request based on alignment of project design, populations served, and administrative efficiency. Approved consolidations will be documented in the CoC Priority Listing and submitted in accordance with HUD requirements.

16. Appeals Process

The Appeals Process provides applicants with a fair opportunity to challenge funding decisions or ranking outcomes when they believe a mistake or policy violation has occurred. Appeals are reviewed impartially to ensure transparency and accountability.

Eligibility for Appeals:

Applicants may appeal if they believe a decision violated federal guidelines, CoC policies, or the integrity of the Rank and Review process. Valid appeal grounds include:

1. Violation of HUD or CoC policies during the review, ranking, or scoring process.
2. Errors in participation points
3. Inaccurate application of CoC's scoring tools or criteria as outlined in the KS BoS CoC NOFO Policies.

Appeals will not be considered for:

- Thresholds not met by the applicant, including not attending mandatory NOFO trainings.
- Errors or omissions by the applicant, such as late submissions or incomplete applications.
- Disputes over a project's position within the Tier 1 and Tier 2 ranking structure.
- Data discrepancies originating from HMIS, APRs, or comparable databases unless proven to result from a system error.

Appeal Submission Requirements:

- Appeals must be submitted in writing within three (3) business days of receiving notification of the funding decision.
- Appeals must be submitted on agency letterhead and must not exceed two pages. The appeal should clearly state:
 - The reason for the appeal.
 - The specific policy or guideline believed to have been violated.
 - Supporting evidence or documentation.

Appeal Review Process:

1. Initial Review:

- Appeals are submitted to the Collaborative Applicant (KSHC) via email (kknier@kshomeless.com) as specified in the NOFO timeline.
- KSHC staff verifies that the appeal meets eligibility criteria.

2. Appeals Subcommittee Evaluation:

- The Appeals Subcommittee, composed of two non-conflicted Steering Committee members, three Performance & Compliance Committee members, and two Rank and Review Panel members, reviews eligible appeals.
- Subcommittee members affiliated with the appellant agency or competing applicants must recuse themselves.

3. Decision and Notification:

- The Appeals Subcommittee makes a recommendation to the Steering Committee for final approval.
- Steering Committee members representing funded agencies will recuse themselves from the discussion and vote.
- The Steering Committee's decision is shared with the appellant agency via email and posted publicly.
- Agencies whose rank may be affected will be notified as a courtesy.

Timeline for Appeals:

- Appeals are reviewed and resolved within five (3) business days of submission to minimize delays in the CoC competition process.

Further Appeal Options:

- If an agency believes the local process denied them reasonable participation, they may submit a Solo Application to HUD as outlined in the NOFO.
- Appeals to HUD must follow the federal appeals process described in 24 CFR 578.35 and 578.35(b)(3).

17. Final Approval and Publication

The final approval and publication process ensures that project rankings and funding recommendations are formally approved, communicated to applicants, and made publicly accessible. This process upholds transparency, accountability, and compliance with HUD and CoC requirements.

Approval Process:

1. Submission to Steering Committee:

- The Rank and Review Panel submits the prioritized project rankings, including Tier 1 and Tier 2 placements, to the Steering Committee for review.
- The Steering Committee evaluates the recommendations to ensure compliance with CoC policies, HUD priorities, and local competition requirements.
- Steering Committee members affiliated with any applicant agencies recuse themselves from discussions and decisions to prevent conflicts of interest.

2. Final Approval:

- The Steering Committee approves the final rankings and funding recommendations.
- If modifications are required, the Rank and Review Panel may be asked to reconvene to address specific concerns before final approval is granted.

Notification of Applicants:

1. Applicants are notified of their ranking and tier placement via email within one business day of Steering Committee approval.
2. Notifications include:
 - The project's final score and tier placement.
 - Instructions for accessing the appeals process.

Public Disclosure:

1. The approved project rankings, including Tier 1 and Tier 2 placements, are published on the KSHC website.
2. The Collaborative Applicant ensures that the public disclosure meets all HUD requirements, including timely communication and accessibility.

HUD Submission:

1. The Collaborative Applicant compiles the CoC's Consolidated Application, which includes:
 - The CoC Application.

- The Project Priority Listing with approved rankings.
 - Project applications submitted by individual applicants.
2. The completed application is submitted to HUD through e-snaps by the established NOFO deadline.

Timeline for Final Approval and Publication:

- The Rank and Review Panel submits recommendations to the Steering Committee no later than 15 days before the HUD submission deadline.

18. Training and Guidance for Rank and Review Panel

The Rank and Review Panel plays a critical role in ensuring a fair and objective evaluation of project applications. Comprehensive training and ongoing guidance are provided to panel members to support consistent, informed decision-making.

A. Orientation:

- a. Panel members attend an orientation session conducted by KSHC staff to review their roles, responsibilities, and expectations.
- b. Orientation includes an overview of the CoC competition process, HUD funding priorities, and the CoC's priorities.

B. Scoring Tool and Process Review:

- a. Panel members are trained on the scoring matrix, evaluation criteria, and the mechanics of the ranking and tier placement process.
- b. Example projects or scenarios may be used for calibration to ensure consistent scoring across the panel.

C. Data and Context Review:

- a. KSHC provides panel members with HMIS data, project narratives, and pre-populated scorecards for all renewal projects.
- b. Local needs assessments and gaps analyses are shared to provide context for evaluating new and expansion projects.

Ongoing Guidance:

- Panel members can request clarification or additional resources from KSHC staff throughout the evaluation process.
- Staff provide updates on any procedural or policy changes impacting scoring or ranking.

Conflict of Interest Management:

- Panel members must disclose any conflicts of interest prior to scoring and recuse themselves from evaluating affected applications.

19. Technical Assistance

Technical Assistance (TA) will focus on clarifying HUD and CoC requirements, explaining local competition policies, supporting applicants with e-snaps navigation, and responding to process-related questions. To maintain fairness and transparency in the competition, TA will not include:

- Drafting, editing, or reviewing narrative responses for applicants.
- Completing or submitting applications in e-snaps or any other HUD system on behalf of applicants.
- Developing project design or budgets for applicants.
- Providing individualized scoring guidance or predictions of how a project will rank.
- Assisting with correcting project performance data (e.g., APRs, HMIS data quality).
- Securing letters of support, MOUs, or other attachments required for the application.
- Providing feedback on draft applications beyond clarifying policy or regulatory requirements.
- Advocating for or against any applicant in the scoring, ranking, or review process.
- Offering legal advice or interpreting laws/regulations beyond HUD-published guidance.
- Customizing TA for one agency that is not available equally to all applicants.

All applicants are required to attend the NOFO training, which covers HUD requirements, local policies, and application procedures. To ensure transparency, written FAQs will be published and updated regularly. In addition, office hours will be offered for one-on-one consultations to address specific technical or procedural questions.

20. Policy Review and Amendment

The CoC's policies are reviewed annually to ensure alignment with HUD requirements, CoC priorities, and evolving local needs. Regular updates ensure transparency, accountability, and compliance.

Annual Review Process:

1. Policy Evaluation:

- The Performance & Compliance Committee reviews all policies, scoring tools, and procedures used in the CoC competition.
- Feedback from applicants, rank and review members, and CoC stakeholders is considered to improve policies.

2. Revisions and Approval:

- Proposed revisions are submitted to the Steering Committee for review and approval.
- Updates are designed to address changes in HUD NOFO requirements, local priorities, or lessons learned from the prior competition cycle.

Stakeholder Communication:

- Revisions to policies and procedures are communicated to CoC members and stakeholders in advance of the next competition cycle and as needed.
- Updated policies are published on the KSHC website and included in all training materials for applicants and Rank and Review Panel members.

Ad Hoc Updates:

- In the event of significant changes to HUD requirements, CoC priorities or NOFO expectations, policies may be updated outside the annual review schedule.
- Stakeholders are notified promptly of any interim updates.

21. Conflict of Interest Policy

To ensure transparency, integrity, and fairness in Continuum of Care (CoC) operations and funding decisions, all individuals and organizations involved in the CoC Program process must adhere to the following conflict of interest standards.

A conflict of interest exists when a person in a position to influence a decision has a financial interest, fiduciary duty, organizational affiliation, or personal relationship that could compromise or appear to compromise their objectivity or ability to act in the best interests of the CoC.

This applies to:

- CoC Program project applicants and subrecipients;
- Members of the Performance and Compliance Committee;
- Members of the CoC Steering Committee;
- Staff and representatives of the CoC Collaborative Applicant.

All individuals involved in reviewing, scoring, ranking, recommending, or approving CoC Program projects must recuse themselves from any discussion or decision-making where a conflict of interest exists or may reasonably be perceived. This includes, but is not limited to, participating in scoring or ranking projects submitted by an organization with which the individual is affiliated. Affiliations that require recusal include employment, board membership, consultant relationships, close personal or family ties, or any other financial interest in an applicant organization.

The CoC will document recusals and ensure that no individual with a conflict influences funding recommendations or policy decisions. Failure to disclose a conflict of interest or comply with recusal requirements may result in removal from the relevant committee or disqualification from participation in the funding process.

This section is intended to ensure compliance with HUD regulations at 24 CFR Part 578, support equitable decision-making, and maintain community trust in the CoC's governance and funding processes.

