

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

1A-2. Collaborative Applicant Name: Homeward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeward

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
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	2
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
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	2

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Nonexistent	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
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	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Nonexistent	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Private philanthropy	Yes	1
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)

Homeward maintains the Greater Richmond CoC (GRCoC) website. On the homepage, there is a button titled "Become a GRCoC member". When selected, users are brought to a page with instructions on how to become a GRCoC member and the expectations/benefits of active membership are explained. Homeward maintains a CoC email list of 877 agencies and individuals which is used to share invitations to quarterly CoC meetings and other information. This newsletter has a permanent invitation for new members to join. The CoC maintains an inclusive and low-barrier general membership by allowing any individual or entity committed to addressing homelessness in the Greater Richmond Region to become a member by registering for the general membership newsletters and/or attending general membership meetings. To be designated as an active member, members must have attended 75% of the meetings in the last 12 months. Homeward also makes regular presentations both virtually and in-person to local and state human services stakeholders. Attendees are always invited to join the CoC. Homeward staff also meet with individuals or agencies interested in homelessness to give more information on CoC activities and membership.

Homeward maintains a dedicated ADA-compliant CoC website that uses the UserWay widget with a meeting calendar and information about how to become a new member. Invitations to join the GRCoC are extended to everyone in attendance during virtual presentations to increase collaboration and accessibility through effective communication. Regularly, Homeward coordinates more than 40 committee and community meetings that are focused on homelessness and homeless services in our region to engage new membership. Additionally, the CoC has sought to engage with the faith community in the greater Richmond region and other organizations with informal support networks that run parallel to the homeless services system. As part of the "Connections to Homeless Services" and "Housing Problem Solving" community training series, Homeward hosted 18 trainings with community partner staff and volunteers and with organizations not previously engaged with the CoC.

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.
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(limit 2,500 characters)

The CoC solicits opinions from members through online surveys, public input sessions, and requesting public comments on documents posted on the CoC website including establishing funding priorities and policy changes. Targeted stakeholder input with local providers, faith communities, behavioral and medical health providers, and local and state officials is sought in one-on-one meetings with the Collaborative Applicant (CA) or CoC leadership. The CoC's approach to updates of the PIT methodology and implementation provides a recent example. The CA and HMIS lead convened a PIT taskforce, comprised of outreach lead staff, experienced PIT volunteers, local law enforcement officers, and persons with lived experience. Through the solicitation of guidance from this diverse and experienced group, the PIT survey was modified to be shorter and included topical questions about employment and workforce issues. This group provided guidance that led to improved training and recruitment of PIT volunteers, who are now equipped to provide immediate resources to people counted on the night of the survey. The CA maintains a peer exchange homeless and human services list-serve with more than 800 members including partners inside and outside of direct homeless services.

This list-serve and the dedicated CoC email list are used to provide information and to solicit input. The CA hosts a dedicated CoC website, endhomelessnessrva.org and makes presentations in all eight CoC localities to groups not currently engaged with the CoC. Input is solicited at CoC general meetings through facilitated discussions and survey tools. Information is also shared in the CoC newsletter and posted on the CoC website. The Greater Richmond CoC (GRCoC) seeks to ensure effective communication and access for persons with disabilities through online and in-person communication. In-person GRCoC events are held in ADA accessible locations with attention to accessibility to public transportation. The online surveys, input sessions, and the solicitation of public comments on CoC documents are all conducted virtually. Information obtained efforts is shared with relevant CoC Committees and the Board to inform the development of strategies, funding priorities, outcome measurements, policies, and programs. Feedback shared in public forums led to the development of new training options and has increased participation in case conferencing to include more than 80 individuals from 30 organizations.

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)

Availability of FY26 HUD CoC funding was announced on 6/22/2026 by posting on the CoC's website endhomelessnessrva.org and with a flyer circulated on the larger Case Manager's List-serve and via email to key community stakeholders and networks. Existing CoC grantees and organizations not previously funded were invited to apply. The Collaborative Applicant (CA) hosted a webinar for community members on 6/23/26 which provided an overview of the funding opportunity, the local competition policies and procedures, and how to apply. The CA hosted additional sessions on coordinated entry and HMIS in June and July 2026 to ensure that new applicants were familiar with CoC program guidelines.

Applicants with new projects were encouraged to submit a letter of intent to the CA to ensure project eligibility and for support navigating the application process. In newsletters and meetings, applicants were directed to the CoC website to access detailed funding information, including the NOFO, recording & slides of the "How to Apply" webinar, the policies and procedures, scoring rubric, a timeline for the FY26 NOFO Competition, links to 3 virtual office hours, and a FAQ document. CA staff provided -on-one guidance to new agencies to ensure they were prepared to apply. Per the FY26 Local Competition Policies and Procedures, projects must meet threshold requirements to be included in the Consolidated Application. New projects were screened to ensure they are eligible project types, serve eligible populations with eligible activities. Applicants are given written notice including the basis for acceptance or rejection. Six new agencies completed the letter of intent. 3 entities were ineligible (these were for profit organizations). One declined to apply. Two new agencies applied and 1 new agency was selected for inclusion in the CoC package. All existing and new applicants then completed a supplemental local application based on the CoC Project applications and including objective criteria based on performance measures.

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)

Gap: The GRCoC is reducing time homeless & increasing exits to unsubsidized housing, but two gaps remain. 1) 23% of people exiting to permanent housing return to homelessness within 2 years, unchanged from 2024. 2) first-time homelessness is rising year over year. Both point to the same system need: additional targeted prevention for households facing imminent homelessness & sustained support after housing. Stakeholder input in case conferencing sessions confirm that households often lose support after move-in. High call volume to the GRCoC triage & assessment call line underscore the need for additional targeted prevention capacity.

Strategy: The CoC will build a prevention-to-stability continuum alongside the RRH & PSH interventions in 42 U.S.C. 11386b(d):

1. Targeted prevention. Partners will use HMIS & local assistance call line data to direct new targeted prevention funds to households most likely to enter or reenter shelter.
2. Diversion. GRCoC will strengthen the capacity of the Triage & Assessment call line to expand diversion support.
3. Aftercare. Secure local resources so that CoC-funded RRH & TH projects can provide up to six months of post-exit case management, landlord mediation, & links to benefits & employment. Providers already doing follow-up will adopt common standards.
4. Early warning. HMIS will be used in case conferencing to flag re-entry by any formerly housed household.
5. Subpopulations. Families (McKinney-Vento liaisons, DSS, TANF), youth (foster care partners), veterans (VA & SSVF), survivors (victim service providers), older adults, & people with behavioral health needs (RBHA, CCC, DPHS) will receive tailored diversion & aftercare, with PSH prioritized for chronic homelessness.

Performance measures (FY25 SPM baseline): hold first-time homelessness steady in year 1, reduce it 5% by year 2 & 10% by year 3; cut two-year returns from 23% to 18% by year 2 & 10% by year 3; raise exits to permanent housing from ES, SH, TH, & RRH from 41% to 50% by year 2.

Timeline: Targeted prevention & aftercare standards adopted by March 2027; HMIS early-warning protocols for case conferencing live by June 2027; full implementation by December 2027.

Funding: CoC Program supportive services; Targeted prevention funds from local public sector funding; SSVF; & private flexible funds.

Oversight: GRCoC Board oversees implementation. Homeward, as Collaborative Applicant & HMIS Lead, staffs the work & reporting

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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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?	36%

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)

Not applicable.

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)

GRCoC ensures people experiencing homelessness can reach outpatient mental health and substance use treatment across the full range of care. It does this by partnering with the region's Community Services Boards, a HealthCare for the Homeless/Federally Qualified Health Center, and specialized recovery providers, and by building clinical access into CoC-funded projects.

Community Services Board: Richmond Behavioral Health Authority (RBHA) is a long-standing CoC Program grantee. Its Rapid Access entry point offers same-day assessment & referral to outpatient mental health treatment, psychiatric evaluation, medication management, Mental Health Case Management, and Assertive Community Treatment. It also refers to substance use services ranging from outpatient and intensive outpatient to medication-assisted treatment, withdrawal management, and residential care. RBHA's CoC-funded Home Connect PSH and street outreach connect participants directly to this continuum.

Integrated primary and behavioral health care: Daily Planet Health Services (DPHS), a CoC grantee and FQHC, provides adult & adolescent psychiatry, behavioral health care, EMDR therapy, walk-in behavioral health triage, and an on-site 340B pharmacy that supports medication adherence. DPHS offers integrated OBOT/OBAT supported by psychiatry, primary care, peer recovery specialists, and case management. Its street medicine, mobile medical, and community-based SUD teams deliver care in shelters and encampments.

Recovery programming: CARITAS dedicates 210 beds to structured recovery at The Healing Place, with daily Recovery Dynamics curriculum and access to medication-assisted recovery on site and through partners. DPHS provides an on-site LCSW and part-time psychiatrist. VCU Health provides specialty medical and SUD consultation at no cost.

Psychosocial interventions: St. Joseph's Villa's Mental Health Skill-Building program uses Qualified Mental Health Professionals to teach adults with serious mental illness medication management, symptom management, daily living skills, and housing stability skills. SupportWorks Housing's HomeLink PSH coordinates behavioral health care through formal MOUs with five community providers.

Suicide prevention and crisis: RBHA's Crisis Stabilization Unit, Mobile Crisis, and Crisis Receiving Center provide immediate response, and RBHA co-delivers 40-hour Crisis Intervention Team training with law enforcement with emphasis on suicide screening and prevent

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)

GRCoC integrates peer support and recovery navigation throughout its system, from street outreach and shelter to recovery housing and permanent supportive housing. People in recovery are supported by others who have walked the same path.

Peer-led recovery at scale: At CARITAS' The Healing Place, Certified Peer Recovery Specialists deliver more than 130,000 hours of recovery education each year, including daily Recovery Dynamics curriculum and daily AA/NA meetings. Peer Mentors, all Healing Place graduates with shared lived experience, lead engagement at Safe Off The Streets. This is CARITAS' 24/7, low-barrier entry point, which accepts people directly from the street, jail, or hospital without insurance, only a commitment to recovery. Peers build trust with people who have disengaged from traditional services, including people with active substance use or justice involvement who are often screened out elsewhere. Staff are REVIVE!-trained and authorized to administer naloxone.

Peers in medical and behavioral health care: Daily Planet Health Services embeds peer recovery specialists in its integrated OBOT/OBAT treatment team alongside psychiatry, primary care, and case management. Its community-based SUD team, launched in 2025, provides direct outreach to people not engaging in treatment. RBHA offers peer support through its behavioral health continuum, and its CoC-funded outreach and PSH programs connect participants to peer recovery services.

Recovery navigation: Navigation links each stage of recovery to housing. CARITAS participants move from The Healing Place to CARITAS Works, a six-week workforce program, and then to certified CARITAS Recovery Residences for up to two years. Currently 27% exit to permanent housing, all of it unsubsidized. RBHA's Housing Specialist will provide housing navigation and service coordination for people leaving inpatient substance use treatment. A Virginia Opioid Abatement Authority bed fee scholarship awarded to DPHS removes cost barriers for people ready to enter recovery.

Peer support in PSH: SupportWorks Housing's HomeLink PSH provides access to peer recovery services through MOUs and referral relationships. RBHA's Home Connect PSH connects participants to RBHA peer supports.

Lived expertise in system design: The GRCoC Lived Expertise Council helps shape system policy and strategy. Homeward's Referral and Lived Expertise Coordinator connects the Council to cross-sector referral work

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)

GRCoC identifies people experiencing Serious Mental Illness (SMI) through coordinated outreach, coordinated entry, and clinical partners. It connects them to intensive, integrated services that combine assertive engagement with comprehensive treatment.

Identification through outreach: A coordinated street outreach network reaches people where they are. RBHA's PATH outreach team serves people with SMI, and a new CoC-funded RBHA Outreach Worker joins the Coordinated Outreach team to expand that capacity. Daily Planet Health Services' street medicine, mobile medical, and community-based SUD teams include behavioral health staff and engage people in encampments and other hard-to-reach locations. DPHS also coordinates the multi-agency street outreach team and its case conferencing.

Identification through coordinated entry: The standardized coordinated entry assessment captures disability and behavioral health information. Case conferencing flags people with significant behavioral health needs for prioritization and clinical linkage. HMIS data matching with the Richmond City Justice Center and VCU Health helps identify people with SMI who cycle between jail, hospital, and homelessness.

Rapid connection to intensive care: Outreach staff connect people directly to RBHA's Rapid Access for assessment and referral to Assertive Community Treatment (ACT), Mental Health Case Management, psychiatric care, and co-occurring treatment. RBHA's Rapid Access Mobile Clinician will bring intake, assessment, brief therapy, and crisis intervention to shelters, encampments, and housing programs. It would reduce the delays that keep people with SMI homeless.

Housing with integrated treatment: CoC-funded PSH serves people with the most severe needs. All participants in RBHA's Home Connect PSH meet HUD's chronic homelessness definition, and they receive housing-focused Mental Health Case Management with access to RBHA's full continuum. SupportWorks Housing's HomeLink PSH, where 84% of participants are chronically homeless, coordinates behavioral health care through MOUs with five providers. St. Joseph's Villa's Mental Health Skill-Building program helps adults with SMI build the daily living and medication management skills that sustain housing.

Higher levels of care: When needs exceed what PSH can provide, RBHA clinicians complete a Uniform Assessment Instrument and coordinate referrals to assisted living, residential treatment, or other supportive settings.

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)

Richmond Behavioral Health Authority (RBHA) provides treatment services connected to the Richmond Adult Drug Court and behavioral health docket monitors mandatory outpatient treatment (AOT) orders, and conducts preadmission screening and discharge planning for inpatient civil commitment.

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)

GRCoC coordinates with RBHA so that people involved with specialty courts, court-ordered outpatient treatment, or civil commitment have a path to stable housing. The goal is for court orders to reinforce treatment engagement and housing stability rather than ending in a return to homelessness.

Shared infrastructure: RBHA is a long-standing CoC partner and operates CoC-funded PSH and street outreach. RBHA serves both court-involved clients and CoC projects, so housing needs are identified within the same agency that provides court-connected treatment. Clients are connected to coordinated entry, HMIS, and CoC housing as a warm hand-off.

Specialty courts: RBHA provides treatment services for participants in the Richmond Adult Drug Court and the behavioral health docket. When a participant is homeless or at risk, RBHA staff link the client to a coordinated entry assessment and participate in case conferencing so that housing planning aligns with court requirements.

Leveraging court orders: Mandatory outpatient treatment orders and specialty court conditions provide structure that housing providers can build on. With client consent, RBHA and housing case managers align the treatment plans, attendance, and medication adherence the order requires with housing goals. RBHA monitors mandatory outpatient treatment orders and can engage case management, ACT, or crisis services when a participant's stability is at risk.

Civil commitment and discharge planning: As the Community Services Board, RBHA conducts preadmission screenings for emergency custody and temporary detention and leads discharge planning for people leaving inpatient psychiatric care. It connects people without housing to coordinated entry upon discharge. When appropriate, it refers them to its state-funded PSH or to CoC-funded PSH, reducing discharges to shelter or the street.

Treatment to housing transitions: RBHA's Housing Specialist provides housing navigation and service coordination for people exiting inpatient substance use treatment, including people whose treatment was court-ordered.

Movement toward independence: RBHA's PSH and outreach programs help participants obtain SSI/SSDI through its SOAR program, connect to vocational rehabilitation and Virginia Career Works, and build budgeting and daily living skills. Participant readiness to move to less intensive or unsubsidized housing is assessed at annual recertification based on stability, goals, and participant choice.

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)

RBHA: Crisis Stabilization Unit, Mobile Crisis, and Crisis Receiving Center, with outreach linkage; co-delivers CIT training. Daily Planet Health Services: walk-in behavioral health triage and street medicine. St. Joseph's Villa: youth crisis services

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.	218

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)

Richmond Behavioral Health Authority (RBHA) provides treatment services connected to the Richmond Adult Drug Court and behavioral health docket monitors mandatory outpatient treatment (AOT) orders, and conducts preadmission screening and discharge planning for inpatient civil commitment. RBHA has a signed MOU with the GRCoC as part of the Coordinated Entry System.

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)

CARITAS has 77 beds in 28 Virginia Association for Recovery Residences ("VARR") certified apartments that offer a safe and sober living environment structured to provide the guidance for individuals to practice their own pathway to recovery.

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)

GRCoC coordinates with its treatment and recovery partners so that people leaving care move directly into housing, not homelessness. It also works to stabilize people at risk of losing housing before they need shelter.

Treatment-to-housing pathways: Partners build housing planning into treatment itself. CARITAS participants move from The Healing Place to CARITAS Works and then to certified Recovery Residences, from which 27% exit to permanent housing. RBHA's Housing Specialist provides housing navigation for people leaving inpatient substance use treatment. RBHA also connects people leaving inpatient psychiatric care to coordinated entry before discharge.

Warm hand-offs as standard practice: RBHA's Rapid Access Mobile Clinician model is built around warm hand-offs to ongoing behavioral health providers and housing service teams. Outreach staff from RBHA, Daily Planet Health Services, and Commonwealth Catholic Charities connect participants to coordinated entry for shelter and housing and accompany them to appointments. Case conferencing brings treatment, outreach, shelter, and housing staff together to match people to housing and hand off services directly.

Coordinated entry as the connecting point: The Homeless Connection Line, the GRCoC's triage and assessment call line, screens every household seeking shelter and diverts people to safe alternatives where possible.

Flexible funding: Flexible funds raised private sources let providers resolve the immediate barrier between discharge and housing, preventing entry into shelter.

Preventing entry into homelessness: A Virginia Opioid Abatement Authority bed fee scholarship awarded to Daily Planet removes cost barriers to recovery housing.

Sustaining housing: Once housed, participants keep their treatment connections. PSH providers coordinate with treatment partners through MOUs. SOAR benefits assistance and connections to employment help participants maintain income and housing.

1C-2.	Supportive Services Investment.
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$10,272,305
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.	\$5,666,960
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	55%
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.	\$2,538,792
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).	80%

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%

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)

GRCoC coordinates with its treatment and recovery partners so that people leaving care move directly into housing, not homelessness. It also works to stabilize people at risk of losing housing before they need shelter.

Treatment-to-housing pathways: Partners build housing planning into treatment itself. CARITAS participants move from The Healing Place to CARITAS Works and then to certified Recovery Residences, from which 27% exit to permanent housing. RBHA's Housing Specialist provides housing navigation for people leaving inpatient substance use treatment. RBHA also connects people leaving inpatient psychiatric care to coordinated entry before discharge.

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Coordinated entry as the connecting point: The Homeless Connection Line, the GRCoC's triage and assessment call line, screens every household seeking shelter and diverts people to safe alternatives where possible.

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Preventing entry into homelessness: A Virginia Opioid Abatement Authority bed fee scholarship awarded to Daily Planet removes cost barriers to recovery housing.

Sustaining housing: Once housed, participants keep their treatment connections. PSH providers coordinate with treatment partners through MOUs. SOAR benefits assistance and connections to employment help participants maintain income and housing.

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)

GRCoC connects shelter guests to CoC assistance through one coordinated entry system, shared data, and regular case conferencing, so that emergency shelter works as a path to permanent housing rather than an end point.

Single front door: The Homeless Connection Line (HCL), operated by Homeward, is the region's coordinated triage and assessment program for shelter. HCL staff screen callers, divert households where safe alternatives exist, and collect data used for shelter prioritization and referrals. As a result, every household entering shelter is known to the coordinated entry system from day one.

Shared data and assessment: 100% of Emergency shelters participate in HMIS.

Case conferencing and housing matches: Shelter providers join regular coordinated entry case conferencing with outreach, housing, and mainstream partners. Together they review the by-name list, resolve barriers, and move matched households into housing quickly. Homeward coordinates referrals from shelter to CoC-funded housing, and shelter case managers support document readiness and warm hand-offs to housing case managers.

Shelter as a path to housing: The CoC's written standards set a housing-focused, low-barrier expectation for shelters. Shelter providers help set coordinated entry policy through GRCoC committees. Homeward shares length-of-stay and exit data so shelters can track how quickly guests move to permanent housing and where households are getting stuck. Homeward also provides data quality reports and technical assistance so shelter records are complete enough to support timely housing matches.

Families and youth: Families in shelter are connected to family-dedicated housing and service resources, and young adults to Youth Homelessness Demonstration Program (YHDP) housing and services so each population reaches the intervention designed for it.

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)

Homeward, as GRCoC Collaborative Applicant and HMIS Lead, shares PIT, HIC, HMIS (HMIS), and System Performance data with state and local government through four channels. All four are governed by the CoC's HMIS Privacy Notice, HMIS Privacy Plan, and HMIS Security Plan and the CoC's data review and approval process, so every partner plans from the same quality-assured figures and the region speaks with one voice to funders and the public. Personally identifying or sensitive information is not disclosed simply for general planning purposes and is shared only when permitted by law, applicable data sharing agreements, client authorization when required, or other provisions governing disclosure.

Ranking and Review Committee: Local government staff from our four jurisdictions (the City of Richmond and Chesterfield, and Henrico Counties) serve on the GRCoC Ranking and Review Committee. The committee reviews project-level APR and HMIS performance data, SPM results, and HIC utilization to score, rank, and reallocate CoC Program funds. Local government members see the same performance data as every other reviewer.

