

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: PA-511 - Bristol, Bensalem/Bucks County CoC

1A-2. Collaborative Applicant Name: County of Bucks

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Bucks

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Nonexistent	
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	6

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Nonexistent	
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	No	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.	Community Action Agency	Yes	1
47.			

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

(limit 2,500 characters)

The CoC maintains an open invitation and sign-up process for all new providers/individuals through the CoC website. The CoC website is accessible, comprehensive, and user friendly for its members and the public. A button was added to the website that enables viewers to choose from 1 of approximately 130 languages to translate the website so that the information is accessible in the viewer's preferred language. The CoC website features accessibility tools that allow the website view to increase and decrease text, grayscale, high contrast, negative contrast, light background, underline links, and readable font. The website has a "Get Involved" page that provides an opportunity to join the CoC general membership which states that membership is "open to any interested member of the public including volunteers, non-profits, businesses, government, and philanthropy". It also states when the CoC general meetings are held. There is a button link to click on to join. This link sends an email to the CoC Lead with the individuals information to add them to the meeting invitations and CoC listserv. The page also includes an overview of the various CoC committees with an invitation to join these committees as well if interested. Information on the invitation process is regularly posted at least annually on the Bucks County website and social media and is shared by CoC partner organizations to solicit new members and expand the CoC's current reach. Organizations that are new to working with homeless populations or with the CoC are invited to join the general CoC.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

CoC participation includes representatives from nearly all County units and an array of non-profit and faith-based organizations serving the homeless population, including those from healthcare, law enforcement, recovery, mental health, as well as persons with lived experience. The CoC conducts virtual bimonthly general CoC meetings to increase attendance and has an open invitation for new members to join all year. The CoC general meeting has standing agenda items for new business and community updates to hear from an array of CoC members on their comments and identified needs in the community. The CoC uses the CoC website, email distribution list, and open virtual CoC bimonthly meetings to communicate and obtain public information. CoC members send out information via the email distribution list and all members are invited to speak and share resources at the general CoC meetings. The CoC website where information is shared features accessibility tools that allow the website view to increase/decrease text, grayscale, high or negative contrast, light background, underline links, and readable font. When developing the CoC's currently adopted strategic plan, the CoC and its strategic planning consultant held several listening sessions, focus groups, and conducted an electronic survey to collect feedback from CoC members, persons with lived experience, and stakeholders. The results of these helped to form the draft goals and strategies for the CoC's new strategic plan for 2024-2029. A specific example of this is further incorporation of individuals currently or formerly experiencing homelessness into CoC decision-making power where in response the CoC formed a Lived Experience Advisory Board (LEAB) workgroup to build the framework of the board. This workgroup along with the CoC's Outcomes Committee reviewed and provided feedback on CoC local priorities for this year's competition and these priorities were included in the new and renewal application scoring rubrics.

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.

(limit 2,500 characters)

The CoC announced via email and posted on its website on 6/12/2026 that the CoC Competition was open and provided an overview and local competition deadlines. On 6/29/2026 the CoC announced via email and posted on its website a request for new applications from organizations and the eligible project components. The request for new applications specifically stated that organizations new to the CoC program are welcome to apply. Both the CoC Overview document and the request for new applications specified the process for submitting their intent to apply and their application in esnaps along with the due dates of each. A link to the CoC NOFO was also included on the website for additional information on HUD's process. The CoC collaborative applicant hosted an informational session on 6/30/2026. The CoC did not receive proposals for this year from organizations that have not previously received CoC program. Outreach to organizations is conducted through an invitation that went to the CoC general mailing list and provided as an opportunity for new applicants to learn about the CoC competition process and scoring criteria. The CoC General email listserv includes members from faith-based organizations, recovery providers, non-profits, law enforcement, elected officials, and business owners. The informational session was also recorded and posted on the CoC website for those unable to attend.

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)

The CoC has a currently adopted strategic plan for 2024-2029. 1) Through data analysis the CoC identified that from 2022 to 2023, the percent of people experiencing unsheltered homelessness was three times higher than the previous year. Because of this, reducing unsheltered homelessness was identified by stakeholders as essential to addressing homelessness. 2) The specific strategies to address this include: Strategy 1: Strengthen outreach to more effectively and efficiently serve individuals and households living unhoused, Strategy 2: Expand access to safe, low-barrier temporary housing options to make shelter available to all who need it, and Strategy 3: Expand services to support exits from homelessness and maintain housing stability. 3) Performance measures: Strategy 1: Consolidate street outreach teams for increased coordination which was completed in late 2025, update street outreach policies and procedures to clarify expectations and job responsibilities which was completed in 2025, and improve encampment response by development of guidelines which were developed in 2025. Strategy 2 performance measures include increasing temporary shelter beds for special populations, specifically medically frail individuals and households fleeing DV. In response, a medically frail hoteling program was created through the Street Medicine outreach program for unhoused participants and a new non-congregate DV shelter is currently being rehabbed that will increase bed capacity. Strategy 3 performance measures include improving training and support for frontline workers engaged with clients with behavioral health and severe mental illness and expanding access to mental and physical healthcare services. In response, the CoC Training Committee has hosted several targeted trainings for CoC providers including mental health first aid in the last fiscal year and the CoC has ensured that street outreach teams have multidisciplinary specializations including medical, mental health, drug and alcohol, and youth. 4) The timeline for completion of these strategies is through the period of the strategic plan with a goal completion by 2029. 5) The funding sources for these activities include state PHARE funding, MH Reinvestment Funds, HOME-ARP, and CoC planning for coordination amongst providers and services. 6) The body responsible for overseeing strategy implementation is the CoC Governance Board and CoC Strategic Planning Committee.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

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

1C. Coordination and Engagement

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

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	30%

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)

N/A

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 CoC partners with three providers for mental health outpatient treatment services through Pennndel Mental Health Center, Lenape Valley Foundation, and Penn Foundation. The Outpatient program offers individual and group therapy as well as psychiatric evaluations and medication management. In addition, the CoC partners with two providers for transitional outpatient treatment through Pennndel Mental Health Center and Lenape Valley Foundation. The Transitional Outpatient is an intermediate level of mental health care designed for individuals who require more intensive support than transitional outpatient therapy. This service can include group and individual therapy, and psychiatric medications as needed.

