

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: MN-505 - St. Cloud/Central Minnesota CoC

1A-2. Collaborative Applicant Name: Central MN Housing Partnership, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

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	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	
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)	Yes	
14.	Law Enforcement	Yes	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
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	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
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	
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

The CoC has rolling availability for new members to join at any time. Per the CoC Charter, General Membership in the CoC is open to any person and/or agency interested in improving the response to homelessness who either lives or works in the Central region. The information for how to become a member can be found on the CoC website. The CoC also actively recruits new members annually prior to the CoC Annual Meeting. The most recent Annual CoC meeting took place on June 2, 2026. Prior to the Annual meeting taking place, the CoC Coordinator communicates via email to all current members as well as broader community groups such as Homeless Prevention Planning committees, Faith in Housing group, law enforcement, the regional Adult Mental Health Initiative, and others. This outreach includes information from the Membership Committee on the opportunity to become a CoC member and an invitation to attend the Annual meeting.

The Membership Committee maintains a list of active members. This committee reaches out annually to ensure up to contact information is up to date and solicit input on meeting content. In addition, the Membership Committee provides training for new members of the CoC to provide an overview of CoC purpose, infrastructure, and ways to be engaged in the planning process.

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

(limit 2,500 characters)

The CoC invites opinions and input from a wide variety of stakeholders throughout the year to set priorities and help to create strategies on ending homelessness. General Membership meetings are held monthly and are open to anyone who is interested in preventing and ending homelessness in the region. An average of 50 agencies regularly attend General Membership meetings and Committee meetings.

Per the CoC Charter, stakeholders in the CoC service area, include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, substance use treatment providers, law enforcement and people with lived experience of homelessness. This is not an exclusive list.

At the monthly meetings CoC staff bring system level data such as Point in Time Count, Housing Inventory Chart, System Performance Measures, Coordinated Entry, McKinney-Vento school data, Family Homeless Prevention and Assistance data, and other sources. This data is reviewed by community members and discussion is invited to talk about what the data means and how we can use it to make changes to existing practices, policies and set priorities.

Another standing agenda item on the General Membership meetings are agencies updates. At this time, agency staff can share what they are experiencing within their agency, trends, concerns, raise questions. These are kept in meeting minutes and analyzed by CoC staff between meetings. The Executive Committee reviews a summary and will add discussion items to the upcoming CoC agenda if a topic raised at a previous meeting warrants further discussion.

In addition to CoC led meetings, CoC staff attend community based meetings on a regular basis to listen to work happening throughout the community. Examples of these meetings include Faith in Housing, Family Homeless Prevention and Assistance Program meetings.

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)

The CoC notified the public that the local competition was open on June 18, 2026 via email and the CoC's website. The opportunity to apply was brought up in community meetings across the region by CoC staff. Individual agency outreach was also conducted to substance use treatment, faith community partners, and mental health agencies. CoC staff met with agency staff one on one to talk about the opportunity to apply for funds, how CoC funding operates, and how operating a CoC program fit with their agencies mission and values.

Through these outreach efforts the CoC successfully brought in 4 new applicants for CoC funds including 2 substance abuse providers, a faith based provider, and a Domestic Violence agency: Recovery Community Network, Minnesota Adult and Teen Challenge, Place of Hope, and Rivers of Hope.

The Ranking and Review committee reviews, scores, and selects all applications submitted during local competition using a scoring rubric developed by the CoC. All new projects that applied in the 2026 local competition were selected to move forward for inclusion in the full application to HUD. Applicants were notified of acceptance on July 15, 2026 and notified of ranking on August 4, 2026.

CoC staff provided technical assistance to complete all steps of the process including esnaps support, guidance on project design, and budget creation.

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)

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

You must select values for question 1B-5a

1C. Coordination and Engagement

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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?	20%

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)

The Central CoC serves rural communities across its 13-county geographic area and works with substance use disorder (SUD) treatment providers, behavioral health agencies, recovery organizations, housing programs, corrections, hospitals, and county services to connect individuals experiencing homelessness with treatment. Services include outpatient treatment, residential treatment, withdrawal management, crisis services, peer recovery support, and recovery housing.

Teen Challenge provides outpatient and residential SUD treatment and accepts referrals from hospitals, clinics, corrections, courts, probation, social workers, case managers, treatment providers, families, and individuals. Its outpatient programming in the Crow Wing County Jail provides an additional access point for individuals involved with the justice system.

Lighthouse Beginnings provides Pre-Treatment, Transitional, Chronic Long-Term Homeless, and Recovery Housing in the Northern Region. Residents receive case management, peer support, treatment navigation, and connections to SUD and behavioral health services. Recovery Community Network provides Certified Peer Recovery Specialists who assist individuals with treatment connections, recovery planning, transportation and community resources, housing navigation, and ongoing recovery support.

Individuals access treatment through Coordinated Entry, outreach, shelters, county agencies, hospitals, law enforcement, corrections, behavioral health providers, and self-referral. Outreach and case management staff help individuals identify appropriate treatment, complete referrals, and address barriers to participation. When transportation or geographic distance creates a barrier, providers assist with transportation or connect individuals to services closer to where they live or are staying.

The CoC coordinates housing and treatment services so individuals can pursue recovery while maintaining or obtaining stable housing. Peer recovery specialists and case managers provide follow-up during transitions between treatment levels and after discharge to support continued engagement and housing stability.

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

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

(limit 2,500 characters)

The Central CoC coordinates with behavioral health, substance use disorder (SUD) treatment, housing, and recovery organizations to connect individuals experiencing homelessness or housing instability with appropriate treatment and recovery services. Through coordinated referral pathways, individuals are connected to services based on assessed needs, level of functioning, and stage of recovery, while housing remains a central component.

Teen Challenge provides outpatient and residential services, including mental health and SUD treatment, individualized to each person's clinical needs. Its outpatient programming within the Crow Wing County Jail provides an additional access point for individuals facing barriers to treatment and housing stability. Referrals are accepted from hospitals, clinics, corrections, courts, probation, social workers, case managers, treatment providers, families, and individuals.

Lighthouse Beginnings provides housing and recovery-focused services in the Northern Region, including Pre-Treatment, Transitional, Chronic Long-Term Homeless, and Recovery Housing. Services include 24-hour supervision in Pre-Treatment Housing, peer support, case management, treatment navigation, accountability, and wraparound supports. These services provide a stable environment while individuals connect to treatment and work toward recovery and housing stability.