Tier 1												
Rank	Agency Name	Project Name	New / Renewal	Region	Component	DV	Score	Reallocated Amount	Reallocation Type	Requested Amount	Funding Source	Amount Accepted
n/a	Kansas Statewide Homeless Coalition, Inc.	CoC Planning Grant	Renewal	All			Priority			\$356,786	Accepted - Planning	\$356,786
1	Kansas Statewide Homeless Coalition, Inc.	KS BoS Coordinated Entry Improvement Project 2026	Renewal	All	SSO		Priority			\$185,822	Accepted - CoC Renewal ARD	\$185,822
2	Kansas Housing Resources Corporation	Supportive Housing Program - HMIS	Renewal	All	HMIS		Priority			\$334,599	Accepted - CoC Renewal ARD	\$334,599
3	Kansas Housing Resources Corporation	HMIS Project - Rural Set Aside	Renewal	All	HMIS		Priority			\$58,850	Accepted - CoC Renewal ARD	\$58,850
4	Kansas Statewide Homeless Coalition, Inc.	FY2026 Domestic Violence Coordinated Entry	Renewal	All	SSO	DV	Priority			\$63,273	Accepted - CoC Renewal ARD	\$63,273
5	My Father's House Community Services, Inc.	My Father's House Community Services	Renewal	EC	TH		122			\$233,720	Accepted - CoC Renewal ARD	\$233,720
6	Prairie View Inc	Meadowlark Leasing	Renewal	SC	PH		119			\$121,136	Accepted - CoC Renewal ARD	\$121,136
7	Catholic Charities, Inc.	SEK Rural Set Aside Project - PSH	Renewal	SE	PH		118			\$365,477	Accepted - CoC Renewal ARD	\$365,477
8	McPherson Housing Coalition Inc.	Oak Street Development	Renewal	SC	PH		118			\$56,806	Accepted - CoC Renewal ARD	\$56,806
9	Catholic Charities of Southwest Kansas	Southwest Kansas Housing Program	Renewal	SW	PH		114			\$495,461	Accepted - CoC Renewal ARD	\$495,461
10	NEK-CAP, Inc.	Housing with Opportunities	Renewal	NE	PH		109	\$22,133	Partial Voluntary	\$230,492	Accepted - CoC Renewal ARD	\$230,492
11	The Mental Health Association of the Heartland	Blaylock Residences	Renewal	Multi	PH		108			\$167,348	Accepted - CoC Renewal ARD	\$167,348
12	Catholic Charities, Inc.	Southeast Kansas RRH 2026	Renewal	SE	PH		97			\$195,546	Accepted - CoC Renewal ARD	\$195,546
13	Douglas County, Kansas	Permanent Supportive Housing	Renewal	DG	PH		93			\$1,368	Accepted - CoC Renewal ARD Straddling	\$1,368

Tier 2												
Rank	Agency Name	Project Name	New / Renewal	Region	Component	DV	Score	Reallocated Amount	Reallocation Type	Requested Amount	Funding Source	Amount Accepted
13	Douglas County, Kansas	Permanent Supportive Housing	Renewal	DG	PH		93			\$155,496	Accepted - CoC Renewal ARD Straddling	\$155,496
14	Catholic Charities of Southwest Kansas	Southwest Kansas Supportive Services Program	New	SW	SSO		144			\$250,000	Accepted - Reallocation	\$250,000
15	Domestic Violence Association of Central Kansas (DVACK)	Supportive Housing for Domestic Violence Victims	New	NC	TH	DV	134			\$331,983	Accepted - DV Bonus	\$331,983
16	RISE-El Dorado, Inc	RISE-Supportive Services	New	SC	SSO		132			\$110,000	Accepted - \$100,140 Reallocation Funds / \$9,860 CoC Bonus	\$110,000
17	Prairie View, Inc.	Prairie View Safe Transitions	New	SC	TH	DV	124			\$250,000	Accepted - DV Bonus	\$250,000
18	Plumb Place Inc dba Southwick House	Southwick House CoC Transitional Housing	New	EC	TH		122			\$101,320	Accepted - CoC Bonus	\$101,320
19	United Way of Harvey and Marion Counties, Inc.	Harvey & Marion Resource Navigation Services	New	SC	SSO		118			\$204,765	Accepted - CoC Bonus	\$204,765
20	The Building Community	The Building Community - Wilson County Street Outreach (SSO)	New	SE	SSO		109			\$50,000	Accepted - CoC Bonus	\$50,000
21	The Mental Health Association of the Heartland	Marion Apartment	Renewal	NE	PH		104			\$107,860	Accepted - CoC Renewal ARD	\$107,860
22	CKF Addiction Treatment, Inc.	Pathfinder Recovery Navigation	New	NC	SSO		94			\$325,000	Accepted - CoC Bonus	\$325,000
23	Ashby House	Housing Plus Renewal	Renewal	NC	PH		85	\$24,588	Partial Voluntary	\$103,752	Accepted - CoC Renewal ARD	\$103,752
24	Kansas Coalition Against Sexual and Domestic Violence	KCSDV Housing First Rapid Rehousing Program for Domestic Violence and Sexual Assault	Renewal	All	PH	DV	85			\$954,578	Accepted - CoC Renewal ARD	\$954,578
25	Thrive Allen County	SEK Homelessness Project	New	SE	RRH		82			\$289,168	Accepted - CoC Bonus	\$289,168
26	Douglas County, Kansas	Douglas County Permanent Supportive Housing Plus	New	DG	PSH		68			\$203,372	Accepted at Reduced Amount- CoC Bonus	\$89,756
27	Working Men of Christ Inc.	Working Men of Christ Inc.	New	Multi	TH		56			\$300,000	Rejected- No available CoC Bonus Remaining	\$0
n/a	Manhattan Emergency Shelter, Inc.	Flint Hills Region Rapid Rehousing	Renewal	FH	PH		n/a	234,492	Full Voluntary		Fully Reallocated	\$0
n/a	Kansas Statewide Homeless Coalition, Inc.	Coordinated Entry Southeast Expansion	Renewal	SE	SSO CES		n/a	\$69,395	Full Voluntary		Fully Reallocated	\$0
								\$350,140			\$6,603,978	\$6,190,362

Certification for Opportunity Zones Preference PointsU.S. Department of Housing and
Urban DevelopmentOMB Number: 2501-0044
Expiration Date: 02/28/2027**Type or clearly print the following information.**

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: Kansas Statewide Homeless Coalition**Assistance Listing number and Federal Program name to which the Applicant is applying:**

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

Continuum of Care Program, ALN 14.267, CPD-2600-DC-0025

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

20103070100, 20005081900, 20045000200, 20045000400, 20003953600, 20059954200, 20059954400, 20111000500, 20121100700, 20139010400, 20001952900, 20037956600, 20037956900, 20037957500, 20037957600, 20099950400, 20125950200, 20125951200, 20125951300, 20015020400, 20035493700, 20035493800, 20155000600, 20155000700, 20155001000, 20155001300, 20185470600, 20009971400, 20009971700, 20057961800, 20057962101, 20055960501, 20055960600, 20071958100, 20101956600, 20029977200, 20089576100, 20089576200, 20157978300, 20169000100, 20169000600, 20163974600, 20163974700, 20063955100, 20063955200, 20065952100, 20137951700, 20181453700

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Kansas Balance of State CoC (KS-507) funds housing and services in federally designated Opportunity Zone census tracts across multiple geographic regions. Catholic Charities of Southwest Kansas operates Permanent Supportive Housing in Ford, Finney, Barton, Stafford, Greeley, and Lane Counties. Catholic Charities, Inc. serves Allen, Crawford, Labette, and Montgomery Counties through PSH and Rapid Rehousing. Douglas County's PSH project, NEK-CAP's housing program in Leavenworth and Atchison Counties, and My Father's House in Miami County provide additional OZ coverage. The CoC's Coordinated Entry SSO projects connect individuals experiencing homelessness in OZ tracts to housing across all regions. Stable housing enables workforce participation and economic engagement, reducing visible homelessness and supporting conditions for private investment in these distressed rural communities. The CoC's activities directly advance the Opportunity Zone program's goals across rural Kansas.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☐ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

KS-507 BOS COC
ADVANCING RECOVERY BY PROHIBITING ILLICIT DRUG ENABLEMENT
POLICY

Approved by Steering Committee: 8/28/2026

Policy

The Kansas Balance of State Continuum of Care is committed to supporting housing stability, participant safety, recovery, and access to appropriate substance use disorder treatment and recovery supports. The CoC recognizes that substance use disorders are health conditions and that people experiencing homelessness should have meaningful access to housing, services, treatment, recovery supports, and community-based resources.

This policy establishes CoC expectations for all CoC-funded housing projects submitted by the CoC and prohibits activities that enable or facilitate the use or distribution of illicit drugs on property under the control of CoC-funded housing projects. All CoC-funded Housing Providers shall comply with this policy, the Ks BoS CoC Written Standards, and all applicable provisions of 24 CFR Part 578 and federal law.

Prohibited Activities

In accordance with FY 2026 NOFO Section V.B.2.b and consistent with 21 U.S.C. §§ 841, 856, and 863, all CoC-funded Housing Providers within the Ks BoS CoC shall not operate drug injection sites or “safe consumption sites,” shall not knowingly distribute drug paraphernalia on or off property under their control, shall not knowingly permit the use or distribution of illicit drugs on property under their control, and shall not conduct, permit, encourage, or allow any of these activities under the pretext of “harm reduction.”

Each project applicant submitted by the Ks BoS CoC under the FY 2026 competition and subsequent competitions shall provide the affirmative certifications required under NOFO Section V.A.4.a.(6) as a condition of inclusion on the CoC Priority Listing.

Recovery and Treatment Encouragement

The CoC encourages recipients and subrecipients to connect participants with substance use disorder treatment, recovery housing, peer recovery supports, behavioral health care, primary health care, employment supports, and other services that promote long-term housing stability and recovery, consistent with the eligible supportive service categories at 24 CFR 578.53 and the ongoing assessment requirement at 24 CFR 578.75(e).

Recipients and subrecipients are encouraged to maintain active referral relationships with qualified substance use disorder treatment providers, recovery housing providers, community mental health centers, peer support programs, hospitals, federally qualified health centers, and other appropriate community partners within or outside the CoC geographic area.

Sobriety and Treatment Participation Permitted Under 24 CFR Part 578

Nothing in this policy restricts or prohibits CoC-funded Housing Providers from requiring program participants to be sober or to participate in treatment as a condition of assistance where such requirements are permissible under 24 CFR Part 578, including 24 CFR 578.75(h) (supportive services participation) and

24 CFR 578.93(b)(5) (sober housing). Consistent with the FY 2026 NOFO clarification at Section V.B.2.b, the prohibitions in the section above do not in themselves require program participants to be sober, to participate in treatment in order to receive assistance, or to be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement, although those practices may be allowable under 24 CFR Part 578.

Fair Housing, VAWA, and Disability Protections

This policy does not authorize, and shall not be interpreted to authorize, any practice that violates the Fair Housing Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, 24 CFR 578.93, or the Violence Against Women Act. Reasonable accommodations and modifications shall be provided to qualified individuals with disabilities, including individuals in recovery from substance use disorder.

Consistent with 24 CFR 5.2005(b)(1), assistance shall not be denied to, terminated from, or refused to a program participant on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.

Monitoring and Remedies

Compliance with this policy will be addressed through KSHC's existing CoC monitoring framework. If KSHC, in its role as Collaborative Applicant, determines through monitoring, audit, complaint, or other credible information that a CoC-funded Housing Provider is operating in violation of the Prohibited Activities section, KSHC will provide the Housing Provider with written notice of the alleged violation and a reasonable opportunity to respond, refer the matter to the Performance & Compliance Committee for review, and apply one or more remedies proportional to the nature and persistence of the violation.

Remedies may include a written corrective action plan, required technical assistance, a compliance finding in official Monitoring. KSHC will document each determination and remedy in CoC monitoring records consistent with 24 CFR 578.103.

Reporting Violations

In accordance with 24 CFR 578.9 and the Standardized Grievance & Appeal Process section of the Ks BoS CoC Written Standards, anyone who believes a CoC-funded Housing Provider within the Ks BoS CoC is operating in violation of this policy may report such concerns through the following channels:

- Housing Provider Grievance/Reporting
 - Each Housing Provider is required to have an internal grievance and reporting process that is readily available to anyone who may need to officially report a violation.
- KSHC Reporting
 - Online: <https://www.kshomeless.com/file-a-grievance.html>
- HUD Reporting
 - Online: https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint
 - Phone: 1-800-669-9777 (1-800-927-9275 TTY)

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
 - Project Listings:
 - New;
 - Renewal;
 - UFA Costs;
 - CoC Planning;
 - YHPD Renewal; and
 - YHDP Replacement and Reallocation.
 - Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
 - Attachment Requirement
 - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.
 - Things to Remember:
 - New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
 - Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:
 - UFA Costs Project Listing;
 - CoC planning Project Listing;
 - Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
 - For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
 - If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.
- Additional training resources are available online on HUD's website

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Kansas Statewide Homeless Coalition

2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects? Yes

Alert:

As stated in the FY 2026 CoC Program Competition NOFO:

- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)					
\$303,887					
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)					
\$0					
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)					
\$0					
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
Flint Hills Regio...	KS0183L7P072501	PH-RRH	CoC Renewal	\$234,492	No
Coordinated Entry...	KS0162R7P072501	SSO	CoC Renewal	\$69,395	No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: Flint Hills Region Rapid Rehousing
Grant Number of Eliminated Project: KS0183L7P072501
Eliminated Project Component Type: PH-RRH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: \$234,492

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.
(limit 2500 characters)

Agency decided to voluntarily reallocate per letter of intent. Project notified 7/1/2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: Coordinated Entry Southeast Expansion

Grant Number of Eliminated Project: KS0162R7P072501
Eliminated Project Component Type: SSO
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: \$69,395

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.
(limit 2500 characters)**

Agency decided to voluntarily reallocate per the letter of intent. Project was determined to be no longer needed. Agency notified 7/1/2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)								
\$47,693								
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)								
\$0								
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)								
\$0								
Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
NEK CAP Housing w...	KS0057L7P072516	CoC Renewal	\$252,625	\$230,492	\$0	\$0	\$22,133	No
Ashby House Housi...	KS0171L7P072503	CoC Renewal	\$129,312	\$103,752	\$0	\$0	\$25,560	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: NEK CAP Housing with Opportunities
Grant Number of Reduced Project: KS0057L7P072516
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$252,625
Amount Retained by Project: \$230,492
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$22,133
(This amount will auto-calculate by selecting "Save" button)

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Agency decided through the LOI to voluntarily reallocate a portion of the grant to better align with history of spenddown. Agency notified 7/1/2026.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants? No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: Ashby House Housing Plus Renewal
Grant Number of Reduced Project: KS0171L7P072503
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$129,312
Amount Retained by Project: \$103,752
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$25,560
(This amount will auto-calculate by selecting "Save" button)

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The agency decided to voluntarily partially reallocate due to spenddown considerations brought forward through monitoring and technical assistance during the Letter of Intent period. Agency notified 7/1/2026.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants? No

Continuum of Care (CoC) New Project Listing

Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. You may update each of the Project Listings simultaneously.

To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details.

To view the actual project application, click on the orange folder.

If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
Harvey & Marion R...	2026-08-04 11:55:...	SSO	United Way of Har...	\$204,765	1 Year	Bonus	No	No	19	
RISE-EI Dorado Su...	2026-09-23 09:49:...	SSO	RISE-EI Dorado, Inc	\$110,000	1 Year	Bonus + Reallocation	No	No	16	
Prairie View Safe...	2026-09-23 11:45:...	TH	Prairie View Inc.	\$250,000	1 Year	DV Bonus	No	No	D17	

SEK Homeless Proj...	2026-09-23 16:40:...	PH	Thrive Allen County	\$289,168	1 Year	Bonus	No	No	25	RRH
TBC Wilson County..	2026-09-23 17:32:...	SSO	The Building Comm...	\$50,000	1 Year	Bonus	No	No	20	
CKF Addiction, Pa...	2026-09-23 22:27:...	SSO	CKF Addiction Tre...	\$325,000	1 Year	Bonus	No	No	22	
Supportive Housin..	2026-09-24 13:00:...	TH	Domestic Violence ...	\$331,983	1 Year	DV Bonus	No	No	D15	
Southwick House T...	2026-09-24 16:41:...	TH	Plumb Place Inc d...	\$101,320	1 Year	Bonus	No	No	18	
Southwest Kansas ...	2026-09-24 16:41:...	SSO	Catholic Charitie. ..	\$250,000	1 Year	Reallocation	No	No	14	
Douglas Permanent...	2026-09-24 17:18:...	PH	Douglas County, K...	\$89,756	1 Year	Bonus	No	Yes	E26	PSH

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RRH	Consolidation Type
FY 2026 Domestic ...	2026-08-04 13:34:...	1 Year	Kansas Statewide ...	\$63,273		Yes	SSO	4			
Marion Apartments	2026-09-22 10:21:...	1 Year	Mental Health Ame...	\$107,860		Yes	PH	21		PSH	
Blaylock Residences	2026-09-22 17:30:...	1 Year	Mental Health Ame...	\$167,348		Yes	PH	11		PSH	
Meadowlark Leasing	2026-09-22 18:47:...	1 Year	Prairie View Inc.	\$121,136		Yes	PH	6		PSH	
Southeast Kansas ...	2026-09-23 14:32:...	1 Year	Catholic Charitie ...	\$195,546		Yes	PH	12		RRH	
Southeast Kansas ...	2026-09-23 14:40:...	1 Year	Catholic Charitie ...	\$365,477		Yes	PH	7		PSH	
Housing with Oppo...	2026-09-23 16:12:...	1 Year	NEK-CAP, INC.	\$230,492		Yes	PH	10		RRH	
Housing Plus Rene...	2026-09-24 13:59:...	1 Year	Ashby House	\$103,752		Yes	PH	23		PSH	
HMIS Project - Ru...	2026-09-24 15:57:...	1 Year	Kansas Housing Re...	\$58,850		Yes	HMIS	3			
Supportive Housin...	2026-09-24 15:59:...	1 Year	Kansas Housing Re...	\$334,599		Yes	HMIS	2			
KCSDV Rapid Rehou...	2026-09-24 16:37:...	1 Year	Kansas Coalition ...	\$954,578		Yes	PH	24		RRH	

Southw est Kansas ...	2026- 09-24 16:41:...	1 Year	Catholi c Charitie ...	\$495,4 61		Yes	PH	9		RRH	
My Father' s House.. .	2026- 09-24 18:03:...	1 Year	My Father' s House.. .	\$233,7 20		Yes	TH	5			
Perma nent Suppor t...	2026- 09-24 19:11:...	1 Year	Dougla s County, K...	\$156,8 64		Yes	PH	13	Expans ion	PSH	
KS BoS Coordi nate...	2026- 09-25 10:23:...	1 Year	Kansas Statewi de ...	\$185,8 22		Yes	SSO	1			
Oak Street Develo. ..	2026- 09-25 13:00:...	1 Year	McPher son Housin g...	\$56,80 6		Yes	PH	8		PSH	

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
KSHC CoC Planning...	2026-09-22 15:23:...	1 Year	Kansas Statewide ...	\$356,786	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☐

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☐

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

☒

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	Rank	PSH/RRH	Consolidation Type
This list contains no items									

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Applicant Name	Date Submitted	Comp Type	Expansion	Budget Amount	Grant Term	Funding Type	PSH/RRH	Rank
This list contains no items									

4. Consolidation & Expansion

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

1. Is the CoC consolidating renewal projects that will expire in Calendar Year 2027? No
2. Is the CoC expanding renewal projects that will expire in Calendar Year 2027? Yes

Alert:

Applicants applying to Expand or Consolidate existing renewal grants will not be required to submit a combined version of the application.

Projects are prohibited from being included in a consolidation and an expansion in the same fiscal year competition.

4B. Expansion

Instructions

Project applicants can apply to expand eligible renewal projects by combining a renewal project application and up to 2 new expansion project applications. Renewal projects that are part of an expansion must have an expiration date in Calendar Year 2027 (as confirmed on the FY 2026 GIW or eLOCCS), must be the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Expansion(s). ☒

The Collaborative Applicant certifies the accuracy of all the individual project applications related to this expansion request(s) ☒

The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed ☒

CoC must complete the following fields for each Expansion Application submitted.

