

TX-503 Austin/Travis County CoC New/Expansion/Transition Application FY26 Continuum of Care NOFO Competition

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DEADLINE FOR SUBMISSION OF APPLICATIONS in ZoomGrants Portal: Wed, July 15, 2026, 5pm CST

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Introduction

The Austin/Travis County Continuum of Care (CoC) is seeking applications for new transitional housing or supportive services only projects for inclusion in our Collaborative Application for the US Department of Housing and Urban Development’s (HUD) Continuum of Care program, also known as the Notice of Funding Opportunity (NOFO). Each year the Austin/Travis County CoC competes with other CoC’s across the country to secure federal funds to help end homelessness through HUD’s CoC Program NOFO.

HUD allows New Projects to be funded through reallocation and/or eligible bonus funding (e.g., DV Bonus, CoC Bonus). The total funds available for New Projects will be determined based upon the amount of bonus funds made available by HUD, plus the amount of funding that is reallocated by the Austin/Travis County CoC Board (Leadership Council).

All projects applying for funding during the FY26 Continuum of Care (CoC) NOFO Competition through the process of creating a New Project, an Expansion Project, or a Transition Project must complete this application. The Austin/Travis County CoC encourages applications for projects that have never previously received CoC funds as well as from applicants that are currently receiving or have in the past received CoC funds. It is recommended that applicants review the accompanying Scoring Guide as a reference on how answers will be reviewed and scored by the CoC NOFO Independent Review Team (IRT).

As indicated by the [FY 2026 CoC NOFO Review, Scoring, and Ranking policy](#), 100% of the scoring for New Projects will be based upon the applicant’s answers to the Local Competition Application.

Please note that this application is based on the best information currently available, and ECHO staff may need to revise requirements described herein and/or request additional information based on additional guidance received from HUD and/or policy decisions made by Leadership Council. ECHO staff will disseminate all information about this funding opportunity as it becomes available.

To view the New Project Application Scoring Guide, as well as all required attachments for this application, please visit the [ECHO CoC webpage](#) and navigate to the 2026 CoC Competition, **Local Competition Materials** tab. For any questions about accessing this application or any application documents, please contact NOFO@austinecho.org.

Applicant Information

- Agency Name:
- Proposed Project Name:
- Proposed Grant Start Date:
- Proposed Grant End Date:

Primary Contact Information:

- Contact Name:
- Title:
- Email Address:
- Phone Number:

Secondary Contact Information:

- Contact Name:
- Title:
- Email Address:
- Phone Number:

Funding Request Type

Which of the following types of funding is being requested for funding:

- ☐ YHDP Replacement Grant
- ☐ New CoC Bonus Funding
- ☐ New Domestic Violence (DV) Bonus Funding
- ☐ New Project

Is this new project expanding or transitioning an existing renewal project?

- No, it is not.
- Yes, this is a New Expansion project (expanding an existing eligible renewal project).
- Yes, this is a New Transition project (transitioning an existing eligible renewal project to a new project component type).

Confirm you have completed your e-snaps application:

Complete & submit the New Project application in [e-snaps](#). Once the application is completed in *e-snaps*, applicants should save a copy of the *e-snaps* application for their records. Projects are expected to review all information entered in *e-snaps* to ensure consistency with the local application.

Question 1.1 e-snaps Submission Complete

Has the applicant entered and completed all required components in *e-snaps* for a successful application to HUD?

- Yes
- No

Question 1.2 Code of Conduct attached

Is the Code of Conduct required for the e-snaps application attached?

Question 1.3 Proposed Project Component Type:

- ☒ New Transitional Housing (TH)
- ☒ Supportive Services Only (SSO)
- ☒ Supportive Services – Street Outreach (SSO-SO)
- ☒ Supportive Services – Coordinated Entry (SSO-CE)
- ☒ HMIS
- ☒ DV Bonus – list type (TH, RRH, or SSO-CE type only Permanent Housing-Rapid Rehousing (PH-RRH) (DV Bonus Projects Only)
- ☒ YHDP Renewal/Replacement

Question 1.4 Valid SAM.gov Registration (New projects only)

Attachment: PDF of your current SAM.gov Registration

Question 1.5 Eligible agency type

Attachment: Document(s) showing your status as an eligible entity

Question 1.6 Required Service Engagement (Housing projects only)

Has the applicant attached a copy of their program participant agreement requiring participants to engage in services as a condition of remaining in the program? **(Required for Housing project types only)**

Attachment: Participant Service Agreement

Question 1.7 Not Engaging in Racial Preferences

Has the applicant affirmatively attested to not engage in racial preferences or racial discrimination?