Recovery Community Network (RCN), serving the Central and Eastern Regions, provides non-clinical recovery support through Certified Peer Recovery Specialists. RCN helps individuals connect to treatment and community resources before, during, and after treatment and during transitions between levels of care. Services include recovery planning, advocacy, housing navigation, employment and education support, recovery groups, and telephone recovery support. RCN accepts referrals from treatment providers, hospitals, withdrawal management programs, corrections, veterans' organizations, shelters, county agencies, community partners, families, and individuals. Together, these partnerships provide coordinated access to outpatient, residential, withdrawal management, crisis, and higher levels of care when clinically indicated. The CoC integrates behavioral health and recovery resources with housing and supportive services to reduce barriers to treatment, support continuity of care, and promote housing retention and long-term stability.

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

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

(limit 2,500 characters)

The Central CoC partners with organizations that provide peer recovery specialists, peer support, and recovery navigation to individuals experiencing homelessness or housing instability. Peer services connect individuals with people who have lived experience who provide encouragement, advocacy, accountability, and assistance navigating treatment, housing, and community resources.

Recovery Community Network (RCN) provides individualized, non-clinical recovery support through Certified Peer Recovery Specialists (CPRS). Services include recovery planning, advocacy, treatment and community-resource connections, housing navigation, employment and education support, recovery groups, and Telephone Recovery Support. RCN provides recovery navigation before, during, and after treatment and during transitions between levels of care. Referral pathways include treatment providers, withdrawal management programs, hospitals, jails, courts, probation and corrections, veterans' organizations, housing and shelter providers, county agencies, community organizations, and families. Individuals may also self-refer.

Lighthouse Beginnings provides peer support and recovery guidance within its Northern Region housing programs. Residents receive encouragement, accountability, case management, and recovery-focused services while working toward housing stability, independence, and long-term recovery.

Teen Challenge incorporates peer support into its recovery programming. During intake, peer support staff assess recovery needs, identify resources, and help participants develop an individualized recovery wellness plan. Peer staff provide ongoing support and recovery navigation.

Together, these partnerships provide multiple pathways to peer recovery support, including Certified Peer Recovery Specialists, housing-based peer support, recovery planning, treatment connections, and ongoing recovery services. Coordinating peer support with housing, treatment, and supportive services helps individuals overcome barriers to treatment, maintain connections during transitions, and achieve housing stability, recovery, and greater independence.

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

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

(limit 2,500 characters)

The Central CoC identifies individuals experiencing serious mental illness (SMI) through its Coordinated Entry System and Common Assessment Form. The assessment identifies behavioral health needs, housing barriers, and the level of housing and supportive services needed. Coordinated Entry information is used to prioritize individuals and connect them with appropriate housing and community services.

The CoC has access to the CommUNITY Adult Mental Health Initiative, operated through Catholic Charities as a regional collaboration funded by Benton, Sherburne, Stearns, and Wright Counties. CommUNITY connects individuals to mental health resources, crisis housing, and behavioral health services, including case management, community support, treatment connections, and housing assistance. Eligible individuals may also receive housing certificates and rental assistance.

The CoC also works with the Mental Health Response System operated through the St. Cloud Police Department. The multidisciplinary team includes police officers, licensed social workers, and paramedics who respond to mental health crises. The team connects individuals to case management, housing and financial assistance, mental health and substance use treatment, psychiatry, therapy, crisis services, detoxification, and other resources.

The CoC has 40 designated housing units for individuals with SMI in two apartment buildings serving the Northern and Eastern Regions. Coordinated Entry identifies eligible individuals and connects them to available units based on assessed needs. Housing can be paired with ongoing behavioral health and supportive services.

The CoC coordinates with behavioral health providers, outreach teams, housing programs, county agencies, and community partners to provide appropriate levels of care. Services may include intensive case management, crisis intervention, psychiatric care, therapy, substance use treatment, medication management, housing assistance, and ongoing support.

The CoC emphasizes assertive outreach and individualized care coordination for people experiencing homelessness who may have difficulty navigating multiple systems or maintaining treatment connections. Together, Coordinated Entry, CommUNITY, the Mental Health Response System, designated SMI housing, outreach teams, and community partners provide multiple pathways to identify individuals with SMI and connect them with behavioral health services and stable housing.

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

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

(limit 500 characters)

The Central CoC coordinates with Stearns County Drug Court and GAP Court to address housing instability among individuals with substance use and behavioral health needs. Through Coordinated Entry and partnerships with Community Corrections, human services, behavioral health, outreach, and housing providers, participants may access shelter, transitional or permanent housing, treatment, case management, crisis services, and recovery supports.

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

(limit 2,500 characters)

The Central CoC coordinates with Stearns County Adult Drug Court and GAP Court to address housing instability and support treatment, recovery, accountability, and community reintegration. While the CoC does not have housing dedicated exclusively to Drug Court participants, it works with Drug Court, Community Corrections, county human services, behavioral health providers, outreach programs, housing providers, and Coordinated Entry to connect participants with housing and supportive services. Coordinated Entry assesses housing needs, barriers, and eligibility and connects participants to shelter, transitional or permanent housing, case management, treatment, crisis services, and recovery supports. Community providers also assist with housing navigation and supportive services. GAP Court serves individuals who fall between the criminal justice and civil commitment systems, including individuals found incompetent to proceed in a criminal matter who are not eligible for civil commitment. Stearns County Community Corrections and the HOME Team participate in GAP Court and collaborative staffing. The CoC works with these partners to address housing as part of an individual's treatment, supervision, and service plan. When court orders, probation requirements, supervision conditions, or treatment requirements apply, the CoC and partner agencies coordinate with courts, probation, Community Corrections, and service providers to support compliance while addressing housing barriers. Stable housing supports treatment participation, recovery, supervision, and community integration. Through this coordinated approach, the CoC helps individuals maintain housing, engage in treatment and recovery, meet court or supervision requirements, and build greater independence. Housing and supportive services provide a pathway from justice-system involvement or behavioral health crisis toward stability, recovery, and community integration.

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)

Central Minnesota Mental Health Center

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.	12
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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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)

Central Minnesota Mental Health Center, Northern Pines Mental Health

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)

Minnesota Adult and Teen Challenge, Recovery Community Network

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)

The Central CoC uses a coordinated referral and warm-handoff process to connect individuals and families involved with behavioral health, substance use disorder treatment, recovery, corrections, youth, and community programs to stable housing before homelessness occurs. The process emphasizes direct connections between referring programs, Coordinated Entry, and housing providers. When a person is identified as experiencing or at risk of homelessness, the referring program helps connect the individual to the Central CoC's Coordinated Entry System. The Coordinated Entry process and Common Assessment Form identify housing needs, barriers, and service needs to determine appropriate resources. This allows housing needs to be addressed while the person remains engaged with the referring program. Participating programs include Teen Challenge, Lighthouse Beginnings, Recovery Community Network, CommUNITY Adult Mental Health Initiative, the St. Cloud Police Department Mental Health Response System, the Stearns County Adult Drug Court, and other community programs. They help identify housing needs and connect individuals to Coordinated Entry. Recovery Community Network provides housing navigation and peer support. Lighthouse Beginnings provides housing with case management, peer support, treatment navigation, and wraparound services, allowing individuals to transition from treatment or pre-treatment services into housing. For individuals experiencing serious mental illness, Coordinated Entry helps identify eligible individuals and connect them with designated supportive housing. The CoC has 40 designated housing units for individuals with SMI, creating a pathway from behavioral health services to stable housing. Service providers remain engaged to address treatment, recovery, behavioral health, employment, transportation, and other barriers to housing stability. Housing is addressed alongside the person's existing service plan. Through this process, the Central CoC seeks to intervene early, connect individuals to housing, coordinate transitions between systems, and maintain support. The goal is to prevent discharge from treatment, corrections, crisis services, or other systems directly into homelessness and create a pathway to stable housing and ongoing support.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,328,075
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.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
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.	\$405,430
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).	17%

You must provide a response for elements 1, 2
 and 4 in question 1C-2.

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)

The CoC engages with both ESG recipients in the region, St. Cloud HRA and the State of Minnesota, in developing plans and allocating funding.

The State of Minnesota has a bi-annual competitive Request for Proposal (RFP) process for ESG funds. Representatives from the CoC participate in the review of funding applications. This review process, along with additional RFP meetings, provides an opportunity for meaningful CoC input in the allocation of ESG funds in the CoC. In addition, the CoC meets at least monthly with the St. Cloud HRA through the Full Membership meeting. A staff of the St. Cloud HRA also serves on the CoC Governing Board. The CoC collaborated closely with both ESG recipients during the allocation of ESG funds through monthly planning discussions and shared review of applications for funding.

The CoC collaborates with all ESG recipients in creating written standards that define practices, performance standards, outcomes and evaluation processes for all ESG funded programs within the CoC. Using the written standards developed together, the CoC works with St. Cloud HRA and the State to evaluate the performance of ESG recipients.

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

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

(limit 2,500 characters)

The Central CoC coordinates closely with emergency and temporary shelter providers to ensure individuals and families experiencing homelessness have timely access to Coordinated Entry and other CoC housing and supportive services. Shelter providers are an important access point for identifying households experiencing homelessness and connecting them to the broader homeless response system. The CoC participates in a monthly Faith In Housing meeting that brings together shelter providers and community partners to coordinate services, review available shelter and housing capacity, identify unmet needs, address overflow situations, and plan for severe weather. This ongoing communication provides a consistent forum to share information, coordinate resources, and develop regional responses when shelter capacity is limited. The CoC also brings Coordinated Entry directly into shelter settings. County outreach workers regularly visit emergency and temporary shelters throughout the region, generally at least weekly. During these visits, outreach staff engage individuals and families experiencing homelessness, complete Coordinated Entry Assessments, and connect households to the Coordinated Entry System. This allows the CoC to identify housing barriers and service needs while households are actively experiencing homelessness rather than requiring them to independently navigate the system. Information gathered through the assessment process is used to determine housing and supportive service needs and connect eligible households with appropriate CoC resources as they become available. Outreach staff also help households navigate referrals and maintain connections with service providers throughout the housing process. The CoC's ongoing communication with shelter providers, combined with regular outreach and Coordinated Entry assessments in shelter settings, creates multiple pathways to CoC assistance. This approach helps ensure shelter stays are connected to a broader housing plan and provides opportunities to move from emergency shelter toward permanent housing and appropriate supportive services. By maintaining regular coordination with shelter providers and providing direct access to Coordinated Entry within shelters, the Central CoC reduces barriers to the homeless response system, improves identification of housing and service needs, and strengthens the connection between emergency shelter, permanent housing, and supportive services.

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

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

(limit 2,500 characters)

The CoC shares PIT, HIC and SPM data with state and local governments as well as community members annually to ensure gaps analysis and planning can occur with consistent data across sectors. The CoC is part of a statewide HMIS implementation administered by the Institute for Community Alliances (ICA). The HMIS Governing Board maintains the privacy policies that govern HMIS data in Minnesota.

For a client's individual data, a consented HMIS ROI releases an individual's data to be viewed in HMIS by authorized users with a legitimate business purpose. A separate release is necessary for information in HMIS to be shared outside of HMIS, and HMIS policies, along with state and federal laws, dictate how, and in what situations, information from HMIS is shared.

In Minnesota, HMIS (Homeless Management Information System) data is shared with state and local governments through aggregated, non-identifiable data visualization tools. Personally identifiable information (PII) is strictly kept local and is not shared with broader government entities without specific legal warrants.

After HUD finalizes each CoC's annual submission for PIT data, ICA aggregates the statewide count and shares it with CoCs and state partners. ICA also disaggregates the data by county, and sends this information to CoC, county, and state partners for their use. At the CoC level, staff from each of the CoC's 5 counties are part of our PIT planning team. They take the county level data for PIT and HIC to their county leadership to inform local homeless response system planning. The CoC shares PIT data annually during CoC meetings with the broader CoC community. It is also posted on the CoC website as part of meeting summary documents.

After HUD finalizes each CoC's annual submission for SPMs, ICA visualizes this data on a dashboard. This has been a standard practice for more than 6 years. These dashboards are reviewed by the CoC Governing Board and the broader CoC community to inform strategic planning and direction.