	Applicant Name	Stand Alone Renewal Expansion Project Pin:	Stand Alone New Expansion Application (1) esnaps Project Number	Stand Alone New Expansion Application (2) esnaps Project Number
Expansion #1:	Douglas County, KS	KS0171	239365	
Expansion #2:				
Expansion #3:				
Expansion #4:				
Expansion #5:				
Expansion #6:				
Expansion #7:				
Expansion #8:				
Expansion #9:				
Expansion #10:				

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$3,831,584
New CoC Bonus and CoC Reallocation Amount	\$1,420,009
New DV Bonus Amount	\$581,983
New DV Reallocation Amount	\$0
YHDP Renewal and Replacement Amount	\$0
YHDP Reallocation Amount	\$0
CoC Planning Amount	\$356,786
Rejected Amount	\$0
Total Funding Request	\$6,190,362

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes		
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No	Local Competition...	09/24/2026

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Scoring Tool

Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1. Collaborative Applicant	09/24/2026
2. Reallocation	09/24/2026
2A. Grant(s) Eliminated	09/25/2026
2B. Grant(s) Reduced	09/25/2026
3A. CoC New Project Listing	09/24/2026
3B. CoC Renewal Project Listing	09/25/2026
3D. CoC Planning Project Listing	09/24/2026
Project Priority List FY2026	Page 24
	09/25/2026

3E. YHDP Renewal Project Listing	No Input Required
3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/24/2026
4B. Expansion	09/25/2026
Funding Summary	No Input Required
Attachments	Please Complete
Submission Summary	No Input Required

Scoring Criteria for New Projects for FY26 NOFO

New Project Scoring Summary
Updated and Approved: 6/15/2026

[illegible]

12. Coordination/Access to Treatment & Recovery Services	5 points
13. Workforce Development Coordination/Partnership	5 points
	Subtotal: 40
Total Points:	150 points

Rating Factor	To Receive Maximum Points	Scoring
A.1: Population Served and Housing	Demonstrate 5+ years of experience (or a subrecipient/partner) providing similar housing/services to the proposed population.	15 pts: 5+ years of experience with both the proposed population and housing/service model. 13 pts: 5+ years with either the population or model, or 3–4 years with both. 10 pts: 2–3 years with both, or 3+ years with one and some experience with the other. 7 pts: 1–2 years with one or both, with clear relevance to the proposed project. 5 pts: Less than 1 year of direct experience, or related work with similar populations or services. 2 pts: No direct experience, but a detailed and feasible implementation plan with identified staff or partners. 1 pt: No experience; a vague or partial plan is mentioned, but lacks sufficient detail. 0 pts: No experience and no plan presented.
A.2: Federal/Public Grant Management Experience	Demonstrate a successful track record managing HUD or comparable federal/state grants within the past 2 or more years.	5 pts: 5+ years managing with any type of federal grant, either directly or as a subrecipient. 4 pts: 5+ years managing state or local grants, or 3–5 years of federal grant management, either directly or as a subrecipient. 3 pts: 2–3 years of public grant management experience (federal, state, or local), either direct or subrecipient. 2 pts: 1–2 years of public grant experience, or relevant involvement in grant-funded programs. 1 pt: No grant experience, but includes a credible plan for grant administration or identifies a fiscal sponsor. 0 pts: No experience and no plan provided.
A.3: Leadership and Board with Lived Experience	Demonstrate inclusion of individuals with lived experience of homelessness in organizational leadership, decision-making roles, or governing boards.	3 pts: Individuals with lived experience currently serve on the board of directors or in formal leadership roles with influence over governance, policy, or program design. 2 pts: Individuals with lived experience participate in formal advisory groups or planning processes that influence decision-making, even if not in governance roles. 1 pt: Organization has a written plan or informal practice to include lived experience, but engagement is inconsistent or non-leadership focused. 0 pts: No representation or influence from individuals with lived experience in leadership, advisory, or planning roles.
A.4: Participant Feedback Practices	Demonstrate how the organization systematically gathers, evaluates, and incorporates feedback from program participants to improve services and operations.	2 pts: Organization uses formal, recurring methods (e.g., surveys, focus groups, advisory groups) to collect participant feedback and can demonstrate that feedback results in program or policy changes. 1 pt: Organization collects feedback occasionally or informally, with limited structure or evidence of influence on program decisions. 0 pts: No process or evidence of participant feedback practices.

B.1: Target Population and Needs Alignment	Demonstrate that the proposed project is designed to serve a clearly defined target population with high needs and aligns with current gaps and priorities identified by the CoC.	5 pts – The project targets a high-need population prioritized by the CoC and HUD (e.g., unsheltered individuals, youth, survivors of domestic violence) and cites 3 or more data sources (e.g., PIT Count, SPM, coordinated entry, local needs assessment) to demonstrate strong alignment with identified gaps. 4 pts – The project targets a CoC- and/or HUD-prioritized population and cites 2 data sources to demonstrate alignment with documented needs. 3 pts – The project targets a generally relevant population and cites 1 data source suggesting partial alignment with CoC or HUD priorities. 2 pts – The project identifies a population served but provides limited data and weak connection to CoC or HUD priorities. 1 pt – The project serves a population not currently prioritized by the CoC or HUD and provides minimal or no supporting data. 0 pts – The project does not clearly identify a population or demonstrate alignment with CoC or HUD needs.
B.2: Scale of Reach or Units	Evaluate the number of unduplicated households to be served annually and the geographic coverage of the project. Full points require meeting both thresholds for scale and geographic reach.	5 pts – Project will serve 20 or more households annually and operate in two or more counties. 4 pts – Project will serve 20 or more households in one county, or 15–19 households in two or more counties. 3 pts – Project will serve 15–19 households in one county, or 10–14 households in two or more counties. 2 pts – Project will serve 10–14 households in one county, or 5–9 households in two or more counties. 1 pt – Project will serve 5–9 households in one county, regardless of need level. 0 pts – Project will serve fewer than 5 households or does not define household scale or geographic reach.
B.3: Plan for Rapid Implementation	Evaluate the project’s readiness to begin operations quickly after grant award, including key elements such as housing or service site identification, partner coordination, hiring plans, and fund accessibility.	5 pts – Project has a clear and feasible implementation plan with identified service and/or housing sites, executed or draft partner agreements, a hiring strategy, and a timeline that positions the project to begin operations on or near January 1, 2027 4 pts – Project has most key implementation elements identified and a realistic plan to begin operations within one month of the expected start date. 3 pts – Project has a general plan in place but several key components (e.g., location, MOUs, hiring) are still in development; timeline indicates readiness within the first quarter of the grant period. 2 pts – Project has an early-stage or conceptual implementation plan with limited progress on critical elements or unclear timelines. 1 pt – Project provides minimal information about implementation readiness or startup plans. 0 pts – No implementation plan provided or lacks feasibility to begin within the first year of the grant.
C.1: Supportive Services Provision	Evaluate the type, availability, and coordination of supportive services proposed to meet the needs of the target population.	5 pts – Offers a comprehensive array of on-site or coordinated services (e.g., case management, behavioral health, employment, life skills), demonstrated through MOUs or service plans. 4 pts – Provides a broad set of supportive services aligned with participant needs, with some formal agreements or staffing identified. 3 pts – Provides access to a basic set of supportive services, including case management, through internal staff or community partnerships. 2 pts – Offers general services but lacks detail on coordination, staffing, or access pathways. 1 pt – Mentions services but does not explain how they will be delivered or accessed. 0 pts – No supportive services are provided or planned.

C.2 Service Participation Requirement	Project incorporates service participation requirements based on individual needs and documents them in occupancy agreements, leases, or equivalent written agreements. Consistent with 24 CFR 5.2005(b)(1), assistance may not be denied, terminated, or otherwise restricted because a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.	5 pts: Project has implemented individualized service participation expectations documented in executed occupancy agreements, leases, or equivalent written agreements, with a clear narrative explaining how expectations are structured, communicated, and tailored to participant needs. 4 pts: Project has adopted service participation expectations with a clear, time-bound implementation plan, but documentation is still in development. 3 pts: Project is in early planning and describes a credible intent to adopt service participation expectations, with specific next steps and a target timeframe. 2 pts: Project acknowledges the FY26 NOFO incentive for service participation or describes informal expectations, but expectations are not documented or individualized. 1 pt: Narrative references service participation but is vague or unclear about whether expectations exist or are planned. 0 pts: Project operates with fully voluntary service participation and does not plan to adopt service participation expectations.
C.3: Participant Engagement and Retention	The project describes all of the following strategies to promote participant engagement and housing retention: (1) Regular, scheduled contact (e.g., monthly case management); (2) Reassessment of participant needs over time; (3) A plan for re-engaging participants who disengage; (4) Use of supportive services to help participants remain housed.	5 pts – All four strategies are clearly described. 4 pts – Three of the four strategies are clearly described. 3 pts – Two of the four strategies are clearly described. 2 pts – One of the four strategies is clearly described. 1 pt – Engagement or retention is mentioned, but none of the four strategies are clearly described. 0 pts – No engagement or retention strategies are described.
D1. Permanent Housing Exits	Demonstrate that participants exit to permanent housing at a rate that exceeds the CoC average from a similar current or previous project.	5 pts - Project provides data from the proposed project or a similar current or previous project showing permanent housing exits exceed the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates performance above the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to support permanent housing exits. 2 pts - Project provides limited data or a partial plan to support permanent housing exits, but the approach lacks detail. 1 pt - Project commits to promoting permanent housing exits but does not include a clear plan. 0 pts - No information provided.
D2. Returns to Homelessness	Demonstrate with a plan and data that participants return to homelessness at a percentage rate that is below the CoC average for returns within 6-12 months from a similar current or previous project.	5 pts - Project provides data from the proposed project or a similar current or previous project showing returns to homelessness within 6-12 months are below the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates returns below the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to prevent returns to homelessness. 2 pts - Project provides limited data or a partial plan to prevent returns to homelessness, but the approach lacks detail. 1 pt - Project commits to minimizing returns but does not include a clear plan. 0 pts - No information or plan provided.
D3. Increased Earned Income	Demonstrate that participants increase earned income at a rate that exceeds the CoC average from a similar current or previous project.	5 pts - Project provides data from the proposed project or a similar current or previous project showing earned income increases exceed the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates performance above the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to increase

