

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: GA-505 - Columbus-Muscogee CoC

1A-2. Collaborative Applicant Name: United Way of the Chattahoochee Valley

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of the Chattahoochee Valley

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.	Mayor's Commission on Health- Columbus Correct Care	Yes	
47.			

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

(limit 2,500 characters)

GA-505 maintains a transparent, year-round process for inviting new members to participate in the Columbus-Muscogee/Russell County Continuum of Care (CoC). Home for Good, a strategy of United Way of the Chattahoochee Valley and the CoC Lead Agency since 2015, provides a public "Apply to Join" link and electronic membership application (annual public invitation) on its website. Individuals and organizations interested in preventing and ending homelessness in Muscogee County, Georgia, and Russell County, Alabama, are invited to apply.

Membership opportunities are promoted throughout the year through the Home for Good and United Way websites, email distributions, newsletters, social media, community presentations, CoC meetings, committee meetings, and direct outreach. In 2026, Home for Good distributed newsletters approximately twice monthly, providing updates and opportunities for engagement. Individuals may subscribe through the public website.

The CoC conducts semiannual membership meetings and monthly Navigation Meetings on the first Tuesday of each month at 3:00 p.m. Meeting materials and recordings are made available online, providing current and prospective members with opportunities to learn about CoC activities, planning, and community needs.

The CoC also conducts direct recruitment through Coordinated Entry, HMIS, the annual Point-in-Time Count, community events, and outreach to organizations serving people experiencing homelessness. Recruitment includes housing and service providers, local governments, law enforcement, schools, healthcare and behavioral-health providers, faith-based organizations, workforce partners, businesses, advocates, and people with lived experience.

Participation is supported through free CoC-HMIS access for participating agencies, training, technical assistance, networking, and committee opportunities. During the 2026 competition, Home for Good also invited new and renewal applicants to technical-assistance workshops held June 16, 2026, both in person and virtually.

Together, these efforts provide a public, accessible, and ongoing invitation for individuals and organizations to join GA-505 and participate in CoC planning, coordination, and implementation.

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

Transparent public process: GA-505 uses the Home for Good website to announce meetings, publish presentations and recordings, distribute newsletters, share planning documents, and invite public comments regarding CoC performance, strategies, priorities, and service gaps.

Regular input opportunities: The CoC holds Housing Navigation meetings on the first Tuesday of each month at 3:00 p.m. Meeting materials were posted for January, March, April, May, and June 2026. The February 2026 meeting was replaced by the CoC's semiannual meeting, with slides and a recording posted publicly. Meetings provide open forums for discussing Coordinated Entry, HMIS, System Performance Measures, housing barriers, project outcomes, and unmet needs. Ongoing communication: HFG published approximately two newsletters monthly during 2026, beginning January 9 and continuing through September 4.

Newsletters provide meeting information, HUD updates, community resources, participation opportunities, & requests for stakeholder feedback. Broad stakeholder participation: Input is solicited from people with lived experience; CoC- and ESG-funded recipients; ES; housing, outreach, & supportive-service providers; local governments; housing authorities; schools; healthcare and behavioral-health providers; law enforcement; veteran organizations; landlords; workforce partners; faith-based organizations; DV and human-trafficking providers; advocates; businesses; and interested residents. Creating changes based on received input.

Participant input: The annual PIT Count gathers information directly from sheltered and unsheltered people regarding their circumstances and barriers to housing and services. Providers also obtain feedback through CE assessments, case-management contacts, participant surveys, exit interviews, and case-conferencing meetings. Review and use of feedback: Home for Good compiles public comments, participant feedback, HMIS data, PIT findings, SPM, and provider recommendations. Committee chairs present findings to CoC leadership and the governing board. The info is used to revise policies, improve CE and data quality, establish committees, determine funding priorities, and address gaps involving women and children, landlord engagement, domestic violence, human trafficking, employment, mental health, and substance-use treatment. Resulting policies, meeting materials, data reports, and competition decisions are posted publicly to demonstrate how stakeholder input was considered

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

GA-505 used a multilayered public-notification process to invite applications from all eligible organizations, including organizations that had never received CoC funding and faith-based organizations all were encouraged to apply. Previous CoC funding was not required for participation or consideration.

June 2, 2026: FY2026 funding information was emailed to 200+ community members, shared on social media, and presented at the monthly CoC Housing Navigation meeting.

June 3, 2026: CoC members and stakeholders received notice of HUD's June 4 informational webinar.

June 8, 2026: The competition notice, local requirements, and competition process were posted on the Home for Good/CoC website and shared through social media.

June 11–12, 2026: The announcement was posted on the Columbus Consolidated Government website and included in the June 12 CoC newsletter, distributed through the CoC listserv.

Technical Assistance: On June 16, 2026, GA-505 held workshops from 10:00 a.m.–12:00 p.m. at the United Way office and 4:00–6:00 p.m. via Zoom. New and renewal applicants received the same instructions regarding eligibility, deadlines, required documents, local submission, e-snaps, HUD guidance, and the e-snaps Toolkit.

June 17–26, 2026: Workshop materials were emailed to attendees, posted on the CoC website, and redistributed through the June 26 newsletter. The FY2026 Competition Process and Timeline, scoring tool, application requirements, and appeals procedures were publicly available.

Fair Review: First-time, faith-based, and previously funded organizations were evaluated using the same published scoring tool and objective criteria. A nonconflicted review team considered project quality, community need, expected outcomes, organizational capacity, financial/administrative capability, and alignment with HUD and local priorities—not prior funding history.

Accessibility: The in-person workshop location was ADA accessible, virtual participation was available, and reasonable accommodations and technical assistance could be requested through Home for Good.

This process provided new and faith-based organizations with meaningful notice, equal access to technical assistance, and fair consideration for inclusion in the CoC Consolidated Application.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Gap: GA-505 used the Georgia Tech Regional Housing Needs Assessment, PIT/HMIS data, System Performance Measures, Coordinated Entry information, and stakeholder feedback to identify shortages of affordable housing and fragmented access to treatment, employment, transportation, and housing supports. These gaps contribute to prolonged and recurring homelessness.