- Yes
- No

Question 1.8 Not Engaging in “Safe Injection Sites”

Has the applicant affirmatively attested they will not engage in harm reduction practices such as “safe injection sites.”

- Yes
- ☒ No

Question 1.9 Recent Financial Audit or Review

Attachment: Most recent financial audit or financial review

Question 1.10 Coordinated Entry Participation

Confirm your agency and this project’s participation in Coordinated Entry aligned with Coordinated Entry Written Standards.

- Yes
- ☒ No

Question 1.11 CoC Program Expectations

Please review and complete the CoC Program Expectations Form. Is the acknowledgement form attached?

- Yes, completed form is attached
- Other

Attach a signed copy that acknowledges the program will have sufficient internal controls to meet the expectations by the grant start date.

Attachment:

- Completed CoC Expectations Form

Question 1.12 Match Documentation

- ☒ Yes, completed match documentation is provided
 - No, match documentation is not provided

Minimum 25% match identified through Cash Letter, In-Kind Letter, or In-Kind MOU.

Attachment:

Please attach your match documentation

Organizational Capacity

Question 2.1 Previous Experience Administering Grants

Describe your agency’s previous experience administering grants. Describe your agency’s experience utilizing and leveraging funds to meet program deliverables. List out Previous Local, State and Federal Grant Experience, including;

- Funding Agency, Funding Amount, Project Type, and Years Administered
- Monitoring Reports by Federal Agency of the Project
- List out previous other private grants your agency has been awarded, including:
 - Funding Agency, Funding Amount, Project Type, and Years Administered

NARRATIVE BOX:

Question 2.2 Staffing and Organizational Management

Explain your agency’s staffing and organizational management structure. Provide a list of your Board of Directors and credentials of key staff in the proposed project. Note if there are any key staff with a lived experience of homelessness.

NARRATIVE BOX:

Attachments: An organizational chart showing key roles for the proposed project.

- Board of Directors roster
- Organizational Chart
- Key Role Job Descriptions
- Supervision or staffing plans;.

Question 2.3 Partnerships

Highlight any past or current collaboration with healthcare providers, crisis response teams, domestic violence programs, youth-serving agencies, workforce development organizations, and law enforcement. Describe how these partnerships have functioned in practice, such as coordinated case management, shared protocols, referrals, data sharing, or joint service delivery. To support this, attach documentation such as:

- memorandum of understanding (MOUs) or partnership agreements;
- letters of support or commitment;

NARRATIVE BOX: (500-word limit)

- Attachments:**
- memorandum of understanding (MOUs) or partnership agreements;
 - letters of support or commitment;

Proposed Project – All Project Types Answer

Question 3.1 Project Description

Please provide a description of the proposed project. **(2000-word limit).**

The description must be consistent with other parts of this application and the *e-snaps* application, and identify:

- The target population, including the total number of households to be served when the project is at full capacity. If there is a primary subpopulation that is required for eligibility list here.
- Number and type of units (e.g., tenant-based or project-based) if a transitional housing project
- The specific services that will be provided and engagement methods for serving the project’s target population
- Projected outcomes
- Coordination with partners
- € Project timeline – when units will be developed or leased-up (if a PH component type), or when services will become available

Project Threshold Items: *Ensure you cover each project threshold component listed on the Scoring Guide for your project type in the project description*

NARRATIVE BOX:

Question 3.2 Performance Evaluation

Please describe how your organization uses data to determine performance, make decisions, and track spending. Describe how you will use data to implement a system of performance evaluation. **(500-word limit)**

NARRATIVE BOX:

Project Design and Strategy

(All Project Types answer except HMIS and SSO-CE)

Question 4.1 Returns to homelessness and Reducing Homelessness

Demonstrate how the project will: **(500-word limit)**

- ☒ Reduce homelessness.
- ☒ Reduce unsheltered homelessness.
- ☒ Increase successful exits to permanent housing.
- ☒ Promote long-term housing stability.
- ☒ Reduce returns to homelessness.

Preference will be given to projects that demonstrate measurable outcomes and strong performance.

For New Housing Projects include the following:

The project must show a realistic, evidence-based approach to helping participants remain stably housed after placement

For SSO, SSO-SO Projects include the following:

The project must show a realistic, evidence-based approach to helping move homeless people into services and housing

All Housing and SSO, SSO-SO Project Types on this question address Performance Monitoring:

- Explain how your project will use data to track exits to permanent housing, returns to homelessness, and ongoing stability.