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)

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)

Rise, St. Cloud Technical College

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 Central CoC's street outreach projects work with law enforcement, first responders, behavioral health providers, and county outreach teams to engage individuals experiencing homelessness. These partnerships help staff meet individuals where they are, identify needs, and connect them to Coordinated Entry, housing, and supportive services. In Sherburne County, the Co-Responder program works alongside law enforcement to respond to individuals experiencing homelessness. Co-responders provide case management, assess needs, and connect individuals with housing resources. The program conducts street outreach several times each month at known encampments and other locations where unsheltered homelessness is identified. Staff complete assessments, connect individuals to Coordinated Entry and available housing resources, and continue case management throughout the housing process. Sherburne County also operates a Mental Health Action Team that meets every other week to coordinate services and develop housing plans for individuals who are frequent users of hospitals, jails, and treatment facilities. Sherburne County coordinates with behavioral health and treatment partners, including North Star Treatment, Sagent, and Central Minnesota Mental Health Center. These connections link individuals identified through outreach, law enforcement, hospitals, jails with behavioral health services, substance use treatment, housing resources. In the St. Cloud area, the police department partners with the Mental Health Response Unit, which includes two social workers and two paramedics. The team works with individuals in encampments and coordinates with county outreach workers to provide resources and services. Crow Wing County Community Services uses embedded law enforcement social workers to help identify individuals experiencing homelessness. This helps identify individuals who may need outreach, housing assistance, or additional supportive services and supports coordinated follow-up. Across these communities, law enforcement and first responders help identify individuals who may otherwise remain disconnected from services. Outreach and housing staff provide assessment, referrals, case management, and housing navigation, connecting individuals to Coordinated Entry, housing, and behavioral health resources.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The Central CoC supports family reunification by coordinating with child welfare partners and connecting families experiencing homelessness or housing instability to appropriate housing and supportive services. A key example is the Keeping Families Together program, which assists families involved in Child Protection Court when housing instability may be a barrier to reunification. Through Keeping Families Together, families are connected to the Central CoC's Coordinated Entry System to complete the appropriate assessment and identify housing resources based on household needs and eligibility. Coordinated Entry provides a consistent process for identifying housing barriers, assessing needs, and connecting eligible households to available CoC housing assistance and supportive services. Stable housing is an important component of family reunification because it provides a safe and consistent environment in which families can work toward goals established by their child welfare and service teams. By addressing homelessness and housing instability, the CoC helps remove a potential barrier to maintaining or restoring safe family relationships. The CoC coordinates with child welfare and community partners throughout the housing process. When appropriate, housing assistance can be combined with case management, supportive services, and other community resources identified through the family's individualized service plan. This approach allows housing needs to be addressed alongside other factors affecting family stability. The Central CoC provides access to housing resources and supportive services while working with child welfare and other service systems. Through Keeping Families Together, Coordinated Entry, and community collaboration, the CoC helps families experiencing homelessness access stable housing and the supports needed to strengthen family connections and work toward reunification when appropriate.

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 Central CoC works with law enforcement, first responders, courts, county agencies, behavioral health providers, outreach teams, and housing providers to support public safety and connect people experiencing homelessness to housing. The CoC complements public safety efforts through outreach, Coordinated Entry, treatment, and housing navigation.

A. Clearing Tents and Encampments

In Sherburne County, the Co-Responder program works with law enforcement and conducts regular outreach at known encampments. Staff assess needs, complete Coordinated Entry assessments, and connect individuals to shelter, housing, and services. The St. Cloud Police Department uses a Homeless Encampment Protocol addressing legal, property, traffic, fire, health, and safety concerns. Outreach staff engage individuals around encampment activity to connect them with services. A St. Cloud emergency shelter opened in October 2025 with capacity for 48 individuals. The CoC also has 40 designated SMI housing units.

B. Decreasing Public Use of Illicit Drugs

The CoC does not interfere with law enforcement regarding illicit drugs. It provides pathways from substance-related crises to treatment, recovery, and housing. Teen Challenge provides outpatient and residential mental health and substance use disorder services, including Crow Wing County Jail programming. Recovery Community Network provides Certified Peer Recovery Specialists who connect individuals to treatment, recovery planning, housing navigation, and other resources.

C. Individuals Who May Be a Danger to Themselves or Others

The CoC supports appropriate emergency and behavioral health responses. The St. Cloud Police Mental Health Response System includes two police officers, two licensed social workers, and two paramedics. The team responds to mental health crises and connects individuals to case management, housing, treatment, crisis services, and detoxification. The CoC also coordinates with Stearns County GAP Court, serving individuals between the criminal justice and civil commitment systems.

D. Information Sharing and Sex Offender Registration

The CoC cooperates with law enforcement and corrections regarding predatory offender registration. Individuals experiencing homelessness may still be required to provide location information. The CoC works with the OIF Dream Center, which provides structured housing for adult men with corrections-related housing needs.

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)

The Central CoC has individuals and families experiencing homelessness who stay in tents, encampments, or other unsuitable structures. In the Northern Region, an estimated 25 individuals and family members are experiencing homelessness in tents or other unsuitable structures. The CoC does not have a comprehensive count of people staying in tents or encampments across the entire service area. Sherburne County and the St. Cloud Police Department provide outreach and resources but do not maintain specific encampment counts. The CoC will not report unsupported estimates.

Despite this limitation, local outreach and first responder partners actively engage people experiencing unsheltered homelessness. Sherburne County outreach and Co-Responder teams conduct outreach at known encampments and other locations. The St. Cloud Police Department and Mental Health Response Unit also engage individuals in encampments and coordinate with county outreach staff to assess needs and connect people with services.

The Central CoC works with outreach providers, shelter providers, law enforcement, first responders, and Coordinated Entry partners to identify people experiencing unsheltered homelessness and connect them with shelter, housing, treatment, and supportive services. Outreach and Coordinated Entry are especially important for individuals who may not otherwise access the homeless response system.

The 48-person emergency shelter in St. Cloud, opened in October 2025, provides an additional resource for people experiencing unsheltered homelessness. Outreach teams can connect individuals staying in tents or encampments to shelter, Coordinated Entry, housing navigation, and supportive services.

Going forward, the Central CoC will improve its ability to identify and track unsheltered homelessness by working with outreach providers, law enforcement, first responders, and community partners to collect more consistent information on locations, numbers of individuals, and housing connections. The available information demonstrates an ongoing need for coordinated outreach, emergency shelter, housing resources, and supportive services.

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)

The Central CoC has people experiencing homelessness who are staying in tents, encampments, or other unsuitable structures. In the Northern Region, an estimated 25 individuals and family members are experiencing homelessness in tents or other unsuitable structures. These households are part of the CoC's unsheltered population and may face barriers to safe housing.

The Central CoC does not have a comprehensive count of individuals staying in tents or encampments across the entire CoC. Sherburne County and the St. Cloud Police Department provide outreach and resources but do not maintain specific encampment counts. Therefore, the CoC does not have reliable quantitative data for those areas without risking inaccurate reporting.

Despite this limitation, local outreach and first responder partners actively engage individuals experiencing unsheltered homelessness. Sherburne County outreach and Co-Responder efforts conduct outreach at known encampments and other locations where unsheltered homelessness is identified. The St. Cloud Police Department and Mental Health Response Unit also work with individuals in encampments and coordinate with county outreach staff to assess needs and connect individuals with services.

The Central CoC works with outreach providers, shelter providers, law enforcement, first responders, and Coordinated Entry partners to identify individuals and families experiencing unsheltered homelessness and connect them with shelter, housing, treatment, and supportive services. Outreach and Coordinated Entry are especially important for individuals who may not otherwise access the homeless response system.

The new 48-person emergency shelter in St. Cloud, opened in October 2025, provides an additional resource for individuals experiencing unsheltered homelessness. Outreach teams can connect individuals staying in tents or encampments to shelter while helping them access Coordinated Entry, housing navigation, and supportive services.

Going forward, the Central CoC will improve its ability to identify and track unsheltered homelessness by working with outreach providers, law enforcement, first responders, and community partners to establish more consistent information on locations, numbers of individuals, and housing connections. While a comprehensive current count is not available, the information available demonstrates an ongoing need for coordinated outreach, emergency shelter, housing resources, and supportive services.

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)

The Central CoC recognizes that public use of illicit drugs can create health and safety concerns for people experiencing homelessness, the community, and first responders. The CoC works with law enforcement, outreach, behavioral health, treatment, and housing providers to connect individuals with appropriate services and housing.

Minnesota Statutes Chapter 152 provides the state legal framework for controlled substances and related offenses. The CoC recognizes that law enforcement alone does not address the housing, behavioral health, and treatment needs associated with substance use and homelessness. When possible, law enforcement contacts are paired with outreach and service connections.

The St. Cloud Mental Health Response Unit includes law enforcement, social workers, and paramedics who respond to behavioral health and substance use concerns. The team works in community settings, including encampments, and connects individuals with resources. County outreach programs provide case management, treatment, housing, and other services.

The CoC maintains communication between law enforcement and outreach providers. When an individual experiencing homelessness is identified as using illicit substances, the CoC seeks opportunities to connect the person with outreach, behavioral health, treatment, recovery, and housing resources.

Outreach providers also provide follow-up, Coordinated Entry assessments, housing navigation, and connections to shelter and permanent housing.

The CoC does not currently have reliable CoC-wide data on public illicit drug use, treatment referrals, arrests, or subsequent housing placements and will not report unsupported estimates. Going forward, the CoC will track available information on substance use needs, treatment and recovery referrals, law enforcement contacts when appropriate, Coordinated Entry assessments, and housing placements. Feedback from outreach workers, law enforcement, providers, and people experiencing homelessness will help identify barriers and improve referral pathways. The goal is to coordinate public safety with treatment, recovery, outreach, and housing resources to support stable housing and ongoing services.

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)

The Central CoC recognizes substance use and overdoses as factors that can contribute to housing instability and homelessness. Provisional drug overdose death data for the 12-month period ending December 2025 reported 22 drug overdose deaths in Stearns County and 11 in Sherburne County. Comparable data was not available for all counties within the CoC geographic area for this reporting period. The CoC also recognizes that illicit drug use can occur in public spaces and locations where individuals experiencing homelessness congregate, including areas near shelters, encampments, and other community settings. These situations can create health and safety concerns for individuals experiencing homelessness, service providers, and the broader community. The CoC works with outreach, behavioral health, substance use disorder treatment, recovery, housing, healthcare, and public safety partners to connect individuals with appropriate services. The available overdose data demonstrates the continuing need for accessible substance use disorder treatment, recovery support, behavioral health services, crisis response, and supportive housing. The CoC's coordinated response includes connections to treatment and withdrawal management, peer recovery services, behavioral health resources, housing assistance, and ongoing supportive services. Outreach and Coordinated Entry provide additional opportunities to engage individuals experiencing substance use or other barriers to housing stability. Because overdose data was not available for all counties in the CoC, the reported numbers should not be interpreted as a complete measure of overdose mortality across the entire geographic area. The CoC uses available public health information and information from community partners to identify emerging needs and coordinate an appropriate response. The CoC's approach focuses on connecting individuals experiencing homelessness with treatment, recovery supports, and stable housing while coordinating with community partners to address health and safety concerns associated with substance use and overdoses.

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)

The Central CoC works within Minnesota's civil commitment laws, local court processes, law enforcement, behavioral health systems, and community services to respond to individuals experiencing homelessness who may pose a danger to themselves or others. The approach emphasizes safety and connection to treatment, services, and housing.

A. Local Laws, Policies, and Practices

Minnesota Statute §253B.02 defines criteria for a person who poses a risk of harm due to mental illness. Sections 253B.051 and 253B.09 provide frameworks for emergency intervention, reasonable alternatives, and least restrictive treatment.

Stearns County GAP Court serves individuals who fall between the criminal justice and civil commitment systems. Individuals found incompetent to proceed in a criminal matter but not eligible for civil commitment may be connected to supervision and community services. Community Corrections and the HOME Team participate in GAP Court.

B. Plan to Address Service Gaps

The CoC coordinates law enforcement, county agencies, behavioral health, outreach, courts, Coordinated Entry, housing, and crisis services. The St. Cloud Police Mental Health Response System includes law enforcement, social workers, and paramedics and connects people in crisis with treatment, crisis services, housing assistance, case management, and other resources. County outreach teams provide Coordinated Entry assessment, housing navigation, treatment referrals, and follow-up.

The CoC also has 40 designated housing units for individuals with serious mental illness.

C. Quantitative and Qualitative Data

The CoC does not maintain a comprehensive CoC-wide dataset tracking safety concerns, emergency interventions, civil commitment proceedings, GAP Court participation, treatment placements, and housing outcomes. The CoC will not report unsupported estimates.

Going forward, the CoC will work with partners to track, when available, behavioral health and safety concerns, crisis referrals, GAP Court participation, emergency interventions, Coordinated Entry assessments, treatment connections, housing placements, and housing stability. Qualitative information from law enforcement, behavioral health, outreach, courts, corrections, housing providers, and people with lived experience will help identify service gaps.

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

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

(limit 2,500 characters)

The Central CoC works with law enforcement, corrections, outreach providers, and housing organizations to coordinate, as appropriate, information regarding individuals subject to Minnesota Predatory Offender Registration (POR) requirements, including those experiencing homelessness. These efforts support public safety while connecting individuals to housing and supportive services.

Minnesota's POR system establishes registration and community notification requirements for individuals convicted of offenses requiring registration. Requirements vary by risk level. Individuals experiencing homelessness remain subject to applicable requirements and must provide current location information to law enforcement, including when they do not have a traditional residence. The CoC recognizes that Minnesota's POR system is separate from the federal Sex Offender Registration and Notification Act (SORNA). Coordination with law enforcement and corrections is conducted consistent with applicable requirements and privacy protections.

The CoC also works with the OIF Dream Center, which provides housing and services for adult men with significant barriers to community stability, including corrections-related housing needs. Referrals may come from social workers, probation officers, and aftercare providers.

The Central CoC will continue coordinating with law enforcement, corrections, outreach, and housing providers to connect individuals experiencing homelessness with Coordinated Entry, shelter, permanent housing, behavioral health services, substance use treatment, and other supports. When legally permissible, providers can coordinate with law enforcement and corrections to help maintain contact with individuals who lack a traditional address. The Dream Center provides an additional housing pathway for adult men with corrections-related housing needs.

The CoC does not currently maintain a reliable CoC-wide count of individuals experiencing homelessness who are subject to POR requirements and will not create unsupported estimates. Going forward, the CoC will work with partners, when legally permissible, to track housing referrals and placements, connections to Coordinated Entry and supportive services, and coordination with law enforcement, probation, corrections, and aftercare providers. Through these partnerships, the CoC supports appropriate monitoring while creating pathways to stable housing and services.

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)

The Central CoC maintains a coordinated outreach strategy across its 13-county service area, covering all three regions and both urban and rural communities. Outreach resources are focused where homelessness is highest. The CoC uses field-based outreach to identify and engage individuals and families who are unsheltered or unlikely to access traditional services. Outreach occurs in encampments, parks, streets, vehicles, transit locations, and other locations. Youth outreach occurs daily across the CoC, and daily outreach is provided in a high-volume St. Cloud location. When encampments are identified, outreach occurs at least weekly. In rural areas, staff respond when unsheltered individuals are identified by community partners, law enforcement, emergency responders, or service providers.

The CoC maintains referral pathways with law enforcement, emergency responders, health and behavioral health providers, and community organizations. Partners notify outreach staff when people experiencing homelessness are identified, allowing direct engagement and connections to shelter and services.

Outreach workers meet people where they are staying and provide engagement, assessment, information, referrals, and Coordinated Entry access. When possible, staff enter information into HMIS and use internet-enabled devices in the field.

The CoC uses person-centered and trauma-informed approaches for populations with unique barriers, including youth, veterans, individuals with serious mental illness or substance use disorders, and trafficking survivors. Staff receive training in trauma-informed care and motivational interviewing, and individuals with lived experience support engagement.

The CoC provides multiple access points, including a 24/7 Call to Connect line. Outreach information is distributed through community partners, businesses, faith communities, libraries, food shelves, nonprofits, and emergency responders.

Outreach is integrated with Coordinated Entry so households can be assessed, prioritized, and connected to housing and supportive services. This coordinated approach helps the CoC identify people experiencing homelessness, engage those least likely to seek assistance, and connect them to housing and services across urban and rural communities.

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	No
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	No

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 following is part of the Policies and Procedures attached to the CoC Charter. Education Policies: All homeless assistance projects within the Central MN CoC region that serve households with children (shelter, transitional housing, rapid rehousing, and permanent supportive housing) will be expected to comply with the following policies: i. Identify staff person(s) who have primary responsibility for school attendance. ii. Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children can maintain enrollment in school. iii. Advocate for families with their school district to ensure that transportation is arranged (as needed). iv. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed). v. Assist families in developing education related goals for all family members when completing Housing Goal Plans. vi. Ensure that all family members are connected to relevant educational resources in the community. vii. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start. This policy was updated and approved October 19, 2023.

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 Central CoC coordinates with youth-serving organizations, child welfare partners, and community systems to assist young people transitioning from foster care and other public systems of care who are experiencing or at risk of homelessness. Through Coordinated Entry, youth-specific programs, and community partnerships, the CoC connects youth to housing, case management, independent living skills, and other supports needed for a successful transition to adulthood. Open Doors for Youth provides a low-barrier access point for youth experiencing homelessness or housing instability. Its drop-in center provides food, hygiene supplies, clothing, hot meals, internet access, drop-in therapy, and supportive case management. Staff also help youth access safe housing and resources that support independent living. Catholic Charities' SHY Program provides scattered-site housing and supportive services for youth ages 16–24 who are homeless or at risk of homelessness. Youth receive individualized case management and independent living skills support for up to 24 months. Independent Living Skills Counselors help youth develop plans for self-sufficiency, build life skills, connect with community resources, and obtain and maintain permanent housing. Services address employment, education, vital documents, health insurance, and positive community connections. When funding is available, eligible youth may receive assistance with housing-related costs such as move-in expenses or past-due rent. The CoC also works with Lutheran Social Services and other community partners providing shelter, meals, housing, prevention, and supportive services to youth and families. These partnerships provide additional access points for immediate assistance and housing connections. Through Coordinated Entry and youth-specific programs, the CoC identifies youth experiencing or at risk of homelessness, assesses housing and service needs, and connects them with appropriate resources. Services help youth obtain and maintain housing while developing education, employment, documentation, benefits, life skills, and community connections. The Central CoC emphasizes early identification, low-barrier access, individualized support, stable housing, and independent living skills. By coordinating housing resources with child welfare and other systems of care, the CoC helps reduce homelessness and supports youth transitioning to stable housing and greater independence.

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)

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)

Lutheran Social Services operates a RRH that will be transiting to a TH project

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)

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)

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)

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)

Minnesota Assistance Council for Veterans

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)

Terebinth Refuge, Family Pathways, Anna Maries Alliance, Mille Lacs Band of Ojibwe, Rivers of Hope, Hands of Hope, Violence Free

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)

St. Cloud Jail Re-Entry

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)

Sherburne County, Stearns County, Central MN Mental Health Center, St. Cloud Police Department

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)

Central MN Council on Aging

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)

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)

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)

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)

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.	09/28/2026
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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.	09/28/2026
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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?	No
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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) The CoC has established policies to guide the local NOFO competition within the region. The reallocation policy is included in these policies and states: Voluntary reallocation will always be fully explored first from all renewal projects. If voluntary reallocation does not establish enough funding to create a sustainable project, the CoC will consider all projects scoring in the bottom 1/3 of the ranking to be eligible for consideration for Reallocation. Factors the CoC uses to determine whether to involuntarily reallocate funds include: (a) severity of underperformance, (b) prominence/history of underperformance, (c) willingness/ability to improve underperformance, (d) progress made with corrective action plans—if applicable.

For the FY2026 NOFO local competition, the St. Cloud HRA PSH project identified a partial voluntary reallocation through the Intent to Apply form sent to projects on June 17, 2026. The funding from this project was enough to fund a new project so the CoC did not need to reduce or fully reallocate any other projects based on performance.

2) The CoC identified the St. Cloud HRA PSH project would be reallocated in the FY2026 NOFO competition through voluntary reallocation.

3) The CoC reallocated \$112,928 from the St. Cloud HRA PSH project to support a new project in the FY2026 NOFO competition.

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)	CaseWorthy (Formally Ecovia)
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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.	Statewide
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The CoC saw an increase in family programming this year. More families were able to be served through housing programs and faith based support which caused a decrease in unsheltered family homelessness. There was also an effort to increase weather related vouchers to ensure people could be inside during the very cold weather.

Another element that impacted the PIT count was a key staff person was out on leave during the PIT count in the eastern region of the CoC this year. The CoC did its best to ensure coverage of that area however the count may have been lower in years past due to lack of central coordination in that region.

Finally, the CoC Coordinator left their position shortly before the 2026 PIT count. In the past, a large number of observation tools were often included. CoC staff coming into the role this year approached observation tool usage differently which led to some of the change in the unsheltered count. Training was not as robust as it has been in past years due to staff turn over.

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

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

(limit 2,500 characters)

During the evaluation period, the Central CoC used coordinated outreach, public safety, behavioral health, and housing responses to engage people in encampments and connect individuals experiencing unsheltered homelessness with shelter, housing, treatment, and supportive services.

Street Outreach and Housing Response

County outreach teams and law enforcement partners engaged individuals in known encampments and other locations. In Sherburne County, the Co-Responder program conducts outreach several times each month, assesses needs, connects individuals to Coordinated Entry, and provides case management. The St. Cloud Police Mental Health Response Unit works with outreach staff to connect individuals with mental health services, substance use treatment, housing assistance, crisis services, and other resources.

The Central CoC works to ensure people contacted in encampments are connected to Coordinated Entry rather than simply displaced.

Encampment and Public Safety Response

The St. Cloud Police Department has a Homeless Encampment Protocol addressing law violations, trespassing, traffic obstruction, waste, fire hazards, and other health and safety concerns. The CoC response is not limited to removal; outreach connects residents with shelter, housing, treatment, and other services.

Shelter and Housing

A new St. Cloud emergency shelter opened in October 2025 with capacity for 48 individuals. The CoC also has approximately 40 designated housing units for individuals with serious mental illness (SMI) in two apartment buildings in the Northern and Eastern Regions.

Data and Evaluation

The Central CoC does not have historical CoC-wide encampment-specific data sufficient to report a reliable numerical reduction during the evaluation period.

Encampment tracking was not consistently collected, and the CoC will not create unsupported estimates.

The Northern Region estimates approximately 25 individuals and family members experiencing homelessness in tents or other unsuitable structures. Sherburne County and the St. Cloud Police Department do not maintain specific encampment counts but continue outreach and service connections.

Going forward, the CoC will strengthen tracking of individuals contacted, Coordinated Entry assessments, referrals, shelter and housing placements, treatment connections, and follow-up after relocation or encampment closure.

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.	4

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	60
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2. Enter the reduction in the number of people in encampments during your evaluation period.	60
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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)

The Central CoC has individuals experiencing unsheltered homelessness in tents and other unsuitable structures. The CoC does not have sufficient historical, CoC-wide data to demonstrate a measurable reduction in encampments because this data has not been collected consistently. The CoC is strengthening its approach to identify, engage, and connect people in encampments with shelter, housing, and services. County outreach teams regularly visit known encampments and other locations where individuals are unsheltered. In Sherburne County, the Co-Responder program works with law enforcement and conducts outreach several times each month. Staff assess needs, provide resources, connect individuals to Coordinated Entry and housing, and provide follow-up. Crow Wing County Community Services works with law enforcement social workers to identify individuals experiencing homelessness and coordinate follow-up. The Sherburne County Mental Health Action Team meets every other week to coordinate services and develop housing plans for individuals with complex needs. The St. Cloud Police Mental Health Response Unit works with outreach staff in encampments to connect individuals with mental health treatment, substance use services, housing assistance, crisis services, and resources.

A 48-person St. Cloud emergency shelter opened in October 2025. Outreach teams can connect eligible individuals to shelter as an alternative to remaining in tents or other unsuitable locations, with pathways to Coordinated Entry, case management, housing navigation, and permanent housing. The CoC also has approximately 40 designated SMI housing units in two apartment buildings. The St. Cloud Police Department's Homeless Encampment Protocol addresses public safety and health concerns. The CoC will encourage coordination between enforcement and outreach providers so individuals have meaningful opportunities for shelter, housing, treatment, and services rather than moving between unsheltered locations. The CoC will improve tracking of known encampments and unsheltered locations, individuals identified, outreach contacts, Coordinated Entry assessments, referrals, housing placements, and follow-up after relocation or encampment closure. This information will be used with partner and lived-experience feedback to evaluate progress and identify gaps. The goal is to reduce unsheltered homelessness by connecting individuals to shelter, permanent housing, behavioral health services, and ongoing support.

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)

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)

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

You must enter a response for question 2A-7.

Describe how you calculated the data for this response.

(limit 2,500 characters)

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	161	83	197	60.06%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	230	12	116	47.93%
4. Rapid Re-Housing (RRH) beds	126	0	126	100.00%
5. Permanent Supportive Housing (PSH) beds	266	0	266	100.00%
6. Other Permanent Housing (OPH) beds	679	11	670	97.10%

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 CoC will do active outreach in the next year to shelters and Transitional Housing providers that are not currently entering data into HMIS. The CoC will highlight the value of storytelling through data and emphasize the need to include as much data as possible in our data sets that inform system planning. CoC staff will also help smaller agencies brainstorm strategies for paying for HMIS user licenses. Cost is often one of the reasons agencies site for not entering data into the system.

Comparable data bases are a newer concept for our DV providers. The CoC will work on increasing education to these providers in the coming year on what comparable data bases are and how they could integrate them into their agencies existing systems.

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?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Encampments Proto...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes		

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

Attachment Details

Document Description:

Attachment Details

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Attachment Details

Document Description: Encampments Protocol MN 505

Attachment Details

Document Description:

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Document Description:

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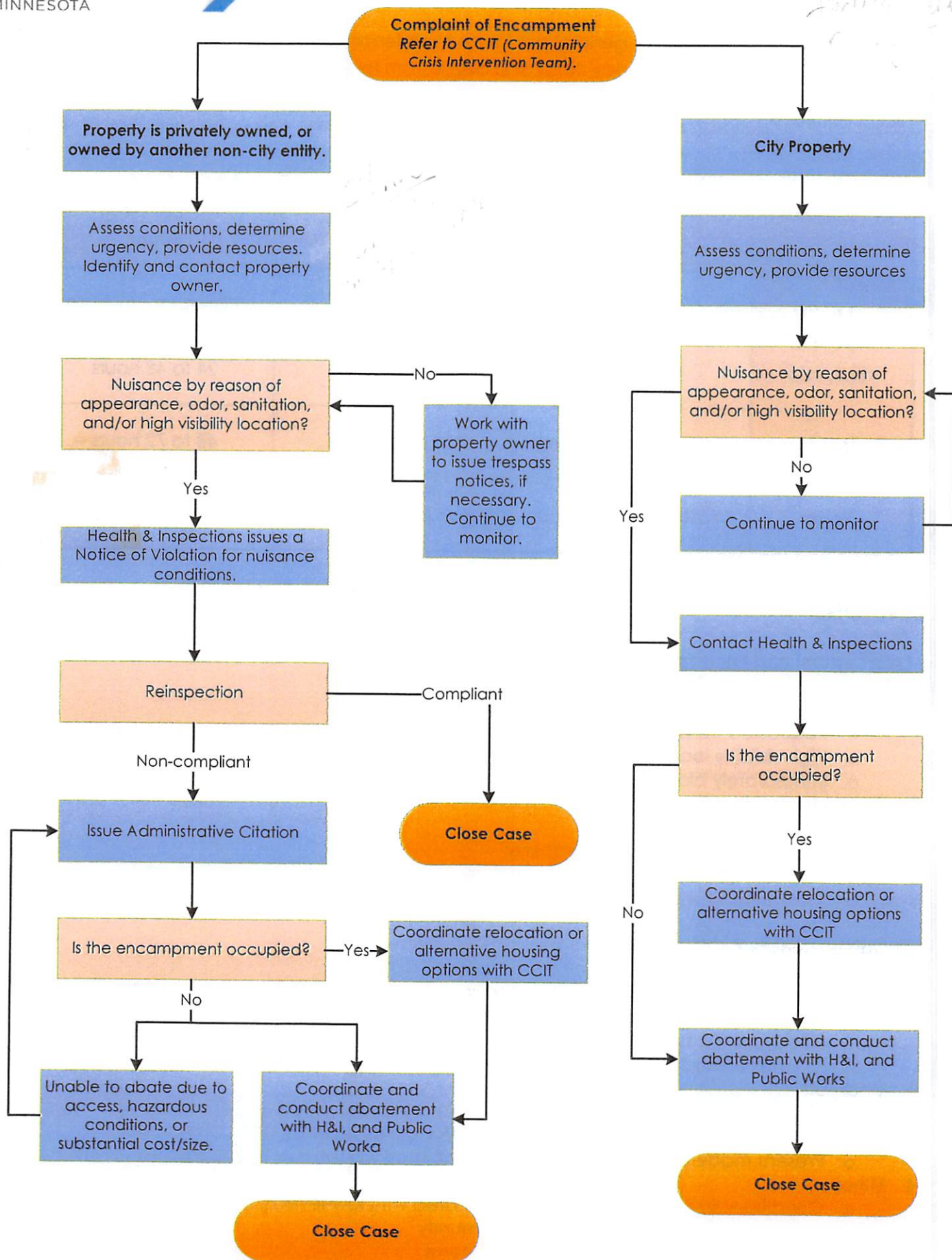
Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	Please Complete
1C. Coordination and Engagement	Please Complete
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	Please Complete
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required



Determining Urgency in Encampment Removal

The following chart shall be used as general guidance to determine the urgency in addressing homeless encampments. Abatement of nuisance items and debris from former/vacant encampments will occur promptly based upon due-process, staff availability, and other internal policies/procedures. The term immediate reflects prioritization for investigation and response planning with action to follow as quickly as possible based on the factors noted above.

Health/Safety/Nuisance Conditions	Law Enforcement and Encampment Visibility			
	Urgent	Moderate	Minor	
	Urgent	Immediate	Immediate	Immediate to 24-hour
	Moderate	Immediate	12 to 24 hours	24 to 48 hours
	Minor	Immediate to 24-hour	24 to 48 hours	48 to 72 hours
	None	Immediate to 24-hour	Immediate to 48-hour	72-hour to No Action

DEFINITIONS

Law Enforcement and Encampment Visibility:

- ❖ **Urgent**
 - Violation of law to include a person crime
 - Requested trespass by property owner
 - High visibility location on City property (i.e. camping in park)
 - Immediately blocking the flow of pedestrian or vehicle traffic
- ❖ **Moderate**
 - Property crime
 - Moderate visibility on City property
- ❖ **Minor**
 - More than one tent or structure

Health/Safety/Nuisance Conditions:

- ❖ **Urgent**
 - Conditions that impact both the encampment and the surrounding community
 - Extensive waste accumulation, blowable trash/debris, strong odors, blocked public access, or fire hazards
 - Creates immediate health, safety, and/or environmental impacts requiring prompt action
- ❖ **Moderate**
 - Conditions primarily affecting those within or immediately adjacent to the encampment
 - Growing accumulation of nuisance and/or personal items, or localized odor
 - Present moderate nuisance concerns that may worsen if left unaddressed
- ❖ **Minor**
 - Conditions limited to the encampment area with low-level nuisance conditions that do not currently affect the broader community
 - Contained nuisance and/or personal items