		earned income. 2 pts - Project provides limited data or a partial plan to increase earned income, but the approach lacks detail. 1 pt - Project commits to supporting earned income but does not include a clear plan. 0 pts - No information provided.
D4. Increased Non-Employment Income	Demonstrate that participants increase of non-employment income at a rate that exceeds the CoC average.	5 pts - Project provides data from the proposed project or a similar current or previous project showing non-employment income increases exceed the CoC average and includes a strong plan to sustain or improve performance. 4 pts - Project provides relevant performance data and a strong plan, but the data only partially demonstrates performance above the CoC average or the comparison is limited. 3 pts - Project does not have performance data but presents a strong, feasible plan to increase non-employment income. 2 pts - Project provides limited data or a partial plan to increase non-employment income, but the approach lacks detail. 1 pt - Project commits to supporting non-employment income but does not include a clear plan. 0 pts - No information provided.
D5. Length of Program Participation	Project proposes a length of participation or service engagement that is appropriate for the project type and target population. The timeline is supported by data from the proposed project or a similar current or previous program, and aligns with housing-focused outcomes and effective service delivery.	5 pts - Proposed length of participation or service engagement is clearly appropriate for the project type and target population, supported by data from the proposed project or a similar current or previous program, and aligns strongly with housing-focused outcomes and effective service delivery. 4 pts - Proposed length is appropriate and supported by some data or a strong rationale, with minor gaps in alignment or justification. 3 pts - No performance data provided, but the proposal includes a strong plan and rationale for expected length of engagement or stay. 2 pts - Proposed length appears generally appropriate but the plan or justification is limited. 1 pt - Project commits to an appropriate duration but provides no plan or justification. 0 pts - No information provided.
D6. Commitment to HMIS and Data Quality	Project demonstrates full participation in HMIS (or a comparable database for VSPs) and a strong approach to ensuring high-quality data, including accuracy, completeness, and timeliness.	5 pts - Agency commits to full HMIS participation (or a comparable system if VSP), has previous experience collecting and reporting data using systems or standards aligned with HMIS, and describes a strong approach to data accuracy, completeness, and timeliness. 4 pts - Agency commits to full HMIS participation (or a comparable system if VSP) and has relevant data collection/reporting experience, but the data quality approach has minor gaps. 3 pts - Agency is not currently using HMIS or a comparable system but presents a clear plan for participation and data quality improvement. 2 pts - Agency describes partial readiness or general steps toward HMIS participation and data quality, but the plan lacks detail or timelines. 1 pt - Agency briefly mentions HMIS participation but provides no information on readiness or quality standards. 0 pts - No information provided.
D7. Commitment to Coordinated Entry	Project demonstrates full participation in the CoC's Coordinated Entry (CE) system, including accepting referrals and adhering to the standardized access, assessment, and referral process. Projects must commit to accepting at least 95% of CE referrals to be eligible for partial points.	5 pts - Agency has prior experience participating in CE and provides data or a narrative showing that 100% of referrals were accepted in a previous or current project. This project provides a statement that the new project commits to accepting 100% of referrals from CES. 4 pts - Agency has prior experience participating in CE and commits to accepting at least 95% of CE referrals, but prior referral acceptance data or the 100% commitment is incomplete. 3 pts - Agency commits to accepting at least 95% of CE referrals and describes how the project will participate in the CE process, but does not provide prior performance data. 2 pts - Agency commits to accepting at least 95% of CE referrals, but provides limited

		implementation details. 1 pt - Agency expresses intent to participate in CE but does not commit to accepting at least 95% of referrals or provides no implementation details. 0 pts - Agency does not commit to accepting at least 95% of referrals or does not describe CE participation.
D8. Program Cost Effectiveness	Demonstrate that the project's cost per permanent housing exit or retention is lower than the CoC average.	5 pts - Cost per household is lower than the CoC average for the project type and the required calculation is complete and clearly supported. 4 pts - Cost per household is lower than or approximately equal to the CoC average for the project type, but the calculation or supporting explanation has minor gaps. 3 pts - Cost per household is equal to the CoC average for the project type. 2 pts - Cost per household is higher than the CoC average for the project type, but the applicant provides a reasonable explanation or mitigation strategy. 1 pt - Cost per household is higher than the CoC average for the project type. 0 pts - Required cost per household calculation cannot be completed due to missing or inconsistent data.
E.1: Audit	Agency must submit a recent independent audit with unmodified opinions, no findings, and adherence to GAAP.	5 points: Agency has an audit with unmodified opinions and no findings. Accounting practices follow GAAP (Generally Accepted Accounting Principles). 4 points: Agency has an audit with findings and is following a corrective action plan/response. Accounting practices follow GAAP (General Accepted Accounting Principles). 3 points: Agency has a financial review with no findings. 2 points: Agency has a financial review with findings and is following a corrective action plan/response. 1 point: Agency provides unaudited financial statements or an outdated audit (more than 2 years old), with unclear or partial adherence to GAAP. 0 points: No audit or financial review provided.
E.2: Match	Applicant must submit signed and dated match documentation specifying source, amount, and eligible use, consistent with HUD match requirements.	5 points: Match is fully documented with signed, dated letters or agreements that clearly state the source, amount, and eligible use of funds, and documentation appears complete and eligible under 24 CFR § 578.73. 4 points: Match documentation is substantially complete and appears eligible, but has minor issues such as limited detail, minor formatting concerns, or small inconsistencies that do not prevent verification of source, amount, or eligible use. 3 points: Match documentation is provided and appears generally eligible, but one or more key elements are incomplete, unclear, or only partially documented, such as source, amount, eligible use, signature, or date. 2 points: Applicant identifies match sources and provides some supporting documentation, but documentation is weak, incomplete, unsigned, outdated, or insufficient to fully verify eligibility. 1 point: Applicant describes intended match sources but provides minimal documentation or documentation that does not clearly establish source, amount, eligible use, or commitment. 0 points: Match documentation is missing, does not meet HUD eligibility requirements, or the applicant does not demonstrate the required match.
E.3: Budget	Applicant must submit a complete and accurate budget with only eligible costs, fully aligned with the project narrative and HUD CoC Program requirements.	5 pts: Budget is complete, accurate, and clearly aligned with the project narrative. All costs are eligible and appropriately categorized with strong justification. 4 pts: Budget is mostly complete with minor formatting or calculation issues. Costs are eligible and reasonably aligned with the narrative. 3 pts: Budget is complete but contains moderate inconsistencies with the project narrative or has vague line-item justifications. All costs are eligible.

		2 pts: Budget lacks clarity, contains structural or alignment issues, or omits important information—but all costs remain eligible. 1 pt: Budget is submitted but is poorly structured or lacks necessary detail. No ineligible costs are included. 0 pts: Budget includes any ineligible costs or is not submitted.	
F.1: Leveraging Housing Resources/Partnerships	Demonstrate coordination with public or private housing providers, including commitments to provide units, subsidies, or prioritization of referrals.	Reviewed through documentation of signed MOUs, formal agreements, or letters of commitment.	5 pts: Applicant provides current, signed MOUs or formal agreements with housing providers documenting access to units, subsidies, or prioritized referrals, and clearly explains how the partnership will be implemented for project participants. 4 pts: Applicant provides letters of commitment, contracts, or draft agreements that document specific housing resources or prioritized referral pathways, but the partnership is not fully formalized through current signed MOUs or agreements. 3 pts: Applicant describes active and ongoing informal coordination with housing providers, including consistent referrals or access pathways, but lacks formal documentation. 2 pts: Applicant references informal coordination or partnerships under development, but documentation or implementation detail is limited. 1 pt: Applicant expresses intent or general informal support for housing partnerships but provides no clear evidence of coordination. 0 pts: No documentation or coordination with housing providers described.
F.2: Leveraging Healthcare Resources/Partnerships	Demonstrate formal partnerships with healthcare organizations to provide services, care coordination, or direct funding (e.g., Medicaid billing, in-kind services) to support the program.	Reviewed through documentation of signed agreements or evidence of healthcare funding or service provision.	5 pts: Applicant provides current, signed MOUs or formal agreements with healthcare providers that document care coordination, service delivery, direct funding, Medicaid billing, in-kind services, or other resource contributions for project participants. 4 pts: Applicant provides letters of commitment, contracts, or draft agreements that indicate clear participant access to healthcare services or resources, but the partnership is not fully formalized through current signed MOUs or agreements. 3 pts: Applicant describes active and ongoing informal coordination with healthcare providers, including consistent referrals, warm handoffs, care coordination, or service access, but lacks formal documentation. 2 pts: Applicant references occasional healthcare coordination or partnerships under development, but documentation or implementation detail is limited. 1 pt: Applicant expresses intent or general informal support for healthcare partnerships but provides no

			clear evidence of coordination. 0 pts: No documentation or healthcare coordination described.
F.3 Street Outreach Implementation and Encampment Reduction	Demonstrate that the project either currently implements or commits to implementing street outreach activities aligned with the CoC's Street Outreach strategies.	Reviewed through documentation of current or proposed outreach activities, budgeted staff roles, narrative descriptions, and alignment with CoC policies. For projects making a new commitment, evidence must include a detailed implementation plan or statement of intent.	5 pts: Applicant has a structured street outreach program or formal partnership (e.g., with law enforcement, co-responders, or outreach teams) focused on encampment engagement and reduction, with documented activities, staff roles, and alignment with CoC Street Outreach strategies. 4 pts: Applicant provides a clear, time-bound plan to implement structured street outreach or encampment engagement, with identified staffing, partners, activities, and alignment with CoC Street Outreach strategies. 3 pts: Applicant has informal coordination, internal procedures, or limited documented activities for street outreach or encampment engagement, but the approach is not fully structured or formalized. 2 pts: Applicant commits to establishing street outreach or encampment engagement activities within the project term, but the plan lacks detail, staffing, or partner commitments. 1 pt: Applicant expresses general intent or support for street outreach or encampment engagement but provides no clear implementation plan. 0 pts: No outreach activity, description, or plan is provided.
F.4 Involvement of Individuals with Lived Experience of Homelessness	Demonstrate meaningful involvement of individuals with lived experience in program design, governance, or operations.	Reviewed through narrative explanation (e.g., employment, advisory boards, compensated participation).	2 pts: Individuals with lived experience are currently involved in project design, service delivery, or advisory roles, or the organization has a clear, time-bound plan to establish meaningful involvement. 1 pt: Organization expresses support for involvement and provides general descriptions, but has no current participation or clear plan to develop it. 0 pts: No involvement of individuals with lived experience is described.
F.5 Cooperation with Law Enforcement / Public Safety	Submit a current MOU or formal agreement with a law enforcement or public safety agency, and describe your planned role in a structured initiative such as diversion, co-responder response, or encampment outreach.	Reviewed through narrative explanation or formal documentation	2 pts: Formal MOU with law enforcement/public safety and a clearly defined role in a structured initiative (e.g., diversion, co-responder team, encampment response). 1 pt: Evidence/narrative of regular coordination or informal partnership without a formal agreement or structured initiative. 0 pts: No collaboration described.

F.6 Coordination with Planning Efforts to Prevent Homelessness from Public Systems	Demonstrate coordination with public institutions that provide any form of bed space (e.g., foster care, behavioral health, nursing facilities, hospitals, jails, prisons) to prevent homelessness at discharge. A Public Housing Authority is not considered an institution for the purpose of this question. This may include participation in interagency discharge planning, shared protocols, or data-informed coordination strategies.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with at least one system (e.g., MOU, participation in discharge planning group, shared protocols or data use agreements). 1 pt: Demonstrates informal communication or case-by-case coordination without formal agreements or systemic planning. 0 pts: No coordination demonstrated.
F.7 Collaboration Related to Children and Youth	Demonstrate collaboration with youth- and family-serving systems (e.g., child welfare, schools, juvenile justice, youth shelters) to support children, youth, and families at risk of or experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships or structured coordination (e.g., MOUs, joint initiatives, active coordination with McKinney-Vento liaisons, foster care, or youth justice systems). 1 pt: Demonstrates informal collaboration or limited engagement with youth- or family-serving agencies. 0 pts: No collaboration demonstrated.
F.8 Coordination with Veteran Organizations	Demonstrate coordination with veteran-serving agencies to ensure veterans experiencing or at risk of homelessness are identified, engaged, and connected to appropriate housing and services.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships (e.g., MOUs, joint case conferencing, referrals, or participation in coordinated entry) with VA-funded or veteran-specific organizations. 1 pt: Demonstrates informal or ad hoc communication with veteran providers but lacks formal coordination. 0 pts: No coordination demonstrated.
F.9 Coordination with Victim Service Providers	Demonstrate coordination with domestic violence, dating violence, sexual assault, or stalking service providers to ensure access to safe housing and trauma-informed services for survivors.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with VSPs (e.g., MOUs, coordinated entry protocols, use of comparable databases, shared safety planning, supportive services or case conferencing). 1 pt: Demonstrates informal coordination or referrals to VSPs without formal agreements or system-level integration. 0 pts: No coordination demonstrated.
F.10 Partnering with Public Housing Agencies	Demonstrate coordination with one or more Public Housing Agencies (PHAs) to increase access to subsidized housing for people experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnership with a PHA (e.g., MOU, coordinated waiting lists, joint planning, or project-based voucher access for participants). 1 pt: Demonstrates informal coordination or occasional referrals to PHAs, without formalized partnership or shared planning. 0 pts: No coordination demonstrated.
F.11 CoC Participation	Demonstrate regular and active participation in CoC meetings, workgroups, trainings, and other system-level planning activities.	Verified through CoC meeting attendance records, workgroup participation logs, and committee rosters.	1pts: Meets Requirements 0pts: Does not meet requirements
F.12 Coordination/Access to Treatment & Recovery Services	Demonstrate coordination with substance use disorder (SUD) treatment, mental health, and behavioral health providers to ensure participants have access to treatment and recovery services aligned with HUD's NOFO emphasis on treatment and recovery as a pathway to self-sufficiency. Coordination may include on-site treatment, formal referral pathways, co-located services, or warm handoffs.	Reviewed through narrative explanation or formal documentation (e.g., MOUs, referral protocols, co-located service agreements, evidence of on-site treatment availability, or participation in	5pts: Applicant provides current, signed MOUs or formal agreements for any of the following: SUD treatment, mental health, or behavioral health providers, documenting on-site treatment, co-located services, recovery housing partnerships, or prioritized referral pathways for participants. 4pts: Applicant provides letters of commitment or contracts that indicate clear participant access to treatment

		regional recovery-oriented systems of care).	and recovery services but not formalized as ongoing agreements. 3pts: Applicant describes active and ongoing informal coordination with treatment and recovery providers (e.g., consistent referrals, warm handoffs, regular case conferencing) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with treatment or recovery providers but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for treatment/recovery partnerships. 0pts: No documentation or coordination with treatment and recovery providers described.
F. 13 Workforce Development Coordination/Partnership	Demonstrate coordination with workforce development centers, local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers to increase participant employment, earned income, and long-term economic independence, consistent with HUD's NOFO emphasis on self-sufficiency.	Reviewed through documentation of signed MOUs, employer partnership agreements, vocational training agreements, evidence of on-site or co-located employment services, or letters of commitment from workforce partners.	5pts: Applicant provides current, signed MOUs or formal agreements with workforce development partners (e.g., local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers) documenting participant access to employment services, training, or supports that enable economic independence. 4pts: Applicant provides letters of commitment that indicate participant access to workforce/employment resources but not formalized agreements. 3pts: Applicant describes active and ongoing informal coordination with workforce development partners (e.g., consistent referrals, on-site job fairs, employer engagement) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with workforce or employer partners but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for workforce partnerships but provides no clear evidence of coordination. 0 pts: No documentation or workforce development coordination described.

Scoring and Evaluation Criteria for Renewal/Expansion Projects

The scoring and evaluation process ensures project applications are assessed transparently and consistently, with an emphasis on alignment with HUD and CoC priorities, local needs, and system performance improvements.

Renewal Scoring Summary

Criterion	Maximum Points
A. Objective Criteria and Performance Measures 1. Length of Stay 2. Exits to Permanent Housing 3. Returns to Homelessness 4. Increased Earned Income for Stayers 5. Increased Non-Employment Income for Stayers 6. Increased Earned Income for Leavers 7. Increased Non-Employment Income for Leavers 8. Maintained Earned Income for Stayers 9. Maintained Non-Employment Income for Stayers 10. Maintained Earned Income for Leavers 11. Maintained Non-Employment Income for Leavers 12. % of participants with a disability 13. % of participants entering project from place not meant for habitation 14. Coordinated Entry Participation 15. HMIS Data Quality 16. Program Cost Effectiveness 17. Grant Spenddown	4 points 5 points 5 points 6 points 5 points 6 points 5 points 5 points 5 points 5 points 5 points 1 point 3 points 5 points 5 points 5 points 5 points Subtotal: 80
B. Required Services and Participation 1. Supportive Services Provision 2. Service Participation Requirement 3. Participant Engagement and Retention	10 points 10 points 10 points Subtotal: 30
C. Coordination 1. Leveraging Housing Resources/Partnerships	2 points

2. Leveraging Healthcare and Mainstream Resources/Partnerships	5 points
3. Street Outreach Implementation and Encampment Reduction	5 points
4. Involvement of individuals with lived experience of homelessness	2 points
5. Cooperation with Law Enforcement/Public Safety Organization	5 points
6. Coordination with Planning Efforts to Prevent Homelessness from Public Systems	2 points
7. Collaboration Related to Children and Youth	2 points
8. Coordination with Veteran Organizations	2 points
9. Coordination with Victim Service Providers	2 points
10. Partnering with Public Housing Agencies	2 points
11. CoC Participation	1 point
12. Coordination/Access to Treatment & Recovery Services	5 points
13. Workforce Development Coordination/Partnership	5 points
	Subtotal: 40
Bonus Points	
D. Transition/Reallocation	5 points
E. Opportunity Zones	1 point
F. Verification of Immigration Status using SAVE	1 point
Total Points:	150 points + 7 points

Rating Factor	To Receive Maximum Points	Calculation and Dataset	CoC Average/Standard	Scoring RRH/TH	Scoring PSH
A.1:PSH/RRH Length of Stay	Demonstrate that participants move from project entry to permanent housing placement within a timeframe that exceeds the CoC average.	Annual Performance Report (APR) Question 22c, Row 26, Column B	TH/RRH- 45 days PSH- 53 days	4 pts: 33 days or less 3 pts: 34-39 2 pts: 40-45 1 pt: 46-51 0 pts: 52 or greater	4 pts: 29 days or less 3 pts: 30-41 2 pts: 42-53 1 pt: 54-65 0 pts: 66 or greater

A.2: Exits to Permanent Housing	Demonstrate that participants exit to permanent housing at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 23c, Row 46, Column B Divided by Total (row 54, column B)	CoC Average 76%	5pts: 89% or greater 4pts: 84% - 88% 3pts: 76% - 82% 2pts: 70% - 75% 1pts: 64% - 69% 0pts: 63% or less	5pts: 89% or greater 4pts: 84% - 88% 3pts: 76% - 82% 2pts: 70% - 75% 1pts: 64% - 69% 0pts: 63% or less
A.3: Returns to homelessness	Demonstrate that participants return to homelessness at a percentage rate that is below the CoC average for returns within 6-12 months.	System Performance Measures (SPM) Measure2a and 2b, row25, column H	TH/RRH – 6-12 months: 2% PSH – 6-12 months: 10%	5pts: 0% 4pts: less than 1% (above 0%) 3pts: 1% 2pts: 2% 1pts: 3% 0pts: 4% or greater	5pts: 4% or less 4pts: 5% - 7% 3pts: 8% - 11% 2pts: 12% - 15% 1pts: 16% - 19% 0pts: 20% or greater
A.4: Increased income for stayers	Demonstrate that participants increase earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 16, column F divided by column H	TH/RRH – 17% PSH –3%	6pts: 35% or greater 5pts: 27%-34% 4pts: 18%-26% 3pts: 9%-17% 2pts: 4%-8% 1pts: 1%-3% 0pts: 0%	6pts: 12% or greater 5pts: 9%-11% 4pts: 6%-8% 3pts: 3%-5% 2pts: 2% 1pts: 1% 0pts: 0%
A.5: Increased non-employment income for stayers	Demonstrate that participants increase of non-employment income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 18, column F divided by column H	TH/RRH – 10% PSH – 4%	5pts: 24% or greater 4pts: 16%-23% 3pts: 8%-15% 2pts: 3%-7% 1pts: 1%-2% 0pts: 0%	5pts: 15% or greater 4pts: 10%-14% 3pts: 3%-9% 2pts: 2% 1pts: 1% 0pts: 0%
A.6: Increased earned income for leavers	Demonstrate that participants who exit the project increase earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 16, column F divided by column H	TH/RRH – 4% PSH – 6%	6pts: 16% or greater 5pts: 12%-15% 4pts: 8%-11% 3pts: 3%-7% 2pts: 2% 1pts: 1% 0pts: 0%	6pts: 18% or greater 5pts: 14%-17% 4pts: 9%-13% 3pts: 4%-8% 2pts: 2%-3% 1pts: 1% 0pts: 0%

A.7: Increased non-employment for leavers	Demonstrate that participants who exit the project increase non-earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 18, column F divided by column H	TH/RRH – 3% PSH – 8%	5pts: 13% or greater 4pts: 8%-12% 3pts: 3%-7% 2pts: 2% 1pts: 1% 0pts: 0%	5pts: 18% or greater 4pts: 13%-17% 3pts: 5%-12% 2pts: 2%-4% 1pts: 1% 0pts: 0%
A.8: Maintained earned income for stayers	Demonstrate that participants maintained earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 16, column D+E+G, divided by column H	TH/RRH – 77% PSH – 94%	5pts: 90% or greater 4pts: 82%-89% 3pts: 70%-81% 2pts: 50%-69% 1pts: 1%-49% 0pts: 0%	5pts: 99% or greater 4pts: 96%-98% 3pts: 90%-95% 2pts: 75%-89% 1pts: 1%-74% 0pts: 0%
A.9: Maintained non-employment income for stayers	Demonstrate that participants maintain non-employment income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a1, row 18, column(s) D+E+G, divided by column H	TH/RRH – 87% PSH – 96%	5pts: 96% or greater 4pts: 91%-95% 3pts: 80%-90% 2pts: 60%-79% 1pts: 1%-59% 0pts: 0%	5pts: 99% or greater 4pts: 97%-98% 3pts: 92%-96% 2pts: 80%-91% 1pts: 1%-79% 0pts: 0%
A.10: Maintained earned income for leavers	Demonstrate that participants who exit the project maintained earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 16, column(s) D+E+G, divided by column H	TH/RRH – 93% PSH – 94%	5pts: 99% or greater 4pts: 96%-98% 3pts: 88%-95% 2pts: 70%-87% 1pts: 1%-69% 0pts: 0%	5pts: 99% or greater 4pts: 96%-98% 3pts: 90%-95% 2pts: 75%-89% 1pts: 1%-74% 0pts: 0%
A.11: Maintained non-employment for leavers	Demonstrate that participants who exit the project maintain non-earned income at a rate that exceeds the CoC average.	Annual Performance Report (APR) Question 19a2, row 18, column(s) D+E+G, divided by column H	TH/RRH – 96% PSH – 91%	5pts: 99% or greater 4pts: 97%-98% 3pts: 92%-96% 2pts: 80%-91% 1pts: 1%-79% 0pts: 0%	5pts: 98% or greater 4pts: 94%-97% 3pts: 86%-93% 2pts: 65%-85% 1pts: 1%-64% 0pts: 0%
A.12: % of participants with a disabling condition	Demonstrate that the percentage of participants entering the project	Annual Performance Report (APR)	TH/RRH – 39% PSH – 75%	<u>1pts: 39% or greater</u> <u>0pts: 38% or less</u>	1pts: 100% or greater 0pts: 99% or less

	with a disabling condition is higher than the CoC average for the same program type. For PSH projects, this percentage is 100% based on project type eligibility.	Question 13a2, column B, rows 17+18+19 divided by row 23			
A.13: % of participants entering from place not meant for habitation	Demonstrate that the percentage of participants entering the project from a place not meant for human habitation exceeds the CoC average.	Annual Performance Report (APR) Question 15, row 17 Column B divided by row 46 Column B	TH/RRH – 47% PSH – 50%	3pts: 55% or greater 2pts: 47%–54% 1pt: 45%–46% 0pts: 44% or less	3pts: 73% or greater 2pts: 50%–72% 1pt: 45%–49% 0pts: 44% or less
A.14: Coordinated Entry participation	Demonstrate that 95% of project enrollments are linked to referrals from the CoC’s Coordinated Entry System.	(KSHC Generated Looker Report)	95%	5pts: 100% 4pts: 96% - 99% 3pts: 95% 0pts: 94% or less	
A.15: HMIS Data Quality	Demonstrate that program data quality exceeds the CoC data quality standard.	System Performance Measure (SPM) Data Quality Current FY Destination issues divided by Total Leavers-1 = Data Quality Score (good quality Data)	TH/RRH – 97% PSH – 96%	5pts: 100% 4pts: 94% - 99% 3pts: 85% - 93% 2pts: 70% - 84% 1pts: 50% - 69% 0pts: 49% or less	
A.16 Program cost Effectiveness	Demonstrate that the project’s cost per permanent housing exit or retention is lower than the CoC average.	Calculated by dividing total HUD CoC funding in FY 2025 by the number of participants who exited to or retained permanent housing, as reported in the APR. APR Q23C column B, row 46 + Q22A1 Column F, row 26	TH/RRH – \$890 - \$1,586 PSH – \$219- \$4,893	5pts: \$1,100 or less 4pts: \$1,101-\$1,400 3pts: \$1,401-\$1,700 2pts: \$1,701-\$2,000 1pts: \$2,001-\$2,300 0pts: \$2,301 or greater	5pts: \$3,700 or less 4pts: \$3,701-\$4,500 3pts: \$4,501-\$5,300 2pts: \$5,301-\$6,100 1pts: \$6,101-\$6,900 0pts: \$6,901 or greater

A.17 Grant Spenddown	Demonstrate full expenditure of awarded funds within the grant term.	Calculated by dividing the total amount drawn down in eLOCCS by the total amount awarded for the most recently completed grant term.	90%	5 pts: 100% 4 pts: 98%–99% 3 pts: 90%–97% 2 pts: 85%–89% 1 pt: 80%–84% 0 pts: 79% or less
B.1: Supportive Services Provision	Evaluate the type, availability, and coordination of supportive services proposed to meet the needs of the target population consistent with eligible supportive services under 24 CFR 578.53.	10 pts: Offers a comprehensive array of supportive services (e.g., case management, behavioral health, life skills, employment) that are available on-site or through formal partnerships, with clear documentation (MOUs, staffing plans, or service protocols). 9 pts: Provides a broad and well-coordinated set of services tailored to participant needs, with some formal agreements and dedicated service staff. 7 pts: Provides core services (e.g., case management, referrals, housing navigation), with basic coordination infrastructure (e.g., internal staffing or informal partnerships). 5 pts: Offers supportive services with moderate scope or consistency, with partial alignment to the needs of the population or limited delivery pathways. 3 pts: Describes general or basic services with limited clarity on access, staffing, or delivery structure. 1 pt: Mentions services, but lacks explanation of type, frequency, or method of delivery. 0 pts: No supportive services are provided or planned.		
B.2: Service Participation Requirement	Incorporates service participation requirements based on individual needs and documents them in occupancy agreements or equivalent Consistent with 24 CFR 5.2005(b)(1) assistance may not be denied on the basis or as a direct result of the fact that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.	10 pts: Project has implemented individualized service participation expectations documented in executed occupancy agreements, leases, or equivalent written agreements, with narrative explaining how expectations are structured, communicated, and tailored to participant needs. 9 pts: Project has adopted service participation expectations with a clear, time-bound implementation plan, but documentation is in development (e.g., occupancy agreement language drafted, staff training underway). 7 pts: Project is in the early stages of planning and describes a credible intent to adopt service participation expectations, with specific implementation steps and a target timeframe identified. 5 pts: Project acknowledges the FY26 NOFO's incentive for service participation and expresses general intent to adopt expectations, but no plan or steps are included. 3 pts: Project describes participation expectations that are informal, undocumented, or not individualized, with no plan to formalize them. 1 pt: Narrative references service participation but is vague or unclear about whether any expectations exist or are planned.		

		0 pts: Project operates with fully voluntary service participation and does not plan to adopt service participation expectations.	
B.3: Participant Engagement and Retention	The project describes all of the following strategies to promote participant engagement and housing retention: (1) Regular, scheduled contact (e.g., monthly case management); (2) Reassessment of participant needs over time; (3) A plan for re-engaging participants who disengage; (4) Use of supportive services to help participants remain housed.	10 pts: All four strategies are clearly and comprehensively described. 9 pts: Three strategies are clearly described. 7 pts: Two strategies are clearly described. 5 pts: One strategy is clearly described. 3 pts: Engagement or retention is mentioned, but none of the four strategies are clearly described. 1 pt: Narrative is vague or confusing; minimal effort to describe engagement or retention approaches. 0 pts: No engagement or retention strategies are described.	
C.1: Leveraging Housing Resources/Partnerships	Demonstrate coordination with public or private housing providers, including commitments to provide units, subsidies, or prioritization of referrals.	Reviewed through documentation of signed MOUs, formal agreements, or letters of commitment.	2 pts: Applicant provides current, signed MOUs or formal agreements with housing providers, documenting access to units, subsidies, or prioritized referrals. 1 pt: Applicant references past or occasional collaboration with housing providers or expresses general intent without clear evidence of coordination. 0 pts: No documentation or coordination with housing providers described.
C.2: Leveraging Healthcare Resources/Partnerships	Demonstrate formal partnerships with healthcare organizations to provide services, care coordination, or direct funding (e.g., Medicaid billing, in-kind services) to support the program.	Reviewed through documentation of signed agreements or evidence of healthcare funding or service provision.	5 pts: Applicant provides current, signed MOUs or formal agreements with healthcare providers that document care coordination, service delivery, or resource contributions. 4 pts: Applicant submits letters of commitment or similar documentation confirming healthcare support or service availability. 3 pts: Applicant describes active informal coordination with healthcare partners (e.g., warm handoffs, regular referrals), but lacks formal documentation. 2 pts: Applicant references general collaboration or past partnerships but provides limited detail or current engagement. 1 pt: Applicant indicates intent to coordinate with healthcare but shows no current activity or documentation. 0 pts: No documentation or healthcare coordination described.

C.3 Street Outreach Implementation	Demonstrate that the project either currently implements or commits to implementing street outreach activities aligned with the CoC's Street Outreach strategies.	Reviewed through documentation of current or proposed outreach activities, budgeted staff roles, narrative descriptions, and alignment with CoC policies. For projects making a new commitment, evidence must include a detailed implementation plan or statement of intent.	5 pts: Applicant has a structured street outreach program, a formal partnership (e.g., with law enforcement, co-responders, or outreach teams) focused on encampment engagement, or a clear, time-bound plan to create one. 4 pts: Applicant has informal coordination or internal procedures for encampment engagement, or a commitment to establish them within the project term. 3 pts: Applicant conducts outreach without structure or encampment focus, or commits to begin outreach with limited detail. 2 pts: Applicant provides a general intent to engage in outreach or encampment response, but lacks specific planning or timelines. 1 pt: Applicant acknowledges the importance of outreach, but provides no meaningful plan, detail, or structure. 0 pts: No outreach activity, description, or plan is provided.
C.4 Involvement of Individuals with Lived Experience of Homelessness	Demonstrate meaningful involvement of individuals with lived experience in program design, governance, or operations.	Reviewed through narrative explanation (e.g., employment, advisory boards, compensated participation).	2 pts: Individuals with lived experience are currently involved in project design, service delivery, or advisory roles, or the organization has a clear, time-bound plan to establish meaningful involvement. 1 pt: Organization expresses support for involvement and provides general descriptions, but has no current participation or clear plan to develop it. 0 pts: No involvement of individuals with lived experience is described.
C.5 Cooperation with Law Enforcement / Public Safety	Submit a current MOU or formal agreement with a law enforcement or public safety agency, and describe your planned role in a structured initiative such as diversion, co-responder response, or encampment outreach.	Reviewed through narrative explanation or formal documentation	5 pts: Applicant provides current, signed MOUs or formal agreements with law enforcement or public safety agencies, and clearly describes a defined role in a structured initiative (e.g., diversion, co-responder team, encampment response, crisis response collaboration). 4 pts: Applicant provides letters of commitment or contracts that indicate clear coordination with law enforcement or public safety agreements. 3 pts: Applicant describes active and ongoing informal coordination with law enforcement or public safety (e.g., consistent communication, joint outreach, regular case-level collaboration) but lacks formal documentation. 2 pts: Applicant references past or occasional collaboration with law enforcement or public safety but lacks detail or recent engagement. 1 pt: Applicant expresses intent or general support for law enforcement / public safety partnerships but provides no clear evidence of coordination. 0 pts: No coordination with law enforcement or public safety described.

C.6 Coordination with Planning Efforts to Prevent Homelessness from Public Systems	Demonstrate coordination with public institutions (e.g., foster care, behavioral health, hospitals, jails, prisons) to prevent homelessness at discharge. This may include participation in interagency discharge planning, shared protocols, or data-informed coordination strategies.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with at least one system (e.g., MOU, participation in discharge planning group, shared protocols or data use agreements). 1 pt: Demonstrates informal communication or case-by-case coordination without formal agreements or systemic planning. 0 pts: No coordination demonstrated.
C.7 Collaboration Related to Children and Youth	Demonstrate collaboration with youth- and family-serving systems (e.g., child welfare, schools, juvenile justice, youth shelters) to support children, youth, and families at risk of or experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships or structured coordination (e.g., MOUs, joint initiatives, active coordination with McKinney-Vento liaisons, foster care, or youth justice systems). 1 pt: Demonstrates informal collaboration or limited engagement with youth- or family-serving agencies. 0 pts: No collaboration demonstrated.
C.8 Coordination with Veteran Organizations	Demonstrate coordination with veteran-serving agencies to ensure veterans experiencing or at risk of homelessness are identified, engaged, and connected to appropriate housing and services.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnerships (e.g., MOUs, joint case conferencing, referrals, or participation in coordinated entry) with VA-funded or veteran-specific organizations. 1 pt: Demonstrates informal or ad hoc communication with veteran providers but lacks formal coordination. 0 pts: No coordination demonstrated.
C.9 Coordination with Victim Service Providers	Demonstrate coordination with domestic violence, dating violence, sexual assault, or stalking service providers to ensure access to safe housing and trauma-informed services for survivors.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal collaboration with VSPs (e.g., MOUs, coordinated entry protocols, use of comparable databases, shared safety planning, supportive services or case conferencing). 1 pt: Demonstrates informal coordination or referrals to VSPs without formal agreements or system-level integration. 0 pts: No coordination demonstrated.
C.10 Partnering with Public Housing Agencies	Demonstrate coordination with one or more Public Housing Agencies (PHAs) to increase access to subsidized housing for people experiencing homelessness.	Reviewed through narrative explanation or formal documentation	2 pts: Demonstrates formal partnership with a PHA (e.g., MOU, coordinated waiting lists, joint planning, or project-based voucher access for participants). 1 pt: Demonstrates informal coordination or occasional referrals to PHAs, without formalized partnership or shared planning. 0 pts: No coordination demonstrated.
C.11 CoC Participation	Demonstrate regular and active participation in CoC meetings, workgroups, trainings, and other system-level planning activities.	Verified through CoC meeting attendance records, workgroup participation logs, and committee rosters.	1pts: Meets Requirements 0pts: Does not meet requirements

C.12 Coordination/Access to Treatment & Recovery Services	Demonstrate coordination with substance use disorder (SUD) treatment, mental health, and behavioral health providers to ensure participants have access to treatment and recovery services aligned with HUD's NOFO emphasis on treatment and recovery as a pathway to self-sufficiency. Coordination may include on-site treatment, formal referral pathways, co-located services, or warm handoffs.	Reviewed through narrative explanation or formal documentation (e.g., MOUs, referral protocols, co-located service agreements, evidence of on-site treatment availability, or participation in regional recovery-oriented systems of care).	5pts: Applicant provides current, signed MOUs or formal agreements for any of the following: SUD treatment, mental health, or behavioral health providers, documenting on-site treatment, co-located services, recovery housing partnerships, or prioritized referral pathways for participants. 4pts: Applicant provides letters of commitment or contracts that indicate clear participant access to treatment and recovery services but not formalized as ongoing agreements. 3pts: Applicant describes active and ongoing informal coordination with treatment and recovery providers (e.g., consistent referrals, warm handoffs, regular case conferencing) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with treatment or recovery providers but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for treatment/recovery partnerships. 0pts: No documentation or coordination with treatment and recovery providers described.
C.13 Workforce Development Coordination/Partnership	Demonstrate coordination with workforce development centers, local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers to increase participant employment, earned income, and long-term economic independence, consistent with HUD's NOFO emphasis on self-sufficiency.	Reviewed through documentation of signed MOUs, employer partnership agreements, vocational training agreements, evidence of on-site or co-located employment services, or letters of commitment from workforce partners.	5pts: Applicant provides current, signed MOUs or formal agreements with workforce development partners (e.g., local workforce boards, American Job Centers, employers, vocational training providers, or childcare providers) documenting participant access to employment services, training, or supports that enable economic independence. 4pts: Applicant provides letters of commitment that indicate participant access to workforce/employment resources but not formalized agreements. 3pts: Applicant describes active and ongoing informal coordination with workforce development partners (e.g., consistent referrals, on-site job fairs, employer engagement) but lacks formal documentation. 2pts: Applicant references past or occasional collaboration with workforce or employer partners but lacks detail or recent engagement. 1pt: Applicant expresses intent or general support for workforce partnerships but provides no clear evidence of coordination. 0 pts: No documentation or workforce development coordination described.
D. Transition/Reallocation	Demonstrate a full and strategic transition or reallocation of the project to a new eligible component or project type that aligns with KS BoS priorities, addresses system needs, and meets HUD threshold and quality standards.		5pts: Project is fully transitioning to a new eligible component or project type, with a clear rationale, alignment to HUD priorities, and a feasible implementation plan. 4pts: Project is partially reallocated (more than 50%) 3pts: Project reallocates 25–50%

		2pts: Project reallocates 10–25% 1pts: Project reallocates less than 10% 0pts: No reallocation or transition proposed.
E. Opportunity Zone	Demonstrate that the project is located within a federally designated Opportunity Zone, as determined by Map of Opportunity Zones HUD.gov / U.S. Department of Housing and Urban Development (HUD)	1pt: Project is located in an Opportunity Zone.
F. SAVE Use	Demonstrate that the applicant organization verifies immigration status using the SAVE system directly or in coordination with a state or local government, in accordance with the FY2025 CoC Program NOFO Policy Initiative Preference Point criteria.	1pt: Applicant uses the SAVE system for program.