The CoC partners with the Council of Southeastern Pennsylvania for substance use outpatient treatment. This is a state licensed program that offers group and individual sessions to develop treatment plans and skills to help overcome the inherent dangers involved with alcohol and other drug abuse/addiction. CoC providers also regularly partner with and refer to St. Luke's Penn Foundation for Mobile Engagement Services (MES). This is mobile outreach in which therapists work to engage individuals who are resistant to treatment to move to individual towards treatment and recovery services.

In addition, outpatient treatment is available for individuals with co-occurring substance use and mental health concerns through Pennndel Mental Health Center's General Outpatient and Intensive Outpatient programs. Psychiatric evaluation and medication management is also available through these programs as needed.

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 CoC partners with Pennndel Mental Health Center to refer individuals for peer support through their Certified Peer Support (CPS) Program. The CPS program is staffed by individuals who have mental health diagnosis and participants receive weekly or biweekly services with a CPS specialist in the office or community setting. Peers complete a strength-based assessment and recovery plan to target areas for service provision. The CoC also partners with the Council of Southeastern PA on their PRO-ACT initiative that provides recovery support services by peers that are Certified Recovery Specialists (CRS). The CRS support people seeking recovery, individually or in groups, at their Recovery Community Center, in hospitals, and in the community.

Reach Out Foundation of Bucks County is a CoC partner that operates a peer drop-in center for individuals with a mental health or co-occurring diagnosis through various support groups and activities. They also operate a homeless drop-in center, funded by the CoC Lead, that provides basic needs to individuals experiencing unsheltered homelessness including showers, laundry, meals, and computer access for job/housing search. Individuals that attend the homeless drop-in center also are provided information on and regularly attend the peer drop-in center next door for recovery support groups.

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 CoC provides Mental Health First Aid training for all providers to help staff learn about the signs and symptoms of someone who is experiencing a mental health situation, as well as necessary steps to provide appropriate care and encourage professional help. Staff also learn about warning signs and risk factors commonly associated with mental health conditions, substance abuse, or self-harm. The CoC most recently provided this training to providers in January 2026 and February 2026, with the next training scheduled for October 2026. In addition, the CoC provides general training annually on Behavioral Health services, de-escalation, and the 302 involuntary commitment process.

When individuals are identified as experiencing serious mental health, CoC providers can refer individuals to Penndel Mental Health Center's Assertive Community Treatment (ACT) program which provides community treatment to individuals with serious and persistent mental illness. The program provides in-home psychiatry, therapy, nursing, peer support, employment support, case management, and substance use support. Penndel Mental Health Center is also the provider that has the CoC's primary street outreach program, so street outreach staff can refer individuals internally within their organization. St. Luke's Penn Foundation also provides ACT services to the Upper part of Bucks County. St. Luke's Penn Foundation has a new project application in this year's CoC competition for its Village of Hope TH project that can do internal referrals to ACT.

In addition, Bucks County has three walk-in crisis centers throughout the County that staff can bring individuals to for walk-in assessment. There is also a new crisis walk-in and stabilization center located centrally in the County called Bright Path Center that is available 24/7. Lenape Valley Foundation, through the Bright Path Center, is designated to facilitate involuntary commitments. Bucks County Mobile Crisis is also available 7 days a week for staff to contact for mobile support for more emergent situations.

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 Bucks County Drug and Alcohol Commission (BCDAC) is the Single County Authority for Bucks County and an active CoC member and partner. BCDAC has a long-standing partnership with the Bucks County Courts since the onset of Drug Court in 2010. The team has been rebranded as Recovery Court and has become nationally recognized and accredited. In addition, The Recovery and Wellness Courts in Bucks County are presided over by Judge Rea Boylan who is also a participant in the CoC.

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 Bucks County Drug and Alcohol Commission (BCDAC) is a vital and active partner with the CoC in identifying gaps and developing valued initiatives. BCDAC launched a new service two years ago, at the request of the courts. There is now an American Society of Addiction Medicine credentialed assessor who is located at the Justice Center, providing no cost drug/alcohol assessments when a sitting judge recommends the immediate assessment. Linkage to treatment or housing, including transportation, is provided along with case management services.

The Recovery Court that Judge Rea Boylan presides over requires a minimum of 15 months to complete and is comprised of 5 phases with each phase lasting a minimum of 90 days. Program participants obtain a high school diploma or GED, maintain full-time employment or other approved use of time, maintain adequate housing, successfully complete treatment, and establish an aftercare plan. As part of the Recovery Court program, sanctions may be imposed if rules are violated or they fail to achieve certain phase requirements including fines, incarceration, and electronic monitoring. These sanctions can be used as leveraging to ensure program participants move towards program completion and long-term stability.

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)

The CoC partners with Mobile Crisis through Lenape Valley Foundation for program participants that are experiencing acute issues with disturbed thought, behavior, mood or social relationships that require immediate intervention. Mobile Crisis is available 7 days a week for response and can assist with assessment, referral to behavioral health treatment, crisis counseling, accessing community resources, and accessing emergency services and psychiatric or medical consultation.

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

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC Lead/CA has a formal agreement with Penndel Mental Health Center, who is the PATH provider in Bucks County, to provide street outreach services to the CoC geographic area. These street outreach services are partially funded with the PATH grant, along with behavioral health and state funds. The Penndel street outreach team accepts referrals through the CoC's coordinated entry process and utilizes PATH funds to support individuals as appropriate to achieve support and stability.

