

Request for Applications (RFA)

U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition

RFA Released
Tuesday, June 23, 2026

Applications Due
Thursday, July 16, 2026 by 12:00 PM EST

Applications must be submitted by email to coc@leegov.com

It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time.

Applications received after 12:00 p.m. on the date due will be returned
to the applicant and will not be considered.

All applications and attachments must be submitted in PDF format.

ZIP files are not accepted.

This document can be made available in alternative accessible formats upon request.

Considerations Prior to Applying

The information below is provided by Lee County Human and Veteran Services (HVS) to support prospective applicants in evaluating eligibility, readiness, and overall project fit before applying for grant funds. Below is a snapshot of some of the items to consider during the planning process. Additional specific regulations or requirements will apply based on the project. This is not intended as a complete listing.

- Adherence to project schedule and spending of grant funds timely is critical and appropriate. Please give careful thought when planning the timeline and expenditures for your project.
- Reports are required on the progress of the project which could include beneficiary reporting.
- Compliance with federal, state, and/or local procurement regulations.
- Records and staff must be available for internal or State audits as needed.
- Documentation for all expenditures is required.
- Monthly pay requests are required with a detailed auditable backup appropriate for the type of project.
- Monitoring will occur during and at the close out of your project, and possibly annually thereafter depending on the nature of the project or program.

RFA Organization

SECTION I: Overview	3
SECTION II: Application Information	11
SECTION III: Scope of Activities and Program Requirements	13
SECTION IV: Funding Guidelines and Compliance Requirements	18
SECTION V: Application Evaluation and Selection	23
SECTION VI: Application Form	25
SECTION VII: Appendices	50
Appendix 1 – Project Ranking and Reallocation Policies and Procedures	50
Appendix 2 – Sample Contract Document	51
Appendix 3 – Project Ranking Tool	52
Appendix 4 – Criteria for Defining Homelessness	78
Appendix 5 – HUD Form - 2996 Certification for Opportunity Zone.....	80

SECTION I: Overview

Lee County Human and Veteran Services (HVS), the lead agency and HUD's designated Collaborative Applicant for the FL-603 Lee County Continuum of Care, is soliciting project applications through this Request for Applications (RFA) for the U.S. Department of Housing and Urban Development FY2026

Continuum of Care Competition. This RFA is issued in accordance with the U.S. Department of Housing and Urban Development FY2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity [#CPD-2600-DC-0025](#).

Background

The Continuum of Care (CoC) Program (24 CFR part 578) is authorized by the McKinney-Vento Homeless Assistance Act, as amended, and is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts to quickly rehouse individuals and families experiencing homelessness while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs; and to optimize self-sufficiency among those experiencing homelessness.

On February 3, 2026, the President signed the Consolidated Appropriations Act, 2026 (Public Law 119-75), making approximately \$4.01 billion in CoC Program funding available nationally, including at least \$104 million for Domestic Violence, Dating Violence, Sexual Assault, and Stalking (DV) Bonus projects. HVS, as the Collaborative Applicant for the FL-603 Lee County Continuum of Care, will compete for these funds on behalf of the community by submitting a single Consolidated Application to HUD, which includes the project applications selected and ranked through this local competition. Projects selected through this RFA and subsequently awarded by HUD will be administered by HVS, with selected applicants carrying out projects as subrecipients.

HUD Changes and Priorities for FY2026

The FY2026 NOFO reflects significant changes from prior competitions. Applicants should review the NOFO in its entirety; key changes include:

- *Increased competition.* Tier 1 is set at 60 percent of the CoC's Annual Renewal Demand (ARD). A larger share of the community's funding, including renewal projects, will compete nationally in Tier 2 based on the CoC application score, project ranking, and service participation criteria. Renewal funding is not guaranteed, and strong project performance and compliance with HUD's federal regulations directly affect whether FL-603 projects are funded.

- *New goals and objectives.* HUD has established eight goals and objectives for FY 2026 (listed in Section III of this RFA), including prioritizing treatment and recovery as a means to self-sufficiency, promoting economic self-sufficiency, advancing public safety, and expanding access based on merit. Projects will be evaluated on how their design advances these goals.
- *Priority for new Transitional Housing and Supportive Services Only projects.* HUD is making up to \$1.3 billion available nationally for new projects, with selection priority for Transitional Housing (TH) and Supportive Services Only (SSO) projects.
- *Equitable CoC Bonus funding.* CoCs may apply for new bonus projects in an amount up to 15 percent of the CoC's Final Pro-Rata Need (FPRN), structured so that all CoCs have a more equitable opportunity to compete for bonus funds.
- *Transitional Housing added to the DV Bonus.* For the first time, Transitional Housing is an eligible DV Bonus project type, alongside Rapid Re-Housing, for projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking.
- *Emphasis on reallocation and performance.* HUD will prioritize funding for CoCs that demonstrate the capacity to reallocate funding from lower-performing to higher-performing projects, and new projects must be evaluated and ranked based on how they improve the CoC's system performance.

Application Process and Timeline

The application steps below are subject to change at the discretion of Lee County. It is the sole responsibility of the Applicant to frequently visit the Lee County website at <https://www.leegov.com/dhs/funding> to identify any changes made to this Request for Applications (RFA).

		Date	Time	Additional Details
1	HVS release of RFA for the FY2026 Continuum of Care Competition	Tuesday, June 23	5:00pm	https://www.leegov.com/dhs/funding
2	Pre-Application Workshop Meeting	Friday, June 26	9:00 am	<i>Microsoft Teams Meeting</i> Meeting ID: 253 885 200 536 830 Passcode: PK9SS3qe Join Here
3	<u>RFA Questions Due</u> <i>Applicants may submit RFA questions.</i>	Wednesday, July 1	5:00 pm	coc@leegov.com
4	<u>RFA Question Responses Due</u> <i>HVS will provide written responses to all submitted RFA questions.</i>	Tuesday, July 7	5:00 pm	https://www.leegov.com/dhs/funding
5	<u>Application(s) Due</u> <i>Application on page 24 of this RFA.</i>	Thursday, July 16	12:00 pm	coc@leegov.com
6	<u>Project Evaluation and Ranking Committee (PERC)</u> <i>PERC members meet for final scoring and project priority listing.</i>	Tuesday, July 28 & Wednesday, July 29	9:00 am to 4:30 pm	Committee members will score applications at: <i>The Housing Authority of the City of Fort Myers</i> 4224 Renaissance Preserve Way, Fort Myers, FL 33916
7	CoC Governing Board final approval of FY2026 Project Ranking and Priority Listing.	Friday, July 31	11:00 am	<i>Microsoft Teams Meeting</i> Meeting ID: 228 226 432 216 359 Passcode: XG6SR2QP Join Here
8	Notice of Conditional Selection or Non-Selection Sent to Applicants	Friday, July 31	5:00 pm	Sent via email to the Application contact
9	Deadline for Applicants to Appeal Conditional Non-Selection.	Wednesday, August 5	5:00 pm	coc@leegov.com
10	U.S. Department of Housing and Urban Development FY2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO submission deadline.	Wednesday, August 26	8:00 pm	esnaps.hud.gov

Funding Available

For the FY2026 Continuum of Care (CoC) Program Competition, the total maximum amount available to the FL-603 CoC is estimated at \$3,869,888 based on FY 2025 funding levels, comprised of the following:

Project Type	Amount
Continuum of Care - Annual Renewal Demand (ARD)	\$2,420,754
CoC Bonus (up to 15% of the CoC's Final Pro-Rata Need)	\$966,089
DV Bonus (up to 20% of the CoC's Preliminary Pro Rata Need)	\$483,045
Total Maximum Available	\$3,869,888

Tier 1 is equal to 60% of the CoC's Annual Renewal Demand (ARD) and is estimated at \$1,452,452.40 based on FY 2025 funding levels, as HUD has not yet released FY2026 funding amounts. Projects ranked in Tier 1 are expected to be conditionally selected by HUD, provided they meet all eligibility and threshold requirements.

Tier 2 is equal to 40% of the CoC's Annual Renewal Demand (ARD) and is estimated at \$968,302 based on FY 2025 funding levels, as HUD has not yet released FY2026 funding amounts. Projects ranked in Tier 2 will compete nationally and be evaluated based on the CoC Application score, project ranking, and service participation criteria.

Actual FY2026 Tier amounts will be released once HUD releases them.

Reallocation and New Project Funding

Lee County Continuum of Care may reallocate funds from lower-performing renewal projects or, when necessary to align with updated HUD priorities. A sub-recipient, as defined in 24 CFR §578.3, may voluntarily reallocate all or a portion of its existing projects by reducing the project's Annual Renewal Amount (ARA), in whole or in part, in accordance with 24 CFR Part 578.

Sub-recipients electing voluntary reallocation may apply to create a new, eligible project by submitting a new project application to the Lee County Continuum of Care (CoC) during the annual Request for Application (RFA) process, consistent with HUD Opportunity NOFO requirements and CoC priorities.

All reallocated Annual Renewal Demand (ARD) dollars will be available, along with CoC Bonus and Domestic Violence (DV) Bonus funds to support new project applications submitted through this competition. See Appendix 1 – Project Ranking and Reallocation Policies and Procedures for further details.

Important Notices

This RFA contains information and required forms for potential applicants to compete for grant funds as subrecipients of Lee County Human and Veteran Services (HVS). Potential applicants are advised to read these materials carefully. The terms of this RFA are subject to the terms of the FY2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO and may change. HVS reserves the right to apply such changes without further notice to applicants.

Full NOFO from HUD can be found here: [#CPD-2600-DC-0025](#)

Visit the Lee County website to identify any changes made to this Request for Applications (RFA) here: <https://www.leegov.com/dhs/funding>

If additional funding opportunities become available to Lee County following the issuance of this RFA, Lee County reserves the right to select eligible project(s) submitted in response to this RFA without issuing an additional RFA(s). The material in this RFA does not represent all the priorities, program components, or funding sources currently/potentially available through federal, state or county funders, and may change upon the release of this RFA for the various funding sources.

Eligibility

If your organization is not an eligible applicant, your application won't be reviewed or scored, and you won't receive funding from HUD.

1. Eligible Entity Types

Applicants must qualify as an eligible entity type recognized under the FY 2026 Continuum of Care and Youth Homelessness Demonstration Program Grants NOFO (CPD-2600-DC-0025). While the NOFO permits additional entity types, HVS has limited eligibility under this local competition to:

- Nonprofit organizations with 501(c)(3) status with the IRS, other than institutions of higher education.
- County Government
- City or Township Government
- Public Housing Authorities
- **Native American Tribal Governments (both Federally recognized and other than Federally recognized)**

HVS encourages applications from applicants that have never previously received CoC funds as well as from applicants that are currently receiving or have previously received CoC funds.

Additional Information on Eligibility

You cannot apply as an individual.

For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

To be eligible for funding under the FY 2026 Continuum of Care and Youth Homelessness Demonstration Program Grants NOFO, project applicants must meet all statutory and regulatory requirements in the McKinney-Vento Homeless Assistance Act, (42 U.S.C. 11381– 11389) (the Act) and the CoC Program Rule found in 24 CFR part 578 (the Rule).

Project applicants can obtain a copy of the Act and the Rule on [HUD's website](#) or by contacting the NOFO Information Center at 1-800-483-8929. Individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities may visit <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs> for more information on how to make an accessible telephone call to HUD.

A [faith-based organization](#) may apply on the same basis as any other organization, subject to the requirements in 24 CFR 5.109, and receive the full protections for religion in Federal law, including the Free Speech and Free Exercise Clauses of the Constitution, the Religious Freedom Restoration Act (42 U.S.C. § 2000bb-1), Title VII of the Civil Rights Act (42 U.S.C. §§ 2000e-1(a), 2000e-2(e)), and the Americans with Disabilities Act (42 U.S.C. § 12113(d)). [HUD does not engage in any unlawful and improper conduct, policies, or practices that target faith-based organizations.](#)

An organization may seek a religious accommodation from any requirements of this program or other HUD requirement that substantially burden its religious exercise under the Religious Freedom Restoration Act or other applicable law, consistent with 24 CFR 5.109(c). If such an accommodation is requested, HUD will not deny the organization unless it determines that doing so is necessary to further a compelling governmental interest and is the least restrictive means of achieving that interest, consistent with applicable law.

Faith-based organizations may also hire, fire, and make other employment decisions on the basis of their sincerely held religious beliefs, including requiring employees to adhere to religious tenets, practices, and standards of conduct, without jeopardizing their eligibility to receive HUD funds, consistent with applicable law.

A faith-based organization may not use direct financial assistance from HUD to support or engage in any explicitly religious activities except where consistent with the Free Exercise Clause and Establishment Clause of the First Amendment, the Religious Freedom Restoration Act, and any other legal protections for religious exercise. Such an organization also may not,

in providing services funded by HUD, or in their outreach activities related to such services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

2. Restrictions

a. Statutory and Regulatory Requirements

You must meet the current [General Statutory and Regulatory Eligibility Requirements](#). If you do not meet these requirements, your application won't be scored, and you won't receive funding from HUD. This is a threshold requirement for all HUD funding.

b. Resolution of Civil Rights Matters

If you have any outstanding or unresolved judgments for violating civil rights laws, you must settle them before you apply. If you don't, settle the civil rights law violations before you apply, your application won't be scored, and you won't receive funding from HUD. This is a threshold requirement for all HUD funding.

Applicants with outstanding, unresolved judgments against them for violations of civil rights laws must resolve those judgments before the application submission deadline or the applicant will be deemed ineligible.

- (1)** An applicant is ineligible for funding if the applicant has received notice of a judgment imposed against them for violations of:
 - (a)** the Fair Housing Act or a substantially equivalent state or local fair housing law for discrimination because of race, color, religion, sex, national origin, disability or familial status; or
 - (b)** Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Section 109 of the Housing and Community Development Act of 1974, the Americans with Disabilities Act, or the Violence Against Women Act or substantially equivalent state or local laws.
- (2)** HUD will determine if actions to resolve the judgment taken before the application deadline date will resolve the matter. Examples of actions that may be sufficient to resolve the matter include, but are not limited to:
 - (a)** Current compliance with a voluntary compliance agreement signed by all the parties;
 - (b)** Current compliance with a HUD-approved conciliation agreement signed by all the parties;

- (c) Current compliance with a conciliation agreement signed by all the parties and approved by the state governmental or local administrative agency with jurisdiction over the matter;
- (d) Current compliance with a consent order or consent decree; or
- (e) Current compliance with a final judicial ruling or administrative ruling or decision.

SECTION II: Application Information

To be considered for funding, applicants must meet the following eligibility requirements and submit all required materials by the stated deadlines. Only organizations that demonstrate legal, financial, and operational readiness and whose projects align with the U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity [#CPD-2600-DC-0025](#) will be considered. ***HVS encourages applications from applicants who have never previously received CoC funds as well as from applicants who are currently receiving or have previously received CoC funds.***

At the discretion of HVS, applicants may be permitted to cure minor clerical or technical errors or omissions, provided the corrections do not materially change the proposed project. Submission of an application does not entitle the applicant to funding, even if sufficient funds remain available. The County reserves the right not to commit any funding to any applicant.

Following the completion of the local review and ranking process, HVS may request additional information or documentation from conditionally selected applicants as needed to complete project applications in HUD's e-snaps system by the NOFO submission deadline. Applicants must respond to such requests within the timeframe specified by HVS.

Required Application Eligibility Criteria

1. Application was submitted by deadline: **Thursday, July 16, 2026, by 12:00 pm.**
2. Organization is not listed on the excluded parties list at www.sam.gov
3. Evidence of legally formed entity qualified to do business in the State of Florida as of the application deadline.
4. Eligible nonprofits, including faith-based organizations, must provide IRS 501(c)(3) determination documentation.
5. Evidence the organization has provided continuous direct services for at least 12 months prior to the application deadline. Submit the most recent Form 990 or a letter of attestation from the Board Chair on organizational letterhead.
6. Monthly Financial Statements (within the last 60 days).
7. Current CPA's Peer Review Letter.
8. Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response.
9. Application is signed by an authorized official. The application must be signed by the agency official authorized to execute contracts. The signatory's name must

match the agency's officer records on file with the Florida Secretary of State, Division of Corporations (Sunbiz), at <https://dos.fl.gov/sunbiz> or include documentation of the signatory's delegated signature authority.

10. Applicants must complete the required affirmative certifications.
11. Applicants must submit all required attachments as requested within this application.
12. Applicants must submit all documents in PDF format.
13. Project must align with the U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity #CPD-2600-DC-0025.

SECTION III: Scope of Activities and Program Requirements

This section describes the scope of activities eligible for funding under this RFA and the program requirements that apply to all applicants. Lee County Human and Veteran Services (HVS), as the Collaborative Applicant for the FL-603 Lee County Continuum of Care (CoC), is conducting this local competition to identify, select, and rank projects for inclusion in the CoC's Consolidated Application to the U.S. Department of Housing and Urban Development (HUD) under the FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO (CPD-2600-DC-0025). Projects selected through this RFA will be ranked on the CoC's Project Priority Listing and submitted to HUD by HVS. Selection through this RFA does not constitute an award of funds. All funding is contingent upon HUD's review and conditional award of FY 2026 CoC Program funds. If HUD awards funding, HVS will administer subawards to selected applicants, who will carry out their projects as subrecipients serving individuals and families experiencing homelessness within the FL-603 geographic area.

All applicants are strongly encouraged to review the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity [#CPD-2600-DC-0025](#) in its entirety for complete program requirements.

HUD Goals and Objectives

1. Improving Outcomes.
2. Creating Competition to Improve Innovation and Accountability.
3. Restoring Balance to the Continuum of Care.
4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency.
5. Promoting Economic Self-Sufficiency.
6. Advancing Public Safety for All.
7. Minimizing Trauma for Vulnerable Populations.
8. Expanding Access Based on Merit, and Not Ideology.

Project Type Overview

This section provides a high-level summary of eligible project types. Applicants are responsible for reviewing the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants Notice of Funding Opportunity (NOFO) published under funding opportunity [#CPD-2600-DC-0025](#), for all applicable project type requirements and detailed guidance.

Permanent Housing Projects (PSH and RRH)

- **Permanent Supportive Housing (PSH):** Projects providing long-term housing without a designated length of stay for individuals and families experiencing homelessness who have a qualifying disability as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act. Eligible participants include persons qualifying as homeless under paragraphs (1), (2), or (4) of 24 CFR §578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act, where the head of household also has a qualifying disability. For renewal projects, eligible participants include the same population of individuals and families indicated in the expiring grant agreement. Beds dedicated to persons experiencing chronic homelessness, as defined in 24 CFR §578.3, must continue to serve that population. Projects must provide or connect participants to supportive services, including treatment, recovery, and employment supports, designed to advance housing stability and self-sufficiency. PSH projects may not permit the use or distribution of illicit drugs on program premises. All projects are subject to HUD funding caps, priority population requirements, and performance standards identified in the annual NOFO.

The FY2026 HUD NOFO awards a bonus point to PSH projects that prioritize elderly individuals or persons with a physical or developmental disability. HVS will award up to 5 bonus points for this RFA. Projects targeting these populations should clearly document the population served and the supportive services provided.

HUD has reserved at least \$430 million for permanent housing serving families with children, applied during HUD's selection process beginning with Tier 1 projects. PSH projects serving families with children should ensure their application clearly identifies and documents this population

- **Rapid Re-Housing (RRH):** Projects providing short- and medium-term tenant-based rental assistance, housing relocation and stabilization services, and supportive services to individuals and families experiencing homelessness, consistent with 24 CFR §578.37. RRH projects must serve persons qualifying as homeless under paragraphs (1), (2), or (4) of 24 CFR §578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act. RRH projects may also serve persons qualifying as homeless under paragraph (3) of 24 CFR §578.3 if the CoC is approved to serve persons in paragraph (3). RRH projects may not permit the use or distribution of illicit drugs on program premises. All projects are subject to HUD funding caps, priority population requirements, and performance standards identified in the annual NOFO.

Transitional Housing Projects (TH)

- **Transitional Housing (TH):** Projects providing time-limited housing of up to 24 months, paired with supportive services, for individuals and families experiencing homelessness,

consistent with 24 CFR §578.37. Projects are expected to provide or connect participants to behavioral health treatment, recovery supports, employment and workforce development services, and wraparound supportive services. TH projects may not permit the use or distribution of illicit drugs on program premises. Eligible project types include standard TH and TH funded through DV Bonus or CoC Reallocation. All projects must serve persons qualifying as homeless under paragraphs (1), (2), or (4) of 24 CFR §578.3 and are subject to HUD funding caps, priority population requirements, and performance standards identified in the annual NOFO.

Supportive Services Only Projects (SSO)

- **Supportive Services Only (Street Outreach):** This project type primarily dedicated to field-based outreach for individuals and families living unsheltered. These individuals are residing primarily in places not meant for human habitation, such as streets, encampments, vehicles, or abandoned buildings. Rather than serving participants at a fixed program site, street outreach workers go directly to where unsheltered individuals are located to engage people for the purpose of providing immediate support and intervention. All projects must serve persons qualifying as homeless under paragraphs (1), (2), or (4) of 24 CFR §578.3 and are subject to HUD funding.
- **Supportive Services Only (Standalone):** This project type provides services without providing housing to help individuals and families experiencing homelessness obtain and maintain housing and increase self-sufficiency. Services may be delivered at a program site, in the community, or both, and may include case management, education services, employment assistance and job training, legal services, outpatient health services, and utility deposits. All projects must serve persons qualifying as homeless under paragraphs (1), (2), or (4) of 24 CFR §578.3 and are subject to HUD funding.
- Please see the decision tree link below to determine if the project application you are submitting is a supportive services only project or a housing project: [SSO Decision Tree](#).

Eligible Project Types

All project applications submitted under this RFA must be designed to serve individuals and families experiencing homelessness within the FL-603 Lee County Continuum of Care (CoC). Applications proposing to operate primarily outside the CoC's geographic boundaries will not be accepted. In addition, funding requests that supplant or replace a project's current funding source(s) will not be accepted.

Renewal Project: An application to continue an existing CoC-funded project that is currently operating and whose grant expires in Calendar Year 2027. Renewals must be submitted by the same organization that holds the current grant, for the same project type, serving the same

population and for the same amount of funding (unless funds are being reduced through reallocation).

Expansion Project: An application to add new funding to an existing renewal project so it can do more of what it already does such as more units, more beds, more people served, or more services for current participants. The expansion must be the same project type as the project being renewed, and the applicant submits two applications: a renewal application to continue the existing project and a new project application for the added piece. Funding requests that supplant or replace a project's current funding source(s) will not be accepted.

Transition Grant Project: A new application to convert an existing renewal project from one project type to another. For example, changing a Rapid Re-Housing project into a Transitional Housing project or changing a Permanent Support Housing project into a Transitional Housing project. The organization keeps its funding but uses a one-year transition period to wind down the old project type and stand up the new one. By the end of that year, the project must be operating fully under the new project type, and all future renewals will be for that new type.

Consolidation Project: An application to combine two or more (up to ten) existing renewal grants into a single grant with one grant agreement. Services, budgets, and population served all remain the same. The only difference is administrative, with one grant agreement and one set of reporting requirements instead of several. The projects must all belong to the same organization, be the same project type, serve the same population, expire in Calendar Year 2027, and be in good standing with HUD.

CoC Bonus Project: An application to create a brand-new project using "bonus" funding that HUD makes available above and beyond what the community already receives for renewals. Both current and new organizations are eligible to apply for CoC Bonus Projects. Applicants are not required to have an existing CoC grant to apply. Under this RFA, CoC Bonus funds may be used to create new Transitional Housing, Supportive Services Only, Permanent Supportive Housing, or Rapid Re-Housing projects.

DV Bonus Project: An application to create a brand-new project using separate bonus funding that HUD sets aside specifically for serving survivors of domestic violence, dating violence, sexual assault, or stalking. Every participant served must be fleeing or attempting to flee one of these situations. Under this RFA, DV Bonus funds may be used to establish new DV Transitional Housing or DV Rapid Re-Housing projects. Applicants must demonstrate experience serving survivors of domestic violence and implementing practices that promote their safety and well-being.

Opportunity Zones

You may receive up to 5 bonus points if your proposed activities are within an Opportunity Zone. To receive points, you must complete and submit Form HUD-2996 (Appendix 5), Certification for Opportunity Zone. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive bonus points.

Coordinated Entry Participation

All projects funded through this RFA must participate in the Lee County CoC's Coordinated Entry (CE) system, operated by Lee County Human and Veteran Services. Participation in Coordinated Entry is required under 24 CFR 578.23(c)(9) and (11) and is a condition of funding.

Funded projects must accept program referrals through the Coordinated Entry system and fill all project vacancies through CE in accordance with the Lee County CoC Written Standards and Coordinated Entry Policies and Procedures. Funded projects must apply the CoC's prioritization criteria when accepting referrals.

Staff from all funded projects are required to attend Connect List meetings as outlined in the CoC Written Standards.

Projects serving survivors of domestic violence, dating violence, sexual assault, or stalking must follow the Coordinated Entry protocols applicable to victim service providers, consistent with VAWA confidentiality requirements.

The Lee County CoC Written Standards and Coordinated Entry Policies and Procedures are available at: <https://www.leegov.com/dhs/Documents/CoC/CoC-Written-Standards-Coordinated-Entry-Policies-Procedures.pdf>

SECTION IV: Funding Guidelines and Compliance Requirements

Applicants awarded funds through this RFA must comply with all applicable Federal, State, and County requirements governing the use of U.S. Department of Housing and Urban Development Continuum of Care (CoC) Program funds.

This RFA does not commit the County to award any funding to any applicant.

Minimum/Maximum Funding Request

Project Type	Minimum Funding	Maximum Funding
Continuum of Care – ARD	\$150,000	\$2,573,903
CoC Bonus	\$150,000	\$966,089
DV Bonus	\$150,000	\$483,045

Note: Amounts are based on FY2025 funding levels, as HUD has not yet released FY2026 funding amounts.

If you apply for multiple projects, the maximum funding request applies to each project. HVS reserves the right to award more or less than the requested amount based on available funding.

Cost Reimbursement

All contracts will be on a cost reimbursement basis. **This means the applicant must be able to pay project costs prior to requesting payment.** Subrecipients will be required to submit proper back-up documentation for project-eligible expenses as determined by the funding source regulations and requirements.

Indirect Costs

Subrecipients that intend to charge indirect costs to this award must clearly state in their project application the indirect cost rate and distribution base they intend to use. If any portion of the work will be carried out by sub-subrecipients, the application must also identify the rate and distribution base applicable to those entities.

If the rate is a federally negotiated indirect cost rate, the subrecipient must provide a copy of the negotiated indirect cost rate agreement signed by the cognizant federal agency. A government department or agency unit that receives no more than \$35 million in direct federal funding per year and has developed and maintains an indirect cost rate proposal in accordance with 2 CFR part 200 may use the rate and distribution base specified in that proposal.

Subrecipients eligible to use the de minimis rate under 2 CFR 200.414(f) must clearly state that intent in their project application. Per 2 CFR 200.403, costs must be consistently charged as

either indirect or direct costs and may not be double-charged or inconsistently charged as both. Once an organization elects to use the de minimis rate, it must apply that methodology consistently across all federal awards until it chooses to negotiate a rate. Documentation supporting the decision to use the de minimis rate must be retained on file and available for audit.

Cost Sharing or Match

This program requires cost-sharing or matching. All subrecipients must match grant funds, except leasing funds, with no less than 25 percent from other sources, either as cash or in-kind contributions toward otherwise eligible project costs.

Match is defined as the provision of direct eligible costs to the project from a source other than CoC Program grant funds. Qualifying match may be contributed through the subrecipient organization's other funded programs that also serve the funded project's clients, or through community partners providing additional eligible services to those clients. All match contributions must be documented in writing and made available to Lee County HVS upon request.

Project Type	Match Required
Continuum of Care - ARD	25%
CoC Bonus	25%
DV Bonus	25%

Subrecipients intending to use program income toward the match requirement must include an estimate of the anticipated program income amount in their project application.

Cost of Submitting Applications

The cost of preparing and submitting an application is the sole responsibility of the applicant and shall not be chargeable in any manner to Lee County. Lee County will not reimburse any applicant for any costs associated with the preparation and submission of an application including but not limited to: expenses incurred in making an oral presentation or participating in an interview (if required).

Financial Oversight and Program Monitoring

Applicants awarded funds through this RFA will be required to provide access to their financial records to a representative of Lee County to evaluate their financial management systems. These financial records include but are not limited to a listing of all grant awards, Single Audit Records, independent financial reviews, and profit and loss statements. Lee County staff will monitor each program to ensure compliance with the terms of the funding agreement between

Lee County and the agency. This will include monitoring records kept by the applicant to demonstrate the eligibility of clients, the services provided, duplication of benefits verifications (for both the agency and the clients), and other required information.

Conflict of Interest

The applicant agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required if a contract is awarded. The applicant further agrees that no person having any such interest shall be employed or engaged in said performance. The applicant agrees that no employee, officer, agent of the applicant or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if there is a conflict-of-interest, either real or implied, would be involved. The applicant or sub-recipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value could influence any action or judgment of the applicant. Conflict of interest standards consistent with 2 CFR § 200.112 and all other applicable Federal, State and County laws and regulations, as amended from time to time, shall apply.

Procurement

The applicant shall comply with all applicable Federal, State, and County procurement requirements for all purchases, contracts and activities funded with CoC Program funds. The applicant is responsible for ensuring that all procurements are conducted in a fair, open, and properly documented manner.

Liability Insurance

All applicants *awarded* funds will be required to obtain liability and worker's compensation coverage that will be further defined in the funding agreement.

- *Lee County, a Political Subdivision and Charter County of the State of Florida* must be named as the Certificate Holder.
- *Lee County, a Political Subdivision and Charter County of the State of Florida, its Agents, Employees, and Public Officials* must be named as the additional insured.

Public Records

By submitting an application, the applicant acknowledges that any material submitted in response to this RFA is a public record pursuant to the Florida Public Records Law, Chapter 119, Florida Statutes, and may be subject to public inspection.

Confidentiality

The applicant shall comply with all applicable federal and state confidentiality and privacy requirements, including the Health Insurance Portability and Accountability Act (HIPAA) and all laws and regulations governing the confidentiality of substance use disorder treatment records, including 42 CFR Part 2, as applicable.

Accessibility for Persons with Disabilities

All projects awarded funds must be accessible to persons with disabilities. Programs, information, participation, communications and services must be provided in a manner accessible to persons with disabilities. Funded agencies must comply with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA).

Anti-Discrimination/Equal Employment Opportunity

The applicant will comply with all applicable Federal, State and local anti-discrimination laws pertaining to nondiscrimination including but not limited to:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)
- Age Discrimination Act of 1975 (42 U.S.C. 610 et. seq.)

Additional Federal, State and County Requirements

FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO: <https://simpler.grants.gov/opportunity/18c6dc79-e5dd-42e9-aca5-b35c5d26eded>

CoC Program Eligibility Requirements: <https://www.hudexchange.info/coc/coc-program-eligibility-requirements/>

CoC Program Laws, Regulations, and Notices: <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/>

CoC Match Documentation: <https://www.hudexchange.info/faqs/1561/what-are-the-documentation-requirements-for-in-kind-services-as-match/>

Lee County Continuum of Care Written Standards and Coordinated Entry Policies and Procedures: <https://www.leegov.com/dhs/Documents/CoC/CoC-Written-Standards-Coordinated-Entry-Policies-Procedures.pdf>

National Standards for the Physical Inspection of Real Estate (NSPIRE):

<https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards>

<https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards>

Lee County Procurement: <https://www.leegov.com/procurement/essential-policy-and-procedures1>

SECTION V: Application Evaluation and Selection

Lee County staff will conduct an initial threshold review to confirm that each submission meets minimum eligibility, timeliness, and completeness requirements. Applications that fail threshold review due to one or more fatal flaws listed below will be disqualified from further consideration. The applicant will be notified in writing.

Fatal Flaws

1. Application was submitted after the published deadline: **Thursday, July 16, 2026 by 12:00pm.**
2. Organization is listed on the excluded parties list at www.sam.gov
3. Applicant did not provide evidence of legally formed entity qualified to do business in the State of Florida as of the application deadline.
4. Applicant, nonprofits including faith-based organizations, did not provide proof of IRS 501(c)(3) determination documentation.
5. Applicant did not provide evidence that the organization has provided continuous direct services for at least 12 months prior to the application deadline. Eligible nonprofits, including faith-based organizations, must have provided the most recent Form 990 or a letter of attestation from the Board Chair on organizational letterhead.
6. Applicant did not provide the required Monthly Financial Statements (within the last 60 days).
7. Applicant did not provide a current CPA's Peer Review Letter.
8. Applicant did not provide an Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response.
9. Application was not signed by an authorized official to execute contracts. The signatory's name must match the agency's officer records on file with the Florida Secretary of State, Division of Corporations (Sunbiz), at <https://dos.fl.gov/sunbiz> or include documentation of the signatory's delegated signature authority.
10. Applicant did not complete the required affirmative certifications.
11. Application is incomplete due to missing required attachments as requested within this application.
12. Applicant did not submit all documents in PDF format.
13. Project does not align with the U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity #CPD-2600-DC-0025.

Application Evaluation, Ranking, & Conditional Selection Process

Applications that meet all threshold criteria are forwarded to the Project Evaluation and Ranking Committee (PERC) for review. Using the Project Ranking Tool (Appendix 3), the PERC competitively scores and ranks eligible applications based on how well each project improves the performance of the local homeless assistance system and aligns with current HUD priorities. Final project rankings are subject to approval by the CoC Governing Board. Receiving the highest score does not guarantee a recommendation for funding or final award.

Post Award Requirements

If awarded, a contract will be executed by the Lee County Board of County Commissioners and administered by Lee County Human and Veteran Services (see Sample Contract Document in Appendix 2). The contract will be based upon the information submitted in the application, all accompanying exhibits/attachments and any additional information that is requested/received during the review phase. **Contract language is not negotiable. The contract is reimbursement-based, and the applicant must be able to pay for project costs prior to requesting payment.** Modifications and updates to the application exhibits may be required prior to contract execution. Applicants should review the attached contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits.

Notice of Conditional Selection or Non-Selection

Notice of conditional selection or non-selection will be emailed to the Application Contact on **Friday, July 31, 2026 by 5:00pm.**

Deadline to submit appeals of conditional non-selection is **Wednesday, August 5, 2026 by 5:00pm.** Appeals must be emailed to coc@leegov.com. See Appendix 1, Project Ranking and Reallocation Policies and Procedures, for additional information.

The PERC will meet on Thursday, August 6, 2026 to deliberate on the appeals received. The appealing agency will receive a written decision of the PERC within two (2) business days of the PERC Meeting, no later than Tuesday, August 11, 2026, unless an unforeseen delay occurs.

SECTION VI: Application Form

U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition

Applications Due: Thursday, July 16, 2026 by 12:00 p.m.

1. Applicant Information

Legal Name of Organization:	Authorized Organization Representative Name:
Address:	Title:
City, State & Zip:	Telephone:
Contact Person Name:	Organization Website:
Contact Person Title:	Unique Entity ID (SAM.gov #):
Contact Person Email:	Federal Employer ID #:

2. Eligibility Questions

	Yes	No
a. Is your organization registered with www.sam.gov ?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your organization currently listed on the SAM.gov excluded parties list? (If Yes, you are INELIGIBLE)	<input type="checkbox"/>	<input type="checkbox"/>
c. Is your organization a legally formed entity authorized to conduct business in the State of Florida?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is your organization a non-profit with a 501(c)(3) status?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has your organization provided continuous direct services for at least 12 months prior to the application deadline?	<input type="checkbox"/>	<input type="checkbox"/>
f. Will your organization be able to provide the REQUIRED Monthly Financial Statements (within the last 60 days) at the time of full application?	<input type="checkbox"/>	<input type="checkbox"/>
g. Will your organization be able to provide a current CPA Peer Review Letter at the time of full application?	<input type="checkbox"/>	<input type="checkbox"/>
h. Will your organization be able to provide an Independent Certified Audited Financial Statement of the most recent or prior fiscal year, including the management letter and written response at the time of full application?	<input type="checkbox"/>	<input type="checkbox"/>
i. Does your organization agree to accept all program referrals through the Lee County CoC Coordinated Entry system and comply with the CoC's Coordinated Entry Policies and Procedures?	<input type="checkbox"/>	<input type="checkbox"/>

3. Project Information

Project Name:
Project Address (If different from the organization address):
Total Funding Requested:
Match Funding Committed:

Services Provided (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Substance Use Treatment | <input type="checkbox"/> Education Services |
| <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Housing Search Assistance |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Furnishings |
| <input type="checkbox"/> Peer Support | <input type="checkbox"/> Utility Deposits |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Credit Repair |
| <input type="checkbox"/> Linkage to Primary Care Services | <input type="checkbox"/> Food |
| <input type="checkbox"/> Mainstream Benefits Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment Assistance and Job Training | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> Other: _____ |

Target Population (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Individuals | <input type="checkbox"/> Physical or Developmental Disabilities |
| <input type="checkbox"/> Families with Children | <input type="checkbox"/> Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking |
| <input type="checkbox"/> 62 Years of Age or Older | <input type="checkbox"/> Fleeing or Attempting to Flee Human Trafficking |
| <input type="checkbox"/> Chronically Homeless | <input type="checkbox"/> Individuals Re-entering from the Justice System |
| <input type="checkbox"/> Unsheltered/Living in Encampments | <input type="checkbox"/> High Utilizers of Healthcare Systems |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Mental Health | |

Target Service Location (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> City of Cape Coral | <input type="checkbox"/> City of Sanibel | <input type="checkbox"/> All of Lee County |
| <input type="checkbox"/> City of Fort Myers | <input type="checkbox"/> Town of Fort Myers Beach | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> City of Bonita Springs | <input type="checkbox"/> Unincorporated Lee County | |

Renewal Project

This section is for continuing an existing CoC-funded project with a grant term expiring in CY 2027. The project component (PSH, TH, RRH, SSO) must remain the same. Renewal applications must be submitted by the same recipient listed on the current grant agreement, serve the same population and must request the same amount of funding. If you wish to change components, complete Transition Project section instead.

Applying for a Renewal Project

Current Project Type	
Current Population Served	

Population for the renewal term:

- No change – same population must be served

Expansion Project

For adding units, beds, services, and/or funding to your own existing renewal project. The renewal project being expanded must have a grant term expiring in CY 2027, and the expansion must be the same component (PSH, TH, RRH, SSO).

Applying for an Expansion Project

Renewal Project Name (from GIW)	
Renewal Grant Number (from GIW)	

Reason for requested increase (Check all that apply):

- Increase the number of homeless persons served
- Increase the number of units
- Increase the number of beds
- Increase or expand supportive services provided
- Increase the frequency or intensity of supportive services

Transition Grant Project

This section is for changing your project's component type (e.g., PSH → TH) through reallocation of your expiring renewal grant(s). The renewal grant(s) being eliminated must have grant terms expiring in CY 2027, and the application must be submitted by the recipient listed on the current grant agreement(s). Transition grants must fully transition to the new component by the end of the one-year grant term and may only apply for renewal in the next CoC Program Competition under the new component.

Applying for a Transition Grant

Current Component (Check one)	New Component (Check one)
<input type="checkbox"/> Transitional Housing (TH) <input type="checkbox"/> Supportive Services Only (SSO) – Standalone <input type="checkbox"/> Supportive Services Only (SSO) – Street Outreach <input type="checkbox"/> Permanent Supportive Housing (PH-PSH) <input type="checkbox"/> Rapid Re-Housing (PH-RRH)	<input type="checkbox"/> Transitional Housing (TH) <input type="checkbox"/> Supportive Services Only (SSO) – Standalone <input type="checkbox"/> Supportive Services Only (SSO) – Street Outreach <input type="checkbox"/> Permanent Supportive Housing (PH-PSH) <input type="checkbox"/> Rapid Re-Housing (PH-RRH)

Consolidation Project

For combining two or more (but no more than 10) eligible renewal grants. Projects being consolidated must serve the same population and be for the same component type, and all must have grant terms expiring in CY 2027. A DV Renewal project may not be consolidated with a non-DV renewal project.

Applying for a Consolidation Project

Names and grant numbers of projects being consolidated	
--	--

CoC Bonus Project

Open to all eligible agencies, whether or not currently CoC-funded. This section is for applicants seeking to create a new project.

Applying for a CoC Bonus Project

Project type (Check one):

- | | |
|---|--|
| <input type="checkbox"/> Transitional Housing (TH) | <input type="checkbox"/> Permanent Supportive Housing (PH-PSH) |
| <input type="checkbox"/> Supportive Services Only (SSO) – Standalone | <input type="checkbox"/> Rapid Re-Housing (PH-RRH) |
| <input type="checkbox"/> Supportive Services Only (SSO) – Street Outreach | |

DV Bonus Project

Open to all eligible agencies, whether or not currently CoC-funded. New project under the Domestic Violence (DV) Bonus, dedicated to serving individuals and families experiencing trauma or a lack of safety related to, fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

Applying for a DV Bonus Project

Project type (Check one):

- Transitional Housing (TH)
- Rapid Re-Housing (PH-RRH)

4. Required Affirmative Certification

Applicants must affirmatively certify the following by initialing each item below. These certifications apply to the applicant organization as a whole, including all properties and programs under the organization’s control, and are not limited to the project proposed in this application.

Initial	Certification
Initial: _____	The project applicant will not engage in illegal racial discrimination, including racial preferences. This is consistent with the requirements of 2 CFR 200.300(a).
Initial: _____	<p>The project applicant will not operate illegal drug injection sites or “safe consumption sites” in violation of 21 U.S.C. § 856, knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863 or conduct any of these activities under the pretext of “harm reduction.”</p> <p>This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.</p>
Initial: _____	The project applicant acknowledges and agrees to comply with the Lee County Continuum of Care’s policy prohibiting the activities described above. Projects determined by HVS to be in violation of this policy may be subject to remedies for noncompliance consistent with 2 CFR 200.339 and the terms of the subrecipient agreement, as determined appropriate by HVS.

5. Application Certification

In addition, I certify under penalty of perjury that the information in this Application is true and correct and that the application and all support documentation has been duly authorized by the governing body of the applicant. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

WARNING: Anyone who knowingly submits a false claim, or makes false statements, is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001 and 31 U.S.C. §3729).

Signature: _____ Date: _____

Typed Name: _____ Title: _____

Application is signed by an authorized official. The application must be signed by the agency official authorized to execute contracts. The signatory's name must match the agency's officer records on file with the Florida Secretary of State, Division of Corporations (Sunbiz), at <https://dos.fl.gov/sunbiz> or include documentation of the signatory's delegated signature authority.

Please be advised that by completing and submitting this Application no grant award has been offered or implied.

Applications are **due by Thursday, July 16, 2026, by 12:00 p.m.** All Applications must be submitted via email to coc@leegov.com. The application must be submitted in PDF format. ZIP files are not accepted.

6. Application Checklist

Applicants **must complete** the **Application Checklist** below by entering the appropriate page number for the specific item as listed below.

The application must be in PDF format. No ZIP files will be accepted.

<u>Application Checklist</u>	<u>Page #</u>
1. Applicant Information	
2. Eligibility Questions	
3. Project Information	
4. Required Affirmative Certification	
5. Application Certification	
6. Application Checklist	
7. Project Overview	
8. Capacity and Cost Reasonableness	
9. HMIS Data Quality and Reporting	
10. Project Type Specific Questions	
11. Budget Forms	
12. Required Attachments	
a) Evidence of legally formed entity qualified to do business in the State of Florida as of the application deadline.	
b) Proof of 501(c)(3) nonprofit status.	
c) Evidence the organization has provided continuous direct services for at least 12 months prior to the application deadline.	
d) Monthly Financial Statements (within the last 60 days).	
e) Current CPA's Peer Review Letter.	
f) Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response. (Exceptions may be considered on an individual basis).	
g) Copy of the applicant's Operating Budget, including other services or programs and funding sources, and overhead/indirect rates charged to grant sources.	
h) Match Commitment Letters	
i) Organizational Chart	
j) Memorandums of Understanding(s)	
k) Indirect Cost Rate Certification Form (HUD-426)	
l) Negotiated indirect cost rate agreement signed by the cognizant agency, if applicable	
m) Supportive Service Agreement Template	
n) Provide a lease or rental agreement template if you are doing a Transitional Housing project, Rapid Re-housing of Permanent Supportive Housing project	
o) HUD Form - 2996 Certification for Opportunity Zone (Appendix 5)	

Please ensure that all client-specific data has been redacted from all attachments.

7. Project Summary

7a. *Summary of Project* – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. **(Maximum Point Value = 5)**

7b. *Statement of Need* – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. **(Maximum Point Value = 5)**

7c. *Alignment HUD’s Goals and Objectives* – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. **(Maximum Point Value = 16)**

HUD Goals and Objectives	Maximum Point Value
Improving Outcomes	2
Creating Competition to Improve Innovation and Accountability	2
Restoring Balance to the Continuum of Care	2
Prioritizing Treatment and Recovery as a Means to Self-Sufficiency	2
Promoting Economic Self-Sufficiency	2
Advancing Public Safety for All	2
Minimizing Trauma for Vulnerable Populations	2
Expanding Access Based on Merit, and Not Ideology	2

Review the U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity [#CPD-2600-DC-0025](#) for further details on the priorities above in Section III. B. – Goals and Objectives.

8. CoC System Performance

8a. *Returns to Homelessness* - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. **(Maximum Point Value = 12)**

8b. *Employment Income* - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. **(Maximum Point Value = 12)**

8c. *HMIS Data Quality and Reporting* - Describe how your organization will ensure or has ensured timely and accurate HMIS data entry by outlining the procedures you will put in place, even if your organization is new to the system. Include how you will train staff, establish internal data quality checks, and monitor entries to correct errors. Explain how you plan to use HMIS data to guide treatment, recovery support, service coordination, and case management once the project is operating. **(Maximum Point Value = 8)**

The Homeless Management Information System (HMIS) is the data system required by HUD for all CoC-funded programs. HMIS is used to collect client-level information, track services, measure outcomes, and support systemwide reporting. Lee County Human & Veteran Services operates the HMIS for the local CoC.

DV Bonus Projects do not need to answer this question.

9. **Capacity and Cost-Reasonableness**

9a. *Management Capacity* - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. **(Maximum Point Value = 5)**

9b. *Financial Capacity* - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting

principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. **(Maximum Point Value = 5)**

- 9c. *Cost Effectiveness* – Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. **(Maximum Point Value = 12)**

10. Opportunity Zones Bonus Points

Up to 5 bonus points will be awarded **for all project types** if your proposed activities are within an Opportunity Zone. To receive points, you must complete and submit Form HUD-2996 (Appendix 5), Certification for Opportunity Zone. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive bonus points. **(Maximum Point Value = 5)**

11. Project Type Specific Questions

Please complete only the section that matches the project type your organization is applying for, whether TH, SSO-Street Outreach, SSO-Standalone, PSH or RRH. Each project type has its own set of required questions. Answer all questions in that section fully and accurately. If a section does not apply to your project type, leave it blank. *Each response is limited to 2,500 characters, including spaces.*

Note for Domestic Violence (DV) Projects: *Do not complete any project type-specific questions below. Please skip directly to Section F: DV Bonus below.*

A. Transitional Housing (TH)

Answer this question only if you are applying for Transitional Housing (TH).

- a. Explain how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.). *Please include all MOUs, written agreements, or letters of commitment in section 12. Required Attachments.* **(Maximum Point Value = 4)**
- b. Explain your organization's prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit

homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. **(Maximum Point Value = 3)**

- c. Explain previous experience operating or currently operating transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. **(Maximum Point Value = 5)**
- d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 2)**
- e. Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. *Attach a supportive service agreement (contract, program agreement, lease, or equivalent) in Section 13: Required Attachments.* **(Maximum Point Value = 3)**
- f. Explain how the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Also, explain program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 3)**

B. Supportive Services Only (SSO) Standalone

Answer this question only if you are applying for SSO-Standalone.

- a. Explain why the proposed Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency. Also describe

how the project will conduct an annual assessment of the service needs of the program participants. **(Maximum Point Value = 6)**

- b. Explain how the proposed project has a strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. **(Maximum Point Value = 9)**
- c. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 5)**

C. Supportive Services Only (SSO) Street Outreach

Answer this question only if you are applying for SSO-Street Outreach.

- a. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 3)**
- b. Explain how the proposed project has a strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. **(Maximum Point Value = 6)**
- c. Explain your organization's history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The project must cooperate with and not interfere with or impede the enforcement of local laws, including public camping and public drug use ordinances, and must demonstrate willingness to assist first responders in their efforts to engage individuals experiencing homelessness. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 5)**
- d. Explain your organization's experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13). Demonstrated effectiveness for how your organization has helped, or plans to help, people successfully exit from places not meant for human habitation to

emergency shelter, treatment programs, transitional housing or permanent housing programs. **(Maximum Point Value = 6)**

D. Permanent Housing: Permanent Supportive Housing (PH-PSH)

Answer this question only if you are applying for Permanent Supportive Housing PH-PSH.

- a. Explain the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants. **(Maximum Point Value = 3)**
- b. Explain the type of supportive services and assistance that will be offered to program participants that will ensure that the participant is able to successfully obtain and retain permanent housing in a manner that fits their needs (e.g., transportation, safety planning, enhanced case management). Also, state whether the project will incorporate supportive service participation requirements into its program design based on individual participant need, in accordance with 24 CFR 578.75(h), and if so, describe how those requirements will be established and adjusted for each participant. If your organization is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including, where appropriate, on-site supportive services. *Attach a supportive service agreement (contract, program agreement, lease, or equivalent) in Section 13: Required Attachments.* **(Maximum Point Value = 9)**
- c. Explain how the project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i). **(Maximum Point Value = 4)**
- d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 4)**
- e. **Bonus Points:** Up to 5 bonus points will be awarded for PSH projects that prioritize elderly individuals or persons with a physical or developmental disability. Projects targeting these populations should clearly document the population served and the supportive services provided. **(Maximum Point Value = 5)**

E. Permanent Housing: Rapid Re-Housing (PH-RRH)

Answer this question only if you are applying for the Rapid Re-housing (PH-RRH).

- a. Explain how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. **(Maximum Point Value = 5)**
- b. Explain the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health

treatment, and employment assistance) that will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. *Attach a supportive service agreement (contract, program agreement, lease, or equivalent) in Section 13: Required Attachments. (Maximum Point Value = 8)*

- c. Explain how your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. **(Maximum Point Value = 4)**
- d. Explain how the project will be supplemented with resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments. (Maximum Point Value = 3)*

F. DV Bonus Projects

Instructions: *DV Bonus project applications submitted through this RFA must propose either a Transitional Housing (TH) or Permanent Housing: Rapid Re-Housing (PH-RRH) project. Applicants proposing a TH project must complete Section a. only. Applicants proposing a PH-RRH project must complete Section b. only.*

Answer this question only if you are applying for the DV Bonus Project.

Describe how your project will provide safe and confidential housing and services for survivors of domestic violence, dating violence, sexual assault, or stalking. Explain how the program design minimizes trauma, protects survivor safety, and ensures access to survivor-centered supports. Include your approach to trauma-informed practices, safety planning, confidentiality protections, and coordination with victim service providers and law enforcement when appropriate. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments. (Maximum Point Value = 8)*

a. Transitional Housing (TH)

Answer this question only if you are applying for Transitional Housing (TH).

1. Explain how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.). *Please include all MOUs, written agreements, or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 4)**
2. Explain your organization's prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. **(Maximum Point Value = 3)**
3. Explain previous experience operating or currently operating transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. **(Maximum Point Value = 5)**
4. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 2)**
5. Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. *Attach a supportive service agreement (contract, program agreement, lease, or equivalent) in Section 13. Required Attachments.* **(Maximum Point Value = 3)**
6. Explain how the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Also, explain program participant goals, strategies for achieving those goals, and target dates for achievement to focus on

improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 3)**

b. Permanent Housing: Rapid Re-Housing (PH-RRH)

Answer this question only if you are applying for the Rapid Re-housing (PH-RRH).

1. Explain how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. **(Maximum Point Value = 5)**
2. Explain the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) that will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. *Attach a supportive service agreement (contract, program agreement, lease, or equivalent) in Section 13: Required Attachments.* **(Maximum Point Value = 8)**
3. Explain how your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. **(Maximum Point Value = 4)**
4. Explain how the project will be supplemented with resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. *Please include any MOUs, written agreements or letters of commitment in Section 13: Required Attachments.* **(Maximum Point Value = 3)**

12. Budget Forms

Complete the applicable project Budget Forms and additional rows may be added as needed.

Rental Assistance – Permanent Housing Projects (RRH and PSH)

WHO COMPLETES THIS FORM: PSH and RRH projects requesting rental assistance. RRH projects may request tenant-based rental assistance (TRA) only. PSH projects may request PRA, SRA, or TRA.

DO NOT COMPLETE THIS FORM IF: Your project is TH or SSO, or your PSH project will use leasing and operating costs instead of rental assistance for these units.

Select type of rental assistance:

- PRA – Project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure, whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project,
- SRA – Sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization, or
- TRA – Tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

NOTE: If you have more than one rental assistance type for the project, you must create a separate detail budget section for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two ‘Rental Assistance Budget Detail’ sections for County A—one for the 10 PRA units and one for the 10 TRA units.

FMR Rules (New vs. Renewal Projects):

- New project applications must request the full published FMR amount per unit, in accordance with 24 CFR 578.51(f). Do not budget actual rents below FMR; HUD will correct new project budgets to the published FMR.
- Renewal project applicants may request a per-unit amount less than the FMR if the actual rent per unit under lease is lower, but must ensure the amount requested is sufficient to cover all eligible costs, as HUD cannot provide funds beyond the amount awarded.
- No application, new or renewal, may request more than 100 percent of the published FMR.

Calculate Fair Market Rent (FMR) at the following link:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2026_code/select_Geography.odn

Complete this table:

Is this a new or renewal project? (New / Renewal):	
--	--

Unit Size	# of Units (a)	Fair Market Rent (b)	12 Months (c)	Total Request (a)x(b)x(c)
Single Room Occupancy		\$	12	\$
0 Bedrooms		\$	12	\$
1 Bedrooms		\$	12	\$
2 Bedrooms		\$	12	\$
3 Bedrooms		\$	12	\$
4 Bedrooms		\$	12	\$
Total Request for Grant Term				\$

*Column (b): New projects enter the published FY 2026 FMR. Renewal projects may enter actual rent per unit if lower than FMR. Amounts may not exceed 100% of the published FMR.

Note: Units leased or assisted with CoC Program funds must meet NSPIRE standards beginning October 1, 2026.

- <https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards>
- <https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards>

Leased – Transitional and Permanent Supportive Housing Projects (TH and PSH)

WHO COMPLETES THIS FORM: TH and PSH projects that will lease an entire structure or individual units directly from a property owner. The master lease is held by the subrecipient. The subrecipient then holds a program or occupancy agreement with each participant. TH participants do not hold their own lease directly with the property owner.

DO NOT COMPLETE THIS FORM IF: Your project is RRH or SSO, or the units are already budgeted on the Rental Assistance form, do not budget the same units in both places.

For each leased structure, enter the property name and full address (street address, city, state, and ZIP code) in the first column. In column (a), enter the monthly leasing cost. The "12 Months" column (b) is pre-filled with 12 and should not be changed. Multiply the monthly leasing cost by 12 and enter the result in the "Total Request" column. Complete one row for each structure. After all rows are completed, add the amounts in the "Total Request" column and enter the sum in the "Total Request for Grant Term" field at the bottom of the table.

Property Name + Full Address	Monthly Leasing Cost (a)	12 Months (b)	Total Request (a)x(b)
	\$	12	\$
	\$	12	\$
	\$	12	\$
	\$	12	\$
	\$	12	\$
	\$	12	\$
	\$	12	\$
	\$	12	\$
	\$	12	\$
Total Request for Grant Term			\$

Note: Units leased or assisted with CoC Program funds must meet NSPIRE standards beginning October 1, 2026.

- <https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards>
- <https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards>

Operating Budget – Transitional and Permanent Supportive Housing Projects (TH and PSH)

WHO COMPLETES THIS FORM: TH and PSH projects with day-to-day operating costs for housing units or facilities the project owns or leases.

DO NOT COMPLETE THIS FORM IF: Your project is RRH or SSO. Operating costs under 24 CFR 578.55 apply to housing units and facilities, not service-only projects.

The operating costs listed below are based on the eligible operating costs described in 24 CFR 578.55 and are associated with the day-to-day operations of housing units and facilities. PSH projects may only include operating costs in this section if they are not requesting rental assistance for the same units. Per 24 CFR 578.55(c), CoC Program funds may not be used for maintenance and repair of housing where those costs are included in the lease.

Eligible Operating Cost	Quantity AND Description <i>(max 400 characters)</i>	Amount Requested
Maintenance and Repair		\$
Property Taxes and Insurance		\$
Building Security ¹		\$
Electricity, Gas, and Water		\$
Furniture		\$
Equipment		\$
Total Request for Grant Term		\$

¹ Building security is eligible only for a structure where more than 50 percent of the units or area is paid for with CoC Program funds (24 CFR 578.55(b)(4)).

Quantity and Description: Enter the quantity (i.e., numbers) and descriptive information for each line item for which you are requesting funds (e.g., "Electricity, Gas, and Water – 8-unit TH facility, 12 months @ \$750/month = \$9,000" or "Maintenance and Repair – quarterly HVAC servicing, 4 visits @ \$300, plus general repairs estimated at \$2,000 annually").

Total Request for Grant Term: Enter the total amount requested for eligible CoC Program operating costs for a 12-month period.

Supportive Services – All Projects

WHO COMPLETES THIS FORM: All project types (PSH, RRH, TH, SSO/SSO-SO renewals).

Eligible Costs	Quantity AND Description (max 400 characters)	Amount Requested
Assistance with Moving Costs (PH or TH Only)		\$
Substance Use Treatment		\$
Mental Health Treatment		\$
Medication Management		\$
Peer Support		\$
Case Management		\$
Street Outreach (SSO-SO Only)		\$
Employment Assistance		\$
Job Training		\$
Life Skills Training		\$
Education Service		\$
Housing Service Assistance		\$
Utility Deposits		\$
Transportation		\$
Child Care		\$
Credit Repair		\$
Total Request for Grant Term		\$

Quantity AND Description: This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).

Annual Amount Requested: Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period.

Total Request for Grant Term: Enter the total amount requested for all line items.

VAWA Cost Budget – All Projects

WHO COMPLETES THIS FORM: Optional for any project type, regardless of population served.

The Violence Against Women Act (VAWA) protects survivors of domestic violence, dating violence, sexual assault, and stalking who live in federally funded housing. Every project funded through the CoC Program must follow two VAWA requirements, no matter who the project serves:

1. **Emergency transfers.** If a program participant becomes a survivor and no longer feels safe in their unit, the project must help them move quickly to a safe unit.
2. **Confidentiality.** The project must keep information about all survivors, including where they live, private and protected.

In 2022, Congress updated VAWA so that CoC Program funds can now be used to pay for the work these requirements involve. This created a new budget category called VAWA costs. VAWA costs are not just for DV Bonus projects or projects that focus on survivors. Any project may request them, because every CoC-funded project must meet the emergency transfer and confidentiality requirements.

Note: New projects may include VAWA costs in their application. Renewal projects may add VAWA costs by expanding their project or by shifting up to 10 percent of funds from another eligible activity into the VAWA cost line item.

Eligible VAWA Cost	Quantity AND Description <i>(max 400 characters)</i>	Amount Requested
Moving Costs		\$
Travel Costs		\$
Security Deposits		\$
Utilities		\$
Housing Fees		\$
Case Management		\$
Housing Navigation		\$
Safety Technology		\$
Confidentiality Requirements		\$
Total Request for Grant Term		\$

Administration/Indirect Cost Budget – All Projects

WHO COMPLETES THIS FORM: All project types.

Administrative costs are costs of overall program management, coordination, reporting and evaluation of the project, not costs of delivering housing or services to participants, which must be budgeted on the applicable program budget forms. Administrative costs are limited to 10% of the total funding amount requested. Applicants may request eligible project administrative costs in accordance with 24 CFR 578.59.

Applicants may also request indirect costs in accordance with 2 CFR Part 200 and must provide documentation of a federally negotiated indirect cost rate agreement (NICRA) or indicate use of the 15 percent de minimis rate, as applicable. Costs charged as indirect costs may not also be charged as direct project administrative costs.

Eligible Administrative Cost	Quantity AND Description <i>(max 400 characters)</i>	Amount Requested
Training		\$
Travel		\$
Supplies		\$
Other Admin Costs (Program management, coordination, reporting and evaluation of the project)		\$
Indirect Costs		\$
Total Request for Grant Term		\$

Quantity and Description: Enter the quantity (i.e., numbers) and descriptive information for each line item for which you are requesting funds.

Total Request for Grant Term: Enter the total amount requested for eligible administrative and/or indirect costs for a 12-month period.

Required Documentation: If applying a federally negotiated indirect cost rate, provide a copy of the negotiated indirect cost rate agreement (NICRA) signed by the cognizant agency in Section 13: Required Attachments.

Cost Sharing or Match Budget – All Projects

WHO COMPLETES THIS FORM: All project types. Every grant must have match.

Under 24 CFR 578.73, all grant funds, except leasing, must be matched with at least a 25 percent cash or in-kind contribution from sources other than the CoC Program grant. Describe how your project will meet this requirement. If your project will use program income as part of the match, state the estimated amount and how it will be generated. In-kind services provided by a third party require a memorandum of understanding executed before the grant agreement.

Match Source	Cash or In-Kind	Description	Amount / Value
			\$
			\$
			\$
			\$
Total Match			\$

12. Match Letter Requirements

A match letter for each source must be included as a separate attachment. Letters must meet the following criteria:

- Be on letterhead from the organization providing the contribution, contributions can be from an internal or external organization.
- Be signed and dated by an authorized representative of the contributing organization.
- Contain the cash amount or dollar value of the in-kind contribution.
- Contain the specific date the contribution will be made available and the period during which the contribution will be available.
- Contain the name of the applicant agency to which the contribution is being given.
- Contain the specific grant name and the fiscal year.
- Contain a description of the goods/services that will be provided (for in-kind contributions) or a description of what the funds will be spent on (for cash contributions).

13. Required Attachments

Applicants must upload all required attachments at the end of the application that are **not marked "On-File"** in the Application Checklist. Files must be clearly labeled and submitted in PDF format unless otherwise specified. Incomplete or missing attachments may result in the application being deemed ineligible for review.

- a) Evidence of legally formed entity qualified to do business in the State of Florida as of the application deadline.
- b) Proof of 501(c)(3) nonprofit status.
- c) Evidence the organization has provided continuous direct services for at least 12 months prior to the application deadline.
- d) Monthly Financial Statements (within the last 60 days).
- e) Current CPA's Peer Review Letter.
- f) Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response. (Exceptions may be considered on an individual basis).
- g) Copy of the applicant's Operating Budget, including other services or programs and funding sources, and overhead/indirect rates charged to grant sources.
- h) Match Commitment Letters
- i) Organizational Chart
- j) Memorandums of Understanding(s)
- k) Indirect Cost Rate Certification Form (HUD-426)
- l) Negotiated indirect cost rate agreement signed by the cognizant agency, if applicable
- m) Supportive Service Agreement Template
- n) Provide a lease or rental agreement template if you are doing a Transitional Housing project, Rapid Re-housing of Permanent Supportive Housing project
- o) **HUD Form - 2996 Certification for Opportunity Zone (Appendix 5)**

SECTION VII: Appendices

Appendix 1 – Project Ranking and Reallocation Policies and Procedures

<https://www.leegov.com/dhs/Documents/Grant%20Programs/Revised-2026-Reallocation-Ranking-Policies-2026-05-12.pdf>

Appendix 2 – Sample Contract Document

<https://www.leegov.com/dhs/Documents/Grant%20Programs/2025-2026-HVS-Contract-Template.pdf>

Appendix 3 – Project Ranking Tool

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Threshold Review**

<p align="center"><i>Application Threshold Review</i> <i>This portion of the ranking tool will be completed by HVS .</i></p>	Threshold Requirements	Threshold Requirements	Threshold Requirements	Threshold Requirements	Threshold Requirements
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Application was submitted by deadline: July 16, 2026 by 12:00 PM <i>If no, ineligible to move forward to ranking committee.</i>	Date Submitted: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Organization is listed on the excluded parties list. (www.sam.gov) <i>If yes, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided proof applicant is a legally formed entity authorized to conduct business in the State of Florida. <i>If no, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided proof applicant is a non-profit, including faith-based organizations, with an IRS 501(c)(3) status. <i>If no, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided evidence that the organization has provided continuous direct services for at least 12 months prior to the application deadline.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided required Monthly Financial Statements (within the last 60 days). <i>If no, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided current CPA's Peer Review Letter. <i>If no, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Independent Certified Audited Financial Statement of the most recent or immediate prior fiscal year, including the management letter and written response. <i>If no, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application is signed by the agency official authorized to execute contracts or include documentation of the signatory's delegated signature authority. The signatory's name must match the agency's officer records on file with the Florida Secretary of State, Division of Corporations (Sunbiz), at https://dos.fl.gov/sunbiz . <i>If no, ineligible to move forward to ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant completed the required affirmative certifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application is complete and has all the required attachments and signatures. <i>If no, ineligible to move forward to the ranking committee.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Threshold Review**

<i>Application Threshold Review</i> <i>This portion of the ranking tool will be completed by HVS .</i>	Threshold Requirements	Threshold Requirements	Threshold Requirements	Threshold Requirements	Threshold Requirements
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Application aligns with U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Grants NOFO published under funding opportunity #CPD-2600-DC-0025.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible to Move Forward to Ranking Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HVS Staff Reviewer Initials:					
Date of Application Threshold Review:					

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Project Scoring**

<p align="center"><i>Project Scoring</i></p> <p align="center"><i>This portion of the ranking tool will be completed by the PERC.</i></p>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
All Projects Scoring - Renewals, New Projects and CoC Bonus					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
<p><i>7b. Statement of Need</i> – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. (Maximum Point Value = 5)</p>					
<p><i>7c. Alignment HUD's Goals and Objectives</i> – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. (Maximum Point Value = 16)</p> <ol style="list-style-type: none"> 1. Improving Outcomes 2. Creating Competition to Improve Innovation and Accountability 3. Restoring Balance to the Continuum of Care 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency 5. Promoting Economic Self-Sufficiency 6. Advancing Public Safety for All 7. Minimizing Trauma for Vulnerable Populations 8. Expanding Access Based on Merit, and Not Ideology 					
<p>CoC System Performance</p> <p><i>8a. Returns to Homelessness</i> - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. (Maximum Point Value = 12)</p>					

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Project Scoring**

<p align="center"><i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i></p>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
<p><i>8c. HMIS Data Quality and Reporting</i> - Describe how your organization will ensure or has ensured timely and accurate HMIS data entry by outlining the procedures you will put in place, even if your organization is new to the system. Include how you will train staff, establish internal data quality checks, and monitor entries to correct errors. Explain how you plan to use HMIS data to guide treatment, recovery support, service coordination, and case management once the project is operating. (Maximum Point Value = 8)</p>					
<p>Capacity and Cost-Reasonableness <i>9a. Management Capacity</i> - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. (Maximum Point Value = 5)</p>					
<p><i>9b. Financial Capacity</i> - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. (Maximum Point Value = 5)</p>					
<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Transitional Housing (TH)					
a. Explain how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.). (Maximum Point Value = 4)					
b. Explain your organization’s prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. (Maximum Point Value = 3)					
c. Explain previous experience operating or currently operating transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. (Maximum Point Value = 5)					
d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 2)					
e. Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. (Maximum Point Value = 3)					
f. Explain how the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Also, explain program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Please include any MOUs, written agreements or letters of commitment in Section 12: Required Attachments. (Maximum Point Value = 3)					

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<i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Bonus Points					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
All Projects Scoring - Renewals, New Projects and CoC Bonus					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
<p><i>7b. Statement of Need</i> – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. (Maximum Point Value = 5)</p>					
<p><i>7c. Alignment HUD's Goals and Objectives</i> – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. (Maximum Point Value = 16)</p> <ol style="list-style-type: none"> 1. Improving Outcomes 2. Creating Competition to Improve Innovation and Accountability 3. Restoring Balance to the Continuum of Care 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency 5. Promoting Economic Self-Sufficiency 6. Advancing Public Safety for All 7. Minimizing Trauma for Vulnerable Populations 8. Expanding Access Based on Merit, and Not Ideology 					
<p>CoC System Performance</p> <p><i>8a. Returns to Homelessness</i> - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. (Maximum Point Value = 12)</p>					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
<p><i>8c. HMIS Data Quality and Reporting</i> - Describe how your organization will ensure or has ensured timely and accurate HMIS data entry by outlining the procedures you will put in place, even if your organization is new to the system. Include how you will train staff, establish internal data quality checks, and monitor entries to correct errors. Explain how you plan to use HMIS data to guide treatment, recovery support, service coordination, and case management once the project is operating. (Maximum Point Value = 8)</p>					
<p>Capacity and Cost-Reasonableness <i>9a. Management Capacity</i> - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. (Maximum Point Value = 5)</p>					
<p><i>9b. Financial Capacity</i> - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. (Maximum Point Value = 5)</p>					
<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

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Project Ranking Tool - Project Scoring**

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Supportive Services Only (SSO) Standalone					
a. Explain why the proposed Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency Also describe how the project will conduct an annual assessment of the service needs of the program participants. (Maximum Point Value = 6)					
b. Explain how the proposed project has a strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (Maximum Point Value = 9)					
c. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 5)					
Bonus Points					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
All Projects Scoring - Renewals, New Projects and CoC Bonus					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
<p><i>7b. Statement of Need</i> – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. (Maximum Point Value = 5)</p>					
<p><i>7c. Alignment HUD's Goals and Objectives</i> – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. (Maximum Point Value = 16)</p> <ol style="list-style-type: none"> 1. Improving Outcomes 2. Creating Competition to Improve Innovation and Accountability 3. Restoring Balance to the Continuum of Care 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency 5. Promoting Economic Self-Sufficiency 6. Advancing Public Safety for All 7. Minimizing Trauma for Vulnerable Populations 8. Expanding Access Based on Merit, and Not Ideology 					
<p>CoC System Performance</p> <p><i>8a. Returns to Homelessness</i> - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. (Maximum Point Value = 12)</p>					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
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<p>Capacity and Cost-Reasonableness <i>9a. Management Capacity</i> - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. (Maximum Point Value = 5)</p>					
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<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

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Project Ranking Tool - Project Scoring**

<i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Supportive Services Only (SSO) Street Outreach					
a. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 3)					
b. Explain how the proposed project has a strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (Maximum Point Value = 6)					
c. Explain your organization's history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The project must cooperate with and not interfere with or impede the enforcement of local laws, including public camping and public drug use ordinances, and must demonstrate willingness to assist first responders in their efforts to engage individuals experiencing homelessness. (Maximum Point Value = 5)					
d. Explain your organization's experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13). Demonstrated effectiveness for how your organization has helped, or plans to help, people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs. (Maximum Point Value = 6)					
Bonus Points					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

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All Projects Scoring - Renewals, New Projects and CoC Bonus					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
<p><i>7b. Statement of Need</i> – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. (Maximum Point Value = 5)</p>					
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<p>CoC System Performance</p> <p><i>8a. Returns to Homelessness</i> - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. (Maximum Point Value = 12)</p>					

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<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
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<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Permanent Housing: Rapid Re-Housing (PH-RRH)					
a. Explain how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. (Maximum Point Value = 5)					
b. Explain the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) that will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. (Maximum Point Value = 8)					
c. Explain how your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. (Maximum Point Value = 4)					
d. Explain how the project will be supplemented with resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 3)					
Bonus Points					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

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All Projects Scoring - Renewals, New Projects and CoC Bonus					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
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<p><i>7c. Alignment HUD's Goals and Objectives</i> – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. (Maximum Point Value = 16)</p> <ol style="list-style-type: none"> 1. Improving Outcomes 2. Creating Competition to Improve Innovation and Accountability 3. Restoring Balance to the Continuum of Care 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency 5. Promoting Economic Self-Sufficiency 6. Advancing Public Safety for All 7. Minimizing Trauma for Vulnerable Populations 8. Expanding Access Based on Merit, and Not Ideology 					
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<p align="center"><i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i></p>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
<p><i>8c. HMIS Data Quality and Reporting</i> - Describe how your organization will ensure or has ensured timely and accurate HMIS data entry by outlining the procedures you will put in place, even if your organization is new to the system. Include how you will train staff, establish internal data quality checks, and monitor entries to correct errors. Explain how you plan to use HMIS data to guide treatment, recovery support, service coordination, and case management once the project is operating. (Maximum Point Value = 8)</p>					
<p>Capacity and Cost-Reasonableness <i>9a. Management Capacity</i> - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. (Maximum Point Value = 5)</p>					
<p><i>9b. Financial Capacity</i> - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. (Maximum Point Value = 5)</p>					
<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Project Scoring**

<i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
Permanent Housing: Permanent Supportive Housing (PH-PSH)					
a. Explain the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants. (Maximum Point Value = 3)					
b. Explain the type of supportive services and assistance that will be offered to program participants that will ensure that the participant is able to successfully obtain and retain permanent housing in a manner that fits their needs (e.g., transportation, safety planning, enhanced case management). Also, state whether the project will incorporate supportive service participation requirements into its program design based on individual participant need, in accordance with 24 CFR 578.75(h), and if so, describe how those requirements will be established and adjusted for each participant. If your organization is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services. (Maximum Point Value = 9)					
c. Explain how the project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i). (Maximum Point Value = 4)					
d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 4)					
Bonus Points					
PSH project prioritize elderly individuals or persons with a physical or developmental disability. (Maximum Point Value = 5)					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Project Scoring**

<p align="center"><i>Project Scoring</i></p> <p align="center"><i>This portion of the ranking tool will be completed by the PERC.</i></p>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
DV Bonus Project					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
<p><i>7b. Statement of Need</i> – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. (Maximum Point Value = 5)</p>					
<p><i>7c. Alignment HUD's Goals and Objectives</i> – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. (Maximum Point Value = 16)</p> <ol style="list-style-type: none"> 1. Improving Outcomes 2. Creating Competition to Improve Innovation and Accountability 3. Restoring Balance to the Continuum of Care 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency 5. Promoting Economic Self-Sufficiency 6. Advancing Public Safety for All 7. Minimizing Trauma for Vulnerable Populations 8. Expanding Access Based on Merit, and Not Ideology 					
<p>CoC System Performance</p> <p><i>8a. Returns to Homelessness</i> - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. (Maximum Point Value = 12)</p>					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
<p>Capacity and Cost-Reasonableness <i>9a. Management Capacity</i> - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. (Maximum Point Value = 5)</p>					
<p><i>9b. Financial Capacity</i> - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. (Maximum Point Value = 5)</p>					
<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Project Scoring**

<p align="center"><i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i></p>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
DV Bonus - Transitional Housing (TH)					
Describe how your project will provide safe and confidential housing and services for survivors of domestic violence, dating violence, sexual assault, or stalking. Explain how the program design minimizes trauma, protects survivor safety, and ensures access to survivor-centered supports. Include your approach to trauma-informed practices, safety planning, confidentiality protections, and coordination with victim service providers and law enforcement when appropriate. (Maximum Point Value = 8)					
a. Explain how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.). (Maximum Point Value = 4)					
b. Explain your organization’s prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. (Maximum Point Value = 3)					
c. Explain previous experience operating or currently operating transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. (Maximum Point Value = 5)					
d. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 2)					
e. Describe how the proposed project will assess the service needs of program participants and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. (Maximum Point Value = 3)					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
f. Explain how the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Also, explain program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Please include any MOUs, written agreements or letters of commitment in Section 12: Required Attachments. (Maximum Point Value = 3)					
Bonus Points					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

**U.S. Department of Housing and Urban Development FY 2026 Continuum of Care Competition
Project Ranking Tool - Project Scoring**

<p align="center"><i>Project Scoring</i></p> <p align="center"><i>This portion of the ranking tool will be completed by the PERC.</i></p>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
DV Bonus Project					
<p>Project Summary</p> <p><i>7a. Summary of Project</i> – Provide a summary of the proposed project. Include the project component (TH, SSO-Street Outreach, SSO-Standalone, PSH, or RRH), the population of focus to be served, the estimated number of participants, the services to be delivered, the total cost of the proposed activities, and anticipated service partners. (Maximum Point Value = 5)</p>					
<p><i>7b. Statement of Need</i> – Applicants must describe the local factors contributing to homelessness within the Continuum of Care (CoC) geographic area. All statements must be supported by either (1) internal CoC system data (e.g., HMIS, PIT counts, coordinated entry data, service utilization reports) or (2) clearly cited external data sources (e.g., HUD Exchange, U.S. Census Bureau, or other publicly available information). Responses must explain the scope and nature of homelessness locally, including key contributing factors and system challenges. Applicants must also identify the specific gap in the current system that the proposed project will address and explain how the project responds to that gap. (Maximum Point Value = 5)</p>					
<p><i>7c. Alignment HUD's Goals and Objectives</i> – Describe how the proposed project advances all eight of the HUD goals and objectives listed below. Provide specific examples of activities, partnerships, service approaches, and expected outcomes. (Maximum Point Value = 16)</p> <ol style="list-style-type: none"> 1. Improving Outcomes 2. Creating Competition to Improve Innovation and Accountability 3. Restoring Balance to the Continuum of Care 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency 5. Promoting Economic Self-Sufficiency 6. Advancing Public Safety for All 7. Minimizing Trauma for Vulnerable Populations 8. Expanding Access Based on Merit, and Not Ideology 					
<p>CoC System Performance</p> <p><i>8a. Returns to Homelessness</i> - Describe how your project will reduce or has reduced returns to homelessness after participants exit the program. Explain the strategies, follow-up support, and coordination practices you will use to help participants remain stably housed. Include how you will measure and track this outcome. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of the provided services. (Maximum Point Value = 12)</p>					

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	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
<p><i>8b. Employment Income</i> - Describe how your project will help or has helped participants increase earned income. Identify the workforce or employer partnerships, employment readiness supports, and service approaches you use. Include projected outcomes and how you will measure increased employment income. The outcomes should not refer to the services/activities to be provided by the applicant, but instead the accomplishments of the clients as a result of provided services. (Maximum Point Value = 12)</p>					
<p>Capacity and Cost-Reasonableness <i>9a. Management Capacity</i> - Describe your organization's capacity to operate this project, including experience managing similar programs, delivering the proposed services, and administering CoC program funds or other federal, state, local, or private resources. Your response should demonstrate that your organization has the staff, systems, and management structure needed to comply with federal requirements and successfully carry out the project. (Maximum Point Value = 5)</p>					
<p><i>9b. Financial Capacity</i> - Describe your organization's financial management systems, including confirmation that your organization or fiscal agent maintains a functioning accounting system operated in accordance with generally accepted accounting principles (GAAP) and that you are able to manage and account for federal funds in compliance with 2 CFR part 200. (Maximum Point Value = 5)</p>					
<p><i>9c. Cost Effectiveness</i> - Describe how the proposed budget is reasonable in relation to the population served, the services provided, and the outcomes expected. The response must include the total annual budget requested divided by the number of persons or households to be served annually, shown as a cost per person or household. Include at least one benchmark or comparison supporting that this cost is reasonable, such as Fair Market Rent, prior grant costs, or comparable local cost data. Briefly explain how staffing and partnerships are used efficiently to achieve the expected outcomes. All costs must be consistent with 2 CFR 200.404. (Maximum Point Value = 12)</p>					

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<i>Project Scoring</i> <i>This portion of the ranking tool will be completed by the PERC.</i>	Project Type	Project Type	Project Type	Project Type	Project Type
	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant	Name of Applicant
DV Bonus - Permanent Housing: Rapid Re-Housing (PH-RRH)					
Describe how your project will provide safe and confidential housing and services for survivors of domestic violence, dating violence, sexual assault, or stalking. Explain how the program design minimizes trauma, protects survivor safety, and ensures access to survivor-centered supports. Include your approach to trauma-informed practices, safety planning, confidentiality protections, and coordination with victim service providers and law enforcement when appropriate. (Maximum Point Value = 8)					
a. Explain how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. (Maximum Point Value = 5)					
b. Explain the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) that will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. (Maximum Point Value = 8)					
c. Explain how your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. (Maximum Point Value = 4)					
d. Explain how the project will be supplemented with resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (Maximum Point Value = 3)					
Bonus Points					
Project proposes to utilize 50% or more of the award within a designated Opportunity Zone and has submitted Form HUD-2996, Certification for Opportunity Zone (Appendix 5). (Maximum Point Value = 5)					
Earned Points					
Total Points Possible	100	100	100	100	100
Normalized Score (Earned Points/Total Points)					

Appendix 4 – Criteria for Defining Homelessness

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

RECORDKEEPING REQUIREMENTS	Category 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> ◦ discharge paperwork <u>or</u> written/oral referral, <u>or</u> ◦ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
	Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	Category 3	Homeless under other Federal statutes	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
	Category 4	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ◦ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ◦ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ◦ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ◦ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Appendix 5 – HUD Form - 2996 Certification for Opportunity Zone

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Type or clearly print the following information.

****Warning:** *Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization:

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

The application meets which of the following criteria (please select one):

- The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- 76% - 100%
- 51% - 75%
- 26% - 50%
- 11% - 25%
- 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|---|
| <input type="checkbox"/> Access to Capital | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Asset Building | <input type="checkbox"/> Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> Market rate housing |
| <input type="checkbox"/> Community Capacity Building | <input type="checkbox"/> Industrial development |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Commercial or retail development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other business development |
| <input type="checkbox"/> Healthy Food Access | <input type="checkbox"/> "Above ground" infrastructure — streets, sidewalks, lighting |
| <input type="checkbox"/> Health | <input type="checkbox"/> "Below ground" infrastructure — water, sewer, gas, electric |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Schools or other educational facilities |
| <input type="checkbox"/> Human Services and Family Support | <input type="checkbox"/> Hospitals or other health care facilities |
| <input type="checkbox"/> Community Infrastructure | |
| <input type="checkbox"/> Public Safety | |

Certification of Authorized Representative for the Applicant:

**Under penalty of perjury, I certify on behalf of the Applicant that

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Title: _____ Organization: _____

Signature: _____ Date: _____