Consolidated Plans: Homeward provides PIT, HIC, and HMIS data to CDBG/HOME/ESG entitlement jurisdictions for Consolidated Plans, Annual Action Plans, CAPERs, and local funding decisions. This keeps homeless needs and inventory in local plans consistent with federally reported data. It also helps localities target a growing local investment, now approximately \$3 million annually, to documented gaps and measure results against the same baseline the CoC reports to HUD.

Publicly available data: After HUD submission and CoC review, Homeward publishes PIT results (the January count and, as applicable, the summer unsheltered count), HIC summaries, SPM trends, and system dashboards at homewardva.org and endhomelessnessrva.org. Results are presented to the GRCoC Board, local elected and executive leaders, and posted on the GRCoC website for the public within 60 days of each count.

State Homeless Data Integration Project: GRCoC contributes de-identified HMIS data to the Virginia Department of Housing and Community Development's Homeless Data Integration Project. The project combines HMIS data across Virginia CoCs into a statewide dataset that informs state policy, VHSP funding, and cross-CoC analysis. Homeward also operates HMIS for the Balance of State, Western Virginia, and Fredericksburg CoCs, which supports consistent statewide reporting.

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)

GRCoC pairs HMIS data with health, justice, and other public-system data to identify people who cycle between institutions and homelessness, coordinate their care, and target housing resources. Homeward, as HMIS Lead, develops data matching agreements and conducts system-level analysis for the CoC. All matching follows HMIS privacy policies, client Release of Information practice, HIPAA, and 42 CFR Part 2. Results are shared as aggregate, non-identifiable findings unless client consent permits case-level coordination.

Law enforcement and corrections data: Homeward holds a data matching agreement with the Richmond City Justice Center. Periodic matches of jail booking and release data against HMIS identify people with histories of both incarceration and homelessness. Findings inform reentry discharge planning, outreach engagement at release, and coordinated entry prioritization. They also help the CoC and local partners size the need for housing and services for people leaving jail.

Health care data: GRCoC shares data with VCU Health, the region's largest safety-net health system, to connect people experiencing homelessness who use emergency and inpatient care with housing and services. Dedicated CoC staff match ED/inpatient data against HMIS and link patients to the dedicated outreach worker. This work strengthens discharge coordination so that people are not released from the hospital to the street.

Service Coordination with Medicaid Managed Care Organizations (MCO): Homeward's coordinated entry team has signed data sharing agreements with MCO providers in the region. These agreements facilitate shared care coordination and strengthen connections to healthcare and behavioral health services. One MCO has a contract to serve youth exiting foster care and Homeward works with this MCO to target services to youth exiting foster care.

Using results to improve care: Match findings are reviewed with providers through case conferencing and GRCoC committees. They inform prioritization for PSH and complex-care coordination with RBHA and other community services boards, particularly for people with serious behavioral health needs who move between jail, hospital, shelter, and the street. Shared findings also help partners design joint interventions rather than serving the same people separately.

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)

Representatives of Virginia Career Works–Capital Region, the Local Workforce Development Board, and the Virginia Department for Aging and Rehabilitative Services (DARS), the State Vocational Rehabilitation agency, for supported employment serve on the GRCoC Board and connect CoC participants to job training and employment services. Homeward's CEO serves on the Workforce Development Board.

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)

The GRCoC recognizes and respects the distinct roles & responsibilities of first responders and homeless service providers. The CoC does not direct, supervise, or participate in law enforcement activities. GRCoC street outreach staff and participating providers cooperate with and do not impede lawful public safety activities conducted by first responders, including activities related to encampments, public health and safety concerns, public drug use, involuntary commitment processes, or other responsibilities under federal, state, and local laws.

GRCoC street outreach staff and other CoC providers cooperate with first responders & local jurisdictions to coordinate responses involving individuals staying in encampments or other unsheltered locations. A recent example occurred during a week-long ice storm in January 2026. GRCoC providers and first responders worked to help unsheltered residents find safe places to stay. All known unsheltered individuals had a safety plan, accepted shelter, or received supplies with limited follow up from first responders during the weather event.

In 2026 ,the GRCoC Policy Committee developed a policy to maximize opportunities for unsheltered individuals to access housing resources, emergency shelter, behavioral health services, substance use treatment, healthcare, and other supports before, during, and after interactions with first responders, when feasible and as resources are available. This policy promotes collaboration between CoC providers and first responders while maintaining the GRCoC's commitment to voluntary, housing-focused engagement and ensuring unsheltered individuals have meaningful opportunities to connect with housing and supportive services.

GRCoC street outreach staff and participating providers:

Coordinate with first responders to facilitate timely connections to homeless assistance and available community resources.

Conduct outreach and offer housing-focused, person-centered services to individuals staying in encampments whenever feasible.

Strengthen referral partnerships by sharing information about available housing resources, shelter, triage and assessment processes, and supportive services with first responders at least quarterly.

Participate in coordinated planning related to encampment responses, when feasible, to support service engagement and reduce barriers to housing.

Protect client privacy by obtaining consent before sharing personal information.

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)

GRCoC assists family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program funded housing through regular multi-system case conferencing, diversion conversations on the GRCoC Triage & Assessment call line, and flexible funding provided primarily by private community funders. HUD-funded recipients assist with family or support-network reunification efforts through case management, travel assistance including flexible funding for travel costs, providing legal assistance and court advocacy for custody cases and other civil cases, and arranging assistance in another geographic area. From 7/1/2025 -6/30/2026, 14.4% of exits to permanent destinations in the GRCoC were to permanent situations with family or friends.

To help families reunite out of town, CoC projects arrange assistance by connecting with family and services in the other geographic areas to ensure stability in the new location. Our CoC has used flexible funds to pay for utility trailers for the family to move their belongings and pay for bus or train tickets to their destination. To support family reunification through having a child return to parents' custody, CoC has helped to find a larger apartment to accommodate the child, attended the custody hearings, connected parents to pro-bono attorneys, and participated in child protective services appointments.

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 GRCoC cooperates with, and does not interfere with or impede, local efforts to protect public safety in the entire CoC area. CoC-funded and partner outreach teams treat law enforcement and first responders as core partners in connecting people to shelter, treatment, and housing.

Coordinated outreach with police: Commonwealth Catholic Charities (CCC) partners with the Richmond Police Department (RPD), Henrico, Chesterfield, and Ashland police, and the Henrico CARE Team (Henrico Fire). CCC joins monthly community outreach meetings with RPD, receives outreach requests from officers, and plans joint responses with police, with encampments a particular focus. Information shared at these meetings has increased shelter matches for people with frequent police contact. CCC also briefs officers on outreach services.

Diversion with EMS and fire: Daily Planet Health Services (DPHS) coordinates the region's multi-agency street outreach team and partners with Chesterfield Mobile Integrated Healthcare (MIH), the Henrico CARE Team, Ashland PD, and RPD. MIH and the CARE Team work with frequent 911 callers; DPHS helps them divert people who are unsheltered or do not meet transport criteria to street medicine, behavioral health care, and shelter, easing demand on emergency departments and patrol. DPHS partners with Homeward to convene a community outreach group for updates and case conferencing, so outreach, health, and first-responder partners work from shared information.

Crisis response training: Richmond Behavioral Health Authority (RBHA), the local Community Services Board, co-delivers 40-hour Crisis Intervention Team (CIT) training for officers and dispatchers. RBHA outreach staff link people identified by first responders to shelter, treatment, family reunification, and housing, and give officers direct routes to RBHA's Crisis Receiving Center, Mobile Crisis, and Crisis Stabilization Unit.

Around-the-clock handoffs: CARITAS' Safe Off The Streets offers 24/7, no-cost intake that accepts people directly from the street, jail, or hospital, so officers and EMS have a service destination at any hour.

Outreach projects cooperate with law enforcement in carrying out its responsibilities while using trauma-informed, person-centered practice that maximizes voluntary engagement. Homeward, as Collaborative Applicant and HMIS Lead, convenes these partners and uses shared data to target resources where public safety and d housing needs overlap.

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)

Practices that help:

1. Ashland's camping ordinance (Town Code 12-33, effective Aug. 6, 2025) requires 3 business days' posted notice before a campsite is removed and requires the Town to notify a designated GRCoC outreach coordinator when notice is posted, so every closure starts with an outreach referral.
2. An FY26 MOU among the Town, the Ashland Foundation, and Homeward pairs enforcement with exits: \$10,000 in Town funds plus Kindness That Counts donations pay deposits, first month's rent, arrears, and ID fees for Ashland residents moving to permanent housing through Coordinated Entry, and bar spending on tents or camping gear. Ashland PD works with GRCoC outreach workers and other partners to address the needs of unsheltered individuals. Homeward provides reports on the spending and outcomes.
3. Monthly community outreach meetings with CoC providers & law enforcement generate encampment requests that officers and outreach staff address together, increasing shelter matches.
4. DPHS street medicine and outreach work in encampments; over five years they engaged 2,398 people, with 49% exiting to permanent housing and 20% to shelter.
5. CARITAS' recovery program offers 24/7 low-barrier intake, and RBHA outreach links people to treatment and crisis care.

Factors that hinder:

1. Short notice of closure actions limit providers' ability to assess, document, and place someone, especially with limited year-round shelter and housing capacity.
2. IDs and medications can be lost.
3. Escalating misdemeanor charges can hinder future housing connections.

Plan:

1. Use Ashland's notice requirement as a model. Secure additional resources for staffing and flexible funding to expand outreach notification in Richmond, Henrico, Chesterfield, and Hanover when closures are scheduled.
2. Respond within one business day of any notice with joint outreach, assessing each resident and identifying shelter or treatment slots before removal, and logging each contact in HMIS.
3. Secure IDs and medications before removal, using flexible funds to replace lost documents quickly.
4. Work with the Town and courts to count housing engagement as mitigation and limit records that block housing.
5. Renew and expand the MOU model with flexible funding tied to Coordinated Entry.

6. Homeward tracks exits to shelter and housing, and report to the CoC Board and members.

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)

Evaluation period: January 2024 PIT count to January 2025 PIT count (12 months).

Results: Using the definition below, the GRCoC identified 4 encampments with 28 people at the January 2024 PIT count and 4 encampments with 21 people at the January 2025 PIT count. The number of encampments held steady, and the number of people living in encampments fell by 7 (25%).

Definition of encampment: An encampment is a cluster of three or more unsheltered households, each located within approximately 300 feet of at least one other household in the cluster. Locations come from geocoded PIT survey coordinates, and outreach staff confirm that each cluster was a shared sleeping area on the night of the count.

1. Household: Each PIT survey is one household. A single person or a couple counts as one household.
2. Threshold: Requiring three or more households excludes a couple staying together without treating couples as a special case.
3. Distance: The team tested distances of 250 to 350 feet against the survey coordinates and set the standard at 300 feet.
4. Confirmation: Outreach staff verify whether a cluster was a shared sleeping area or simply people seen near each other, such as on a bench.

The PIT Steering Committee, including Homeward staff, Daily Planet Health Services (DPHS), Commonwealth Catholic Charities (CCC), and law enforcement partners, developed this definition in May 2026 and applied it consistently to the 2024 and 2025 PIT data, so both years are measured the same way.

Actions that contributed to the reduction: During the evaluation period, CCC and DPHS met monthly with the Richmond Police Department to coordinate outreach to unsheltered individuals including those in encampment, and information shared at those meetings increased shelter matches. Homeward secured private funding to offer flexible funding options to outreach partners. DPHS street medicine and mobile teams provided health care and housing connections in encampments and other unsheltered locations. RBHA's PATH outreach linked people with serious mental illness to treatment and housing. Coordinated Entry prioritized people with long histories of unsheltered homelessness for housing.

Next steps: The CoC will apply the same definition to each annual PIT count to track progress over time, and will use geocoded data in case conferencing to focus outreach and housing resources where encampments persist.

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)

Practices that help:

1. Virginia's Good Samaritan law offers protection to people who seek emergency help for an overdose, encouraging 911 calls and first contact with care.
2. Broad naloxone access. Virginia's REVIVE! program trains 1st responders & community members; CARITAS' Safe Off The Streets (SOTS) staff are REVIVE!-trained and Narcan-authorized.
3. Treatment on demand. Daily Planet (DPHS) was Virginia's first State Medicaid agency Preferred Office-Based Opioid Treatment (OBOT) site (2017) and offers integrated OBOT/OBAT with psychiatry, peer recovery specialists, and an on-site 340B pharmacy. Its community SUD team, launched in 2025, reaches people in public spaces who are not engaged in treatment. RBHA's Rapid Access connects people to medication assisted treatment, withdrawal management, outpatient, intensive outpatient, and residential care.
4. Recovery capacity. CARITAS dedicates 210 beds to structured recovery, with Certified Peer Recovery Specialists delivering recovery education to 499 participants a year, and certified sober Recovery Residences for up to two years.
5. Opioid settlement funds. A Virginia Opioid Abatement Authority (VOAA) bed fee scholarship removes cost barriers for people ready to enter recovery. Outreach and housing support staff have been funded in Chesterfield County and other localities.

Factors that hinder:

1. Wait times for detox and residential beds, which can lose people in the window when they are ready.
2. Transportation barriers between public spaces and treatment sites.
3. Release from jail or hospital without a treatment or housing handoff, which returns people to the same public spaces.

Plan:

1. Treat police-identified areas of public drug use as priority outreach sites, sending DPHS's SUD team, RBHA's mobile clinician, and peer mentors alongside officers when requested, so each contact offers same-day treatment, SOTS intake, or naloxone.
2. Give officers a direct referral path to SOTS 24/7 intake and RBHA Rapid Access as an alternative to repeat citations, while supporting enforcement where officers determine it is warranted.
3. Use VOAA scholarships and Medicaid enrollment at intake to remove financial barriers.
4. Build warm handoffs from jails and hospitals to SOTS, RBHA, and DPHS, and build referral pathways through Coordinated Entry.

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)

Statewide context: Per the VDH Office of the Chief Medical Examiner (OCME) (Q1 2026 report), fatal overdose has been Virginia's leading method of unnatural death since 2013. Deaths peaked at 2,669 in 2021 and fell to a preliminary 1,400 in 2025, a 17.3% drop from 2024. Fentanyl, nearly all illicitly made, caused 53.1% of 2025 deaths, and cocaine with fentanyl was the most common combination (23.9%). Fentanyl deaths fell 32% and heroin deaths 44%. The picture is shifting, not resolved. Non-opioid overdose deaths rose from 471 in 2024 to 519 in 2025 and are forecast at 554 in 2026.

GRCoC region: OCME data by locality of injury show regional deaths fell from 580 in 2021 to 308 in 2024 and 233 in 2025, down 24% in the last year and 60% from the peak. The Virginia Department of Health (VDH) reports deaths from all drugs in 2025 : Richmond City, with 74 deaths; Henrico (62), Chesterfield (49), and Hanover (7); New Kent (4); Powhatan (1); Goochland (1); and Charles City (0). A preliminary 61 regional deaths in Q1 2026 suggest the decline may be leveling.

Public spaces: VDH data do not identify where overdoses or drug use occur. GRCoC outreach partners observe public drug use concentrated in areas of higher poverty and the Daily Planet (DPHS) substance use team, launched in 2025, engages people using substances in public spaces who are not in treatment. People experiencing unsheltered homelessness face higher risk because they have less access to safe places, naloxone, and treatment.

Response: The CoC pairs outreach with health and recovery capacity. DPHS street medicine and office based opioid treatment services, RBHA Rapid Access, and CARITAS' 24/7 Safe Off The Streets intake with REVIVE!-trained, Narcan-authorized staff provide same-day paths to treatment, supported by opioid settlement scholarships through the Virginia Opioid Abatement Authority (OAA). GRCoC jurisdictional partners have invested OAA funding in increased capacity for mobile outreach, treatment, peer support, and service connections. Homeward is developing referral pathways and community education to align these resources through shared training and case conferencing.

Source: www.vdh.virginia.gov

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)

Practices that help:

1. Virginia's civil commitment framework (Emergency Custody Orders, Temporary Detention Orders, involuntary commitment, and mandatory outpatient treatment under Va. Code Title 37.2) gives officers, clinicians, and magistrates clear tools when a person is a danger to self or others.
2. Marcus Alert and crisis infrastructure. Richmond's Marcus Alert system and RBHA's Crisis Receiving Center, Mobile Crisis, and Crisis Stabilization Unit give officers a clinical destination and speed evaluation. SJV has crisis beds for youth.
3. CIT training. RBHA co-delivers 40-hour Crisis Intervention Team training for officers and dispatchers.
4. Intensive community treatment. RBHA's Rapid Access connects people with serious mental illness to Assertive Community Treatment, Mental Health Case Management, psychiatric care, and medication management. DPHS adds on-site and street-based psychiatry, and St. Joseph's Villa provides Mental Health Skill-Building to support stability after a crisis.
5. Higher-level-of-care assessment. RBHA clinicians complete the Uniform Assessment Instrument(UAI for PSH participants who need assisted living or residential treatment, and DPHS serves on the City's UAI workgroup.

Factors that hinder:

1. Limited state psychiatric bed capacity, which can delay TDO placements and keep officers in custody for hours.
2. Discharges from hospitals or commitment without housing, which can return people to the street and repeat the crisis cycle.
3. Too few assisted living and residential beds for people with serious mental illness and complex medical needs.
4. Short custody timelines that leave little room for housing planning.

Plan:

1. Route law enforcement contacts to the Crisis Receiving Center and Mobile Crisis whenever possible, reducing officer time and emergency department boarding.
2. Work with RBHA and area hospitals to build referral pathways and provider capacity to increase referrals to housing and services, including shelter, after discharge.
3. Prioritize people with serious mental illness and repeat crisis episodes for PSH and connect them to ACT and case management.
4. Coordinate with RBHA and the courts on mandatory outpatient treatment orders so housing providers can support compliance and stability.

5. Hold regional case conferences, convened by Homeward, for people with frequent crisis contacts, with officers, clinicians, and housing staff at the table.

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)

Virginia's Sex Offender and Crimes Against Minors Registry Act, specifically Virginia Code § 9.1-903, establishes registration and reporting requirements for individuals required to register as sex offenders. The law requires registrants to provide residence information to law enforcement and establishes reporting requirements when an individual changes residence. Importantly, § 9.1-903(L) addresses individuals without a legal residence by requiring them to designate a reasonably identifiable location where they reside or habitually locate themselves. This provision supports the CoC's ability to assist individuals experiencing homelessness with maintaining accurate registration information, even when they do not have a permanent address.

Virginia Code § 9.1-913 authorizes the Virginia State Police (VSP) to maintain a publicly accessible sex offender registry containing registration information, including current addresses and other information relevant to public safety. This provides homeless service providers with an established mechanism for accessing publicly available registration information when evaluating housing placements and coordinating services

Locally, the GRCoC's Coordinated Entry System (CES) policies, program standards, & written agreements establish a framework for coordinated service delivery, referrals, and housing placement. This supports communication among providers and facilitates the identification of appropriate housing resources for individuals with complex service needs, including criminal convictions.

To leverage beneficial policies and address these challenges, the GRCoC :

1. Ensures individuals subject to registration requirements receive accurate information regarding their legal obligations. Providers will assist individuals with identifying the appropriate registration authority and reporting residence or location changes as required by Virginia law.
2. Links participating providers to training on Virginia's registration requirements, procedures for assisting individuals without permanent residences, lawful information sharing, and appropriate housing referral practices.
3. Reviews housing referral outcomes, placement barriers, provider feedback, and coordination with law enforcement to identify recurring challenges. The CoC uses this information to refine its procedures, strengthen partnerships, and identify alternative housing resources for individuals who cannot be accommodated by programs.

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)

Goal: Everyone experiencing unsheltered homelessness in Greater Richmond is known by name, engaged regularly, and connected to services and housing. The GRCoC will use a coordinated, regional, person-centered approach that builds relationships, reduces duplication, and brings services to people.

1. Cover the whole region. Outreach teams, public systems, and community partners coordinate across the full GRCoC area, with multi-agency outreach where people are known to stay. First responders, hospitals, schools, CCBHC, and faith communities help identify people. Self-resolution funds add capacity and provide immediate help.

2. Keep one shared by-name list. Teams enter contacts into HMIS in real time. Where possible, one primary worker leads each relationship, and the Outreach Coordinator resolves duplication. The full team reviews the list twice monthly and uses it to drive action, not just reporting.

3. Find people who aren't visible. Families, youth, older adults, rural residents, and people moving between systems often don't surface through street outreach. The strategy reaches them through referral pathways with schools, benefits systems, health and behavioral health partners, MCOs, youth systems, and law enforcement, and through case conferencing.

4. Bring services to the person. Outreach goes to people and tailors support to each household. It includes people with lived experience and builds specialized capacity for families, youth, and older adults. Street medicine, mobile substance use services, RBHA crisis services, and transportation are delivered on site. When needs cross systems, one coordination point stays with the person.

5. Connect outreach to housing. The aim is sustainable resolution, not ongoing contact. Teams meet basic needs and link people to housing-focused case management. They use progressive engagement, flexible funds, and diversion, and they address barriers like missing IDs or lack of income. Practical help builds trust. The CoC will advocate for more housing designed for unsheltered people.