Describe how your team will review these metrics to adjust strategies and improve program outcomes

NARRATIVE BOX:

Question 4.2 Addressing Identified System Gaps and Target Population

Demonstrate how the project’s proposed activities address a documented community need such as, but not limited to: **(500-word limit)**

- Unsheltered homelessness.
- Transitional housing needs.
- Recovery-oriented housing needs.
- Outreach capacity.
- Access to supportive services.
- Subpopulation-specific needs identified by the FY2026 CoC NOFO.

NARRATIVE BOX:

Question 4.3 Promoting Self-Sufficiency and Economic Mobility

Demonstrate how the project leverages partnerships and strategies to improve participants' ability to achieve long-term housing stability and self-sufficiency. **(500-word limit)**

- Employment opportunities.
- Workforce development.
- Income growth.
- Access to education and training.
- Mainstream benefit enrollment.
- Financial stability and economic mobility.

NARRATIVE BOX:

Question 4.4 Supportive Service Participation Requirements

Describe your project’s approach to requiring supportive services for participants to remain in your program. How will you engage participants and keep them engaged? **(200-word limit)**

NARRATIVE BOX:

Question 4.5 Cost Effectiveness

Describe the cost per participant or unit depending on the project type. **(500-word limit)**

NARRATIVE BOX:

Question 4.6 Connecting to Mainstream Benefits

Describe how your project has a comprehensive strategy for connecting participants to mainstream benefits that support long-term stability, economic mobility, and improved health. **(500-word limit)**

Project Design and Strategy

HMIS Project Type Questions Only

Question 5.1 Furthering HMIS Implementation

Describe how the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation. **(500-word limit)**

NARRATIVE BOX:

Question 5.2 Confirm All Universal Data Elements

Confirm the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.

- Yes
- No

Question 5.3 Un-duplicating Records

Confirm the ability of the HMIS to un-duplicate client records.

- Yes
- No

Question 5.4 Confirm All Reports Submitted on time

Confirm the HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.

- Yes
- No

If no, please explain:

NARRATIVE BOX: **(200-word limit)**

Project Design and Strategy

SSO-Coordinated Entry Question Only

Question 6.1 Availability and Accessibility

Describe how the Coordinated Entry system is easily available and reachable for all people within the CoC's geographic area who are seeking homelessness assistance. Describe how the system is accessible for people with disabilities within the CoC's geographic area. **(500-word limit)**

NARRATIVE BOX:

Question 6.2 Standardized Assessment

Confirm there is a standardized assessment process.

- Yes
- No

Question 6.3 Reaching People with the Highest Needs

Describe the strategy for advertising designed specifically to reach households experiencing homelessness with the highest needs. **(500-word limit)**

NARRATIVE BOX:

DV Bonus Questions Only

Question 7.1 SSO-CE (DV Bonus Only)

Describe how this CE project will equip the CoCs Coordinated Entry better meet the needs of homeless people who are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. **(500-word limit)**

NARRATIVE BOX:

Question 7.2 PH-RRH or TH (DV Bonus)

Describe how your agency’s experience serving individuals and families of persons experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes. **(500-word limit)**

NARRATIVE BOX:

Project Quality Threshold Questions (Specific to Project Type)

The FY 2026 CoC NOFO has Project Quality Threshold Questions specific to each project type. Each Project must meet a minimum of these points to move forward in the application process after passing the Threshold Review.

Project Type: Transitional Housing (must score 6/8 points to move forward)

Question 8.1 Providing Necessary Support Services

Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.) (200-word limit)

NARRATIVE BOX:

Question 8.2 Prior Experience

Describe your agency’s past experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. (200-word limit)

NARRATIVE BOX:

Question 8.3 Positive Exits

Describe how your agency previously operated or currently operates transitional housing or another homelessness project or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by your agency. (200-word limit)

NARRATIVE BOX:

Question 8.4 Mainstream Benefits

Describe how your project has a comprehensive strategy for connecting participants to mainstream benefits that support long-term stability, economic mobility, and improved health. (200-word limit)

NARRATIVE BOX:

Question 8.5 Participant Service Plans

Describe how your project will:

- assess the service needs of program participants,
- and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24V. Application Review Information CPD-2600-DC-0025 Page 64 of 128 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.)

Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

Indicate that the proposed project will create service plans for each program participant that include:

- the services to be provided, when and how often services will be provided, by whom all services will be provided;
- program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.

(500-word limit)

NARRATIVE BOX:

Project Type: Supportive Services – Stand Alone (must score 4/5 points to move forward)

Question 9.1 Assessment of Need and Accessibility

Describe how the project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency. Describe how the project will conduct an annual assessment of the service needs of participants. Describe how the project will be accessible for persons with disabilities within the CoC's geographic area. (200-word limit)

NARRATIVE BOX:

Question 9.2 Strategy for Reaching People Not Traditionally Engaged with Supportive Services

Describe the project’s strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

(200-word limit)

NARRATIVE BOX:

Question 9.3 Mainstream Benefits

Describe how your project has a comprehensive strategy for connecting participants to mainstream benefits that support long-term stability, economic mobility, and improved health. (200-word limit)

NARRATIVE BOX:

Question 9.4 Reasonable costs

Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.