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)

St. Luke Penn Foundation's Village of Hope Transitional Housing project, which is a new CoC bonus project is in this year's competition, operates sober housing in accordance with 24 CFR 578.93(b)(5). This project's supportive service agreement, which is attached, includes requirements for the program participants to agree to abstain from use/possession of non-prescribed/illegal mood-altering substances and alcohol while in the program and prohibits use or possession of medical marijuana.

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 CoC coordinates with the Bucks County Drug and Alcohol Commission and the Bucks County Department of Behavioral Health to provide guidance and facilitate warm handoffs from the inpatient and outpatient treatment and recovery programs through partner organizations such as Penndel Mental Health Center and Lenape Valley Foundation. The Bucks County Drug and Alcohol Commission has several housing options for individuals impacted by substance use disorder and in early recovery including Halfway Houses and Transitional Houses that are more structured living environments, as well as licensed Recovery Houses that offer drug and alcohol-free environments. Sober housing is also available which is less structured than a recovery house once the individual has an established recovery support system. The Bucks County Drug and Alcohol Commission has a scholarship program available for individuals to assist with recovery house stays for up to 60 days. They also operate a SOR Homeless Housing Program to help individuals with Opioid Use Disorder or Stimulant Use Disorder by providing safe and affordable housing options. During the SOR program, individuals can receive up to 6 months of rent and utility assistance, along with other basic needs while working on identified goals and participation in treatment.

The Bucks County Department of Behavioral Health has Community Residential Rehabilitation and Supported Living Programs for individuals transitioning out of treatment that have a serious persistent mental illness diagnosis. Individuals in these residential programs work with staff to gain skills such as budgeting, medication management, and access to community resources that will allow them to live independently in the community. Priority for these programs includes individuals currently experiencing homelessness or that are discharging from a higher level of care to help prevent entry into homelessness. HCD as the CoC Lead coordinates with both Departments regularly to discuss programs and services available for warm handoffs. The CoC's primary street outreach team also assists in warm handoff facilitation for individuals experiencing homelessness and can stay involved with them for up to 90 days after placement into the housing program to ensure a warm handoff and connections to services are in place for the individual.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,206,691
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,433,844
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	65%
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.	\$26,754
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).	66%

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)

Bucks County Housing & Community Development (HCD), Collaborative Applicant and lead agency for the CoC is the Bucks County recipient of HUD ESG funding. HCD also regularly applies for and is awarded ESG funding through the state. When application periods for ESG funds open and once funding focus and timelines are determined, HCD presents the information to the CoC Executive Committee (CoC Governance Board), resulting in a collaborative discussion to determine how ESG funded programs will be allocated to fit the CoC's strategic plan to address homeless services and housing needs. ESG subrecipients are present at all CoC Executive Committee meetings and provide input in the process. The CoC participates in ESG annual allocation decisions, monitoring activities, performance, and outcomes assessment. Outcomes, including PIT data, are shared with ESG Subrecipients as a baseline to assess homelessness and its impact on our community. The CoC's Outcomes Committee reviews all project data and performance, including ESG and provides feedback and recommendations for improvement.

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 three emergency shelter providers in Bucks County are all CoC members and involved with CoC committee related work and regularly participate in the CoC's general meetings, case conferencing, and system coordination meetings. The Bucks County Emergency Homeless Shelter, the CoC's main emergency shelter provider that serves single men, women, and families with children, receives all shelter referrals through HMIS and the CoC's coordinated entry system. All households seeking shelter referral and placement are first referred and verified by the CoC's street outreach teams and then are referred electronically. The Bucks County Emergency Homeless Shelter and A Woman's Place Domestic Violence Shelter both attend the CoC's monthly case conferencing to discuss shelter enrollment cases for housing program openings referrals as well as other services available through the CoC such as Housing Location to assist program participants with quickly exiting shelter to a housing solution based on their specific needs and barriers. The Bucks County Emergency Homeless Shelter's Housing Director is the Co-Chair of the CoC's SOAR Leadership Committee and is an active participant in assisting shelter program participants with beginning the SOAR process to obtain SSI/SSDI benefits as appropriate.

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's HMIS Privacy Notice states that PII may be used or shared in the following situations as allowed by HUD: 1) To provide or coordinate services for clients. 2) to manage payment or reimbursement of services 3) To perform administrative tasks such as legal and audit 4) for reporting that does not name individual clients 5) to prevent serious threat to someone's health or safety or to the public's health and safety 6) when reporting abuse, neglect, or domestic violence, as required by law 7) For law enforcement purposes including when required by court proceedings, subpoena, or other legal process, identify a suspect, fugitive, material witness, or missing person, when the information is requested about an actual or suspected victim of a crime, when federal officials require information to provide protective services to the President or foreign heads of state, for national security and intelligence activities when the information is shared with authorized federal officials, and for investigating misconduct, crime, or emergency on the premises. It also allows for other authorized disclosures including funeral directors, coroners, medical examiners, and for academic research when a formal association is in place.

The CoC shares client level data in accordance with the CoC's HMIS Privacy Notice as outlined above with state and local government as well as law enforcement or other authorized party as requested. Point in Time Count summary data is posted annually on the CoC's website, and currently the website has both 2025 and 2026 PIT summary data posted. This data is also shared via email with the County's Board of Commissioners to inform them of the current status of the homeless response system and strategies for improvement. System performance data is shared with the CoC's Governance Board and Outcomes Committee to review when the system needs improvement and to identify gaps in services to work on over the coming year.

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)

1) The CoC Lead, Bucks County Department of Housing & Community Development, has a formal MOU with the Department of Behavioral Health regarding sharing of limited client information to assure mutual clients have access to treatment, services, and payment for such treatment and services in emergent circumstances. The Department of Behavioral Health utilizes this data in part to pull claims data to demonstrate the HealthChoices eligible participants to justify needs for continued and increased funding for services for the homeless services system. 2) The CoC's Street Medicine program partners with the Bucks County Department of Behavioral Health regarding claims data for HealthChoices eligible participants in its medically frail hoteling to justify ongoing need of the program and its services. 3) The CoC coordinates with the Bucks County Co-Responders who are embedded with Police Departments throughout the County to coordinate care of shared clients utilizing HMIS and law enforcement data. 4) The Human Services HUB, a CoC CE access point, employs a re-entry navigator within the jail that can coordinate with the CoC on corrections system data to coordinate care of shared clients with CoC providers. 5) In addition, the CoC is actively working with the Bucks County Health Improvement Partnership to discuss sharing of electronic health care record data to better identify high utilizers of emergency room services for targeted care in the homeless service system.

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)

The CoC partners with the PA CareerLink and the Workforce Development Board for its Workforce on Wheels program to have regularly scheduled visits to the Bucks County Emergency Homeless Shelter, Transitional Housing site, and other homeless housing provider locations to assist program participants with resume writing, interview skills, and job searching. The Workforce on Wheels program provides a mobile service to program participants at their program sites to ease access to the available services provided through PA CareerLink. The PA CareerLink of Bucks County helps with free services for job placement and employment and is a partner of the American Job Center Network. Program participants are also able to receive services as PA CareerLink's physical site in Bucks County if preferred.

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)

Bucks County CoC's street outreach programs have a strong partnership and regularly collaborates with first responders and law enforcement. Bucks County government employs a Homeless Response Coordinator within its Park Police Department that works directly with Park Police and Security to assist individuals experiencing homelessness that are located on County properties through the CoC geographic area. The Homeless Response Coordinator regularly collaborates with the CoC's street outreach providers on outreach cases with the goal of moving individuals to housing solutions and connecting to services including mental health and substance use treatment. Bucks County government also employs Co-Responders through its Human Services Department that are embedded in 18 police departments throughout Bucks County to assist police officers with responding to social service needs in the community, including individuals experiencing homelessness. Bucks County Peace Officers also regularly collaborate with street outreach providers and other housing providers and regularly checks in with the CoC's emergency shelter and provides assistance and support as needed. The Bucks County's CoC Lead facilitates a monthly meeting that includes the Co-Responders, Homeless Response Coordinator, Street Outreach providers, Peace Officers, housing providers, and faith-based volunteer community organizations to collaborate on cases and provide support and coordination.

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 Bucks County CoC strongly emphasizes and embeds diversion and rapid program exit practices throughout the coordinated entry system and its programs such as emergency shelter, street outreach, and various housing programs. Diversion training is provided regularly to housing service providers that focuses on support-network reunification and identifying safe alternative housing solutions outside of the homeless service system. The CoC Lead also applies for and receives funding through PA State PHARE funds to provide flexible financial assistance for diversion and rapid exit activities such as travel costs and other creative solutions when the activity is not eligible through the project's main funding source to reunite family and support-networks for a housing solution for the program participant.

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 CoC has a strong ongoing partnership with first responders including law enforcement and regularly coordinates with local law enforcement regarding individuals experiencing homelessness. Street outreach and County staff such as Peace Officers and the Homeless Response Coordinator will work with program participants that may have active warrants by coordinating with the local constable or judge to work on payment plans or other requirements in order to resolve the warrant. The goal of the CoC regarding to this is to ensure ongoing coordination and open communication lines with law enforcement regarding program participants experiencing homelessness and their legal needs or concerns. The CoC complies with requests from law enforcement that are in alignment with the allowances in the 2004 Data and Technical Standards Notice.

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)

Street outreach providers regularly canvass public property and historical encampment locations to connect individuals experiencing unsheltered homelessness with appropriate services and housing referrals, including emergency shelter. The County has an approved protocol for encampment clearings with the targeted goal of public safety and enacts the protocol to ensure that clearings occur timely with appropriate notification to individuals experiencing homelessness with the opportunity for them to connect with street outreach providers, the Homeless Response Coordinator, Co-Responders, and any other supports to identify needed services and housing options.

The County does not condone camping on its public property as outlined in the Bucks County Ordinance 95 Section 17: Camping in Unauthorized Area. The Ordinance also prohibits Littering or Dumping in Section 33, Hours in Section 5, Destruction of Natural Surroundings in Section 7, and Restrictions on Fires in Section 8. Notices are provided to individuals in violation of this Ordinance and they are notified that they are trespassing on private property owned by the County of Bucks. Pursuant to the Pennsylvania Crimes Code, the individual is considered a "defiant trespasser" (PCS 18/3503 (b)(1). Should the individual refuse to leave the property after receiving the violation notice, they are charged with Criminal Trespass (M-3).

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 CoC recently responded to and coordinated with the County on an encampment cleanout of a location on County property in July 2026 where one individual experiencing homelessness was identified to be camping. Park Police, the Homeless Response Coordinator, and Street Outreach coordinated and communicated regarding the cleanout. No other encampments have recently been identified that meet Ordinance 95 and encampment protocol for clearing.

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 Bucks County Drug & Alcohol Commission, Inc. (BCDAC) is the designated Single County Authority (SCA) for drug and alcohol services in Bucks County. BCDAC, Inc. oversees substance use disorder prevention, treatment, and recovery supports services. It is widely recognized that time is of the essence when connecting residents with services, and any wait can discourage the resident from services. Strategies to access services include 1) Walk in assessment at designated assessment sites geographically located throughout Bucks County. When needed, a telehealth assessment may be conducted as well. 2) Mobile Engagement Services offering community-based outreach for unhoused residents and individuals unable to come to a treatment center. 3) 24/7 admission for withdrawal management funded by BCDAC, Inc. 4) Warm Handoffs for people who survive overdose, including immediate hospital-based connection with a person with lived experience (Certified Recovery Specialist). Services offered included on-site support, immediate referral to treatment, and recovery supports.

Representatives from BCDAC and Mobile Engagement Services regularly collaborate and meet with Bucks County's street outreach teams and the Homeless Response Coordinator to connect individuals to services leading to decreased public use. Park Police also regularly canvass County owned public properties to assist in decreased public use in these areas within the CoC.

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 Bucks County Coroner's Office tracks drug overdose data for the CoC's geographic area but does not track overdose rates on public property versus private property to provide a specific number for public spaces only. The CoC's HMIS data of all programs, including street outreach programs, reports that zero individuals passed away within the last 6 months in an unsheltered situation. There are no reported fatal overdoses of individuals receiving services through CoC housing programs in the last 6 months based on HMIS data.

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)

Bucks County adheres to Section 302 of the Mental Health Procedures Act under Pennsylvania Law that authorizes involuntary emergency examination and treatment for a person believe to be severely mentally disabled and an immediate danger to themselves or others. The purpose is a short-term intervention to get the person to a psychiatric facility for evaluation and further treatment planning.

Bucks County has designated the facilitation of involuntary commitments through Lenape Valley Foundation out of Bright Path Crisis Center. All in-county hospital emergency rooms are also designated to provide voluntary/involuntary assessments. Lenape Valley Foundation has Mobile Crisis services available 7 days a week as well as walk-in crisis available 24/7.

Bucks County partners with Lenape Valley Foundation and the County Emergency & Court Services to provide regular training to the Bucks County Housing Link CoC providers in order to recognize signs and symptoms of a behavioral health issue, demonstrate active listening and de-escalation strategies, and identify resources including the 302 process in Bucks County.

Street outreach providers regularly partner with law enforcement and Co-Responders on crisis situations and utilize the above mentioned standards, providers, and training.

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)

Bucks County and its providers comply with the requirements in the Sex Offender Registry and Notification Act (SORNA). CoC providers, including street outreach, will notify the appropriate jurisdiction of change of name, residence or location, employment, or student status, for program participants that are registered sex offenders as defined in the Act to ensure that the required information is being shared and the jurisdiction is aware. If the program participant is unhoused, street outreach will assist the participant with appearing at its jurisdiction as required. If the program participant is housed, CoC providers will work with the participant regarding ensuring they are reporting, or report the information directly as needed, and appearing as required to maintain compliance with the Act.

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 CoC has 3 street outreach teams (SOT) that cover 100% of the CoC geographical area and receive HMIS referrals through the CE system. These teams have areas of specialty to engage those least likely to request assistance and specific subpopulations including mental health/substance use, transition aged youth, families with children, and medically frail individuals. In addition to canvassing of known frequent locations and receiving electronic referrals, the SOTs increased coverage to all seasonal code weather shelters and visits the CoC's homeless drop-in center regularly to engage clients who are least likely to have completed a Coordinated Entry intake. The county has a Co-Responder program that embeds a social worker with municipal police. Co-Responders frequently canvass with SOT and help engage clients who may not have reached out to the homeless system otherwise. The Street Medicine outreach team has engaged extensively with local hospitals and nursing homes to prevent discharge of clients to homelessness and engage clients that may be facing homelessness after a hospital or nursing home stay. SOT engages frequently with and canvasses at public libraries throughout the county to identify individuals that are homeless but have not yet been engaged in SOT services. Once per month, SOT, Co-Responders, County peace officers, faith-based providers, and other human services staff that regularly with the unsheltered population hold a collaboration meeting to discuss clients that are not engaged or are under engaged in services needed. The SOT are also responsible for case management, making the initial transition from outreach to case management seamless. When clients are engaged with other services, the CoC has standardized a system for warm handoff to other case managers to ensure clients are able to make comfortable transitions. Through Behavioral Health Reinvestment funds, the CoC Lead has hired a Homeless Services Specialist position within its Department that coordinates across the 3 SOT. This position helps coordinate canvassing and coverage at places those least likely to engage may frequent, such as community meals, food pantries and code blue shelters. The Homeless Services Specialist also works with SOT Systems Integration Facilitation cases and can work directly with clients least likely to engage.

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	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
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 CoC's written procedures in its Coordinated Entry Policy Guidebook under subpopulations - families with children require that all families with school-aged children participating in a program through a homeless service provider be informed of and connected to their school district's McKinney-Vento Homeless Act Liaison to develop and education and transportation plan to remain enrolled in school. This must occur at program intake/enrollment both verbally and in writing as part of the intake paperwork. When homelessness is a factor in children being court-ordered into out of home placement with Bucks County Children & Youth Social Services Agency, that CoC agency not only informs families and youth about their eligibility for education services but uses staff social work services to ensure appropriate school placements, such as enlisting case aides to transport children and youth to and from school until such time as bus transportation can be established.

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 CoC coordinated with a child welfare agency, Bucks County Children & Youth, and the Bucks County Housing Authority to apply for Family Unification Program (FUP) vouchers to serve youth exiting foster care as well as families with children to prevent homelessness and placement of underage children. Through this coordination, the Bucks County Housing Authority was awarded 82 FUP vouchers to use for this purpose. The CoC further coordinated with Children and Youth to develop the referral process and policies and procedures for the FUP vouchers that are currently in use. The CoC will continue to collaborate with C&Y on future funding opportunities that benefit youth transitioning from foster care.

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)

Valley Youth House is an active CoC member within PA-511 and is a current recipient of RHY Basic Center Programs funding and a previous recipient of RHY Street Outreach Program funding. Valley Youth House annually participates in the CoC's Point in Time Count and attends the CoC's advisory board. Valley Youth House staff regularly attend coordination meetings within the CoC including monthly case conferencing, Co-Responder & Human Services collaboration calls, street outreach coordination, and general CoC meetings bimonthly. Bucks County Housing & Community Development, as the CoC Lead and Collaborative Applicant, supported and coordinated with Valley Youth House on its application for YHDP funds in 2026.

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)

The CoC is including two projects in its Project Priority Listing that exclusively serve families with children experiencing homelessness. The first is BCOC RES Expansion 2026 which will serve 5 families with children and the second is AWP RRH Expansion for DV Survivors and Families with Children FY26 project which will serve 4 families with children annually.

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)

The BCOC RRH expansion project is a partner in PA CareerLink and a member of the one-stop committee and thus is able to connect participants with a variety of career resources including both employment and educational opportunities. A partnership with the Bucks County Community College provides a scholarship program exclusive to BCOC program participants for anyone interested in pursuing an education or training program. Through BCOC's partnership with Lyft, participants can access rides to work, school, and other critical appointments in order to ensure that these goal plans are not sidelined by lack of transportation. BCOC operates an Economic Self-Sufficiency (ES) program that is available and encouraged for all participants post program exit. The ES program provides additional, long-term support for individuals seeking to further increase economic independence through education or employment.

The AWP RRH Expansion for DV Survivors and Families with Children FY26 project refers survivors to employment and workforce development resources including CareerLink and BCOC's above mentioned Economic Self-Sufficiency program. The project can provide transportation assistance through Lyft services to help survivors attend housing, healthcare, employment, childcare, legal, and benefit-related appointments.

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)

The BCOC RRH expansion project provides program participants with the eligibility to receive all BCOC organizational services funded through a variety of federal, local, and donation sources including weatherization, free tax preparation, utility assistance, food programs, and its Economic Self-Sufficiency program. BCOC's food programs including Fresh Connect, a weekly produce distribution offered in partnership with Philabundance, United Way, and St. Mary's Medical Center. All program participants will be assisted in applying for SNAP benefits if eligible and receive additional food supports through BCOC's food programs as needed.

The AWP RRH Expansion for DV Survivors and Family with Children FY26 project supports survivors in applying for benefits such as SNAP, Medicaid, and subsidized childcare. Staff support survivors in completing applications, gathering required documentation, and communicating with benefit survivors when written consent is provided.

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)

The BCOC RRH expansion project will leverage it's two Certified Community Health Workers on staff to act as a liaison between the program participants and the healthcare system. This is particularly important for high-acuity individuals. The project will partner with the United Way of Bucks County to refer families to its Pre-K Counts program that works with community partners to offer Pennsylvania Pre-K Counts program to families in Bucks County at no cost for children aged 3 and 4. All program participants are informed of and connected to the McKinney Vento Education services for children and youth experiencing homelessness through the Bucks County Intermediate Unit for school aged children. The program also partners with the Maternity Care Coalition in Bucks County that provides free programs to support pregnant women and parenting families with children from birth to age 3 as well as free parenting education support groups for families with children up to age 5.

In addition to the McKinney Vento Education services, Bucks County Intermediate Unit, United Way Pre-K Counts program, and Maternity Care Coalition partnerships discussed above, the AWP RRH Expansion for DV Survivors and Family with Children FY26 project can support families through their in house Children's Advocacy program which provides a safe space for children to express themselves about the abuse in the home and rebuild the relationship between the non-offending care giver and child.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC has a Veterans Action Committee that is comprised of the Philadelphia VA Medical Center, Bucks County Department of Veteran Affairs, Bucks County Department of Housing and Community Development, Veteran Multi-Service Center, and Legal Aid of Southeastern PA. This committee meets regularly to collaborate and coordinate cases of Veterans experiencing homelessness within the CoC to ensure that they are being connected to services and housing solutions.

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)

The CoC partners with A Woman's Place (AWP) for CE, emergency shelter, RRH, and trauma-informed care training for CoC providers. AWP has a DV CE Specialist and a RRH project both funded through prior DV Bonus CoC awards that receives referrals through the CoC. In 2025 the CoC Lead applied for a state HOME-ARP grant in coordination with AWP for rehab to create an expanded non-congregate shelter for DV victims. This grant was awarded and is currently in the rehab phase.

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)

CoC Recipient and Partner, Bucks County Opportunity Council, operate a re-entry project for individuals transitioning from the Bucks County prison system that are identified as at risk of becoming homeless upon release by providing temporary housing, case management, and rental assistance to move to permanent housing within the community. The project is funded through state funds that are competitively applied for each year and receive a letter of support from the CoC.

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)

The CoC's Street Medicine Program has partnered with the Bucks County Depart. of Behavioral Health to fund a temp housing program for homeless individuals with high levels of medical needs. The temp housing allows for regular care for the individuals while they wait for shelter entry/housing placement. The Program has a nurse that regularly checks in on the individuals and a medical case manager that works to connect to PCP's, specialists, insurance, and nursing home placement as needed.

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)

Bucks County CoC partners with St. Mary's LIFE to provide integrated medical and in-home supportive services for elderly participants meeting nursing-facility level of care. For participants not enrolled in LIFE, the CoC coordinates with Keystone First Community HealthChoices and its network of in-home care providers (personal care, home health aides, respite) to deliver Medicaid-funded home and community-based services to aging and elderly households experiencing homelessness.

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)

The CoC's three renewal permanent supportive housing projects all prioritize and are dedicated to individuals experiencing chronic homelessness: Crabtree, Family Service Supportive Housing, and MH PSH.

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)

Penndel Mental Health Center is the subrecipient of the MH PSH project to provide supportive services and has an Assertive Community Treatment (ACT) program available to all eligible individuals in the project to provide on-site psychiatry, substance abuse treatment, nurses, and peer support specialists for the program participant that can meet with them in their home (unit) in the project. Family Service is licensed by the State of Pennsylvania to provide both outpatient Drug & Alcohol and Mental Health treatment services. The treatment provider initiated the licensing process to provide mental health and substance use disorder treatment onsite at the Family Service Supportive Housing project in renovated dedicated supportive service delivery space. Until licensure is finalized, the participants can receive telehealth services onsite at the PSH facility and can receive transportation to the main treatment office as needed.

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)

The Family Service Supportive Housing Project has a supportive service housing plan policy that requires an initial comprehensive assessment with program participants to ensure that the program can adequately meet their needs. The assessment incorporates history of mental health, physical health, substance use, trauma history, and social supports. Based on this, the program identifies the support services that the participant may need such as counseling, job training, or substance abuse treatment and then evaluates the availability of these services within the PSH program or through community resources. Regular check-ins are conducted to periodically review the program towards the participant's goals and make adjustments as needed, which also helps to address any new challenges or changing priorities. If new challenges are presented and the updated assessments during these periodic reviews determine that the participant can no longer adequately live in the project, then the project will begin transition planning with the participant including steps to address any immediate next steps and needs to facilitate a smooth transition to other levels of care such as assisted living, nursing home care, or residential treatment. The project utilizes its Nurse Navigator Program, Area Agency on Agency's Functional Eligibility Determination assessment referral, and Bucks County Department of Behavioral Health Residential Referral Form to refer and connect the participant with next steps in the transition process.

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)

The Family Service Supportive Housing Project has a supportive service plan policy that requires regular monitoring and evaluation of the individual's progress, including continued access to support services and any necessary adjustments to their housing plan. Through this regular monitoring and assessment, the project will look to identify participants that can either 1) financially live independently but need ongoing community based supportive services or 2) no longer need permanent supportive housing level supportive services but cannot financially live independently. For the participants in situation #1 that can financially live independently, the project will refer the participant to community-based services based on their individual assessment plans such as blended case management, nurse navigation, counseling, or psychiatry and provide a warm handoff to these services once the participant moves to their own independent housing. For participants in situation #2 that cannot sustain financially, the project partners with the CoC and the Bucks County Housing Authority to submit a Mainstream Housing Choice Voucher Application for the participant. The Bucks County Housing Authority's Mainstream vouchers are prioritized for households that are either experiencing homelessness or are moving on from a permanent supportive housing, residential, or similar project to the community. The project will refer the participant to appropriate community-based supports and transition them into their own housing through the mainstream voucher once available and a unit is identified.

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?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/21/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026
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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's approved FY2026 Reallocation Process states that the CoC will reallocate funds to new projects whenever reallocation would improve system performance and outcomes, result in more efficient use of resources, or improve service to the most vulnerable participants. Several factors are used to identify projects that are candidates for reallocation which include review of overall application score as well as the individual scores in the scoring tool for each factor and narrative response that highlight the project's overall performance and project spending/costs. Projects that score lower compared to other renewal projects of the same project component, have inadequate spending practices, or do not adhere to best practices are reviewed as potential reallocation candidates. 2) In this year's competition, the CoC identified one RRH renewal project that was a candidate for reallocation due to their lower score compared to the CoC's other RRH renewal projects, did not state that it would require a supportive services agreement as part of the program model, and had poor data quality as demonstrated in the project scoring. 3) The CoC voted to fully reallocate this RRH project to create a new RRH expansion project to serve families with children with another applicant as well as creation of a new transitional housing project to serve transition aged youth. This reallocation will lead to improved overall system performance and better serve the needs of program participants. Another current CoC recipient also chose to voluntarily reallocate their Joint TH/RRH renewal project to create a new TH project to better serve the transition aged youth population. 4) NA

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)	ClientTrack by Caseworthy
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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.	Single CoC
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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)

1) The CoC did not change its methodology when conducting the 2026 unsheltered PIT count. 2) NA

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)

The CoC selected the evaluation period of 1/1/2025-12/31/2025. During this period, there were two encampments identified in the Lower part of the County and 1 encampment identified in the Central part of the County. Of the three encampments identified, there was a total of approximately 26 individuals. The majority of individuals were residing in one encampment on County property that was identified by the CoC's street outreach team during canvassing in June 2025. The encampment was located in a wooded area that was difficult to see from the regular walkways and public areas. Once this encampment was identified, the CoC worked with the County's park police, peace officers, street outreach, and Co-Responders to provide citation notices to the individuals residing in the encampment regarding the requirement to vacate and resources to contact that would assist. An example of this citation is uploaded as part of the 1C-10 attachment for evidence of coordination. This citation is provided to any individual identified sleeping on County property as part of the coordination between local law enforcement and the CoC. The CoC and County coordinated a date for encampment clean out and street outreach staff engaged with the individuals leading up to the cleanout date regarding shelter and other housing and service referrals. St. Luke's Penn Foundation's Mobile Engagement Services (MES) team also engaged at the encampment several times as there were reports of substance use with some of the individuals to work with them to enter treatment. Since the cleanout, the general area of the cleanout is canvassed regularly to ensure no ongoing encampment concerns and the Park Police and Peace Offices provide monthly updates to CoC street outreach and co-responders regarding any additional encampment concerns and canvassing needs. To date, another encampment of this size has not been identified in the CoC's geographic area demonstrating the successful partnership of CoC providers with local law enforcement and Co-Responders.

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.	3
2. Enter the reduction in the number of encampments during your evaluation period.	2

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.	26
2. Enter the reduction in the number of people in encampments during your evaluation period.	23

 nbsp;nbsp;

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 CoC did see a reduction in encampments during the evaluation period and continues to meet monthly between CoC street outreach teams, CoC Lead, Co-Responders, local law enforcement, and other human service representatives to discuss any new encampment concerns within the CoC's geographic area and ensure identification and response. The CoC's street outreach teams regularly canvass known locations of former encampments as well as any locations that are identified by the community or law enforcement as possible concerns to ensure that individuals are connected to services and alternative sheltering or housing solutions.

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)

The CoC's adopted Strategic Plan has a Goal dedicated to stopping homelessness before it begins that includes 2 strategies and 6 accompanying action steps. The first strategy is to target and improve prevention and diversion services for vulnerable populations. This includes action steps to integrate diversion into the shelter front door, support a targeted emergency rental assistance program and standardize training for problem-solving techniques and resources for front door of the system. In result of these action steps, Bucks County's Emergency Homeless Shelter received flexible financial assistance funding through the CoC Lead to support diversion activities at the shelter front door with the goal of resolving the household's housing crisis prior to entering the shelter system. The CoC has also begun development and implementation of a homelessness prevention pre-screener tool that is being customized into the CoC's HMIS system to help better target households seeking homelessness prevention services.

The second strategy is to improve coordination to ensure people are not discharged into homelessness. This includes action steps for improved collaboration with McKinney Vento Liaisons, working with health system to more reliably code people experiencing homelessness outside of HMIS, and strengthen discharge planning and creative problem solving with institutional partners including hospitals, jails, and foster care. In response to this, the County through its Human Service Department has created a new position in 2026 that is embedded within the jail called a Re-Entry Navigator that works with inmates on appropriate discharge planning and coordination with the CoC. In addition, the CoC partners with Bucks County Health Improvement Partnerships (BCHIP) to engage with local hospitals regarding appropriate discharge planning and services available within the County.

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)

The CoC's adopted Strategic Plan has a Goal targeted to reducing the length of time homeless through increased access to permanent, affordable, and low-barrier housing. This Goal has three strategies and 9 targeted action steps to achieve this. The first strategy is to continue to prioritize the development of low-barrier permanent supportive housing units. The accompanying action steps include improving connections to community-based services when embedded supports are not available and work with state and local partners to expand the housing development pipeline. In response to these action steps, the CoC is focused on expanding the community-based services available for households to be successfully placed into housing as well as expanding housing opportunities such as development of master-leased programs and units to better serve high barrier households. The second strategy focuses on expansion of RRH and TH units based on need through increased landlord participation in master leasing and rental assistance. In response to this, the CoC has partnered with the Bucks County Dept. of Behavioral Health to create a master leasing program through Behavioral Health Reinvestment funds for households experiencing chronic homelessness as well as a Housing First Blended Case Management program to provide more intensive community based supportive services to the chronically homeless population. In addition, the CoC has a robust Landlord Incentive Program that is funded ongoing through competitive state funds to provide incentives to landlords as well as risk mitigation. The third strategy focus on promoting the development of more dedicated affordable housing through partnerships with local municipalities and expansion of alternative housing models to increase the availability of affordable housing. In response to this, a shared housing program for individuals experiencing homelessness was created using other federal and state funds that provides more affordable housing options for easier placement and sustainability in a shared living environment with separate tenant leases. To date the program has placed over 40 individuals into shared units.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	35.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

An HMIS destination report was pulled for the time period of 1/1/25 through 12/31/25 for program participants that exited from both CoC and non-CoC funded TH, RRH, and PSH projects that participate in HMIS to any positive housing destination according to the HUD Data Standards. The total number of program participants in this report was 286 program participants. The report was then filtered down to program participants that exited to positive destinations to only the following: Staying or living with family, permanent tenure; staying or living with friends, permanent tenure, rental by client, no ongoing housing subsidy, and owned by client, no housing subsidy. This filtered subset was 101 program participants. I then divided 101 by 286 to equal 35% rounded down for the subset of exits to permanent housing destinations that were unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
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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	101	18	115	96.64%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	86	0	82	95.35%
4. Rapid Re-Housing (RRH) beds	249	57	306	100.00%
5. Permanent Supportive Housing (PSH) beds	84	0	32	38.10%
6. Other Permanent Housing (OPH) beds	4	0	4	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) The CoC has 1 project that is considered PSH that does not participate in HMIS which is the HUD VASH Vouchers through the Bucks County Housing Authority and VA Medical Center. The other PSH projects within the CoC are all 100% participating in HMIS. Since the VASH vouchers account for 52 beds, this causes the coverage rate to be below 85% for the PSH project type. The steps that the CoC will take over the next 12 months are to incorporate the HUD VASH voucher data into HMIS and determine a solution to keep this data entered ongoing and accurately. This will result in the HMIS coverage rate for PSH to be 100%. As part of this, the specific steps include meeting with the VA Medical Center regarding HMIS data entry and offering training, paying for license cost(s) for the data entry if done by the provider, or offering the CoC Lead to enter the HUD VASH data for the VA Medical Center if they agree to provide the data ongoing for this. 2) This will be implemented by working with the VA Medical Center on identifying a point of contact to do the data entry into the CoC's HMIS system ongoing. This has proven challenging as the VA Medical Center has no obligation/requirement to do this data entry and states that they do not have the capacity even if the CoC pays for the user license. Another possible solution is for the CoC Lead to do the data entry ongoing for HUD VASH vouchers and in this solution, meet with the VA Medical Center to develop an agreement and process for regular data sharing for the purpose of HMIS data entry for the HUD VASH vouchers.

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

Attachment Details

Document Description: 1C-1 List of Projects and Treatment Providers

Attachment Details

Document Description: 1C-1f Projects that require substance abuse treatment

Attachment Details

Document Description: PA511 Participation Agreements Combined

Attachment Details

Document Description: PA511 Evidence of Coordination Non-Interference

Attachment Details

Document Description: FY2026 Scoring Tool Combined

Attachment Details

Document Description: Notification of application accept and reject or reallocate

Attachment Details

Document Description: PA-511 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: PA-511 Adopted Drug Policy Statement

Attachment Details

Document Description:

Submission Summary

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

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