6. Match case management to need. Support ranges from light-touch assistance to long-term case management. All workers share training in Coordinated Entry, local resources, trauma-informed care, motivational interviewing, de-escalation, and housing-focused engagement.

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	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Thrive Birth to Five strengthens early childhood care and education for families, providers, and partners.	Yes

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

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

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

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

(limit 2,500 characters)

The Greater Richmond Continuum of Care (CoC) informs families with children and unaccompanied youth of their educational rights under the McKinney-Vento Homeless Assistance Act. This requirement is documented in the CoC Coordinated Entry System (CES) written policies and procedures and endorsed by the CoC System Policy and Process Committee (SPP) Committee. CoC-funded projects provide information on school enrollment rights, available educational supports, and referrals to the local McKinney-Vento liaison to families with school aged children. Projects document the information in HMIS case files, creating a record that the information was provided. CoC providers have designated staff responsible for supporting school enrollment and connections to appropriate educational services.

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)

The GRCoC coordinates with foster care and child welfare services through regular case conferencing and cross-system referrals to help youth leaving public systems of care who face imminent homelessness. Homeward's Coordinated Entry team facilitates case conferencing that brings together foster care providers, CoC providers, HUD YHDP-funded agencies, and other youth-serving organizations. Participants include the Virginia Department of Social Services (VDSS), the state child welfare agency, which shares resources for youth who have aged out of foster care, and Anthem, the Medicaid managed care organization that holds the state contract to serve children in foster care and young adults who have aged out, up to age 26. Providers from these agencies work as one team, combining the expertise of both systems.

Homeward initiated case conferencing for youth transitioning from foster care in February of 2026 and hosted 3 case conferencing sessions between March and June 2026. Homeward, Anthem, CoC providers, and community providers reviewed and enhanced the housing and service plans of 60 youth and young adults transitioning out of care. One young person was able to access Chafee funds and enroll in college classes. Another was able to save money for housing by getting enrolled in an affordable health care plan.

The goal is for youth to get help without delay and for every provider to stay on the same page as the young person moves through the housing and support system. Through case conferencing, partners remove service delays and barriers, solve problems together to improve outcomes, and identify new ways to make the most of limited resources.

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)

No U.S. Department of Health and Human Services (HHS) RHY-funded programs exist in our CoC service region.

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)

Housing Families First's Rapid Rehousing project and Housing Families First's Transitional Housing project primarily serves families with children and young adult headed households with children experiencing homelessness in accordance with 24 CFR 578.93(b).

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)

Housing Families First's (HFF) rapid rehousing project and transitional housing project focus on increasing household income to help families pay rent and sustain long-term housing stability. At enrollment, case managers complete comprehensive assessments to develop individualized Housing Stabilization Plans and Economic Success Action Plans targeting employment, education, and income goals. HFF leverages formal partnerships with workforce development and financial literacy providers to deliver targeted employment services. Through a partnership with Goodwill of Central & Coastal Virginia, HFF directly refers participants for workforce development, where Goodwill tracks and reports outreach follow-up, interview scheduling, interview attendance, and employment outcomes. For example, a recent participant referred to Goodwill was hired, subsequently increased his work hours, and eventually transferred to a retail location closer to his home. HFF also partners with ReWork Richmond for specialized career advancement through vocational training and employment referrals. To support financial stability, HFF collaborates with People's Advantage Federal Credit Union, whose mobile bank visits the HFF campus, so clients can open bank accounts to deposit tax returns and paychecks, build budgeting skills, and establish credit. HFF ensures families can gain and maintain employment to remove immediate employment barriers by providing transportation assistance and temporary childcare support through private funding. Case Managers conduct bi-weekly Action Plan reviews to track progress, adjust target dates, and ensure income-generation strategies directly align with permanent housing retention.

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)

Housing Families First's (HFF) rapid rehousing project and transitional housing project leverages funding and support from mainstream family service systems including Temporary Assistance for Needy Families (TANF), Virginia Initiative for Education and Work (VIEW), Supplemental Nutrition Assistance Program (SNAP), WIC, and Medicaid to maximize household income and reduce living expenses for homeless families. At enrollment, Case Managers conduct eligibility screenings for all public benefits and mainstream programs. Staff directly assist participants with gathering required documentation, navigating application processes, attending appointments, completing renewals, and resolving benefit interruptions. HFF coordinates with local departments of social services to connect eligible families to TANF cash assistance and the associated VIEW program to support job readiness, training, and work-related expenses. Similarly, HFF leverages mainstream healthcare funding by connecting families to Medicaid and Medicare when eligible. Case Managers actively collaborate with Managed Care Organization (MCO) Care Coordinators to ensure participants gain, regain, or maintain access to comprehensive healthcare services, behavioral health treatment, and specialty care. By integrating mainstream benefits such as TANF, VIEW, SNAP, and Medicaid directly into each family's Housing Stabilization Plan and Economic Success Action Plan, HFF ensures public system resources supplement CoC-funded services, increasing household self-sufficiency and preserving CoC funds for direct housing needs.

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)

Housing Families First's (HFF) rapid rehousing and transitional housing projects seamlessly integrate housing assistance with comprehensive, multi-system wrap-around supports, including childcare, parenting support, pregnancy related and child healthcare, and child development resources. HFF coordinates connections to local mainstream childcare assistance programs and leverages private funding to cover temporary childcare and transportation costs. This bridges care gaps so parents can attend job interviews, work shifts, or complete educational programs. Through a formal partnership with Family Lifeline's home visiting program, HFF offers home-based and on-site parenting support and family-stabilization services directly to enrolled families. HFF collaborates directly with Managed Care Organization's (MCO) Care Coordinators to assist mothers and children in establishing or regaining access to medical care, prenatal and pregnancy-related care, behavioral health resources, and pediatric health services. HFF maintains a partnership with Little Hands to supply families with essential items required to safely care for infants and young children, including diapers, strollers, baby carriers, and baths. Additionally, HFF's on-campus Boutique provides community-donated household goods, personal care items, and toiletries. By linking these specialized family resources directly into bi-weekly Housing Stabilization Plans, HFF ensures that parental, health, and child-development barriers are resolved alongside housing placement, promoting long-term family stability and reducing returns to homelessness.

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)

The Health Care for Homeless Veterans (HCHV) Coordinated Entry Specialist serves on the GRCoC's System Policy Committee. Another CoC board member serves as a director for Liberation Veteran Services, a GPD provider.

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)

Hanover Safe Place (HSP) and the YWCA of Richmond are active participants in the GRCoC. Both agencies receive non-entitlement ESG funds, and run CoC programs including shelter, housing, and services for survivors and have service agreements as part of coordinated entry. HSP and the YWCA staff participate in CoC committees and the board. The state DV coalition participates on the CoC HMIS committee to ensure alignment of data and reporting needs.

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)

OAR of Richmond (OAR) serves adults that have been involved in the criminal legal system. OAR accepts intakes for those who have been released within the last 6 months & has a signed partnership agreement to serve as a Connection Point to connect people transitioning from the justice system to the CoC coordinated entry system & community housing options and services. Homeward has a data sharing agreement with the Richmond Sheriff's office to use HMIS data to collaborate on transitions.

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)

Daily Planet Health Services (DPHS) is an active member of the CoC and receives ESG funding and CoC funding to address the complex health needs of homeless individuals. DPHS is a Healthcare for the Homeless grantee and partners with VCU Health system and other healthcare providers to offer walk in access to multidisciplinary services to people experiencing homelessness.

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)

Dominion Place, an affordable senior apartment complex, has a signed agreement to coordinate referrals with the CoC coordinated entry system. Daily Planet Health Services served 2640 individuals aged 55 or older last year (27.6% of all clients) and serves 72 people in their medical respite program annually. RBHA clinicians complete a Uniform Assessment Instrument (UAI), Virginia's standardized assessment for determining eligibility for assisted living, long-term services, and other supports.

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)

RBHA's Home Connect and SupportWorks Housing's HomeLink (SWH) prioritize individuals experiencing chronic homelessness. 100% of RBHA's HomeConnect program participants meet HUD's definition of chronic homelessness, with eligibility and chronic status verified through Coordinated Entry prior to enrollment. 84% of SWH current participants meet HUD's definition of chronic homelessness.

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)

Both CoC-funded PSH projects serving chronically homeless households, RBHA's Home Connect and SupportWorks Housing's HomeLink, bring behavioral healthcare to participants where they live and scale service intensity to individual need.

RBHA Home Connect: on-site, housing-focused Mental Health Case Management delivered through a person-centered, trauma-informed approach. All participants meet HUD's definition of chronic homelessness, verified through Coordinated Entry before enrollment. Because the region's public behavioral health authority operates the project, case managers connect participants directly to RBHA's internal continuum without outside referral or waitlists. RBHA services includes outpatient mental health treatment, psychiatric evaluation, medication management, crisis services, and peer support. Participants with substance use disorders are connected to RBHA's full treatment continuum: outpatient and intensive outpatient treatment, medication-assisted treatment, residential services, and recovery supports.

SupportWorks Housing HomeLink: Coordinates on site behavioral healthcare through formal MOUs with five community behavioral health providers, with service intensity based on individual need. HomeLink staff maintain regular contact through home visits, so changes in mental health, substance use, or daily functioning are noticed early and addressed through care coordination with treating providers. Through these MOUs and established referral relationships, participants access behavioral health treatment, substance use treatment, peer recovery services, primary care, and disability resources.

Integrated, housing-focused care: In both projects, behavioral healthcare is built into housing case management rather than separated from it. Case managers develop individualized service plans with participants, coordinate with psychiatric and treatment providers, and use case conferencing to adjust services as needs change. Both projects pair clinical care with SOAR-based SSI/SSDI assistance, Medicaid and SNAP enrollment, and independent living skills. This addresses the health and income factors that most often threaten housing stability. Both projects participate in HMIS and in the CoC's coordinated entry and case conferencing systems.

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)

Both CoC-funded PSH projects for chronically homeless households have established practices for identifying when a participant needs more support than PSH can provide. Both also make a coordinated, participant-centered transition to the appropriate setting.

RBHA Home Connect: When a participant's needs indicate a higher level of care, RBHA clinicians complete a Uniform Assessment Instrument (UAI), Virginia's standardized assessment for determining eligibility for assisted living, long-term services, and other supports. Based on the results, RBHA coordinates referrals to assisted living, residential treatment, or other supportive settings. Because RBHA is a Community Services Board, the same agency that assesses the need also provides residential substance use treatment, crisis stabilization, and intensive services such as Assertive Community Treatment. Participants can therefore step up to a higher level of care quickly.

SupportWorks Housing HomeLink: HomeLink staff continuously assess participant well-being through home visits, care coordination with behavioral health and medical providers, and case conferencing. When clinically indicated, staff first increase the intensity of support within the program. If needs continue to exceed what PSH can safely provide, staff facilitate referrals to higher levels of care through HomeLink's MOUs with five community behavioral health providers and other referral partners. Staff coordinate the transition and follow up when clinically appropriate and maintain ongoing collaboration with providers to promote continuity of care and recovery.

Common principles: In both projects, observed changes in health, functioning, safety, or activities of daily living trigger an assessment, not only scheduled reviews. Need is also revisited during annual recertification and service plan updates. Decisions are made with the participant, reflect participant choice, and are documented in the individualized service plan. Where possible, providers pursue the least restrictive setting that meets the participant's needs. A step up in care is treated as a continuation of support, not a program exit to homelessness.

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)

Both CoC-funded PSH projects for chronically homeless households regularly assess participant readiness to move on to unsubsidized or other permanent housing. Participant choice and demonstrated stability guide the decision.

SupportWorks Housing HomeLink: Move On planning begins at intake and is reassessed at least annually. HomeLink uses defined criteria to assess readiness: housing stability, income, employment, rent payment history, ability to manage activities of daily living, and tenant choice. Staff build budgeting, employment, & income goals into each individualized service plan. They coach participants in financial literacy, employment readiness, tenant responsibilities, and benefits planning, so participants can make informed decisions about work and benefits. HomeLink connects participants to state rehabilitative services, local workforce programs, and staffing agencies, and staff accompany participants to job fairs. As participants achieve greater stability, staff help them move to affordable and unsubsidized housing that supports greater independence.

RBHA Home Connect: Readiness to transition to unsubsidized or other permanent housing is assessed during the annual recertification process, as outlined in the program agreement. The assessment considers participant choice, stability, goals, and the likelihood of long-term housing success. Case managers help participants maximize income through SSI, SSDI, Medicaid, SNAP, and RBHA's SOAR program. They also help participants build budgeting, money management, household management, transportation planning, and daily living skills. Participants interested in work are connected to vocational rehabilitation, supported employment, workforce development, and education. Moves for Home Connect participants are pursued when they are participant-driven, appropriate, and sustainable.

Common principles: In both projects, moving on is voluntary and never a condition of continued assistance. Readiness is assessed on a regular schedule and whenever a participant raises the goal. A move is planned when the participant has the income, skills, and supports to sustain it. Participants who move on keep their connections to behavioral health providers, and staff coordinate the transition to reduce the risk of returning to homelessness. Each unit freed through a successful move-on becomes available to another chronically homeless household through Coordinated Entry.

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.	09/29/2026
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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.	09/29/2026
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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.	08/03/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/03/2026
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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. Reallocation process: The FY26 GRCoC Local Competition Policies, approved by the GRCoC Board on 6/8/26 and Ranking Committee on 6/18/26 and posted 6/22/26, allow voluntary and involuntary reallocation. Grantees may voluntarily return funds by written proposal to Homeward, the Collaborative Applicant. The Ranking Committee identifies low performing or less needed projects through objective scoring of CY2025 HMIS data, pulled 7/6/26, including exits to permanent housing, returns to homelessness, and income growth, plus grant administration: timely APRs, quarterly eLOCCS draws, and full expenditure. Projects may also be involuntarily reallocated for: overdue or unsatisfactory audit findings; weak financial management; untimely spending; major capacity issues; serving ineligible persons or incurring ineligible costs; HMIS noncompliance; or misalignment with GRCoC priorities and the FY26 NOFO. A project is less needed if it underspends, is underutilized, or duplicates capacity. Funds may be shifted to expand high performing renewals or to new projects, after the Committee weighs each recipient's capacity and performance. Applicants were notified in writing on 8/3/26 with the justification and appeals process; appeals were due within 48 hours. Recommendations go to the GRCoC Board for a vote, and the approved application, ranking, and funding are posted on the CoC website with notice emailed to members.

2. Projects identified: The Committee reviewed 8 existing projects. No projects met the involuntary reallocation criterion. All 8 renewing projects (\$6,13,271) earned full grant administration points.

3. Projects reallocated: The CoC reallocated \$4,129,034, 40.2% of its \$10,272,305 FY26 ARD. 7 grantees voluntarily transitioned 11 existing projects to new project types, including transitional housing for youth and survivors of domestic violence. The \$12,956,991 competitive request includes 20 new projects (\$6,300,105): 7 TH, 7 standalone SSO, 5 street outreach, and 1 DV coordinated entry project; no projects were involuntarily reduced or eliminated.

4. Why not more: No renewing project met an involuntary criterion, so the CoC reallocated through voluntary transitions that better align projects with system needs and the FY26 NOFO.

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)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

(limit 2,500 characters)

Not applicable

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)

Evaluation period: January 2024 PIT count to January 2025 PIT count (12 months).

Results: Using the definition below, the GRCoC identified 4 encampments with 28 people at the January 2024 PIT count and 4 encampments with 21 people at the January 2025 PIT count. The number of encampments held steady, and the number of people living in encampments fell by 7 (25%).

Definition of encampment: An encampment is a cluster of three or more unsheltered households, each located within approximately 300 feet of at least one other household in the cluster. Locations come from geocoded PIT survey coordinates, and outreach staff confirm that each cluster was a shared sleeping area on the night of the count.

1. Household: Each PIT survey is one household. A single person or a couple counts as one household.

2. Threshold: Requiring three or more households excludes a couple staying together without treating couples as a special case.

3. Distance: The team tested distances of 250 to 350 feet against the survey coordinates and set the standard at 300 feet.

4. Confirmation: Outreach staff verify whether a cluster was a shared sleeping area or simply people seen near each other, such as on a bench.

The PIT Steering Committee, including Homeward staff, Daily Planet Health Services (DPHS), and Commonwealth Catholic Charities (CCC) developed this definition in May 2026 and applied it consistently to the 2024 and 2025 PIT data, so both years are measured the same way.

Actions that contributed to the reduction: During the evaluation period, CCC and DPHS met monthly with the Richmond Police Department to coordinate outreach to unsheltered individuals including those in encampment, and information shared at those meetings increased shelter matches. Homeward secured private funding to offer flexible funding options to outreach partners. DPHS street medicine and mobile teams provided health care and housing connections in encampments and other unsheltered locations. RBHA's PATH outreach linked people with serious mental illness to treatment and housing. Coordinated Entry prioritized people with long histories of unsheltered homelessness for housing.

Next steps: The CoC will apply the same definition to each annual PIT count to track progress over time, and will use geocoded data in case conferencing to focus outreach and housing resources where encampments persist.

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.	4
2. Enter the reduction in the number of encampments during your evaluation period.	0

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.	28
2. Enter the reduction in the number of people in encampments during your evaluation period.	7

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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. Our CoC measured a decrease in the number of people in encampments during the evaluation period.

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)

First-time homelessness in the GRCoC is rising year over year. Reversing that trend is a core part of the CoC's system plan (see 1B-5), which pairs additional targeted prevention for households facing imminent homelessness with sustained support after housing. High call volume to the GRCoC Triage and Assessment call line shows that demand for prevention exceeds current capacity.

Identifying risk: Homeward, as HMIS Lead, will analyze HMIS and Triage and Assessment call line data each quarter to identify who is entering homelessness for the first time, including prior living situation (doubled up, eviction, institutional discharge), household type, and locality. Case conferencing partners will add what they see on the ground to spot rising risk before shelter entry.

Strategies:

1. Targeted prevention. Partners will use HMIS and local assistance call line data to direct new targeted prevention funds to households most likely to enter shelter.

2. Diversion. The GRCoC will strengthen the capacity of the Triage and Assessment call line to expand diversion support, helping callers resolve a housing crisis through family, friends, mediation, or short-term assistance before a shelter referral.

3. Discharge coordination. The CoC will work with RBHA, CCC, DPHS, and foster care partners to plan housing before discharge, so fewer people exit institutions directly to shelter or the street.

4. Subpopulations. Families will be reached through McKinney-Vento liaisons, DSS, and TANF; youth through foster care partners; veterans through the VA and SSVF prevention; survivors through victim service providers; and older adults and people with behavioral health needs through RBHA, CCC, and DPHS.

Performance measures (FY25 SPM baseline): hold first-time homelessness steady in year 1, reduce it 5% by year 2, and 10% by year 3. The CoC will also track the number of callers diverted and the share of prevention recipients who remain housed.

Timeline: Targeted prevention standards adopted by March 2027; HMIS protocols for case conferencing live by June 2027; full implementation by December 2027.

Funding: Targeted prevention funds from local public sector funding, SSVF, and private flexible funds. CoC Program does not fund prevention, so the CoC will align these sources through the Targeted Prevention Case Conferencing.

Oversight: GRCoC Board oversees the plan. Homeward, as Collaborative Applicant & HMIS Lead, staffs the work and reports to Board

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)

Progress: The GRCoC has made measurable progress in reducing how long individuals and families remain homeless. FY2025 SPM data show the average length of time homeless for people in emergency shelter, safe haven, and permanent housing, including self-reported time before entry, fell from 444.4 days in 2024 to 374.3 days in 2025, a reduction of 70.1 days (15.8%). Average stays in ES and SH were 74.4 bed nights, with a median of 51.

Plan: The CoC's strategy focuses on the interval between identification and housing placement, with barriers identified early and resolved quickly.

1. Case conferencing for long stayers. Homeward facilitates case conferencing on every household homeless longer than 60 days, where outreach, shelter, and housing providers co-develop housing plans and resolve delays in eligibility, placement, and case management.
2. Document readiness. GRCoC shelter providers will help households gather eligibility and other documentation at program entry, so they are ready when a unit opens.
3. Faster lease-up. The CoC will solicit landlord recruitment and risk-mitigation resources to shorten RRH and PSH lease-up.
4. By-name list review. Homeward will use HMIS to review the longest-stayers each month and prioritize them for collaborative housing and service plan development.
5. Housing-focused outreach and shelter. Proposed new FY26 projects add housing-focused street outreach (CCC, DPHS, RBHA) and housing support services in shelter and recovery settings (CARITAS), linking people to housing navigation from first contact.
6. Stronger coordination. Outreach, shelters, supportive housing, and partners such as RBHA, DPHS, and CCC share HMIS data in case conferencing so no household stalls between programs.

Performance measures: reduce median ES/SH bed nights from 51 to 47 by FY2027; continue reducing average length of time homeless below 374 days; and raise exits to permanent housing from ES, SH, TH, and RRH from 41% to 50% by year 2, aligned with the CoC's system plan (1B-5).

Oversight: Homeward, as Collaborative Applicant and HMIS Lead, will develop a CoC dashboard including median length of stay for review by the Quality Improvement Leadership Committee and reports progress to the GRCoC Board twice yearly. HMIS protocols for case conferencing are in place.

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?	42.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Universe of projects: Homeward, as HMIS Lead, ran the HUD CoC APR in HMIS (WellSky Community Services, Report ID 177071, run 9/25/2026) for 10/1/2024 to 9/30/2025. The report used a reporting group of every TH, RRH, and PSH project in the GRCoC (VA-500) HMIS, 67 projects in all, regardless of funding source (CoC, YHDP, ESG, Virginia Homeless Solutions Program, and HOPWA).

Providers include Commonwealth Catholic Charities, SJV, Housing Families First, RBHA, SupportWorksHousing, USVets and HomeAgain. No ES, SH, SSO, or other project types were included. The report covered 1,353 people served, of whom 617 exited during the period. Data elements summed: From APR Question 23c (Exit Destination, all persons), we summed people exiting to the four HMIS Data Element 3.12 destinations HUD defines as unsubsidized: 1. Staying or living with family, permanent tenure: 24 2. Staying or living with friends, permanent tenure: 5 3. Rental by client, no ongoing housing subsidy: 224 4. Owned by client, no ongoing housing subsidy: 6 Total unsubsidized exits: 259. Calculation: 259 unsubsidized exits divided by 617 total people exiting TH, RRH, and PSH = 42%, more than twice the 20% benchmark. The denominator includes all 617 leavers, including 16 whose exits (such as deceased) HUD excludes from other calculations, so the rate is conservative. Of the 259, 108 were in households without children and 151 in households with children.

Context: Overall, 497 leavers (83%, excluding the 16 HUD removes) exited to permanent destinations, including 237 to rentals with an ongoing subsidy. For SPM metric 7b.1, 41% of people exiting ES, SH, TH, and RRH moved to permanent housing. The CoC will raise that rate to 50% within two years by adding housing-focused outreach, strengthening diversion through the Triage and Assessment call line, providing up to six months of aftercare after move-in, and using case conferencing to move long stayers into housing. To sustain unsubsidized exits, providers will link participants to employment and mainstream benefits, offer landlord mediation, and assess PSH participants' readiness to move on. Homeward will monitor exit destinations quarterly and report progress to the GRCoC Board.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	320	65	354	91.95%
2. Safe Haven (SH) beds	38	0	38	100.00%
3. Transitional Housing (TH) beds	28	13	28	68.29%
4. Rapid Re-Housing (RRH) beds	240	24	264	100.00%
5. Permanent Supportive Housing (PSH) beds	1,104	0	384	34.78%
6. Other Permanent Housing (OPH) beds	136	0	136	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)

The GRCoC's bed coverage is strong for most project types: ES is 91.9%, and SH, RRH, and OPH are at or near 100%. Two project types fall below 85%, in each case because a small number of providers do not participate in HMIS. Transitional Housing (TH): One victim service provider with 7 TH beds does not use an HMIS-comparable database because of cost.

1. Steps: Over the next 12 months, Homeward, as HMIS Lead, work with the DV provider and the State DV Action Alliance to explore the costs of the comparable database and potential options.

2. Implementation: Homeward will meet with the provider by December 2026 to explore options of raising TH coverage above 85%.

Permanent Supportive Housing (PSH): Of 1,503 PSH beds, 720 are operated by two providers that do not use HMIS: the VA's HUD-VASH program, which reports through VA data systems, and a state-funded PSH program. All other PSH beds participate in HMIS, putting PSH coverage at 52.1% and driving nearly all of the CoC's overall gap.

1. Steps: Homeward will (a) meet individually with each provider to identify the constraints that keep them out of HMIS, such as federal or state reporting rules, staff time, and duplicate entry; (b) offer free HMIS licenses and training tailored to their programs; (c) offer to import data extracts, so participation adds no new staff burden; and (d) pursue a data sharing agreement with the VA Medical Center to bring HUD-VASH data into HMIS or an HMIS-comparable arrangement.

2. Implementation: Individual meetings will be held by December 2026. Homeward and members of the CoC HMIS Committee will engage state partners and VA leadership where agency-level approval is needed.

Oversight: Homeward will track bed coverage by project type bi-annually, report progress to the HMIS Committee GRCoC Board, and verify progress in the 2027 HIC.

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...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	VA 500 Supportive...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY26 HDX Local Co...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	VA-500 Opportunit...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	GRCoC Policy to A...	09/29/2026
11. Other	No		

**VA-500 GRCoC Proposed FY26 HUD CoC
TH/RRH/PSH projects**

Agency	Project	Project Type	Offer on site SUD treatment?
SupportWorks Housing	HomeLink	Permanent Supportive Housing (PSH)	Scattered site programs offers transportation to treatment
Richmond Behavioral Health Authority (RBHA)	RBHA Home Connect 1 Renewal 2026	Permanent Supportive Housing (PSH)	Yes
HomeAgain Richmond	HomeAgain Permanent Supportive Housing - Oct 26 - Oct 27	Permanent Supportive Housing (PSH)	No
Housing Families First	RRH Renewal	RRH	Yes
Housing Families First	Forging Foundations Youth Transitional Housing	Transitional Housing (TH)	Yes
HomeAgain Richmond	Transitional Housing - Oct 27 - Sep 28	Transitional Housing (TH)	No
Hanover Safe Place	Hanover Safe Place Rapid ReHousing to Transitional Housing Transition Grant	Transitional Housing (TH)	No; DV provider
St. Joseph's Villa	St. Joseph's Villa Transitional Housing Grant FY26	Transitional Housing (TH)	No
HomeAgain Richmond	YHDP - January 2028 - December 2028	Transitional Housing (TH)	No
Hanover Safe Place	Expanded Transitional Housing Options and Services for Survivors of Domestic Violence	Transitional Housing (TH)	No; DV provider
YWCA Richmond	YWCA Richmond — The Heights Transitional Housing Program	Transitional Housing (TH)	Yes

**VA-500 GRCoC Proposed FY26 HUD CoC
TH/RRH/PSH projects**

Agency	Project	Project Type	Number of Units requiring SUD treatment if indicated	Requires program engagement in SUD treatment as part of plan if indicated
SupportWorks Housing	HomeLink	Permanent Supportive Housing (PSH)	204	SUD treatment is not a condition of enrollment of the program, but if it impacts programmatic compliance, it becomes part of their care plan
Hanover Safe Place	Hanover Safe Place Rapid ReHousing to Transitional Housing Transition Grant	Transitional Housing (TH)	7	if substance use is an active barrier to self-care, goal setting and completion, etc- it may be required, but that is on a case by case basis.
Hanover Safe Place	Expanded Transitional Housing Options and Services for Survivors of Domestic Violence	Transitional Housing (TH)	7	if substance use is an active barrier to self-care, goal setting and completion, etc- it may be required, but that is on a case by case basis.

Hanover Safe Place
Standard Service Participation Agreement for HUD Funded Projects

As required by the FY2026 CoC NOFO, this Service Participation Agreement outlines the supportive service expectations for participants in Hanover Safe Place's Transitional Housing project. Supportive Services include case management, counseling, employment training, substance use treatment, etc. These services are designed to help participants obtain and maintain housing stability, increase income, improve health and well-being and/or successfully exit to permanent housing.

Project Name:	Effective Date:
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Participant Name:	Unit/Room:
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Participant Rights:

Participants have the right to:

- Access services in a trauma-informed and housing focused manner.
- Decline disability-related services.
- Request reasonable accommodations.
- File grievances without retaliation.

Required Service Participation

Participants agree to the following required participation:

- Meet with a case manager at least one time per month.
- Participate in a Housing Stability Plan.
- Engage in housing retention activities.
- Attend required appointments for housing stability.
- Cooperate with documentation and re-certification.

Optional Services (Not Required)

Additional voluntary, customized services are available for each participant.

Termination & Appeals

Terminations follow 24 CFR 578.91 with due process. Please contact your case manager for appeals.

Signatures			
Role	Name	Signature	Date
Participant			
Staff			



**HOMEAGAIN
Transitional**

**Helping families and individual experiencing
Homelessness secure and maintain a Home, Again**

**RICHMOND
Housing Program**

Support Services Participation Agreement

Participant Name: _____

Program Entry Date: _____

Case Manager: _____

Purpose

This Supportive Services Participation Agreement outlines the required supportive services for participants in HomeAgain Richmond's Transitional Housing (TH) Program. The goal of these services is to help participants achieve housing stability, increase self-sufficiency, and improve overall well-being.

1. Program Overview

HomeAgain provides transitional housing for individuals and families experiencing homelessness. Participants will receive mandatory supportive services applicable to their circumstances, including:

- Case management
- Employment training and job readiness services
- Financial literacy and benefits enrollment (e.g., SNAP, Medicaid, SSI/SSDI)

- Life skills development (e.g., household management, communication skills, goal setting)
- Healthcare and behavioral health services, including substance use treatment referrals
- Youth-specific services, as applicable

Supportive services are provided through HomeAgain and in partnership with other community organizations with expertise in relevant areas.

2. Participation Requirements

- Participants are required to engage in supportive services **20 hours per week** unless exempted as described below.
- **Exception:** Participants over age 62 or participants with a documented disability may have modified service requirements.
- **Exception:** For participants who are employed, service hours will be reduced proportionately to accommodate work schedules.

3. Participant Responsibilities

By signing this agreement, participants agree to:

1. Actively engage in all required supportive services relevant to their circumstances
2. Participate in a Housing Stability Plan.
3. Engage in housing retention activities.
4. Attend scheduled appointments, workshops, and activities coordinated by HomeAgain or partner agencies

5. Stay in contact with your Case Manager
6. Return messages or calls from your Case Manager within a reasonable amount of time (24 Hours)
7. Communicate with your Case Manager regarding barriers, progress, and service needs
8. Complete Recertifications
9. Report all income
10. Follow program rules and policies outlined in the Transitional Housing Occupancy Agreement.

4. Your Rights

1. Access services in a trauma-informed and housing focused manner.
2. Be treated with dignity and respect
3. Be free from verbal, physical, and emotional abuse
4. Receive assistance with establishing and meeting your life goals and plans
5. Help develop an individualized service plan that aligns with your needs and program requirements
6. Be provided with access to mandatory supportive services, either directly or through qualified partner agencies
7. Have your records of service participation and progress maintained
8. Have information about you, your family, and your situation held confidential

9. Receive reasonable accommodation for a documented disability
10. Decline disability-related services.
11. Be allowed to voice concerns or complaints in a professional manner
12. Assert your rights and ask questions without fear of retaliation
13. Receive services in a trauma-informed, culturally responsive, and nondiscriminatory manner.

5. Termination & Appeals

Terminations follow 24 CFR 578.91 with due process.

6. Grievance Policy

If you believe that your rights have been violated, you may file a grievance. The grievance procedure involves the steps described below.

What to do if you feel like your rights have been violated:

- Submit a complaint in writing to the Community Housing Director
 - You may mail the complaint to P.O. Box 5222 Richmond, VA 23220-0222 Attn: Community Housing Director
 - The complaint must include:
 - The right that has been violated.

- Explanation of what happened and the name(s) of the Case Manager(s) involved.
- What happens after the written complaint has been submitted:
 - The Community Housing Director will meet with the program participant within five working days of receiving the complaint. In this meeting there will be a discussion of the situation/concerns that you have.
 - Case managers may join if necessary in the meeting.
- Within five working days of the meeting, the Director will respond in writing to the program participant indicating if a violation has occurred within the program.
- After the Director's decision:
 - If you are satisfied with the conversation/ decision- then you may conclude the grievance process.
 - If you ARE NOT satisfied with the Community Housing Director's response, then you may appeal the decision to the Executive Director (ED).
- How an appeal to the Executive Director works:
 - Write an appeal to the Executive Director
 - You may mail the appeal to P.O. Box 5222 Richmond, VA 23220-0222
- Executive Director (ED) will review the appeal and respond within seven business days of having received the appeal.
- The ED may start a review panel to reconsider the grievance, consider the appeal and the Community Housing Director's decision, and come to a final decision.
 - The decision of the Executive Director is final.

7. Acknowledgment

I acknowledge that I have read and understand the expectations outlined in this Support Services Participation Agreement. I understand that participation in supportive services is mandatory and is intended to support my housing stability and long-term success. I also understand that failure to participate in required services may result in a program review and potential consequences per program policies, including possible termination of housing if goals are not met.

Participant Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

Program Director/Designee: _____

Date: _____

HOUSING FAMILIES FIRST (HFF)

Housing Programs Service Participation Agreement (non-SUD Treatment)

Purpose of This Agreement

Housing Families First's Housing Programs are designed to support families in building the skills, stability, and resources needed to obtain and maintain permanent housing.

This agreement outlines shared expectations between Housing Families First (HFF) and the Participant household.

Agreement to enroll in services is **voluntary**, but **active engagement in supportive services is a mandatory requirement** to maintain program enrollment.

As required by the FY2026 NOFO, this Service Participation Agreement outlines the supportive service expectations for participants in the project. Supportive Services may include case management, employment training, substance use treatment, etc. The design of services are to help participants obtain and maintain housing stability, increase income, improve health and well-being, and successfully exit to permanent housing.

HFF Commitments

Housing Families First agrees to:

- Develop a partnership with each participant to develop an individualized Housing Stabilization Plan that focuses on **self-sufficiency goals**
- Coordinate access to and opportunities for supportive services that promote housing stability and independence
- Treat all participants with dignity, respect, and without discrimination
- Maintain confidentiality in accordance with HFF policies and applicable laws
- Provide regular case management, advocacy, and problem-solving support
- Help identify and address barriers to housing, employment, and wellness
- Make reasonable accommodations for participants with disabilities, when appropriate
- Review progress regularly, celebrate achievements, and update plans as goals are met

Participant Responsibilities

1. Supportive Services Participation Requirement

I understand and agree to:

- Participate in an **average of 20 hours per week** of approved supportive service activities
- Actively engage in services that support my progress toward permanent housing and self-sufficiency

Approved Supportive Service Activities that count toward weekly participation may include:

Housing search and landlord engagement; Case management meetings; Employment or workforce development; Job search or job retention activities; Education (GED, college, vocational training); Financial education and budgeting; Life skills instruction; Parenting education; Physical or behavioral healthcare; Substance use recovery services; Benefits enrollment or financial stability services; Community service or volunteer activities; Other activities approved by HFF that support housing stability, self-sufficiency, and permanent housing

HOUSING FAMILIES FIRST (HFF)
Housing Programs Service Participation Agreement (non-SUD Treatment)

2. Housing Stabilization Plan

I agree to:

- Work with my Case Manager to develop and maintain self-sufficiency goals to achieve housing stability.
 - Actively follow and make progress toward the goals outlined in my plan
 - Collaborate with staff to update my plan as my needs, goals, or circumstances change
-

3. Case Management Engagement

I agree to:

- Attend weekly scheduled meetings with designated staff
 - Maintain open communication with designated HFF staff related to health, safety, and housing stabilization case management
-

4. Personal Responsibility and Communication

I agree to:

- Take responsibility for attending scheduled services, appointments, and activities
 - Communicate proactively about barriers such as illness, employment, transportation, or childcare
 - Work with staff to problem-solve and adjust plans when challenges arise
-

5. Housing Stabilization Efforts

I agree to:

- Make consistent and timely efforts toward securing or maintaining permanent housing
 - Provide necessary documentation related to housing, income, or program eligibility
 - Follow through on agreed-upon housing-related actions
-

6. Health, Safety, and Community Expectations

I agree to:

- Follow all **HFF Participant Policies**, including health, safety, and confidentiality expectations
 - Ensure appropriate supervision and care of all minors in my household
 - Participate in safety planning if concerns arise
 - Treat other participants, staff, and community members with respect
-

7. Substance Use Policy

I understand that:

- HFF properties and affiliated locations are **drug- and alcohol-free environments**
 - Possession or use of substances on-site is prohibited and may result in program discharge
-

Participation Expectations

Consistent engagement is essential to achieving permanent housing and long-term stability.

If participation becomes difficult, I agree to:

- Communicate with program staff as soon as possible

HOUSING FAMILIES FIRST (HFF)
Housing Programs Service Participation Agreement (non-SUD Treatment)

- Work collaboratively to address barriers
- Adjust my Housing Stabilization Plan when appropriate

I understand that:

- Active participation is required for this program
- Failure to participate consistently or make reasonable progress, without communication or effort to resolve barriers, **may impact my continued participation** in accordance with HFF policies and HUD requirements

Participant Rights

I understand I have the right to:

- Voluntarily withdrawal (discharge) from the program at any time
- Request a meeting to discuss concerns
- Submit a grievance or appeal in accordance with HFF Grievance Policy
- Submit a VAWA emergency transfer due to domestic violence
- Access services in a trauma-informed and housing focused manner
- Decline disability-related services
- Request reasonable accommodations

Confidentiality and Mandated Reporting

I understand that:

- My personal information will be kept confidential
- HFF staff are mandated reporters and must report suspected abuse, neglect, or threats of harm

Acknowledgment

By signing below, I acknowledge that:

- I have received and reviewed the **HFF Service Participation Agreement**
- I understand the expectations outlined in this agreement
- I agree to actively participate in services toward achieving housing stability

Signatures

Participant Name: _____

Participant Signature: _____ Date: _____

Housing Case Manager: _____ Date: _____

**Housing Families First is committed to partnering with you on your path to safe, stable,
and permanent housing.**

Permanent Supportive Housing Program Participation Agreement

The goal of the Permanent Supportive Housing (PSH) program is to provide supportive services and rental assistance to help you get and keep housing. In PSH, we will work together as a team. This Participant Agreement will help everyone understand their roles and responsibilities as part of this program. If there is anything in this document that is confusing to you or if you have any questions, please ask your case manager or housing specialist to help you understand it before you sign.

As a PSH program participant, I will:

1. Participate in the housing search process by communicating my wants and needs, and work with my **[HOUSING SPECIALIST/CASE MANAGER]** to search and apply for units in **[GEOGRAPHIC AREA]**.
2. Work with my **[HOUSING SPECIALIST/CASE MANAGER]** to develop and implement a Housing Stabilization Plan that will help me set goals to stay stably housed. I will review this plan with my Housing Specialist every three months.
3. Work alongside my **[HOUSING SPECIALIST/CASE MANAGER]** to develop or improve independent living skills that will support my housing stability. I will tell my **[HOUSING SPECIALIST/CASE MANAGER]** about the services I want to be connected to so they can help me find the appropriate support.
4. Allow my **[HOUSING SPECIALIST/CASE MANAGER]** to communicate with my landlord or property manager regarding issues related to maintaining my housing (for example, maintenance issues, rental payment delays or problems, deposits, etc.)
5. Follow the rules of my lease. My lease will be reviewed with me during the lease signing by the property manager and my **[HOUSING SPECIALIST/CASE MANAGER]**. If at any time I have questions about my lease, I will contact my **[HOUSING SPECIALIST/CASE MANAGER]** or property manager. Not following my lease may result in possible eviction, and my options for finding new housing may be limited.
6. Take care of my home. I will not damage my home or allow my guests to damage my home or anything in it. I will report needed repairs to maintenance and/or my **[HOUSING SPECIALIST/CASE MANAGER]** as soon as possible. I understand that I may be responsible for the cost of any damages to the property that I or my guests cause. Being honest with my **[HOUSING SPECIALIST/CASE MANAGER]** about what is going on in my apartment is important, because they want to help me stay housed. I will also ask my **[HOUSING SPECIALIST/CASE MANAGER]** for help if people are staying at my apartment and I need help asking them to leave.
7. Practice household safety procedures such as fire safety and what to do in an emergency.
8. Complete recertifications every year so that I can maintain my rental assistance and housing. I will be required to complete paperwork, gather and submit financial documents, and allow inspection of my housing unit. My Housing Specialist **[HOUSING SPECIALIST/CASE MANAGER]** will be available to assist with this process and will reach out to me at the beginning of the recertification period to offer this help.
9. Once a year, I will obtain verification of my qualifying diagnosis from my medical provider(s) to ensure that I remain eligible for rental assistance and Supportive Housing services.
10. Communicate changes in my income to my **[HOUSING SPECIALIST/CASE MANAGER]** within 10 days of the change.

Permanent Supportive Housing Program Participation Agreement

11. If I want someone new to move in with me, I will tell my [HOUSING SPECIALIST/CASE MANAGER] first. I will also tell my [HOUSING SPECIALIST/CASE MANAGER] before I get a pet or bring any animals into my home because my lease may not allow me to have a pet. I understand that the PSH program can't pay for any additional fees or expenses related to my pet.
12. Pay my rent, utilities, and other fees on time. Not paying my rent or utilities may result in possible eviction.
13. Allow a minimum of one home visit per month by my [HOUSING SPECIALIST/CASE MANAGER]. How often I meet with my [HOUSING SPECIALIST/CASE MANAGER] will be determined together with my [HOUSING SPECIALIST/CASE MANAGER] and based on my needs.

Supportive Housing Staff will:

1. Assist you in the housing search process. This includes helping you to understand the limitations in search area for housing and what is realistic for your search, helping you manage a budget to pay rent, and supporting you in requesting reasonable accommodations.
2. Collaborate with you to develop your Housing Stabilization Plan and review it with you every three months.
3. Support you in meeting the goals listed in your Housing Stabilization Plan and help teach independent living skills, address any housing barriers and solve problems with you.
4. Connect you to services available within your community. Partner with your care providers such as the CSB, your landlord, and others in your life to improve self-sufficiency and housing success.
5. Answer any questions regarding your lease and assist in communicating with your landlord when needed.
6. Help you report any damages in your home and connect you to people who can help with home repairs if needed.
7. Teach emergency protocols and practice, if needed.
8. Assist you in completing annual rental assistance renewal paperwork.
9. Assist you in obtaining annual verification of your qualifying diagnosis from your psychiatrist, medical doctor or other licensed provider.
10. Coach or remind you to pay your rent/utilities. Staff can also help you to create a budget.
11. Visit your home at least once per month, or more often if you want.

Termination and Appeals Process

If you repeatedly go against this agreement, you could be asked to leave this program. For more information, review the program Disenrollment Policy, and ask your [HOUSING SPECIALIST/CASE MANAGER] or another staff person to help you understand any parts of it that you need help with.

Permanent Supportive Housing Program Participation Agreement

As a participant in the Home Connect Permanent Supportive Housing program, I understand that the following circumstances may lead to being disenrolled from the program:

- Not participating in the annual re-certification process – this includes both submitting income information and receiving an annual diagnosis from a healthcare provider
- A higher level of care is needed (i.e. nursing home placement, rehabilitation facility or assisted living facility)
- Prolonged institutionalization or hospitalization – more than 90 days
- Request by tenant to leave the program
- Determination that participant no longer is eligible for the program (i.e. over income, no longer has SMI diagnosis)

As a participant in the Home Connect PSH program, I understand that I may appeal involuntary discharges from the program by submitting a written request to the *[INSERT APPROPRIATE STAFF MEMBER TITLE]* within 30 days of the date of the discharge letter.

Tenant Signature

Case Manager/Housing Specialist Signature

Tenant Name

Case Manager/Housing Specialist Name

Date

Date



Participant Supportive Services Agreement

1. Purpose of This Agreement

The purpose of this agreement is to outline the supportive services available to you through this Transitional Housing (TH) program provided by St. Joseph's Villa and to document how we will work together to help you achieve housing stability, increase income, and move toward permanent housing.

Participation in supportive services is not a condition of continued program enrollment, except where required by HUD regulation. **Participation is voluntary to the fullest extent allowed by HUD rules.**

2. Supportive Services Provided by the Program

Housing-Focused Case Management:

- Housing needs assessment
- Development and update of the Individual Housing and Service Plan (IHSP)
- Assistance in locating and securing permanent housing
- Landlord communication and housing search assistance

Income & Employment Support:

- Connection to mainstream benefits (SNAP, Medicaid, SSI/SSDI assistance)
- Employment referrals, job readiness, résumé assistance
- Financial literacy and budgeting support
- Employment services provided through St. Joseph's Villa

Basic Needs & Daily Living Skills:

- Access to food, clothing, hygiene supplies as available
- Life skills coaching

Health & Behavioral Health Services:

- Mental Health Skill Building Services provided by St. Joseph's Villa
- Referrals to community based substance use providers
- Referrals for primary care
- Assistance with appointment scheduling and transportation as available

Other Services:

- Conflict resolution support
- Safety planning
- Connection to community resources and legal assistance
- Childcare referrals and support
- Education support including GED resources and referrals

3. Participant Responsibilities

By signing this agreement, the participant acknowledges the following expectations:

- Agree to meet with the case manager as required by program standards.
- Participate in periodic updates of the IHSP.
- Notify staff of any changes in income, household composition, or contact information.
- Follow the Program Rules and Occupancy Agreement.
- Work collaboratively with staff toward permanent housing.

Declining services will not lead to discharge unless it directly conflicts with HUD-required activities.

4. Agency Responsibilities

The program agrees to:

- Treat the participant with dignity and respect.
- Maintain confidentiality consistent with HUD and HMIS policies.
- Provide trauma-informed, strengths-based case management.
- Support participant goals toward permanent housing.
- Provide reasonable access to all supportive services.

5. Individual Housing and Service Plan (IHSP)

The participant will work with their case manager to set goals related to:

- Housing
- Income/employment

- Health/behavioral health (as chosen)
- Life skills
- Any other participant-identified goals

The IHSP can be updated any time upon request.

6. Term of Agreement

This agreement begins on the enrollment date and continues throughout participation in the program. It may be updated as needed.

7. Acknowledgment & Signature

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Program Supervisor (optional): _____ Date: _____

**SupportWorks Housing
Permanent Supportive Housing Program
Participant Agreement**

As a participant in the permanent supportive housing program (PSH), I understand that I must maintain program compliance and abide by the terms of my lease to remain stably housed. I understand that my contribution towards the rent of my apartment will be 30% of my monthly adjusted income and I may receive a utility allowance. I understand that my rent contribution may be subject to change if there are changes in my household income or the utility allowance. I understand that the Homelink Program is funded by grants and that grant funding is not guaranteed to continue and may end or change at any time. If funding ends, services and rental assistance provided through this program may be reduced or discontinued.

I agree to abide by the following program requirements:

1. _____ I agree to work with my Supportive Services Specialist and/or Housing Specialist to develop and regularly update an individualized Housing Stabilization Plan. This plan will identify supportive services based on my needs and goals and may include assistance with budgeting, maintaining a safe and stable home, employment or vocational planning, and access to mental health or substance use supports
2. _____ I agree to pay my monthly portion of _____ rent in full and on time to _____ and I understand that if my payment is late, it will cost an additional _____ in late fees.
3. _____ I understand that I am responsible for paying my utility bills and ensuring that my utilities remain on.
4. _____ I agree to report any changes in my or my household's income promptly to the Supportive Services Specialist and agree to participate in an annual income review and program recertification.
5. _____ I agree to meet with my Supportive Services Specialist/Housing Specialist weekly for the first three months of program entry and at least monthly thereafter, at a mutually agreeable time. I understand that more frequent meetings may be necessary depending on my circumstances.
6. _____ I agree to abide by all terms of the lease for the apartment in which I reside.
7. _____ I agree not to engage in any illegal activities in my home while participating in the PSH program.
8. _____ I understand that I must complete an annual recertification process where I must provide all forms of income for all individuals in my household over the age of 18.
9. _____ I understand that the program is not responsible for the placement of children or pets under any circumstance.

Additionally, I understand that the rental assistance will not be transferrable to any member of the family.

10. _____ I agree that I will contact my Supportive Services Specialist and landlord with any maintenance concerns including, but not limited to: leaking faucets and running toilets; security of the unit including doors and windows; pest issues including bedbugs, roaches, or rodents; damaged or otherwise non-functioning electrical outlets; or non-functioning appliances.

11. _____ I agree that, before terminating my occupancy of the apartment, I will give the provider and landlord written notice as required by my lease.
12. _____ I understand that my participation in the program can be terminated for reasons including, but not limited to, the following:
- Failure to abide by the terms of my lease.
 - Evictions and/or repeat violations of my lease.
 - Refusing to participate in annual recertification including HUD required inspections.
 - Violent, threatening, sexually inappropriate, or otherwise abusive behavior by myself and/or my guests.
 - Out of the home more than 90 days.
 - No face-to-face contact within 90 days.
 - Continued nonpayment of participant rental portion.
 - Failure to report income and household changes
 - Refusal to participate in services
13. _____ I understand the following is the termination process from the program:
- That the provider will give me written notice -- containing a clear statement of reasons for termination -- before they terminate me as a program participant
 - That I have the right to appeal the decision of termination
 - That I will have an opportunity to present written or verbal objections before an impartial hearing panel
 - That I will receive written notice following the final decision
14. _____ I understand my apartment will receive a required HUD inspection annually and all necessary repairs in the interim should be reported and addressed.
15. _____ I understand that I am responsible for retaining my apartment keys and may be financially responsible for key replacements if lost.
16. _____ I agree to not cause damage to my apartment and understand that I will be financially responsible for all damages.
17. _____ I agree to participate in a final apartment walk-through with my Supportive Services Specialist at program termination to review any damages the unit may have incurred under my residency. I will return the apartment keys at this time.
18. _____ I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the PSH program. I have initialed each item to signify my understanding of and consent to each condition and/or policy.

This agreement will take effect on the date of the signatures indicated below and is expected to be renewed annually.

Participant Signature: _____ Date: _____

Agency Staff Signature: _____ Date: _____

Participant Address

Street Address	City	State	Zip
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For written appeals, please contact:

Sharonita Cousin, MBA
Associate Director of Services
scousin@supportworkshousing.org
1900 Cool Lane, Suite B
Richmond, VA 23223

YWCA Richmond Service Participation Agreement

This Service Participation Agreement outlines the supportive service expectations for participants in the project. Supportive Services include case management, employment training, substance use treatment, and other services designed to help participants obtain and maintain housing stability, increase income, improve health and well-being, and/or successfully exit to permanent housing.

Project Name: _____ **Effective Date:** _____
Participant Name: _____ **Unit/Room:** _____

Participant Rights

Participants have the right to:

- Access services in a trauma-informed and housing-focused manner.
- Decline disability-related services.
- Request reasonable accommodations.
- File grievances without retaliation.

Required Service Participation

Participants agree to the following required participation:

- Meet with a case manager at least one time per week.
- Participate in a Housing Stability Plan.
- Engage in housing retention activities.
- Attend required appointments for housing stability.
- Cooperate with documentation and re-certification.

Optional Services (Not Required)

Additional voluntary, customized services are available for each participant.

Termination & Appeals

Terminations follow 24 CFR 578.91 with due process.

Signatures

Role	Name	Signature	Date
Participant	_____	_____	_____
Staff	_____	_____	_____

COMMUNITY PARTNERSHIP AGREEMENT

Greater Richmond Continuum of Care
Between Homeward and Ashland Police Department

Purpose:

This agreement establishes or formalizes a cooperative partnership between Homeward (the “Collaborative Applicant”), which coordinates the Greater Richmond Continuum of Care (GRCoC), and the Town of Ashland Police Department. The purpose of this partnership is to improve coordination between homeless assistance programs and community services so that people experiencing or at risk of homelessness can be connected to housing, treatment, benefits, employment, and other supports as quickly and seamlessly as possible. This partnership supports community-wide coordination goals described in the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program Notice of Funding Opportunity.

Through this partnership, the GRCoC and the Police Department agree to coordinate street outreach efforts, address encampments, improve communication between first responders and homeless service providers, and connect individuals experiencing homelessness to available housing and supportive services whenever appropriate. The partners recognize the distinct roles and responsibilities of each organization and agree to collaborate in ways that support both housing stability and public safety efforts.

Homeward and the GRCoC:

Agree to support Ashland Police Department and the people it serves by:

- Triage and assessment and information on referrals.
 - Clear, current information on how to access and make referrals to homeless assistance programs in the CoC, including triage and assessment, for individuals experiencing homelessness.
- Program information.
 - Information about relevant CoC and community programs, resources, and initiatives that may benefit the Partner’s residents.
- Communications about trainings and other events designed to support people experiencing homelessness.
- Service coordination through the Community Outreach sessions.
- Cross-training or informational presentations.
- Participation in the Town of Ashland Homelessness Task Force.
- Provide flexible financial assistance when available to meet the housing and service needs of unsheltered individuals in the Town of Ashland.

Ashland Police Department agrees to:

- Referrals. Make referrals to homeless assistance programs, using the referral pathways above as well as local protocols developed through the Homelessness Task Force, when APD personnel encounter people who appear to be experiencing or at risk of homelessness and a referral is appropriate.

- Communicate with the CoC and street outreach providers regarding individuals or locations where outreach may be beneficial and, when feasible, coordinate responses that prioritize voluntary engagement with housing and supportive services while ensuring public safety.
- Participation in CoC meetings, committees, or planning activities as appropriate.

Points of Contact

	Collaborative Applicant	Ashland Police Department
Name	Kelly King Horne	Harvey C. Watts Jr.
Title	CEO	Lieutenant
Email	kkhorne@homewardva.org	cwatts@ashlandpolice.us
Phone	(804) 343-2045	(804) 677-7159

Term and Review

This agreement takes effect on the date of the last signature below and continues until updated or ended by either organization. The points of contact will review it periodically (at least annually) to confirm the information above remains current.

For the Collaborative Applicant

Signature: Kelly King Horne Date: _____
 Name: Kelly King Horne
 Title: CEO
 Organization: Homeward

Ashland Police Department

Signature: [Signature] Date: 09/29/2026
 Name: Harvey C. Watts Jr.
 Title: Lieutenant
 Organization: Ashland Police Department

ORDINANCE NO. 2025-07

AN ORDINANCE TO AMEND CHAPTER 12 OF THE CODE OF ORDINANCES, TOWN OF ASHLAND, VIRGINIA (1996), AS AMENDED, RELATING GENERALLY TO CAMPSITES ON PUBLIC PROPERTY AND PERSONAL PROPERTY ON PUBLIC LAND

WHEREAS, the purpose of this ordinance is to implement regulations on the use of public property pursuant to the authority granted by Va. Code §§ 15.2-901, 15.2-1800, and 15.2-2107; and

WHEREAS, the Supreme Court of the United States of America has upheld the constitutionality of ordinance language substantially similar to the language presented here in its *City of Grants Pass, Oregon v. Johnson*, 603 U.S. 520, 537, 144 S. Ct. 2202, 2213 (2024) decision;

WHEREAS, the Town of Ashland, Virginia wishes to regulate the use of public property to preserve the public's health, safety, and welfare.

NOW, THEREFORE, BE IT ORDAINED AND ENACTED by the Town Council for the Town of Ashland, Virginia, meeting in regular session this ____ day of _____, 2025, that the following language is revised in the Town Code at Sec 12-13.2.1 and 12-33:

Sec 12-13.2.1

No person shall store or leave any personal property unattended on any of the streets, avenues, parks, bridges or any other public places or public property or any public easement of any description of the town between the hours of 10:00 p.m. and 7:00 a.m. without having received written permission from the town manager. As dictated by "Sec 12-33 (c) Camping and Sleeping on Public Property Prohibited" of the Town Code, permission shall not be granted for any purposes outlined as restricted in this section.

Upon discovery of personal property on public property, removal of the private property by the Town may occur under the following circumstances:

- (1) Prior to removing the personal property, the Town shall post a notice, three (3) business days in advance.
- (2) After the three (3) business day notice period has passed, the Town is authorized to remove the personal property and treat it as unclaimed property pursuant to Ashland Town Code Chapter 19.

Sec 12-33 Camping and Sleeping on Public Property Prohibited

(a) Definitions. Unless the context requires otherwise the following definitions apply to Sec 12-33.1.

(1) "To Camp" means to set up or to remain in or at a campsite.

(2) "Campsite" means any place where bedding, sleeping bag, or other material used for bedding purposes, or any stove or fire is placed, established, or maintained for the purpose of maintaining a temporary place to live, whether or not such place incorporates the use of any tent, lean-to, shack, or any other structure, or any vehicle or part thereof.

(b) Sleeping on Sidewalks, Streets, Alleys, or Within Doorways Prohibited.

(1) No person may sleep on public sidewalks, streets, or alleyways at any time as a matter of individual and public safety.

(2) No person may sleep in any pedestrian or vehicular entrance to public or private property abutting a public sidewalk.

(3) In addition to any other remedy provided by law, any person found in violation of this section may be immediately removed from the premises.

(c) Camping Prohibited. No person may occupy a campsite in or upon any sidewalk, street, alley, lane, public right of way, park, bench, or any other publicly owned property or under any bridge or viaduct, unless otherwise specifically authorized by the Town Code.

(d) Removal of Campsite on Public Property. Upon discovery of a campsite on public property, removal of the campsite by the Town may occur under the following circumstances:

(1) Prior to removing the campsite, the Town shall post a notice, three (3) business days in advance.

(2) At the time a three (3) business day notice is posted, the Town shall inform a designated outreach coordinator from the Greater Richmond Continuum of Care of the location of the campsite. Should no designated outreach coordinator exist, the Town shall inform a local agency (delivering social services to homeless individuals) of the location of the campsite.

(3) After having received notice requiring removal of any personal property from town owned land, it shall serve as notice to the individual that they are prohibited from storing property at any point on any property owned by the town and should the person store property after having received notice all property is to be removed immediately. Having received prior notice is prima facie evidence that the individual had notice and shall be charged should they fail to remove such property if found between 10:00 p.m. and 7:00 a.m.

(4) After the three (3) business day notice period has passed, the Town is authorized to remove the campsite and all personal property related thereto. Any personal property removed from the campsite shall be treated as unclaimed property pursuant to Ashland Town Code Chapter 19.

(e) Mitigation. Upon conviction for a violation of Section 12-33, in addition to any other factors deemed appropriate by the Court, the Court shall consider in mitigation whether or not the person immediately removed all personal property and litter, including but not limited to bottles, cans, and garbage from the campsite after being informed it was in violation of the law.

(f) Continuing Violation. Each day's violation of a provision of this Code constitutes a separate offense and may be prosecuted and punished accordingly.

(g) Restitution. Upon a finding of guilty, a Court may also order restitution to any person or business, including the Town, who has been damaged by the defendant's conduct.

(h) Escalation for multiple offenses. The first offense under Section 12-33 is punishable as a Class 3 misdemeanor. The second offense is punishable as a Class 2 misdemeanor. All subsequent offenses are punishable as Class 1 misdemeanors.

The Ashland Town Council on a motion of Councilmember _____,
seconded by Councilmember _____, the Ashland Town Council
voted to approve **Ordinance 2025-07** as follows:

This Ordinance shall take effect August 6, 2025.

Vote:

Mayor Trivett
Councilmember McGraw
Councilmember Barnhart
Councilmember Sopall

Signed: _____ Date: _____
Steve Trivett, Mayor

A copy Teste: _____
Douglas A. Goodman, Clerk of Council

Town Council: _____, 2025

Adopted: _____

Greater Richmond Continuum of Care (GRCoC)

System Policy and Process (SPP) Committee

Policy Statement: Coordination with First Responders During Encampment Engagement

Purpose

The Greater Richmond Continuum of Care (GRCoC) is committed to a coordinated, person-centered approach to serving individuals experiencing unsheltered homelessness. The System Policy and Process (SPP) Committee recognizes that effective collaboration between homeless service providers and first responders strengthens both public safety and access to housing and supportive services.

Policy Statement

As appropriate, GRCoC street outreach staff and other participating homeless service providers will cooperate with first responders and local jurisdictions to support coordinated responses involving individuals staying in encampments or other unsheltered locations.

The purpose of this coordination is to maximize opportunities for individuals experiencing homelessness to access housing resources, emergency shelter, behavioral health services, substance use treatment, healthcare, and other community supports before, during, and after interactions with first responders, when feasible and as resources are available.

GRCoC street outreach staff and participating providers will:

- Coordinate with first responders, when appropriate, to facilitate timely connections to homeless assistance services and available community resources.
- Conduct outreach and offer housing-focused, person-centered services to individuals staying in encampments whenever feasible.

- Strengthen referral partnerships by sharing information about available housing resources, shelter, triage and assessment processes, and supportive services with first responders at least quarterly.
- Participate in coordinated planning related to encampment responses, when appropriate and feasible, to support service engagement and reduce barriers to housing.
- Protect client privacy by obtaining appropriate consent before sharing client-specific information, except as otherwise permitted or required by law.

The GRCoC recognizes and respects the distinct roles and responsibilities of first responders and homeless service providers. The CoC does not direct, supervise, or participate in law enforcement activities. Likewise, GRCoC street outreach staff and participating providers will cooperate with and will not impede lawful public safety activities conducted by first responders, including activities related to encampments, public health and safety concerns, public drug use, involuntary commitment processes, or other responsibilities carried out under applicable federal, state, and local laws.

This policy is intended to promote collaboration between homeless service providers and first responders while maintaining the GRCoC's commitment to voluntary, housing-focused engagement and ensuring individuals experiencing homelessness have meaningful opportunities to connect with housing and supportive services.

Approved by: Greater Richmond Continuum of Care System Policy and Process Committee

Effective Date: _____

Review Date: _____

RENEWAL PROJECT: PSH

Factor #	Factor	How Evaluated	Max Points	Points Breakdown
A	Grant and Financial Management		20	
A1	Audited Financial statements	Ranking Committee will review Audited Financial Statements for FY ending 6/30/2025. Submission of audit is a threshold requirement for application, applications will not be reviewed without audit submission.	4	Audit w/ no findings for a FY ending 6/30/25 or more recent = 4 points Findings in the past 2 years with documented resolution plan = 2 points Audit not recent or has unaddressed findings = 0 points
A2	CoC or ESG Monitoring	If applicable Ranking Committee will review Monitoring reports and resolution strategies.	4	Monitoring w/ no findings in last 3 years or monitoring not required = 4 points Findings in the past 2 years with documented resolution plan = 2 points Monitoring not within last 3 years or has unaddressed findings or not submitted = 0 points
A3	Expenditure of Grant Funds	Facilitator will review APR expenditure data and submitted applicant comments. Facilitator will determine reasonableness of applicant explanation for expended funds less than 100%.	4	Grant 95-100% expended = 4 points Grant 0-94% expended = 0 points Up to 2 points back with reasonable explanation for unexpended funds
A4	Regular ELOCCs Draw Downs	Facilitator will review applicant submitted ELOCCS draws documentation.	4	Draws completed at least once every quarter = 4 points Draws completed at least 4 times in the grant year, but not every quarter = 2 points Draws completed fewer than 3 times in the grant year = 0 points
A5	Timely APR Submission	Facilitator will review applicant submitted APR submission documentation.	4	On time submission = 4 points Within 30 days of due date = 2 points More than 30 days late = 0 points
B	Collaboration and Participation		4	
B2	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/ workgroups = 2 points No participation = 0 points
B3	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C	HMIS and Comparable Database Quality		6	
C1	Data Quality- destination	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
C2	Data Quality- Income at entry	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
C3	Data Quality- Income at exit	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D	HUD and Local Policy Priorities		35	
D1	Wrap-around service quality	Ranking Committee will review submitted policies and procedures sections and score applicant narrative describing the organization's provision of on-site behavioral health, assessing program participant need for higher care, and formalized move-on strategy.	9	Strong response = 7 to 9 points Average response = 4 to 6 points Weak response = 3 points or less
D2	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts remain responsive to changing community needs.	7	Strong response = 6 to 7 points Average response = 4 to 5 points Weak response = 3 points or less
D3	Disability, Health, and Treatment & Recovery Resources	The Ranking Committee will score applicant narrative describing efforts to provide or partner with resources that provide disability, behavioral health, and treatment & recovery resources for program participants	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
D4	Improving economic self-sufficiency	The Ranking Committee will score applicant narrative describing their effectiveness in increasing economic self-sufficiency.	6	Strong response = 5 to 6 points Average response = 3 to 4 points Weak response = 2 points or less
D5	Mandatory Services Agreement	The ranking committee will review submitted supportive services participation requirement forms and description of how mandatory service participation fits into program design, in accordance with 24 CFR 578.75(h)	5	Service requirement form submitted = 5 points Service requirement form not submitted = 0 Points
E	Objective Project Performance		35	
E1	Obtain or Maintains Permanent housing	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Q5 & Q23C	10	PSH maintains housing: 90+ = 10 points 75% to 89% = 6 points Below 75% = 0 Points
E2	Returns from Project Back to Homelessness	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 23C.	9	PSH: 10% or below = 9 points 11% to 20% = 4 points More than 20% = 0 points
E3	Maintains or Increases Employment Income	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 19 A1 & A2 for all projects.	9	ALL: 25% or above = 9 points 15% to 24% = 4 points Less than 15% = 0 Points

E4	Cost Efficiency	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 5a1,5,&8; and total project budget from most recently completed FY award. The calculation will determine the average cost per person served per day, weighted for median length of stay for both leavers and stayers.	7	ALL: Most cost efficient of project type: 7 points Projects will receive a 1 point deduction for their cost effectiveness relative to most cost efficient project submitted for that component. Submitted projects will only be compared to submitted projects of the same component type. Projects may submit a narrative description to address cost effectiveness metric performance for Ranking Committee consideration, but the scoring will remain objective.
TOTAL POINTS			100	
F	Bonus Points		25	
F1	Voluntary Reallocation	Projects that voluntarily reallocate a portion of their grant will receive bonus points.	10	15% or more of grant = 10 points 11 to 14% of grant = 4 points 10% or less of grant = 3 points
F2	NOFO Ranking History	Organization has demonstrated capacity to perform competitively in local CoC competitions for the last 3 years. Points will be awarded to renewing projects that have been wholly or partially placed in tier 1 consistently for the last 3 years.	15	ALL: Project placed in tier 1 for last 3 years= 15 Project not placed in tier 1 for last 3 years=0

Approved by GRCoC Ranking
Committee, 6.18.2026

RENEWAL PROJECT: SSO-CE

Factor #	Factor Name	Evaluation Criteria	Max Points	Points Breakdown
A Grant and Financial Management			20	
A1	Audited Financial statements	Ranking Committee will review Audited Financial Statements for FY ending 6/30/2025. Submission of audit is a threshold requirement for application, applications will not be reviewed without audit submission.	4	Audit w/ no findings for a FY ending 6/30/25 or more recent = 4 points Findings in the past 2 years with documented resolution plan = 2 points Audit not recent or has unaddressed findings = 0 points
A2	CoC or ESG Monitoring	If applicable Ranking Committee will review Monitoring reports and resolution strategies.	4	Monitoring w/ no findings in last 3 years or monitoring not required = 4 points Findings in the past 2 years with documented resolution plan = 2 points Monitoring not within last 3 years or has unaddressed findings or not submitted = 0 points
A3	Expenditure of Grant Funds	Facilitator will review APR expenditure data and submitted applicant comments. Facilitator will determine reasonableness of applicant explanation for expended funds less than 100%.	4	Grant 95-100% expended = 4 points Grant 0-94% expended = 0 points Up to 2 points back with reasonable explanation for unexpended funds
A4	Regular ELOCCs Draw Downs	Facilitator will review applicant submitted ELOCCS draws documentation.	4	Draws completed at least once every quarter = 4 points Draws completed at least 4 times in the grant year, but not every quarter = 2 points Draws completed fewer than 3 times in the grant year = 0 points
A5	Timely APR Submission	Facilitator will review applicant submitted APR submission documentation.	4	On time submission = 4 points Within 30 days of due date = 2 points More than 30 days late = 0 points
B Collaboration and Participation			7	
B1	DV Collaboration	Ranking Committee will score applicant narrative response describing how project works with DV providers to manage referrals quickly and safely, especially for victims of domestic violence, sexual assault, stalking and human trafficking.	3	Strong response = 3 points Average response = 2 points Weak response = 1 point or less
B2	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/ workgroups = 2 points No participation = 0 points
B3	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C HUD and Local Policy Priorities			38	
C1	Reducing referral time	Ranking Committee will score applicant narrative describing current and/or planned efforts to reduce times between assessment, referral, and matching to resources.	10	Strong response = 7 to 10 points Average response = 4 to 6 points Weak response = 3 points or less
C2	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts to remain responsive to changing community needs.	7	Strong response = 7 points Average response = 4 to 6 points Weak response = 3 points or less
C3	Disability, Health, and Treatment & Recovery Resources	The Ranking Committee will score applicant narrative describing efforts to partner with resources that provide disability, behavioral health, and treatment & recovery resources for projects that receive CE referrals.	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
C4	Improving system coordination	The Ranking Committee will score applicant narrative describing how the CE ensures that completed referrals result in project enrollment and housing.	7	Strong response = 7 points Average response = 4 to 6 points Weak response = 3 points or less
C5	Fulfills CES Responsibilities	The Ranking Committee will score applicant narrative describing how the project ensures compliance with CES responsibilities.	6	Strong response = 5 to 6 points Average response = 4 points Weak response = 3 points or less
D Objective Project Performance			35	
D1	Covers 100% of geographic	Applicants must confirm that the Coordinated Entry system is easily available and reachable for all persons, including persons with disabilities, within the CoC's geographic area who are seeking homelessness assistance.	10	Confirm 100% = 10 points Not confirm 100% = 0 points
D2	Standardized Assessment Process	Applicants must confirm that the Coordinated Entry system has a standardized assessment process.	7	Confirm = 7 points Not confirm = 0 points
D3	Provides referrals to 100% of CES required projects	Applicants must confirm that the Coordinated Entry system provided referrals to 100% of the CES required projects.	10	Confirm = 10 points Not confirm = 0 points
D4	Ensures Program participants are directed to appropriate services	The Ranking Committee will score applicant narrative describing how the project ensures program participants are directed to appropriate housing and services that fit their needs.	8	Confirm = 8 points Not Confirm = 0 points
TOTAL POINTS			100	
F Bonus Points			25	
F1	Voluntary Reallocation	Projects that voluntarily reallocate a portion of their grant will receive bonus points.	10	15% or more of grant = 5 points 11 to 14% of grant = 4 points 10% or less of grant = 3 points
F2	NOFO Ranking History	Organization has demonstrated capacity to perform competitively in local CoC competitions for the last 3 years. Points will be awarded to renewing projects that have been wholly or partially placed in tier 1 consistently for the last 3 years.	15	ALL: Project placed in tier 1 for last 3 years= 10 Project not placed in tier 1 for last 3 years=0

RENEWAL PROJECT: HMIS

Factor #	Factor Name	Evaluation Criteria	Max Points	Points Breakdown
A	Grant and Financial Management		20	
A1	Audited Financial statements	Ranking Committee will review Audited Financial Statements for FY ending 6/30/2025. Submission of audit is a threshold requirement for application, applications will not be reviewed without audit submission.	4	Audit w/ no findings for a FY ending 6/30/25 or more recent = 4 points Findings in the past 2 years with documented resolution plan = 2 points Audit not recent or has unaddressed findings = 0 points
A2	CoC or ESG Monitoring	If applicable Ranking Committee will review Monitoring reports and resolution strategies.	4	Monitoring w/ no findings in last 3 years or monitoring not required = 4 points Findings in the past 2 years with documented resolution plan = 2 points Monitoring not within last 3 years or has unaddressed findings or not submitted = 0 points
A3	Expenditure of Grant Funds	Facilitator will review APR expenditure data and submitted applicant comments. Facilitator will determine reasonableness of applicant explanation for expended funds less than 100%.	4	Grant 95-100% expended = 4 points Grant 0-94% expended = 0 points Up to 2 points back with reasonable explanation for unexpended funds
A4	Regular ELOCCs Draw Downs	Facilitator will review applicant submitted ELOCCS draws documentation.	4	Draws completed at least once every quarter = 4 points Draws completed at least 4 times in the grant year, but not every quarter = 2 points Draws completed fewer than 3 times in the grant year = 0 points
A5	Timely APR Submission	Facilitator will review applicant submitted APR submission documentation.	4	On time submission = 4 points Within 30 days of due date = 2 points More than 30 days late = 0 points
B	Collaboration and Participation		7	
B1	Collaboration and Data Sharing	Ranking Committee will score applicant narrative response describing how project works with local stakeholders to share appropriate data to ensure a community response to homelessness.	3	Strong response = 3 points Average response = 2 points Weak response = 1 point or less
B2	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/workgroups = 2 points No participation = 0 points
B3	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C	Timely Submission of reports		35	
C1	Timely Submission of reports	Applicants must document the timely submission of reports including, Housing Inventory (HIC), Point-in-Time (PIT), Longitudinal System Analysis (LSA), and FY24 System Performance Measures.	35	Submitted 4= 35 points Submitted 3 = 20 points Submitted 2 = 15 points Submitted 1 = 5 points 0 = 0 points
D	HUD + Local Priorities		20	
D1	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts to remain responsive to changing community needs.	10	Strong response = 8 to 10 points Average response = 5-7 points Weak response = 0-4 points or less
D2	Fulfilling HMIS responsibilities	The Ranking Committee will score applicant narrative describing how the project fulfills the responsibilities of HMIS compliance.	10	Strong response = 8 to 10 points Average response = 5-7 points Weak response = 0-4 points or less
E	Objective HMIS Functionality		18	
E1	Collects all required elements	Applicants must confirm that the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.	6	Confirm = 6 points Not confirm = 0 points
E2	Un-duplicate client records	Applicants must confirm that the ability of the HMIS to de-duplicate client records.	6	Confirm = 6 points Not confirm = 0 points
E3	Produces all required reports	Applicants must confirm that the HMIS produces all HUD required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ ESG reporting) and other reports required by other federal partners.	6	Confirm = 6 points Not confirm = 0 points
	TOTAL POINTS		100	
F	Bonus Points		25	
F1	Voluntary Reallocation	Projects that voluntarily reallocate a portion of their grant will receive bonus points.	10	15% or more of grant = 5 points 11 to 14% of grant = 4 points 10% or less of grant = 3 points

F2	NOFO Ranking History	Organization has demonstrated capacity to perform competitively in local CoC competitions for the last 3 years. Points will be awarded to renewing projects that have been wholly or partially placed in tier 1 consistently for the last 3 years.	15	ALL: Project placed in tier 1 for last 3 years= 10 Project not placed in tier 1 for last 3 years=0
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Approved by GRCoC
Ranking Committee,
6.18.2026

NEW PROJECT: TRANSITIONAL HOUSING

Factor #	Factor Name	Evaluation Criteria	Max Points	Points Breakdown
A	Applicant Capacity		20	
A1	Experience Serving Target Population	The applicant must confirm the organization's experience working with the proposed target population for the proposed project, including any relevant expertise with the specific subpopulation to be served.	4	Has experience = 4 points Has no experience = 1 point or less
A2	Experience Operating a Comparable Program	The Ranking Committee will score applicant narrative describing agency (and subrecipient if applicable) experience with comparable projects, including experience with program operations and service delivery.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A3	Experience providing service/housing as part of a coordinated system of care	Applicant must confirm agency (and subrecipient if applicable) has experience delivering programs within a CoC or comparable system.	4	Experience with CoC or comparable system: 4 points No experience: 0 point
A4	Experience Managing Federal or Other Complex Funding	The Ranking Committee will score applicant narrative describing the agency's experience and capacity in leveraging and managing Federal funding or other sources.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A5	Financial Management Capacity	The Ranking Committee will score applicant narrative describing the organization's (and subrecipient(s) if applicable) financial management structure. Score will also factor in financial audit, with a recent, clean audit (and/or fully resolved findings) part of a high score.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
B	Collaboration and Participation (Objective)		4	
B1	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/workgroups = 2 points No participation = 0 points
B2	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C	HUD and Local Policy Priorities		26	
C1	Wrap-around service quality	Ranking Committee will score applicant narrative describing current and/or planned efforts to develop robust wrap-around services, including partnerships with workforce development partners and obtaining positive housing destinations for exiting clients.	7	Strong response = 5 to 7 points Average response = 3 to 4 points Weak response = 2 points or less
C2	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts to remain responsive to changing community needs.	6	Strong response = 6 points Average response = 4 to 5 points Weak response = 3 points or less
C3	Disability, Health, and Treatment & Recovery Resources	The Ranking Committee will score applicant narrative describing efforts to provide or partner with resources that provide disability and behavioral health for program participants	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
C4	Mandatory Services Agreement	The ranking committee will review submitted supportive services participation requirement forms and description of how mandatory service participation fits into program design, in accordance with 24 CFR 578.75(h)	5	Service requirement form submitted = 5 points Service requirement form not submitted = 0 Points
D	HMIS and Comparable Database Quality		6	
D1	Data Quality- destination	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D2	Data Quality- Income at entry	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D3	Data Quality- Income at exit	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
E	Objective Project Performance		35	
The Collaborative Applicant staff will run a project APR for the existing project being replaced using calendar year 2025 as the performance period. Projects transitioning to TH will use their PSH, RRH, or TH/RRH data from the previous calendar year. New applicants not currently using HMIS and DV providers may submit HMIS-comparable data from calendar year 2025 to be scored by the Collaborative Applicant. See competition P&P for more details.				
E1	Obtain or Maintains Permanent housing	The Collaborative Applicant staff will run a project APR for the existing project being replaced using calendar year 2025 as the performance period. This factor will be scored from Q5 & Q23C for PSH projects and Q23C for RRH, Joint TH/RRH projects.	10	PSH maintains housing: 90+% = 10 points 75% to 89% = 6 points Below 75% = 0 Points RRH, Joint TH/RRH, TH obtains housing: 70+% = 10 points 50% to 69% = 6 points Below 50% = 0 Points
E2	Returns from Project Back to Homelessness	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 23C for all projects.	9	PSH: 10% or below = 9 points 11% to 20% = 4 points More than 20% = 0 points RRH, Joint TH/RRH, TH: 25% or below = 9 points 35% to 26% = 4 points More than 35% = 0 points

E3	Maintains or Increases Employment Income	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 19 A1 & A2 for all projects.	9	ALL: 40% or above = 9 points 25% to 39% = 4 points Less than 25% = 0 Points
E4	Cost Efficiency	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 5a1,5,&8; and total project budget from most recently completed FY award. The calculation will determine the average cost per person served per day, weighted for median length of stay for both leavers and stayers.	7	ALL: Most cost efficient of project type: 7 points Projects will receive a 1 point deduction for their cost effectiveness relative to most cost efficient project submitted for that component. Submitted projects will only be compared to submitted projects of the same component type. Projects may submit a narrative description to address cost effectiveness metric performance for Ranking Committee consideration, but the scoring will remain objective.
F	Project-Specific Criteria: Transitional Housing		9	
F1	Exiting within 24 months	The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months. Responses should include program elements designed to support long-term economic self-sufficiency.	3	Prior experience = 3 point no prior experience = 0 points
F2	Person-centered supportive services	Ranking Committee will score applicant narrative describing how the project will provide 20 hours of customized services. This response should specifically describe plans to meet HUD requirements for 20 hours of mandatory supportive service participation.	3	Strong response = 3 points Average response = 2 points Weak response = 1 points
F3	Treatment and Recovery Services Availability	Ranking Committee will score applicant narrative describing current and/or future plans to provide on-site substance use treatment. This response should specifically describe whether the project requires substance abuse treatment services or as a condition of continued participation in the program in accordance with 24 CFR 578.75, and how many CoC-funded units/beds under this project require treatment participation. Project may also describe partnerships to provide on-site services or connect participants with appropriate community-based services.	3	Service Availability: 3 points No Services Availability = 0 points
TOTAL POINTS			100	
G	Bonus Points		25	
G1	HUD Opportunity Zones	Projects that can demonstrate more than 50% of the project will operate in a HUD-opportunity zone	5	ALL: Opportunity zone: 5 points Not opportunity zone: 0 points
G2	Transition/ Replacement Projects	Project is requesting a transition grant or is a YHDP replacement project	10	ALL: Transition or replacement Project: 10 points Not transition or replacement project: 0 points

Approved by GRCoC Ranking
Committee, 6.18.2026

NEW PROJECT: SSO STANDALONE

Factor #	Factor Name	Evaluation Criteria	Max Points	Points Breakdown
A	Application Capacity		20	
A1	Experience Serving Target Population	The applicant must confirm the organization's experience working with the proposed target population for the proposed project, including any relevant expertise with the specific subpopulation to be served.	4	Has experience = 4 points Has no experience = 1 point or less
A2	Experience Operating a Comparable Program	The Ranking Committee will score applicant narrative describing agency (and subrecipient if applicable) experience with comparable projects, including experience with program operations and service delivery.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A3	Experience providing service/housing as part of a coordinated system of care	Applicant must confirm agency (and subrecipient if applicable) has experience delivering programs within a CoC or comparable system.	4	Experience with CoC or comparable system: 4 points No experience: 0 point
A4	Experience Managing Federal or Other Complex Funding	The Ranking Committee will score applicant narrative describing the agency's experience and capacity in leveraging and managing Federal funding or other sources.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A5	Financial Management Capacity	The Ranking Committee will score applicant narrative describing the organization's (and subrecipient(s) if applicable) financial management structure. Score will also factor in financial audit, with a clean audit (and/or fully resolved findings) part of a high score.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
B	Collaboration and Participation		4	
B2	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/workgroups = 2 points No participation = 0 points
B3	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C	HUD and Local Policy Priorities		29	
C1	Wrap-around service quality	Ranking Committee will score applicant narrative describing current and/or planned efforts to develop partnerships with workforce development partners and obtain positive housing destinations for unsheltered clients.	9	Strong response = 7 to 9 points Average response = 4 to 6 points Weak response = 3 points or less
C2	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts to remain responsive to changing community needs.	6	Strong response = 6 points Average response = 4 to 5 points Weak response = 3 points or less
C3	Disability, Health, and Treatment & Recovery Resources	The Ranking Committee will score applicant narrative describing efforts to provide or partner with resources that provide disability, behavioral health, and treatment & recovery resources for program participants	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
C4	Improving economic self-sufficiency	The Ranking Committee will score applicant narrative describing their effectiveness in increasing economic self-sufficiency.	6	Strong response = 6 points Average response = 4 to 5 points Weak response = 3 points or less
D	HMIS and Comparable Database Quality		6	
D1	Data Quality- destination	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D2	Data Quality- Income at entry	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D3	Data Quality- Income at exit	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
E	Objective Project Performance		35	
The Collaborative Applicant staff will run a project APR for the existing project being replaced using calendar year 2025 as the performance period. Projects transitioning to SSO will use their PSH, RRH, or TH/RRH data from the previous calendar year. YHDP Replacement SSO applications combining multiple projects will use HMIS data from the applicant's YHDP project. New applicants not currently using HMIS and DV providers may submit HMIS-comparable data from calendar year 2025 to be scored by the Collaborative Applicant. See competition P&P for more details.				
E1	Obtain Positive Housing Destination	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Q5 & Q23C for PSH projects and Q23C for RRH, Joint TH/RRH projects. Projects transitioning to SSO will use their HMIS data from the previous calendar year.	10	SSO exiting to positive housing destinations: 70+% = 10 points 50% to 69% = 6 points Below 50% = 0 Points
E2	Returns from Project Back to Homelessness	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 23C for all projects.	9	SSO: 25% or below = 9 points 35% to 24% = 4 points More than 35% = 0 points

E3	Maintains or Increases Employment Income	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 19 A1 & A2 for all projects.	9	ALL: 40% or above = 9 points 25% to 39% = 4 points Less than 25% = 0 Points
E4	Cost Efficiency	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 5a1,5,&8; and total project budget from most recently completed FY award. The calculation will determine the average cost per person served per day, weighted for median length of stay for both leavers and stayers.	7	ALL: Most cost efficient of project type: 7 points Projects will receive a 1 point deduction for their cost effectiveness relative to most cost efficient project submitted for that component. Submitted projects will only be compared to submitted projects of the same component type. Projects may submit a narrative description to address cost effectiveness metric performance for Ranking Committee consideration, but the scoring will remain objective.
F	Project-Specific Criteria: SSO Standalone		6	
F1	Increasing economic self-sufficiency	Ranking committee will score applicant narrative response describing that the Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency.	2	Strong response = 2 points Average response = 1 points Weak response = 0 points
F2	Engagement Strategy	Ranking committee will score applicant narrative response describing the 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.	2	Strong response = 2 points Average response = 1 points Weak response = 0 points
F3	Accessing mainstream resources	Ranking Committee will score applicant narrative response describing mainstream resource supplementation.	2	Strong response = 2 points Average response = 1 points Weak response = 0 points
	TOTAL POINTS		100	
G	Bonus Points		15	
G1	HUD Opportunity Zones	Projects that can demonstrate more than 50% of the project will operate in a HUD-opportunity zone	5	ALL: Opportunity zone: 5 points Not opportunity zone: 0 points
G2	Transition/ Replacement Projects	Project is requesting a transition grant or is a YHDP replacement project	10	ALL: Transition or replacement Project: 10 points Not transition or replacement project: 0 points

Approved by GRCOC Ranking
Committee, 6.18.2026

NEW PROJECT: SSO-SO

Factor #	Factor Name	Evaluation Criteria	Max Points	Points Breakdown
A	Application Capacity		20	
A1	Experience Serving Target Population	The applicant must confirm the organization's experience working with the proposed target population for the proposed project, including any relevant expertise with the specific subpopulation to be served.	4	Has experience = 4 points Has no experience = 1 point or less
A2	Experience Operating a Comparable Program	The Ranking Committee will score applicant narrative describing agency (and subrecipient if applicable) experience with comparable projects, including experience with program operations and service delivery.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A3	Experience providing service/housing as part of a coordinated system of care	Applicant must confirm agency (and subrecipient if applicable) has experience delivering programs within a CoC or comparable system.	4	Experience with CoC or comparable system: 4 points No experience: 0 point
A4	Experience Managing Federal or Other Complex Funding	The Ranking Committee will score applicant narrative describing the agency's experience and capacity in leveraging and managing Federal funding or other sources.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A5	Financial Management Capacity	The Ranking Committee will score applicant narrative describing the organization's (and subrecipient(s) if applicable) financial management structure. Score will also factor in financial audit, with a clean audit (and/or fully resolved findings) part of a high score.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
B	Collaboration and Participation		4	
B2	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/workgroups = 2 points No participation = 0 points
B3	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C	HUD and Local Policy Priorities		29	
C1	Wrap-around service quality	Ranking Committee will score applicant narrative describing current and/or planned efforts to develop partnerships with workforce development partners and obtain positive housing destinations for unsheltered clients.	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
C2	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts to remain responsive to changing community needs.	6	Strong response = 6 points Average response = 4 to 5 points Weak response = 3 points or less
C3	Disability, Health, and Treatment & Recovery Resources	The Ranking Committee will score applicant narrative describing efforts to provide or partner with resources that provide disability, behavioral health, and treatment & recovery resources for program participants	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
C4	Improving economic self-sufficiency	The Ranking Committee will score applicant narrative describing their effectiveness in increasing economic self-sufficiency.	7	Strong response = 7 points Average response = 4 to 6 points Weak response = 3 points or less
D	HMIS and Comparable Database Quality		6	
D1	Data Quality- destination	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D2	Data Quality- Income at entry	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
D3	Data Quality- Income at exit	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: 2% or less = 2 points More than 2% = 0 points
E	Objective Project Performance		35	
The Collaborative Applicant staff will run a project APR for the existing project being replaced using calendar year 2025 as the performance period. Projects transitioning to SSO-SO will use their SSO-CE, PSH, RRH, or TH/RRH data from the previous calendar year. New applicants not currently using HMIS and DV providers may submit HMIS-comparable data from calendar year 2025 to be scored by the Collaborative Applicant. See competition P&P for more details.				
E1	Obtains Positive Housing Destination	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Q5 & Q23C for PSH projects and Q23C for RRH, Joint TH/RRH projects. Projects transitioning to SSO will use their HMIS data from the previous calendar year.	10	SSO exiting to positive housing destinations: 70+% = 10 points 50% to 69% = 6 points Below 50% = 0 Points

E2	Returns from Project Back to Homelessness	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 23C for all projects.	9	SSO: 25% or below = 9 points 35% to 24% = 4 points More than 35% = 0 points
E3	Maintains or Increases Employment Income	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 19 A1 & A2 for all projects.	9	ALL: 40% or above = 9 points 25% to 39% = 4 points Less than 25% = 0 Points
E4	Cost Efficiency	The Collaborative Applicant staff will run a project APR using calendar year 2025 as the performance period. This factor will be scored from Question 5a1,5,&8; and total project budget from most recently completed FY award. The calculation will determine the average cost per person served per day, weighted for median length of stay for both leavers and stayers.	7	ALL: Most cost efficient of project type: 7 points Projects will receive a 1 point deduction for their cost effectiveness relative to most cost efficient project submitted for that component. Submitted projects will only be compared to submitted projects of the same component type. Projects may submit a narrative description to address cost effectiveness metric performance for Ranking Committee consideration, but the scoring will remain objective.
F	Project-Specific Criteria: SSO Street Outreach		6	
F1	Outreach Experience	Ranking committee will score applicant narrative describing experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13).	2	Strong response = 2 points Average response = 1 points Weak response = 0 points
F2	Engagement Strategy	Ranking committee will score applicant narrative describing 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.	2	Strong response = 2 points Average response = 1 points Weak response = 0 points
F3	Partnering with First-Responders & Law Enforcement	Ranking committee will score applicant narrative describing history of 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, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.	2	Strong history = 2 points No confirmed history = 0 points
	TOTAL POINTS		100	
G	Bonus Points		15	
G1	HUD Opportunity Zones	Projects that can demonstrate more than 50% of the project will operate in a HUD-opportunity zone	5	ALL: Opportunity zone: 5 points Not opportunity zone: 0 points
G2	Transition/ Replacement Projects	Project is requesting a transition grant or is a YHDP replacement project	10	ALL: Transition or replacement Project: 10 points Not transition or replacement project: 0 points

Approved by GRCoC Ranking
Committee, 6.18.2026

DV SSO-CE

Factor #	Factor Name	Evaluation Criteria	Max Points	Points Breakdown
A	Application Capacity		20	
A1	Experience Serving Target Population	The applicant must confirm the organization's experience working with the proposed target population for the proposed project, including any relevant expertise with the specific subpopulation to be served.	4	Has experience = 4 points Has no experience = 1 point or less
A2	Experience Operating a Comparable Program	The Ranking Committee will score applicant narrative describing agency (and subrecipient if applicable) experience with comparable projects, including experience with program operations and service delivery.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A3	Experience providing service/housing as part of a coordinated system of care	Applicant must confirm agency (and subrecipient if applicable) has experience delivering programs within a CoC or comparable system.	4	Experience with CoC or comparable system: 4 points No experience: 0 point
A4	Experience Managing Federal or Other Complex Funding	The Ranking Committee will score applicant narrative describing the agency's experience and capacity in leveraging and managing Federal funding or other sources.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
A5	Financial Management Capacity	The Ranking Committee will score applicant narrative describing the organization's (and subrecipient(s) if applicable) financial management structure. Score will also factor in financial audit, with a clean audit (and/or fully resolved findings) part of a high score.	4	Strong response = 4 points Average response = 2 to 3 points Weak response = 1 point or less
B	Collaboration and Participation		7	
B1	Coordinated Entry Collaboration	Ranking Committee will score applicant narrative response describing how project works with Coordinated Entry to manage referrals quickly and safely, especially for victims of domestic violence, sexual assault, stalking and human trafficking.	3	Strong response = 3 points Average response = 2 points Weak response = 1 point or less
B2	CoC Participation	The Collaborative Applicant will confirm GRCoC participation in general meetings, committees, and or workgroups.	2	Staff participates in 1 or more committees/ workgroups = 2 points No participation = 0 points
B3	Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2025 Winter and Summer PIT Counts and/or Housing Inventory Count (HIC).	2	Winter and Summer = 2 points Winter or Summer = 1 point No involvement = 0 points
C	HUD and Local Policy Priorities		38	
C1	Reducing referral time	Ranking Committee will score applicant narrative describing current and/or planned efforts to reduce times between assessment, referral, and matching to resources.	10	Strong response = 7 to 10 points Average response = 4 to 6 points Weak response = 3 points or less
C2	Responsiveness to changing community needs	The Ranking Committee will score applicant narrative describing current and/or planned efforts to remain responsive to changing community needs.	7	Strong response = 7 points Average response = 4 to 6 points Weak response = 3 points or less
C3	Emergency Transfer Plan	The Ranking Committee will score applicant narrative describing current and/or planned efforts to develop or operate HUD required Emergency Transfer Planning activities.	8	Strong response = 7 to 8 points Average response = 4 to 6 points Weak response = 3 points or less
C4	Improving system coordination	The Ranking Committee will score applicant narrative describing how the CE ensures that completed referrals result in project enrollment and housing.	7	Strong response = 7 points Average response = 4 to 6 points Weak response = 3 points or less
C5	Fulfills CES Responsibilities	The Ranking Committee will score applicant narrative describing how the project ensures compliance with CES responsibilities.	6	Strong response = 5 to 6 points Average response = 4 points Weak response = 3 points or less
D	Objective Project Performance		35	
D1	Covers 100% of geographic	Applicants must confirm that the Coordinated Entry system is easily available and reachable for all persons, including persons with disabilities, within the CoC's geographic area who are seeking homelessness.	10	Confirm 100% = 10 points Not confirm 100% = 0 points
D2	Standardized Assessment Process	Applicants must confirm that the Coordinated Entry system has a standardized assessment process.	7	Confirm = 7 points Not confirm = 0 points
D3	Provides referrals to 100% of CES required projects	Applicants must confirm that the Coordinated Entry system provided referrals to 100% of the CES required projects.	10	Confirm = 10 points Not confirm = 0 points
D4	Ensures Program participants are directed to appropriate services	The Ranking Committee will score applicant narrative describing how the project ensures program participants are directed to appropriate housing and services that fit their needs.	8	Confirm = 8 points Not Confirm = 0 points
	TOTAL POINTS		100	
E	Bonus Points		15	
E1	HUD Opportunity Zones	Projects that can demonstrate more than 50% of the project will operate in a HUD-opportunity zone	5	ALL: Opportunity zone: 5 points Not opportunity zone: 0 points
E2	Transition/ Replacement Projects	Project is requesting a transition grant or is a YHDP replacement project	10	ALL: Transition or replacement Project: 10 points Not transition or replacement project: 0 points

Greater Richmond Continuum of Care (VA-500)
FY 2026 CoC Program Competition — Local Competition Selection Results
Attachment for CoC Application Question 1D-2c | Collaborative Applicant: Homeward

#	Project Name	Applicant	Component	Funding Type	Project Score	Project Status	Project Rank	Amount Requested from HUD	Reallocated Funds (+/-)
	CoC Planning	Homeward	CoC Planning	CoC Planning		Accepted	Not Ranked	\$513,615	\$0
1	HomeLink	SupportWorks Housing	PH-PSH	CoC Renewal	113.5	Reduced Reallocated	1	\$4,484,498	(\$498,279)
2	Coordinated Entry System FY2026	Homeward	SSO-CE	CoC Renewal	108.5	Accepted	2	\$170,594	\$0
3	RRH Renewal	Housing Families First	PH-RRH	CoC Renewal	108.5	Accepted	3	\$336,108	\$0
4	YHDP CES FY2026	Homeward	SSO-CE	YHDP Renewal	108.0	Accepted	4	\$113,286	\$0
5	RBHA Home Connect 1 Renewal 2026	Richmond Behavioral Health Authority	PH-PSH	CoC Renewal	106.0	Accepted	5	\$369,800	\$0
6	HomeAgain Permanent Supportive Housing	HomeAgain Richmond	PH-PSH	CoC Renewal	105.0	Accepted	6	\$521,297	\$0
7	YHDP HMIS FY2026	Homeward	HMIS	YHDP Renewal	100.5	Accepted	7	\$90,878	\$0
8	HCIS Richmond FY2026	Homeward	HMIS	CoC Renewal	100.5	Accepted	8	\$56,810	\$0
9	Forging Foundations Youth Transitional Housing	Housing Families First	TH	YHDP Replacement	100.5	Accepted	9	\$618,764	\$618,764
10	HomeAgain Transitional Housing	HomeAgain Richmond	TH	CoC Reallocation	100.0	Accepted	10	\$420,499	\$420,499
1	Key Hunters Supportive Services	Housing Families First	SSO	CoC Reallocation	95.5	Accepted	11	\$200,000	\$200,000
12	Hanover Safe Place Transitional Housing	Hanover Safe Place	TH	DV Bonus	95.0	Accepted	D12	\$408,908	\$0
13	Forging Foundations Youth Stabilization Services	Housing Families First	SSO	YHDP Replacement	94.5	Accepted	13	\$150,000	\$150,000
14	St. Joseph's Villa Transitional Housing FY26	St. Joseph's Villa	TH	CoC Reallocation	91.5	Accepted	14	\$346,464	\$346,464
15	YWCA Richmond DV Emergency Transfer Plan	YWCA Richmond	SSO-CE	DV Bonus	91.0	Accepted	D15	\$200,000	\$0
16	YHDP RVA	Commonwealth Catholic Charities	SSO	YHDP Replacement	90.5	Accepted	16	\$491,198	\$491,198
17	GRCoC Housing-Focused Street Outreach	Commonwealth Catholic Charities	SSO	CoC Reallocation	89.5	Accepted	17	\$461,450	\$368,846
18	HomeAgain YHDP Transitional Housing	HomeAgain Richmond	TH	YHDP Replacement	87.5	Accepted	18	\$687,542	\$687,542
19	Expanded Transitional Housing Options and Services for Survivors of DV	Hanover Safe Place	TH	DV Bonus	85.0	Accepted	D19	\$438,032	\$0
20	St. Joseph's Villa Mental Health Skill Building FY26	St. Joseph's Villa	SSO	CoC Bonus	82.0	Accepted	20	\$121,198	\$0
21	Recovery Services at CARITAS/The Healing Place	CARITAS	SSO	CoC Bonus	81.5	Accepted	21	\$373,157	\$0
22	RBHA SUD Housing Specialist	Richmond Behavioral Health Authority	SSO	CoC Bonus	78.5	Accepted	22	\$98,076	\$0
23	Access to Healthcare & Supportive Services in RVA	Daily Planet Health Services	SSO	CoC Bonus + Reallocation	75.0	Accepted	23	\$205,500	\$0
24	Access to Healthcare & Supportive Services for Seniors in RVA	Daily Planet Health Services	SSO	CoC Bonus + Reallocation	75.0	Accepted	24	\$81,500	\$0
25	YWCA Richmond The Heights Transitional Housing	YWCA Richmond	TH	DV Bonus	74.0	Accepted	D25	\$469,835	\$0
26	RBHA Rapid Access Mobile Clinician	Richmond Behavioral Health Authority	SSO	CoC Bonus	73.0	Accepted	26	\$112,596	\$0
27	Housing Support Services at CARITAS	CARITAS	SSO	CoC Bonus	71.0	Accepted	27	\$311,436	\$0
28	RBHA Outreach	Richmond Behavioral Health Authority	SSO	CoC Bonus	71.0	Accepted	28	\$103,950	\$0
	Rapid Re-Housing FY24 (VA0005L3F002518)	—	PH-RRH	CoC Renewal		Fully Reallocated	Not Ranked	\$0	(\$420,499)
	Forging Foundations Youth Housing (VA0471Y3F002501)	—	Joint TH/RRH	YHDP Renewal		Fully Reallocated	Not Ranked	\$0	(\$827,526)
	YHDP HA and VHBG (VA0473Y3F002502)	—	Joint TH/RRH	YHDP Renewal		Fully Reallocated	Not Ranked	\$0	(\$687,542)
	VHBG SSO Outreach (VA0476Y3F002501)	—	SSO	YHDP Renewal		Fully Reallocated	Not Ranked	\$0	(\$222,061)
	Coordinated Entry Outreach Access Point (VA0481L3F002502)	—	SSO	CoC Renewal		Fully Reallocated	Not Ranked	\$0	(\$69,244)
	SJC RIC RRR New Project (VA0503L3F002501)	—	PH-RRH	CoC Renewal		Fully Reallocated	Not Ranked	\$0	(\$347,787)

#	Project Name	Applicant	Component	Funding Type	Project Score	Project Status	Project Rank	Amount Requested from HUD	Reallocated Funds (+/-)
	DV Bonus RR NEW (VA0473Y3F002502)	—	PH-RRH	DV Renewal		Fully Reallocated	Not Ranked	\$0	(\$409,678)
	Increasing Access for Youth & Young Adults in RVA (VA0474Y3F002502)	—	SSO	YHDP Renewal		Fully Reallocated	Not Ranked	\$0	(\$100,837)
	YHDP Richmond 2024 (VA0475Y3F002502)	—	SSO	YHDP Renewal		Fully Reallocated	Not Ranked	\$0	(\$174,367)
	Increasing Access for Youth & Young Adults in RVA (VA0474Y3F002401)	—	SSO	YHDP Renewal		Fully Reallocated	Not Ranked	\$0	(\$94,770)
	FY24 Emergency Transfer Plan (VA0482D3F002502)	—	SSO	DV Renewal		Fully Reallocated	Not Ranked	\$0	(\$276,444)
	TOTAL							\$12,956,991	(\$845,721)

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB 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:

Homeward

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).

14.267, FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO

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."

51041100107; 51041100210; 51041100407; 51041100600; 51760021100; 51760040200; 51760060700; 51760030200; 51760020500; 51760020200; 51760020300; 51760060200; 51760060800; 51760060900; 51760061000; 51087200303; 51087200805; 51087201502; 51087201501; 51087200501; 51087200106; 51087200105

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."

Over 80% of people served by the Greater Richmond Continuum of Care (GRCoC) reported Richmond, Henrico, and Chesterfield as their most recent locality of last stable housing. The 22 opportunity zones located in these highly populated localities of our service area will greatly gain from GRCoC's homeless services by providing housing assistance and resources to extremely low income households. GRCoC agencies work with these households to increase their their income through employment and workforce development opportunities.

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:

CoC Prohibiting Illicit Drug Enablement in Housing Programs Certification

CONTINUUM OF CARE CERTIFICATION REGARDING SUBSTANCE USE, RECOVERY SUPPORTS, AND PROGRAM COMPLIANCE

As a condition of receiving Continuum of Care (CoC) Program funding, all HUD CoC-funded housing projects shall comply with the following requirements and certifications.

1) Prohibited Activities

- a) No CoC-funded project, recipient, subrecipient, contractor, sponsor, or project operator shall:
 - i) Operate, facilitate, host, or maintain a drug injection site, supervised consumption site, "safe consumption site," or similar facility intended for the consumption of illicit drugs;
 - ii) Knowingly distribute, provide, supply, or facilitate access to drug paraphernalia intended for the use, ingestion, injection, smoking, or consumption of illicit drugs, whether on property under the project's control or through project-sponsored activities conducted elsewhere;
 - iii) Knowingly permit the use, possession, manufacture, sale, distribution, or trafficking of illicit drugs on property owned, leased, managed, or controlled by the project, except as otherwise required by applicable law regarding emergency response, evidence preservation, or law enforcement activities; or
- b) Nothing in this policy shall prohibit recipients from providing education, referrals, screening, counseling, case management, overdose prevention education, or referrals to substance use disorder treatment, recovery services, behavioral health care, or other lawful supportive services.
 - i) GRCoC CES policy to manage referrals to substance abuse services:
<https://irp.cdn-website.com/b42b4d18/files/uploaded/CES+Referrals+to+Recovery+Programs+Policy.pdf>

2) Compliance Enforcement

- a) If the CoC determines that a recipient or project has violated this policy, the CoC may take one or more of the following actions:
 - i) Require a corrective action plan and implementation schedule;
 - ii) Refer findings to HUD for further review or enforcement action.
- b) The severity of the remedy shall be based on the nature, frequency, duration, and impact of the violation, as well as the recipient's cooperation in addressing identified deficiencies.

3) Encouragement of Treatment and Recovery Services

- a) The CoC strongly encourages recipients and project operators to encourage environments that foster recovery.
- b) Recipients are encouraged to establish partnerships with treatment providers, recovery organizations, recovery residences, health care providers, and other community resources to promote participant stability, recovery, and long-term housing success.

4) Sobriety and Treatment-Based Housing Programs

- a) This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement. These requirements remain optional under 24 CFR 578.93(b)(5), 24 CFR 578.75(h).
- b) The CoC recognizes that different project models may appropriately serve different populations and that recovery-oriented housing, sober housing, treatment-linked housing, and other program models authorized under federal regulations may be utilized to meet community needs.

Certification

By applying for CoC Program funding, the recipient certifies that it has reviewed this policy, understands its requirements, and agrees to comply with all provisions contained herein.

Organization

Authorized Representative

Title

Signature

Date

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: Homeward

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)					
\$837,530					
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)					
\$2,107,103					
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)					
\$686,122					
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
Rapid Re-Housing ...	VA0005L3F002518	PH-RRH	CoC Renewal	\$420,499	No
Forging Foundatio...	VA0471Y3F002501	JOINT	YHDP Renewal	\$827,526	No
YHDP HA and VHBG	VA0473Y3F002502	JOINT	YHDP Renewal	\$687,542	Yes
VHBG SSO Outreach	VA0476Y3F002501	SSO	YHDP Renewal	\$222,061	No
Coordinated Entry...	VA0481L3F002502	SSO	CoC Renewal	\$69,244	No
SJC RIC RRH New P...	VA0503L3F002501	PH-RRH	CoC Renewal	\$347,787	No
DV Bonus RR NEW	VA0473Y3F002502	PH-RRH	DV Renewal	\$409,678	No
Increasing Access...	VA0474Y3F002502	SSO	YHDP Renewal	\$100,837	No
YHDP Richmond 2024	VA0475Y3F002502	SSO	YHDP Renewal	\$174,367	No

Increasing Access...	VA0474Y3F002401	SSO	YHDP Renewal	\$94,770	No
FY24 Emergency Tr...	VA0482D3F002502	SSO	DV Renewal	\$276,444	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: Rapid Re-Housing FY24

Grant Number of Eliminated Project: VA0005L3F002518

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$420,499

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)

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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

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: Forging Foundations Youth Housing

Grant Number of Eliminated Project: VA0471Y3F002501

Eliminated Project Component Type: JOINT

Funding Type: YHDP Renewal

Eliminated Project Annual Renewal Amount: \$827,526

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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: YHDP HA and VHBG

Grant Number of Eliminated Project: VA0473Y3F002502

Eliminated Project Component Type: JOINT

Funding Type: YHDP Renewal

Eliminated Project Annual Renewal Amount: \$687,542

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? Yes

How much funding will be made available for transition grants? 687542

How much funding will be made available for new Reallocation projects? 0

The Collaborative Applicant confirms the new transition grant(s) are for a new program component. ☒

The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and ☒

The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO ☒

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: VHBG SSO Outreach

Grant Number of Eliminated Project: VA0476Y3F002501

Eliminated Project Component Type: SSO

Funding Type: YHDP Renewal

Eliminated Project Annual Renewal Amount: \$222,061

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant did not participate in the local competition for the FY26 NOFO and communicated this 4/17/26.

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 Outreach Access Point

Grant Number of Eliminated Project: VA0481L3F002502

Eliminated Project Component Type: SSO

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$69,244

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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: SJC RIC RRH New Project

Grant Number of Eliminated Project: VA0503L3F002501

Eliminated Project Component Type: PH-RRH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: \$347,787

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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: DV Bonus RR NEW

Grant Number of Eliminated Project: VA0473Y3F002502

Eliminated Project Component Type: PH-RRH

Funding Type: DV Renewal

Eliminated Project Annual Renewal Amount: \$409,678

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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: Increasing Access for Youth & Young Adults in RVA: Health, Housing and Supportive Services

Grant Number of Eliminated Project: VA0474Y3F002502

Eliminated Project Component Type: SSO

Funding Type: YHDP Renewal

Eliminated Project Annual Renewal Amount: \$100,837

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/26.

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: YHDP Richmond 2024

Grant Number of Eliminated Project: VA0475Y3F002502

Eliminated Project Component Type: SSO

Funding Type: YHDP Renewal

Eliminated Project Annual Renewal Amount: \$174,367

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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: Increasing Access for Youth & Young Adults in RVA: Health, Housing and Supportive Services

Grant Number of Eliminated Project: VA0474Y3F002401

Eliminated Project Component Type: SSO

Funding Type: YHDP Renewal

Eliminated Project Annual Renewal Amount: \$94,770

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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: FY24 Emergency Transfer Plan

Grant Number of Eliminated Project: VA0482D3F002502

Eliminated Project Component Type: SSO

Funding Type: DV Renewal

Eliminated Project Annual Renewal Amount: \$276,444

**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)**

Applicant chose not to renew and voluntarily decided to reallocate this funding.
Applicant was notified on 8/3/2026.

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)								
\$498,279								
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
FY24 Richmond Hom...	VA0327L3F002508	CoC Renewal	\$4,982,777	\$4,484,498	\$0	\$0	\$498,279	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: FY24 Richmond HomeLink
Grant Number of Reduced Project: VA0327L3F002508
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$4,982,777
Amount Retained by Project: \$4,484,498
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): \$498,279
(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)

Applicant chose to voluntarily reduce this funding. Applicant was notified on 8/3/2026 with follow up confirmation on 9/23/26.

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
YWCA Richmond - D...	2026-09-24 20:08:...	SSO	YWCA of Richmond	\$200,000	1 Year	DV Bonus	No	No	D15	
YWCA Richmond - T...	2026-09-24 19:43:...	TH	YWCA of Richmond	\$469,835	1 Year	DV Bonus	No	No	D25	

Hanover Safe Plac...	2026-09-24 18:32:...	TH	Hanover Safe Place	\$408,908	1 Year	DV Bonus	No	No	D12	
HomeAg ain Transit...	2026-09-25 09:43:...	TH	HomeAg ain Richmo nd	\$420,499	1 Year	Realloca tion	Yes		10	
Expand ed Transiti..	2026-09-25 15:10:...	TH	Hanover Safe Place	\$438,032	1 Year	DV Bonus	No	No	D19	
RVA Street Outrea...	2026-09-25 17:08:...	SSO	Commonwealth Cath...	\$461,450	1 Year	Realloca tion	No	No	17	
Access to Healthc. ..	2026-09-26 07:39:...	SSO	The Daily Planet,...	\$81,500	1 Year	Bonus + Realloca tion	No	No	24	
Access to Healthc. ..	2026-09-26 07:41:...	SSO	The Daily Planet,...	\$205,500	1 Year	Bonus + Realloca tion	No	No	23	
CARITA S Housing S...	2026-09-28 10:18:...	SSO	CARITA S	\$311,436	1 Year	Bonus	No	No	27	
RBHA SUD Housing ...	2026-09-28 14:02:...	SSO	Richmo nd Behavio r...	\$98,076	1 Year	Bonus	No	No	22	
RBHA Rapid Access..	2026-09-28 13:58:...	SSO	Richmo nd Behavio r...	\$112,596	1 Year	Bonus	No	No	26	
St. Joseph' s Vill...	2026-09-28 13:55:...	SSO	St. Joseph' s Villa	\$121,198	1 Year	Bonus	No	No	20	
RBHA Outreac h New...	2026-09-28 14:09:...	SSO	Richmo nd Behavio r...	\$103,950	1 Year	Bonus	No	No	28	
The Healing Place...	2026-09-28 14:31:...	SSO	CARITA S	\$373,157	1 Year	Bonus	No	No	21	
SJV RIC Transiti...	2026-09-28 14:20:...	TH	St. Joseph' s Villa	\$346,464	1 Year	Realloca tion	No		14	
Key Hunters Famil...	2026-09-28 20:00:...	SSO	Housing Families ...	\$200,000	1 Year	Realloca tion	No	No	11	

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.

☒

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.

☒

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

☐

The Project Listing is currently being updated by e-snaps. Due to the complexity of this process, the system may take several minutes. You can either move to the next Project Listing or log out of e-snaps and come back later to view the updated list.

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
HomeAgain PSH - FY26	2026-09-25 09:46:...	1 Year	HomeAgain Richmond	\$521,297		Yes	PH	6		PSH	
FY26 Richmond Housing	2026-09-25 16:06:...	1 Year	SupportWorks Housing	\$4,484,498		Yes	PH	1		PSH	
RBHA Home Connection	2026-09-28 12:57:...	1 Year	Richmond Behavioral	\$369,800		Yes	PH	5		PSH	
Building Neighborhood	2026-09-28 16:25:...	1 Year	Housing Families	\$336,108		Yes	PH	3		RRH	
FY 26 HMIS	2026-09-28 18:10:...	1 Year	Homeward	\$56,810		Yes	HMIS	8			
FY 26 Coordinated	2026-09-28 17:44:...	1 Year	Homeward	\$170,594		Yes	SSO	2			

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?
FY26 CoC Planning	2026-09-28 07:28:...	1 Year	Homeward	\$513,615	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
FY 26 YHDP CES	2026-09-28 17:09:...	Homeward	\$113,286	SSO	1 Year	Yes	4		
FY 26 YHDP HMIS	2026-09-28 17:27:...	Homeward	\$90,878	HMIS	1 Year	Yes	7		

Project Applicant Project Details

Project Name: FY 26 YHDP CES
Project Number: 235499
Date Submitted: 2026-09-28 17:09:32.67
Applicant Name Homeward
Budget Amount \$113,286
Component Type SSO
Grant Term 1 Year

Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 4

Project Applicant Project Details

Project Name: FY 26 YHDP HMIS
Project Number: 235498
Date Submitted: 2026-09-28 17:27:11.862
Applicant Name Homeward

Budget Amount \$90,878

Component Type HMIS

Grant Term 1 Year

Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 7

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
HomeAgain YHDP Tr...	HomeAgain Richmond	2026-09-25 09:42:...	TH		\$687,542	1 Year	YHDP Replacement		18
YHDP RVA 2027	Commonwealth Cath...	2026-09-25 17:08:...	SSO		\$491,198	1 Year	YHDP Replacement	VA0474	16

Forging Foundati o...	Housing Families ...	2026-09-25 20:39:...	TH		\$618,764	1 Year	YHDP Replace ment		9
Key Hunters Youth...	Housing Families ...	2026-09-25 20:33:...	SSO		\$150,000	1 Year	YHDP Replace ment		13

Project Applicant Project Details

Project Name: HomeAgain YHDP Transitional Housing Replacement Project FY26
Project Number: 231474
Date Submitted: 2026-09-25 09:42:01.447
Applicant Name: HomeAgain Richmond
Budget Amount: \$687,542
Funding Type: YHDP Replacement
Component Type: TH
Grant Term: 1 Year
Expansion:

Instructions

This form provides the basic information for the YHDP Replacement project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 18

Project Applicant Project Details

Project Name: YHDP RVA 2027
Project Number: 233268

Date Submitted: 2026-09-25 17:08:10.325
Applicant Name Commonwealth Catholic Charities
Budget Amount \$491,198
Funding Type YHDP Replacement
Component Type SSO
Grant Term 1 Year
Expansion

Instructions

This form provides the basic information for the YHDP Replacement project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
 (Make selection and click the 'save' button below)

Rank 16

Project Applicant Project Details

Project Name: Forging Foundations Youth Transitional Housing
Project Number: 239096
Date Submitted: 2026-09-25 20:39:36.716
Applicant Name Housing Families First
Budget Amount \$618,764
Funding Type YHDP Replacement
Component Type TH
Grant Term 1 Year

Expansion

Instructions

This form provides the basic information for the YHDP Replacement project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 9

Project Applicant Project Details

Project Name: Key Hunters Youth Supportive Services
Project Number: 237157
Date Submitted: 2026-09-25 20:33:53.901
Applicant Name Housing Families First
Budget Amount \$150,000
Funding Type YHDP Replacement
Component Type SSO
Grant Term 1 Year
Expansion

Instructions

This form provides the basic information for the YHDP Replacement project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projects, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If "Yes" is selected, click "Save" and a new field labeled "Rank" will appear where you must enter a unique rank number for the project application, then click "Save & Back to List."

If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to rank this project? Yes
(Make selection and click the 'save' button below)

Rank 13

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? No

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	\$5,939,107
New CoC Bonus and CoC Reallocation Amount	\$2,835,826
New DV Bonus Amount	\$1,516,775
New DV Reallocation Amount	\$0
YHDP Renewal and Replacement Amount	\$2,151,668
YHDP Reallocation Amount	\$0
CoC Planning Amount	\$513,615
Rejected Amount	\$0
Total Funding Request	\$12,956,991

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Va-500 Certificat...	09/29/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: Va-500 Certification of Consistency with Consolidated Plans

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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	09/29/2026
2. Reallocation	09/29/2026
2A. Grant(s) Eliminated	09/29/2026
2B. Grant(s) Reduced	09/29/2026
3A. CoC New Project Listing	09/29/2026
3B. CoC Renewal Project Listing	09/29/2026
3D. CoC Planning Project Listing	09/29/2026
3E. YHDP Renewal Project Listing	09/29/2026
Project Priority List FY2026	Page 35
	09/29/2026

3F. YHDP Replacement and YHDP Reallocation Project Listing	09/29/2026
4. Consolidation & Expansion	09/29/2026
Funding Summary	No Input Required
Attachments	09/29/2026
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. 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)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Various (see attached.)

Project Name: Greater Richmond Continuum of Care/ VA-500

Location of the Project: City of Richmond, Counties of Chesterfield, Henrico, Hanover and others in VA-500

Name of the Federal Program to which the applicant is applying:

HUD FY26 Continuum of Care

Name of Certifying Jurisdiction: City of Richmond

Certifying Official of the Jurisdiction

Name: Merrick Malone

Title: Director, Housing and Community Development

Signature: *Merrick T. Malone*

Date: 09/23/2026

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate.
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)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Various (see attached.)

Project Name: Greater Richmond Continuum of Care/ VA-500

Location of the Project: City of Richmond, Counties of Chesterfield, Henrico, Hanover and others in VA-500

Name of the Federal Program to which the applicant is applying:

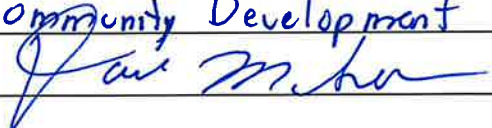
HUD FY26 Continuum of Care

Name of Certifying Jurisdiction: County of Henrico, VA

Certifying Official of the Jurisdiction

Name: DAVID M SACKS

Title: Community Development Manager

Signature: 

Date: 9/24/2026

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
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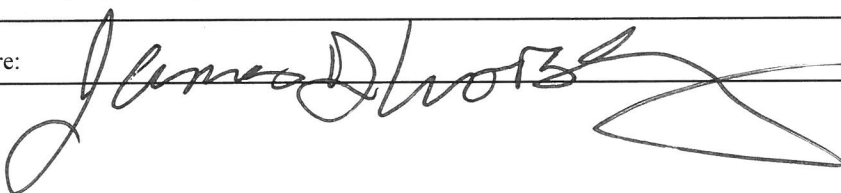
HUD FY26 Continuum of Care

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction Name: Dr. James D. Worsley, Chesterfield County

Title: Deputy County Administrator, Human Services

Signature:



Date: 9/29/26

**Greater Richmond Continuum of Care: FY26 HUD CoC Regional Funding
Proposed Funding Package to Address Homelessness, August 2026**

#	Applicant	Project	Project Type	New or Renewal	Grant Amount
1	SupportWorks Housing	HomeLink	Permanent Supportive Housing (PSH)	Renewal	\$4,484,498.00
2	Homeward	Coordinated Entry System FY2026	SSO-CE	renewal	\$170,594.00
3	Housing Families First	RRH Renewal	RRH	Renewal	\$309,485.00
4	Homeward	YHDP CES FY2026	SSO-CE	Renewal	\$113,286.00
5	Richmond Behavioral Health Auth	RBHA Home Connect 1 Renewal 2026	Permanent Supportive Housing (PSH)	Renewal	\$369,800.00
6	HomeAgain Richmond	HomeAgain Permanent Supportive Housing - Oct 26 - Oct 27	Permanent Supportive Housing (PSH)	Renewal	\$568,032.25
7	Homeward	YHDP HMIS FY2026	HMIS	Renewal	\$90,878.00
8	Homeward	HCIS Richmond FY2026	HMIS	Renewal	\$56,810.00
9	Housing Families First	Forging Foundations Youth Transitional Housing	Transitional Housing (TH)	New	\$618,764.00
10	HomeAgain Richmond	Transitional Housing - Oct 27 - Sep 28	Transitional Housing (TH)	New	\$420,499.00
11	Housing Families First (HFF)	Key Hunters Supportive Services	SSO (standalone)	New	\$200,000.00
12	Hanover Safe Place	Hanover Safe Place Rapid ReHousing to Transitional Housing Transition Grant	Transitional Housing (TH)	New	\$408,908.00
13	Housing Families First (HFF)	Forging Foundations Youth Stabilization Services	SSO (standalone)	New	\$150,000.00
14	St. Joseph's Villa	St. Joseph's Villa Transitional Housing Grant FY26	Transitional Housing (TH)	New	\$346,464.00
15	YWCA Richmond	YWCA Richmond DV Emergency Transfer Plan (ETP)	DV SSO-CE	New	\$200,000.00
16	Commonwealth Catholic Charities	YHDP RVA	SSO (Street Outreach)	New	\$549,962.00
17	Commonwealth Catholic Charities	GRCoC Housing-Focused Street Outreach	SSO (Street Outreach)	New	\$461,350.00
18	HomeAgain Richmond	YHDP - January 2028 - December 2028	Transitional Housing (TH)	New	\$687,540.00
19	Hanover Safe Place	Expanded Transitional Housing Options and Services for Survivors of Domestic Violence	Transitional Housing (TH)	New	\$438,032.00
20	SVJ	St. Joseph's Villa Mental Health Skill Building Project FY26	SSO (Standalone)	New	\$121,198.00
21	CARITAS/The Healing Place	Recovery Services at CARITAS/The Healing Place	SSO (Standalone)	New	\$373,158.41
22	Richmond Behavioral Health Auth	RBHA SUD Housing Specialist	SSO (standalone)	New	\$95,076.00
23	Daily Planet Health Services (DPHS)	Access to Healthcare & Supportive Services in RVA	SSO (Street Outreach)	New	\$205,500.00
24	Daily Planet Health Services (DPHS)	Access to Healthcare & Supportive Services for Seniors in RVA	SSO (Street Outreach)	New	\$81,500.00
25	YWCA Richmond	YWCA Richmond — The Heights Transitional Housing Program	Transitional Housing (TH)	New	\$469,835.00
26	Richmond Behavioral Health Auth	RBHA Rapid Access Mobile Clinician	SSO (standalone)	New	\$112,596.00
27	CARITAS	Housing Support Services at CARITAS	SSO (Standalone)	New	\$311,436.18
28	Richmond Behavioral Health Auth	RBHA Outreach	SSO (Street Outreach)	New	\$100,950.00
	Homeward	Collaborative Applicant Planning	Planning	Non-competitive	\$513,615.00
Total Funding Request					\$13,029,766.84

Greater Richmond Continuum of Care: Coordination with Local Governments and HUD-2991, the Certification of Consistency with the Consolidated Plans in the CoC geographic area

Background on the Greater Richmond Continuum of Care: The Greater Richmond Continuum of Care (GRCoC) seeks to prevent, reduce, and end homelessness through effective and coordinated community-wide efforts and services in the City of Richmond, the Town of Ashland, and the Counties of Henrico, Chesterfield, Hanover, Charles City, Goochland, New Kent, and Powhatan. The Greater Richmond Continuum of Care meets the regulations for a communitywide planning body to address homelessness laid out in 24 CFR 578.

More than 44 mission-oriented agencies participate in the GRCoC. GRCoC homeless service agencies develop and deliver trauma-informed programming, share data with other GRCoC partners, provide extensive reports to federal and state funders, undergo audits and monitoring visits to ensure compliance, and commit to continuous quality improvement in order to meet the needs of our neighbors. For more information on the GRCoC, please visit www.endhomelessnessrva.org.

Summary of Request: Annually, the US Department of Housing and Urban Development makes funding available to address homelessness through the Continuum of Care funding competition. This federal funding program allows for a Continuum of Care in a geographic region to apply for funds in line with the requirements of the HEARTH Act of 2009, the 2012 Interim Continuum of Care Rule, and the annual funding program guidelines laid out in a Notice of Funding Opportunity. Each Continuum of Care can submit one coordinated application for funding under this funding competition and the application includes a community application as well as individual project applications.

This is federal funding and supports the work of non-profits and other providers in the region who serve households experiencing homelessness based on their need and **not** on their locality of residence.

One requirement for the CoC's funding application is to ensure that the consultation requirements for the CoC (outlined in 24 CFR 587.7.c.4) and participating Consolidated Plan jurisdictions (outlined in 24 CFR 91.100.2.i) have been met. Staff from participating jurisdictions serve on the Ranking Committee which reviews and recommends these project applications, further ensuring alignment between the CoC funding application and the Consolidated and Comprehensive Plans in the region.

The proposed projects for the annual HUD Continuum of Care application work together to address the need for permanent housing and supportive services for the most vulnerable residents experiencing homelessness in our community.

[Form HUD-2991](#) demonstrates the alignment between the Consolidated Plan for each participating jurisdiction in the CoC (the City of Richmond and the Counties of Chesterfield and Henrico) and the CoC's proposed projects included in the community's application for Continuum of Care funding. Signed forms from **all 3** participating jurisdictions are submitted to HUD as a part of our coordinated application for funding. This does not limit funding or services to residents of a single jurisdiction or to an agency physically located in a single jurisdiction but ensures that the projects serving residents in these localities are aligned with the Consolidated Plans.