NARRATIVE BOX:

Project Type: Supportive Services – Street Outreach (must score 5/6 points to move forward)

Question 10.1 Mainstream Benefits

Describe how your project has a comprehensive strategy for connecting participants to mainstream benefits that support long-term stability, economic mobility, and improved health. (200-word limit)

NARRATIVE BOX:

Question 10.2 Strategy for Reaching People Not Traditionally Engaged with Supportive Services

Describe the project’s strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

(200-word limit)

NARRATIVE BOX:

Question 10.3 Partnering with First Responders and Law Enforcement

Describe how your agency has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals. (200-word limit)

NARRATIVE BOX:

Question 10.4 Prior Experience with Outreach Services or a Plan

Describe how your agency has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

NARRATIVE BOX:

Question 10.5 Reasonable costs

Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404. (200-word limit)

NARRATIVE BOX:

Project Type: Supportive Services – Coordinated Entry (must score 4/5 points to move forward)

Question 11.1 Easily Available and Accessible

Describe how the Coordinated Entry project is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. Describe how the system will be accessible for persons with disabilities within the CoC's geographic area.

(200-word limit)

NARRATIVE BOX:

Question 11.2 Strategy for Reaching Those with the Highest Need

Describe the project's strategy for advertising designed specifically to reach households experiencing homelessness with the highest needs. (200-word limit)

NARRATIVE BOX:

Question 11.3 Standardized Assessment Process

Describe how your project will utilize a standardized assessment process. (200-word limit)

NARRATIVE BOX:

Question 11.4 Navigation and Referral

Describe how your project will ensure program participants are directed to appropriate housing and services that fit their needs.

NARRATIVE BOX:

Project Type: Permanent Housing-Rapid Rehousing (must score 6/8 points to move forward)

Question 12.1 Strategy for Participants to Achieve Self-Sufficiency in 24 Months

Describe how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.

(200-word limit)

NARRATIVE BOX:

Question 12.2 Support Services Will Ensure Positive Exits

Describe the project's supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) and how that will ensure the participant is able to successfully obtain self-sufficiency and exit homelessness.

(200-word limit)

NARRATIVE BOX:

Question 12.3 Exits to Permanent Housing with Employment Income

Describe how your agency has operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.

(200-word limit)

NARRATIVE BOX:

Question 12.4 Navigation and Referral

Describe how your project will ensure program participants are directed to appropriate housing and services that fit their needs.

NARRATIVE BOX:

Question 12.5 Mainstream Benefits

Describe how your project has a comprehensive strategy for connecting participants to mainstream benefits that support long-term stability, economic mobility, and improved health. (200-word limit)

NARRATIVE BOX:

Project Type: HMIS (must score 3/4 points to move forward)

Question 13.1 Funds Will Further HMIS Implementation

Describe how funds used will further HMIS implementation for the CoC.

(500-word limit)

NARRATIVE BOX:

Question 13.2 Confirming Required Data Elements Are Collected

Confirm the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards. (150-word limit)

NARRATIVE BOX:

Question 13.3 Ability to Un-duplicate Client Records

Confirm the ability of the HMIS to un-duplicate client records. (150-word limit)

NARRATIVE BOX:

Question 13.4 Navigation and Referral

Confirm the HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners. (150-word limit)

NARRATIVE BOX:

Project Type: CoC Planning (must score 3/5 points to move forward)

Question 14.1 Governance and Operations

Confirm the CoC conducts meetings of the entire CoC membership that are inclusive and open to members and confirm the CoC has a written governance charter in place that includes CoC policies. (200-word limit)

NARRATIVE BOX:

Question 14.2 CoC Committees

Confirm there are CoC-wide planning committees, subcommittees, or workgroups to address the needs of persons experiencing homelessness in the CoC's geographic area that recommends and sets policy priorities for the CoC. (150-word limit)

NARRATIVE BOX:

Question 14.3 Compliance with 24 CFR 578.7

Confirm the proposed planning project that will be carried out by the CoC with Planning grant funds are compliant with the provisions of 24 CFR 578.7. (150-word limit)

NARRATIVE BOX:

Question 14.4 Evaluating the CoC Program -funded and ESG-funded projects

Describe how the funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects. (200-word limit)

NARRATIVE BOX: