

FY2026 Continuum of Care Renewal Project Application

Purpose

This application is designed to collect documentation and certifications required for scoring renewal projects under the FY2026 CoC Competition. Performance measures based on HMIS, APR, System Performance Measures, Coordinated Entry, and financial records will be calculated by the CoC and are not completed by the applicant.

General Instructions

Applicants should provide the requested documentation and concise responses. Scoring will be based on evidence submitted with the application and verified data sources.

HMIS and Coordinated Entry Renewal projects are not required to submit a paper application. These projects are still required to submit an application in e-snaps.

Attachment Naming Convention (Required)

All attachments must be labeled using the naming convention below. Failure to clearly label attachments may result in delays in scoring or requests for clarification.

Attachment 2A – Behavioral Health MOU

Attachment 2B – Substance Use Treatment Agreement

Attachment 2C – Healthcare Provider Agreement

Attachment 2D – Letter(s) of Commitment

Attachment 3A – Occupancy Agreement

Attachment 3B – Program Rules

Attachment 3C – Participant Handbook

Attachment 3D – Service Participation Policy

Attachment 4A – Healthcare Partnership Documentation

Attachment 4B – Workforce Development Partnership Documentation

Attachment 4C – Benefits/Medicaid Partnership Documentation

Attachment 4D – Letters of Commitment

Attachment 5A – Law Enforcement MOU

Attachment 5B – Referral Protocol

Attachment 5C – Crisis Response Protocol

Attachment 5D – First Responder Agreement

Section 1 – Applicant Information

Agency Name: _____

Project Name: _____

Grant Number: _____

Project Type: _____

Authorized Representative: _____

Email: _____

Phone: _____

Section 2 – Treatment & Recovery Integration (10 Points)

Required Documentation:

☐ Attachment 2A included

☐ Attachment 2B included

☐ Attachment 2C included

☐ Attachment 2D included

Narrative Response:

Describe how participants access behavioral health, substance use treatment, recovery supports, and healthcare services (250 words maximum).

Section 3 – Required Service Participation (10 Points)

Required Documentation:

☐ Attachment 3A included

☐ Attachment 3B included

☐ Attachment 3C included

☐ Attachment 3D included

Narrative Response:

Describe participant engagement expectations and how they are communicated (200 words maximum).

Section 4 – Healthcare & Mainstream Resource Linkages (8 Points)

Required Documentation:

☐ Attachment 4A included

☐ Attachment 4B included

☐ Attachment 4C included

☐ Attachment 4D included

Narrative Response:

Describe how participants access healthcare, workforce services, income supports, and mainstream benefits (250 words maximum).

Section 5 – Law Enforcement Coordination (4 Points)

Required Documentation:

- ☐ Attachment 5A included
- ☐ Attachment 5B included
- ☐ Attachment 5C included
- ☐ Attachment 5D included

Narrative Response:

Describe coordination with law enforcement, first responders, hospitals, and crisis response systems (200 words maximum).

Section 6 – Applicant Certification

I certify that all information and documentation submitted with this application is true, complete, and accurate.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

Reviewer Score Sheet (CoC Use Only)

Treatment & Recovery Integration: ____ / 10

Required Service Participation: ____ / 10

Healthcare/Mainstream Linkages: ____ / 8

Law Enforcement Coordination: ____ / 4

Utilization: ____ / 8

Housing Stability: ____ / 12

Returns to Homelessness: ____ / 12

Employment Growth: ____ / 12

Non-Employment Income Growth: ____ / 6

Cost per Successful Outcome: ____ / 8

Financial Management: ____ / 8

Coordinated Entry: ____ / 4

Audit/Monitoring: ____ / 3

TOTAL SCORE: ____ / 105