Strategy: Home for Good, the CoC Lead Agency, will coordinate a housing-centered strategy with public, private, nonprofit, faith-based, healthcare, workforce, housing, and service partners. Using interventions in 42U.S.C. 11386b(d)..including other targeted projects and subpopulations. GA-505 will use PSH for chronically homeless households; RRH and flexible assistance for families; and income-focused services linked to permanent housing and mainstream resources. Additional strategies include transitional housing, prevention/diversion, recovery services, landlord engagement, shared case management, Coordinated Entry, and workforce co-enrollment.

Subpopulations: The plan addresses unsheltered and chronically homeless persons, families with children, veterans, youth, domestic-violence and trafficking survivors, people with disabilities, serious mental illness or substance-use disorders, justice-involved persons, and people leaving institutions.

Timeline: Within 90 days, partners will finalize shared referral, case-management, and data protocols. Within six months, GA-505 will expand Coordinated Entry participation, landlord engagement, and workforce co-enrollment. Data will be reviewed quarterly, reported annually, and the plan evaluated after 24 months.

Measures: Within 24 months, GA-505 will seek to reduce unsheltered homelessness and returns to homelessness by at least 10%; achieve at least 80% permanent-housing exits; maintain at least 85% housing retention at 12 months; increase income for at least 50% of participating adults; and expand landlord participation and housing units available through Coordinated Entry.

Funding/Oversight: CoC/ESG, HUD rental assistance, CDBG/HOME, VA/SSVF, Medicaid, behavioral-health and workforce resources, United Way, local government, philanthropy, and private funds will be leveraged. Home for Good will coordinate implementation, while the CoC Board, Housing Solutions Group, committees, and partner leads monitor milestones, funding, and outcomes and require corrective action when targets are not met.

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

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

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
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1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	67%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The Columbus-Muscogee/Russell County Continuum of Care is not classified by HUD as a rural CoC. Therefore, the rural CoC narrative regarding available substance use treatment and how participants access those services is not applicable.

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

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

(limit 2,500 characters)

Home for Good, the Columbus–Muscogee/Russell County CoC, partners with behavioral-health, recovery, and justice-system providers and supports CoC-funded projects providing outpatient mental health and substance use disorder treatment. Through Coordinated Entry, people are assessed for behavioral-health, substance use, medical, safety, and housing needs and connected to services matched to their functioning and recovery plan.

The CoC Lead previously served as the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider. PATH services transitioned to Valley Healthcare System, the community's Federally Qualified Health Center, strengthening connections between homelessness services and healthcare. New Horizons Behavioral Health, the regional community service board, provides assessments, outpatient mental health and substance use treatment, psychiatric services, medication management, counseling, psychosocial rehabilitation, case management, peer support, day treatment, and co-occurring-disorder services.

The House of T.I.M.E. provides homeless women ASAM Level 2.5 day treatment, outpatient services, counseling, targeted therapy, relapse-prevention education, peer support, life-skills development, and aftercare within its long-term residential recovery and housing programs. Women with co-occurring disorders receive referrals for psychiatric evaluation, medication management, and additional care. Treatment is incorporated into an individualized plan addressing recovery, employment, income, family reunification, and permanent housing.

Hope Harbour provides domestic-violence survivors and their children confidential, trauma-informed crisis intervention, counseling, case management, safety planning, legal advocacy, support groups, and behavioral-health referrals, addressing the connection among trauma, mental health, substance use, and housing instability.

Suicide-prevention and crisis needs are addressed through 988, the Georgia Crisis and Access Line, mobile crisis response, crisis stabilization, and emergency services. The CoC Lead serves on the Advisory Board of the Chattahoochee Judicial Circuit Accountability Court, coordinating where housing instability intersects with behavioral-health and justice-system needs. Partners use warm handoffs, care coordination, transportation assistance when available, and follow-up to prevent treatment disruption and promote recovery, safety, housing stability, and independence.

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

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

(limit 2,500 characters)

Home for Good and its partners provide peer recovery specialists, peer support, and recovery navigation from homelessness through treatment and stable housing. Coordinated Entry and housing projects connect individuals with peer specialists, recovery coaches, mutual-support groups, and recovery resources. The CoC encourages projects to employ people with lived experience, include them on service teams, and incorporate their perspectives into outreach, engagement, treatment, recovery planning, and program design. It also supports peer certification and professional development to improve the sustainability of peer services.

The House of T.I.M.E. incorporates peer support into its long-term recovery model for homeless women with substance use and co-occurring mental health disorders. Staff and mentors with lived recovery experience provide coaching, structured groups, relapse-prevention education, 12-step and community recovery connections, and help navigating treatment and social-service systems. Peer relationships build trust, help women recognize relapse warning signs and develop recovery plans, and demonstrate that recovery, employment, family reunification, and independent living are achievable. Peer support continues through weekly aftercare and alumni services, which provide accountability, problem-solving, early intervention following setbacks, and connections to AA, NA, behavioral-health care, medication services, employment, transportation, benefits, and housing. Continued contact helps prevent relapse, treatment disengagement, and returns to homelessness. New Horizons Behavioral Health and Valley Health Care provide peer groups and recovery-focused services for people with mental illness or substance use disorders. Peer services complement clinical treatment through case management, psychosocial rehabilitation, wellness support, and navigation to appropriate care. Hope Harbour provides confidential, trauma-informed, peer-led groups for domestic-violence survivors. Advocates help survivors navigate safety, counseling, legal, housing, and community resources while protecting confidentiality and survivor choice.

Peer support is not a one-time referral. Providers maintain contact, coordinate warm handoffs, monitor engagement, and reconnect people who disengage. By embedding lived experience throughout the system, CoC partners help participants navigate services, sustain recovery, increase self-sufficiency, & achieve long-term housing stability

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

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

(limit 2,500 characters)

The CoC identifies individuals experiencing serious mental illness through CE, outreach, shelter/ housing-program intake, disability documentation, behavioral-health screening, case-management contacts, hospital or crisis-system referrals, and information shared through HMIS when legally permissible. Partner agencies are trained to recognize symptoms such as psychiatric crisis, suicidal ideation, impaired functioning, repeated hospitalization, medication interruption, and co-occurring substance use. Survivors served through the domestic-violence system are assessed separately through confidential, trauma-informed processes that protect personally identifying information. When serious mental illness is identified, staff make a direct connection, to the regional community service board serving Muscogee County. New Horizons provides assessment, psychiatric and nursing services, medication management, counseling, case management, psychosocial rehabilitation, peer certification services, residential services, and intensive community-based supports for eligible individuals with severe and persistent mental illness. Referrals may also be made to Valley Healthcare System, MercyMed, other providers or crisis stabilization services based on the person's level of need. The House of T.I.M.E. identifies mental health needs during intake and throughout residential treatment for homeless women with substance use disorders or co-occurring diagnoses. Staff coordinate appointments, transportation, medication access, counseling, benefits, and ongoing case management. Treatment and housing goals are combined into an individualized moving-forward plan addressing recovery, health, income, employment, family stability, and permanent housing. Increased monitoring and rapid reengagement are provided when symptoms threaten treatment participation or housing stability. Hope Harbour uses confidential, survivor-centered screening and safety planning to identify adults and children affected by trauma or serious mental-health concerns and connects them to counseling, crisis intervention, and appropriate clinical services. CoC partners use comfort care and continuing follow-up rather than simply giving participants referral information. Housing providers, behavioral-health professionals, peer specialists, and case managers coordinate services, with appropriate consent, to promote treatment engagement, medication continuity, crisis prevention, housing retention, and long-term stability.

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

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

(limit 500 characters)

Home for Good partners with the Muscogee County Accountability Court system... Create housing stability by court orders and crisis pathways. The House of T.I.M.E., Hope Harbour and New Horizons Behavioral Health. Together, these entities serve individuals involved with Adult Felony Drug Court and other specialty-court or court-supervised programs who have substance use disorders, serious mental illness, co-occurring conditions, homelessness, or housing instability.

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

(limit 2,500 characters)

Home for Good coordinates with the Muscogee County Accountability Court system, The House of T.I.M.E. (HOT), Hope Harbour, New Horizons Behavioral Health, and other community providers to connect eligible court-involved individuals with treatment, recovery support, housing assistance, and services that promote long-term independence. The HOT accepts appropriate referrals of homeless adult women with substance use disorders, mental illness, or co-occurring conditions, including women involved with Drug Court or other court-supervised programs. Participants receive structured residential recovery services, and outpatient services, individual and group counseling, relapse-prevention education, case management, employment preparation, life-skills training, peer support, and continuing aftercare. When permitted by the participant and applicable confidentiality requirements, staff coordinate with court personnel, treatment providers, probation officers, and other members of the participant's service team. Court orders and court-approved treatment plans are incorporated into each participant's individualized moving-forward plan. Case managers help participants understand and complete treatment attendance, drug-screening, medication, reporting, employment, financial, and other court requirements. Staff document participation, address barriers before they become violations, and communicate progress through authorized channels. When a participant begins to disengage, the partners work to reengage her promptly and recommend an appropriate clinical response rather than allowing the situation to progress to homelessness, hospitalization, or incarceration.

New Horizons Behavioral Health provides clinical assessments, psychiatric care, medication management, counseling, peer support, psychosocial rehabilitation, substance use treatment, and intensive services for individuals with serious mental illness or co-occurring disorders. Home for Good and participating housing providers coordinate referrals through CE when a court-involved individual is homeless or at risk of losing housing.

Hope Harbour assists domestic-violence survivors with confidential shelter, safety planning, counseling, legal advocacy, and protective-order support. The CoC uses court supervision as a structured opportunity to reinforce treatment participation, accountability, recovery, income growth, & housing stability while preserving participant rights and applicable substance use & DV confidentiality

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Home for Good partners with New Horizons Behavioral Health and Georgia's crisis system, including 988, the Georgia Crisis and Access Line, 24/7 mobile crisis response, emergency evaluation, crisis stabilization, and post-crisis referral services. CoC providers also coordinate with Hope Harbour's 24-hour domestic-violence crisis hotline and local hospitals when immediate safety or medical intervention is required.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	2

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

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

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

(limit 500 characters)

Home for Good maintains formal partnerships with New Horizons Behavioral Health, CCBHC; Valley Healthcare System, the community's Federally Qualified Health Center and current PATH provider; and MercyMed, an FQHC. Partners accept Coordinated Entry referrals and provide behavioral-health assessments, mental health and substance use treatment, psychiatric and primary care, medication management, peer support, and care coordination

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The House of T.I.M.E.'s CoC Program-funded Time to Recover Transitional Housing Project and Homeless to a Home project operates sober housing in accordance with 24 CFR 578.93(b)(5). The project serves homeless women recovering from substance use disorders and maintains an alcohol- and drug-free living environment with required treatment participation, recovery planning, drug screening, relapse-prevention services, and continuing peer support.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Home for Good coordinates the programs through CE and communication among treatment, crisis, recovery, court, and housing providers. The goal is to ensure that a person leaving outpatient treatment, crisis stabilization, detoxification, inpatient care, a court program, or sober housing is connected to safe housing before discharge rather than released to homelessness. Housing and discharge planning begin early. With informed consent, referring and receiving agencies exchange information needed to confirm eligibility, documentation, treatment and medication needs, safety concerns, income, benefits, and accommodations. A designated staff member remains responsible until the receiving provider confirms contact and placement. Whenever possible, the participant receives a scheduled intake and transportation assistance instead of a resource list.

New Horizons Behavioral Health, Valley Healthcare System, MercyMed, 988/Georgia Crisis and Access Line partners, hospitals, Accountability Court providers, and treatment programs connect people experiencing homelessness or housing instability with Home for Good and Coordinated Entry. Housing providers reconnect participants to these partners for outpatient treatment, medication management, peer support, crisis response, psychiatric care, or a higher level of care. Staff assist with applications, documentation, benefits, transportation, medications, and appointments.

The HOT's Time to Recover and Homeless to a Home programs provide pathways from treatment and sober housing to transitional, supportive, or other permanent housing. Each woman has an individualized moving-forward and discharge plan addressing recovery, income, employment, family reunification, healthcare, relapse prevention, and housing. Weekly aftercare continues support following exit. Hope Harbour coordinates confidential, survivor-centered transitions from emergency shelter and victim services to safe housing without entering personally identifying information into HMIS or compromising safety. When permanent housing is unavailable, the CoC seeks an appropriate interim placement while continuing to pursue stable housing. Providers follow up, address missed appointments or emerging risks, and reconnect participants before a crisis results in eviction or renewed homelessness. This closed-loop process promotes treatment continuity, housing retention, recovery, safety, self-sufficiency, and independence.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,990,561
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,459,638
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	73%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$714,469
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	109%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

Home for Good consults with ESG recipients and local government partners as part of the CoC's ongoing planning, needs assessment, Coordinated Entry (joint priority system) and homelessness-response activities. ESG-funded providers and other emergency-response partners participate in the broader homelessness response system and provide information regarding shelter capacity, emergency needs, service gaps, client barriers, and emerging community needs.

The CoC uses this input, together with HMIS, Coordinated Entry, PIT/HIC, System Performance Measures, outreach information, and other available community data, to identify gaps and inform priorities for homelessness assistance. Coordination also occurs through CoC meetings, committees, technical-assistance activities, community planning efforts, and direct communication among providers.

Home for Good works to align ESG and CoC resources so that emergency shelter, street outreach, homelessness prevention, rapid rehousing, permanent supportive housing, and supportive services operate as a coordinated system rather than as separate programs. ESG recipient feedback is considered when identifying unmet needs, improving referral pathways, addressing shelter and housing capacity, and developing strategies to reduce returns to homelessness. The CoC will continue consulting with ESG recipients during annual planning and funding cycles and will use performance and community-level data to identify changing needs, evaluate system gaps, and coordinate ESG and CoC resources to improve access to housing and supportive services.

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

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

(limit 2,500 characters)

Home for Good incorporated a no wrong door access policy which coordinates with emergency shelter providers through the Coordinated Entry (joint priority) System, referral partnerships, outreach, case management, and ongoing communication among homeless-service providers. Shelters serve as important access points for individuals and families who need immediate safety, stabilization, assessment, and connection to longer-term housing resources. Individuals and families entering emergency shelter are connected to Coordinated Entry and assessed for housing and service needs. Shelter and other frontline staff help identify barriers such as lack of identification or documentation, transportation, behavioral-health needs, employment barriers, family needs, medical needs, and safety concerns. When appropriate, participants are referred to Rapid Re-Housing, Permanent Supportive Housing, Transitional Housing, mainstream benefits, behavioral-health services, employment resources, and other community supports.

Home for Good uses warm handoffs rather than relying solely on resource lists. Staff communicate with receiving providers, confirm eligibility and availability when possible, assist with documentation and transportation, and follow up to support successful connections.

The CoC also coordinates with specialized shelter and service providers. Hope Harbour provides confidential emergency shelter and victim services for survivors of domestic violence and their children. The House of T.I.M.E., SafeHouse Ministries, and Valley Rescue Mission/Damascus Way provide shelter and recovery-related services for appropriate populations. Referrals are made based on participant needs, safety, eligibility, and available housing resources.

This coordinated approach allows emergency shelter to function as an entry point to the broader homelessness response system and supports movement from crisis shelter to stable permanent housing.

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

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

(limit 2,500 characters)

Home for Good uses HMIS, Coordinated Entry, PIT, HIC, and System Performance Measures to understand the scope and characteristics of homelessness and to inform planning, resource allocation, and system improvement. The CoC reviews these data together with information from outreach, shelters, community partners, and other available sources to identify service gaps, emerging needs, geographic disparities, and opportunities to improve housing outcomes.

As permitted by applicable law, privacy requirements, and participant consent, the CoC shares appropriate aggregate, de-identified, or otherwise permissible information with state and local government partners to support community planning and the homelessness response system. Data are used to communicate system needs, evaluate performance, support funding and resource decisions, and coordinate community responses.

Home for Good also uses HMIS and Coordinated Entry information to monitor referrals, housing placements, service connections, returns to homelessness, and other system outcomes. The CoC reviews performance information with participating providers and community stakeholders to identify barriers and develop corrective strategies.

The CoC recognizes that victim-service providers have additional confidentiality requirements. Hope Harbour coordinates with Home for Good through Coordinated Entry while protecting survivor confidentiality and does not enter personally identifying information into HMIS when doing so would compromise the safety or confidentiality of a survivor.

The CoC will continue strengthening data-sharing practices, data quality, and cross-system analysis so that government and community partners have reliable information to guide homelessness-response planning while protecting participant privacy. Regular reviews by the CoC will continue to be shared to improve communications.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

Home for Good uses information from multiple systems alongside HMIS to better understand participant needs, identify service gaps, and improve coordination of care. These sources include Coordinated Entry information, PIT observations, shelter and outreach information, 211 requests, healthcare and behavioral-health partner information, and information available from EMS, hospitals, law enforcement, courts, and other community partners.

The CoC uses these data sources to identify patterns that may not be visible through HMIS alone. For example, Home for Good plans to combine de-identified HMIS/Coordinated Entry information with EMS naloxone administrations, overdose calls, emergency-department trends, crisis contacts, law-enforcement calls, court information, and outreach observations to identify recurring locations, populations, and service gaps.

Healthcare partnerships also help connect individuals with high medical or behavioral-health needs to appropriate care. Home for Good partners with Piedmont Columbus Regional and Valley Healthcare to connect high healthcare utilizers with primary care, behavioral-health services, medication, transportation, benefits, and housing resources. New Horizons Behavioral Health, Valley Healthcare, MercyMed, hospitals, and crisis-system partners also coordinate referrals and follow-up for behavioral-health and substance-use needs.

The CoC uses these sources to support warm handoffs, improve referrals, identify people who may need additional outreach, and coordinate housing with healthcare, behavioral-health, recovery, and other services.

Data are used in accordance with applicable privacy, confidentiality, and consent requirements. For survivors served by Hope Harbour, information sharing is structured to protect confidentiality and safety.

Home for Good will continue strengthening cross-system data coordination and using de-identified information to improve care, target outreach, identify gaps, and improve housing and service outcomes.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Home for Good, the Columbus–Muscogee/Russell County Continuum of Care (CoC) housed within United Way of the Chattahoochee Valley, maintains an active referral and service-coordination formal partnership with Goodwill Industries of the Southern Rivers. Goodwill's Columbus Career Center and South Columbus Opportunity Center provide free career services, including employment assessment, career coaching, résumé and interview preparation, job-search assistance, hiring events, digital and financial education, GED preparation and testing, credential-based training, veteran employment services, and direct connections to employers.

The CoC also coordinates with the Columbus Consolidated Government Job Training Division and Columbus Career Center/One-Stop system. These partners connect eligible participants to Workforce Innovation and Opportunity Act (WIOA) employment and training services, occupational-skills training, labor-market information, supportive services, and referrals to approved training providers. Columbus Technical College provides an additional pathway to adult education, GED attainment, continuing education, technical credentials, and employer-aligned workforce training.

Home for Good and participating CoC housing and service providers identify employment barriers and goals during assessment and incorporate them into each participant's individualized housing and service plan. Programs such as The House of T.I.M.E.'s Homeless to a Home/Family Matters initiative use the "Moving Home" plan beginning at entry and throughout the participant's stay. Case managers make warm handoffs to Goodwill and other workforce partners; assist with enrollment, identification documents, transportation, appropriate clothing, benefits coordination, and child-care barriers; communicate with the receiving partner as permitted; and follow up on attendance, training completion, job placement, income growth, and retention.all are tracked in HMIS

For participants with disabilities, the CoC also coordinates with vocational-rehabilitation services available through the local One-Stop network. These partnerships align housing stabilization with education, employment, increased earned income, and long-term self-sufficiency. They also help prevent a return to homelessness by ensuring that employment planning proceeds at a pace consistent with each participant's safety, recovery, disability-related needs, family responsibilities, and housing goals.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Home for Good, the Columbus–Muscogee/Russell County CoC, coordinates housing-focused street outreach with community partners, SafeHouse Ministries and Pure Joy Ministries, Valley Healthcare System/PATH outreach, United Way 211 and Coordinated Entry. Outreach reaches people living in streets, vehicles, abandoned structures and encampments across Muscogee County, Georgia, and Russell County, Alabama. SafeHouse expands outreach during severe weather to locate people at immediate risk.

The CoC cooperates with the Columbus Police Department, Muscogee County Sheriff's Office, Columbus Fire and EMS, and Phenix City public-safety agencies. Home for Good's governing board includes Captain Curtis Lockette of the Muscogee County Sheriff's Office and representatives of Columbus Consolidated Government and the City of Phenix City. These relationships provide responders with a direct pathway to outreach, CE and housing resources.

When officers, deputies, firefighters or EMS personnel identify a person living unsheltered, they may notify Home for Good, 211 or an outreach partner. When appropriate, outreach staff meet responders at the location or follow up. Responders address immediate safety and medical concerns, while outreach staff lead engagement using person-centered, trauma-informed and noncoercive practices. Participation in services is voluntary & is not required to avoid citation, arrest or removal. Staff protect confidentiality and share information only with consent or as permitted by law.

Outreach workers complete safety & diversion screening, help obtain identification and homelessness documentation, and provide a warm handoff to Coordinated Entry for assessment and prioritization. Based on need, participants are connected to emergency shelter, rapid rehousing or permanent supportive housing; Valley Healthcare or MercyMed; New Horizons Behavioral Health, 988 or mobile crisis; substance-use treatment; VA services; domestic-violence resources; benefits and transportation. If a person initially declines help, outreach workers and responders use repeated, respectful contacts to build trust instead of relying on enforcement. Providers document contacts and referrals in HMIS when appropriate, coordinate high-risk cases through case conferencing, and follow up until housing or service engagement occurs. This approach increases positive interactions, reduces avoidable arrests, ER use and repeated 911 calls & promotes use of CoC housing and Supportive Services

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

HFG incorporates family and support-network reunification into CE, diversion, case management, trends, reunification and discharge planning. At assessment, recipients ask whether a safe relative, chosen family member, recovery sponsor or other support could help resolve homelessness or strengthen housing stability. Reunification is voluntary and pursued only after safety and the receiving arrangement are verified. The House of T.I.M.E.'s Homeless to Home—Family Matters and Time to Recover programs allow mothers to remain with their children while addressing homelessness, substance use and mental-health needs. Each woman's "Moving Home" plan addresses parenting, recovery, income, housing and family goals. Case managers coordinate counseling, parenting education, visitation, DFCS and court obligations, and behavioral-health services.

The Muscogee County Family Drug Court is a specific partner. Its multidisciplinary approach addresses parental substance use and works toward safe permanent child placements and restoration of parenting-time privileges. Housing, court and child-welfare partners coordinate so homelessness or transportation barriers do not prevent progress. Hope Harbour provides confidential, survivor-led services to domestic-violence survivors and children, including safety planning, legal advocacy, counseling, housing assistance and school-stability support. Reunification is never pursued with an abusive person; advocates help survivors reconnect with safe relatives or build new supports without disclosing confidential locations. SafeHouse Ministries and Valley Rescue Mission's Damascus Way provide shelter and recovery case management; Damascus Way promotes family restoration when possible. McKinney-Vento school liaisons help children maintain enrollment and connect families with transportation and resources. When reunification is selected, case managers confirm that the destination is stable and willing to receive the participant; facilitate contact; obtain identification and records; coordinate benefits and services; and arrange bus fare, fuel assistance or other travel costs when available. For destinations outside the CoC, staff contact providers in the receiving community, confirm housing and services before departure, transfer information with written consent, and follow up after arrival. If reunification is unsafe or unavailable, the CoC helps the participant develop a healthy support network while pursuing permanent housing.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Home For Good, cooperates w/ law-enforcement agencies, first responders, courts, emergency medical services, behavioral-health providers, and homeless-service organizations throughout Muscogee & Russell Counties. Partners include the Columbus Police Department, Muscogee County Sheriff's Office, Phenix City Police Department, Russell County Sheriff's Office, Columbus Fire and EMS, Colmbus Connect(an initiative of the Mayor's Commission on Health/dept of Columbus Fire and EMS), Community Policing, local hospitals, Accountability Courts. CoC supports public safety through the following actions:

1.Immediate referral &response: Police officers, deputies, firefighters, EMS personnel, hospitals, courts, other first responders may refer individuals and families experiencing homelessness to CE, emergency shelter, behavioral-health treatment, substance-use recovery services, domestic-violence services, and appropriate housing programs. 2.Crisis intervention &service connection: When first responders encounter someone experiencing a mental-health, substance-use, medical, or housing crisis, CoC partners help assess the person's needs &connect the individual to treatment, shelter, transportation, benefits, case management, &housing resources. 3.Street outreach &engagement: Outreach providers coordinate with law enforcement &first responders when identifying people living in vehicles, encampments, abandoned structures, or other places not meant for habitation. Outreach workers offer voluntary assessments, safety planning, shelter placement, treatment referrals, &CE enrollment. 4.Support for lawful public-safety activities: CoC does not interfere with or impede lawful local efforts involving criminal activity, threats to public safety, trespassing, unsafe structures, illegal drug activity, or the protection of public spaces. When local authorities must address an unsafe location or situation, CoC partners assist by offering available shelter, treatment, transportation, and housing-resource connections. 5.Discharge &reentry coordination: CoC agencies work with hospitals, behavioral-health facilities, courts, jails, &community providers to reduce discharges into homelessness &connect eligible individuals w/housing and SS. 6.Info sharing &training: Within applicable privacy &confidentiality requirements, partners communicate regarding service availability, referral procedures, recurring locations of concern, severe-weather response, & the needs of vulnerable individuals

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Columbus Code Section 14-13, adopted in August 2025, prohibits camping, storing personal property, and interfering with ingress or egress on public property. The ordinance provides local authorities with a process for addressing unsafe or unauthorized encampments. Columbus Police Department's Community Policing Unit has implemented a service-focused practice in which individuals are generally given notice and time to vacate while officers help connect them with available community resources. As of January 2026, CPD reported no arrests under the ordinance and stated that individuals were generally provided eight days to relocate.

The CoC had leveraged this policy through the following steps:

1. Notification and coordination: Public Works, law enforcement, property owners, or first responders notify Home For Good or an appropriate outreach provider when an encampment is identified.

2. Assessment: Outreach staff identify the residents, household composition, disabilities, medical or behavioral-health concerns, veteran status, domestic-violence concerns, and housing barriers.

3. Service connection: Individuals are offered Coordinated Entry, emergency shelter, substance-use or mental-health treatment, transportation, family reunification, transitional housing, or permanent-housing referrals.

4. Joint response: Outreach staff communicate available resources to first responders and assist during the notice period without obstructing lawful public-safety operations.

5. Documentation and follow-up: The CoC records contacts, services offered, acceptances or refusals, placements, and remaining barriers, and follows up after relocation when possible.

The CoC will mitigate harmful effects—including displacement, lost identification or medication, separation from outreach workers, and movement to another unsafe location—by requesting advance notice when practicable, offering transportation and storage assistance when available, protecting confidential information, and maintaining contact after an encampment is cleared.

Columbus's ordinance prohibits camping on public property, while CPD has reported using an outreach-oriented notice process and have agreed to Service first before arrest

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Unsheltered homelessness and small, dispersed encampments continue to exist throughout the CoC's Muscogee and Russell County geographic area. Individuals may sleep in tents, vehicles, wooded areas, beneath bridges, near rights-of-way, or in other locations not intended for habitation. Encampment locations and populations frequently change because of weather, property-owner concerns, law-enforcement notices, health and safety conditions, and movement between Columbus, Phenix City, and surrounding areas. The 2024 PIT Count identified 272 people experiencing homelessness, including 52 unsheltered individuals, representing 19.1% of everyone counted. The remaining 220 people were sheltered. Preliminary results from the January 2026 PIT Count identified 301 people experiencing homelessness across the Chattahoochee Valley, a 1% decrease from 2025. However, the early results showed a 29% increase in unsheltered women and a 7% decrease in unsheltered men. Unusually cold weather may have reduced the number of people located outdoors during the count; therefore, the PIT data should be considered a one-night snapshot rather than a complete census. The CoC does not currently identify one permanent, centralized tent community representing the entire unsheltered population. Instead, outreach and first-responder information indicate a changing pattern of smaller sites and individuals living in isolated locations. These conditions make consistent engagement, transportation, documentation recovery, treatment access, and housing placement more difficult. Columbus's public-camping ordinance became effective in 2025. As of January 2026, Columbus Police reported no arrests under the ordinance and described an approach emphasizing notice, engagement, and connections to resources. Home For Good will continue monitoring conditions through PIT Count data, Coordinated Entry, provider referrals, law-enforcement and first-responder contacts, outreach observations, and reports from community partners. The quantitative figures above come from the Columbus Consolidated Plan and Home For Good's preliminary 2026 PIT release.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Home for Good, the Columbus–Muscogee/Russell County CoC, uses a coordinated public-health/public-safety response to public illicit-drug use. Georgia law prohibits unlawful possession and public disorder, while O.C.G.A. §16-13-5 provides limited medical-amnesty protection when someone seeks emergency help for an overdose. Georgia’s naloxone-access framework and Columbus’s practice of equipping first responders with naloxone support rapid intervention. Russell County partners use Alabama’s naloxone-access, 911/EMS, and law-enforcement pathways. Columbus Accountability Court offers treatment-focused judicial supervision for eligible persons.

Barriers include fear of arrest, stigma, different Georgia/Alabama procedures, limited detoxification and residential capacity, transportation, and the legal threshold for involuntary intervention. These can deter 911 calls or interrupt treatment across the state line.

The CoC’s current plan:

1. Detect and engage. Home for Good will coordinate Valley Healthcare/PATH, 211/Coordinated Entry, shelters, Columbus Police, Muscogee County Sheriff, Phenix City Police, Russell County Sheriff, and Fire/EMS to identify recurring locations and conduct trauma-informed outreach.

2. Stabilize risk. Partners will call 911 for suspected overdose, administer naloxone when trained and available, and use 988, the Georgia Crisis and Access Line, or mobile crisis when behavioral-health symptoms are present.

3. Complete warm handoffs. Outreach or first responders will connect the person—not simply provide a telephone number—to New Horizons Behavioral Health, Valley Healthcare, a hospital or withdrawal-management program, or another appropriate provider. Staff will confirm acceptance and arrange transportation when available.

4. Use treatment pathways. When public safety and law allow, partners will pursue assessment, treatment, Accountability Court, and recovery supports instead of repeated cycling through jail and homelessness.

5. Connect treatment to housing. Home for Good will complete Coordinated Entry and link participants to shelter, recovery housing, RRH, PSH, or other safe housing, including Hope Harbour’s confidential services for domestic-violence survivors.

6. Review results. Quarterly, the CoC will review de-identified overdose reversals, referrals, completed treatment connections, housing placements, repeat contacts, and disparities, then adjust outreach locations, hours, and protocols.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Overdose and illicit-drug use remain an active public-safety and health concern throughout the Columbus–Muscogee/Russell County CoC. Georgia DPH reports that fentanyl in the illicit supply—including cocaine and methamphetamine—has driven overdose risk since 2020. Alabama’s 2026 Drug Threat Assessment also identifies fentanyl and methamphetamine as major threats. Local events confirm current risk: in December 2025, two people died and a third was hospitalized after apparent overdoses at a Columbus motel; in February 2026, a cross-jurisdictional GBI investigation involving Muscogee and Russell County agencies executed 18 search warrants and reported 13 arrests. Enforcement activity is not a complete measure of prevalence. Use and overdose can occur on streets, in vehicles, near encampments, in public-access lodging, and other unstable locations. Many events never reach homeless-service providers, and final county mortality data lag. Home for Good therefore treats the condition as ongoing and high risk, particularly for unsheltered people and people leaving jail, hospitals, or treatment, whose tolerance may have changed.

Current response steps currently are:

- 1.Establish the baseline. Home for Good will review de-identified EMS naloxone administrations, overdose calls, coroner deaths, emergency-department trends, crisis contacts, law-enforcement calls, and HMIS/Coordinated Entry data for both counties.

- 2.Map patterns. Aggregate data and outreach observations will identify recurring locations, times, substances, and populations without disclosing personal or encampment-level information.

- 3.Deploy outreach. Valley Healthcare/PATH, shelters, and other partners will coordinate targeted engagement with first responders and law enforcement, prioritizing overdose survivors and people repeatedly encountered in public.

- 4.Reduce immediate harm. Partners will promote 911 use, naloxone access and training, overdose recognition, and direct crisis, medical, and substance-use assessment.

- 5.Complete warm handoffs. Staff will connect people to the appropriate agencies for withdrawal management, Accountability Court when eligible, and housing through Coordinated Entry. Acceptance and arrival will be confirmed when possible.

- 6.Measure progress monthly. The CoC will track reversals, fatal and nonfatal overdoses, repeat contacts, treatment connections, and housing placements and revise deployment and referral protocols when gaps appear.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC uses established legal standards—not homelessness alone—to address a person who presents a danger to self or others. In Georgia, O.C.G.A. §§37-3-41 and 37-7-41 authorize emergency evaluation through a professional's certificate or court order for qualifying mental-health or alcohol/drug conditions. In Alabama, Ala. Code §22-52-10.4 permits inpatient commitment when clear and convincing evidence establishes mental illness or a qualifying co-occurring substance-use disorder, a real and present threat of substantial harm, deterioration without treatment, and inability to make an informed treatment decision.

Helpful practices include 911/EMS, 988 and the Georgia Crisis and Access Line, New Horizons crisis services, hospital or mobile-crisis evaluation, and court processes. Barriers include different Georgia/Alabama procedures, high legal thresholds, limited crisis or inpatient capacity, transportation delays, and discharge without housing. Commitment will not be used to criminalize homelessness or replace housing.

The CoC currently:

1. Screen and de-escalate. Outreach, shelter, and housing staff will use trauma-informed engagement and assess suicidal or homicidal statements, psychosis, overdose, medical instability, victimization, and ability to meet basic needs.
2. Activate responders. Staff will call 911 for immediate danger and 988, the Georgia Crisis and Access Line, or mobile crisis for urgent behavioral-health evaluation. Law enforcement will be requested when needed for safety.
3. Apply the correct standard. Qualified clinicians, courts, and authorized responders—not CoC staff—will decide whether Georgia or Alabama criteria are met. Staff will document observable facts and use the least restrictive safe option.
4. Prevent discharge to homelessness. Before release from a hospital, crisis unit, jail, or treatment setting, Coordinated Entry will plan shelter, confidential Hope Harbour placement when applicable, recovery housing, RRH or PSH, transportation, medication continuity, and follow-up.
5. Improve practice. The CoC will train partners on state-specific standards and de-escalation and will quarterly review repeat crises, commitment outcomes, discharge-to-homelessness events, response times, and housing connections while protecting civil rights.

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

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

(limit 2,500 characters)

Home for Good, the Columbus–Muscogee/Russell County CoC, will share registry and location information in accordance with SORNA and Georgia, Alabama, privacy, and victim-service requirements. O.C.G.A. §42-1-12 designates the Georgia Bureau of Investigation as the central registry; county sheriffs receive location updates. Georgia restricts certain registrants from residing within 1,000 feet of specified places where children congregate. ALEA maintains Alabama’s registry, and Ala. Code §15-20A-12 requires registrants without a fixed residence to report to local law enforcement weekly. Barriers include differing cross-state requirements, changing records, difficulty describing unsheltered locations, limited lawful housing, and facilities near schools, churches, childcare centers, parks, or other restricted sites. Overbroad disclosure can violate HMIS privacy and Hope Harbour’s victim confidentiality. The CoC continues to:

1.Designate contacts. Home for Good will maintain contacts with the Muscogee and Russell County Sheriffs, Columbus and Phenix City Police, GBI, ALEA, probation/parole, and housing providers.

2.Verify status. With the participant’s knowledge, authorized staff will use official registries and the registration or supervising agency to verify obligations before placement rather than relying on an outdated record.

3.Share required information securely. All registry and location information required by law will be transmitted through approved channels to agencies with a lawful need. HMIS consent and access rules will be followed; victim-service records and confidential locations will not be entered into HMIS or disclosed.

4.Review placements. Housing navigators will confirm that a proposed address complies with distance, victim-contact, supervision, and household restrictions before move-in.

5.Expand lawful housing. The CoC will inventory potentially compliant units, recruit landlords, use scattered-site housing when permissible, and request legal or supervision review instead of discharging a person to the street.

6.Complete warm handoffs. When The House of T.I.M.E., Hope Harbour, or another family-serving program cannot safely or legally accommodate a registrant, staff will arrange a documented handoff to an appropriate provider and registration agency.

7.Monitor results. Quarterly training and case review will address missed reports, cross-state moves, registry errors, housing denials, and returns to homelessness.

1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Home for Good uses coordinated, housing-focused outreach to engage individuals and families experiencing homelessness throughout Columbus–Muscogee County, Georgia, and Russell County, Alabama. Outreach covers streets, vehicles, encampments, places not meant for habitation, and institutional discharges without housing.

The CoC currently:

1. Identify locations and gaps. Home for Good will combine HMIS/Coordinated Entry data with PIT observations, 211 requests, school and outreach referrals, and de-identified information from EMS, hospitals, law enforcement, courts, and shelters. Partners will identify underserved areas without publicly identifying people or encampments.

2. Coordinate field outreach. Valley Healthcare/PATH will be key partners, coordinating with MercyMed, New Horizons, first responders, and the Muscogee and Russell County Sheriffs. Engagement will be trauma-informed, person-centered, culturally responsive, and focused on trust.

3. Maintain accessible entry pathways. People may seek help through outreach, 211, authorized Coordinated Entry access points, shelters, schools, hospitals, behavioral-health providers, courts, and community partners. Regardless of where a household first requests help, trained partners will connect it to an authorized access point through the CoC's standardized referral process. This supports consistent assessment, prioritization, eligibility determination, and referral across the entire CoC.

4. Tailor engagement. Families and students will be linked with McKinney-Vento school liaisons; survivors with Hope Harbour confidentially; women with substance-use or co-occurring disorders with The House of T.I.M.E.; veterans with VA services; people with serious mental illness with New Horizons; and families with appropriate shelter resources.

5. Complete warm handoffs. Staff will address immediate safety, help obtain identification and homeless documentation, connect participants to benefits and needed services, and facilitate Coordinated Entry assessment. Staff will confirm provider availability, arrange transportation when possible, and follow through until arrival.

6. Persist and measure. Teams will revisit people who initially decline services and respond during severe weather and high-risk periods. Quarterly, Home for Good will review contacts, assessments, service connections, housing placements, returns to homelessness, and geographic or demographic gaps, then adjust routes, hours, and partnerships.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes

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

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

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

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

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

(limit 2,500 characters)

Home for Good and participating CoC providers use established referral and coordination procedures to ensure that individuals and families experiencing homelessness are informed of their eligibility for educational services. During Coordinated Entry, shelter intake, outreach, case management, and housing stabilization, families with children are screened for school enrollment, educational needs, transportation barriers, and other factors that may affect educational stability.

Families are connected to McKinney-Vento homeless education liaisons and the appropriate school district or Local Education Agency. Providers coordinate with school personnel to support immediate enrollment or school stability, transportation, school records, educational assessments, and access to available academic and supportive services. Children are not required to delay enrollment because of homelessness or lack of documentation when federal and local requirements provide otherwise.

The CoC also coordinates with Head Start, Early Head Start, public Pre-K, GED programs, community colleges, technical colleges, and other post-secondary education providers. Case managers make warm referrals and assist families with transportation, documentation, scheduling, and other barriers to accessing services.

Educational needs are incorporated into individualized housing and service plans. For families receiving housing assistance, staff continue to monitor educational stability and coordinate with school and community partners as needed so that housing placement supports, rather than disrupts, children's education.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Home for Good coordinates with child welfare and court partners to assist youth and families transitioning from public systems of care and to prevent homelessness associated with discharge from those systems. CoC providers coordinate with the Georgia Division of Family and Children Services (DFCS), local courts, family-service providers, schools, and housing programs when a youth or family is homeless or at risk of homelessness.

The CoC uses Coordinated Entry, case management, and discharge planning to identify housing needs before a youth or family exits a public system of care. When appropriate, staff coordinate housing referrals, benefits, transportation, behavioral-health services, education, employment assistance, and other supports needed to establish stable housing.

The Muscogee County Family Drug Court is an important partner in this work. Its multidisciplinary approach addresses parental substance use and works toward safe permanent child placements and restoration of parenting-time privileges. Housing, court, and child-welfare partners coordinate to reduce barriers related to homelessness, transportation, treatment, and service access. Hope Harbour provides confidential, trauma-informed services to survivors and their children, including safety planning, counseling, legal advocacy, housing assistance, and school-stability support. When domestic violence is present, reunification or placement decisions are approached through a safety-focused, survivor-centered process and are never pursued in a manner that compromises safety.

The CoC's goal is to ensure that youth and families leaving public systems of care have a coordinated pathway to safe, stable housing and the services necessary to maintain that housing.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

Home for Good coordinates with youth-serving organizations and the CoC's Coordinated Entry System to ensure that youth experiencing homelessness or housing instability have access to appropriate outreach, assessment, shelter, housing, education, behavioral-health, and supportive services.

Youth identified through street outreach, schools, shelters, community organizations, or other referral sources are connected to an appropriate Coordinated Entry access point and assessed for housing and service needs. Youth-specific needs, including safety, education, family relationships, behavioral health, employment, and independent-living skills, are considered when determining appropriate referrals.

Home for Good coordinates referrals, information sharing consistent with applicable confidentiality requirements, housing placement, supportive services, and follow-up so that youth do not have to navigate multiple systems independently. The CoC also works with school McKinney-Vento liaisons, community colleges, technical colleges, behavioral-health providers, and other youth-serving partners to address barriers to housing stability.

The CoC will continue strengthening coordination with youth-serving organizations to improve identification, referral, and housing outcomes for youth experiencing homelessness.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Hope Harbour's Rapid Re-Housing project provides housing assistance and supportive services to families with children experiencing homelessness, including survivors of domestic violence and their children. Through Coordinated Entry and individualized case management, participating families receive housing navigation, rental assistance, safety planning, supportive services, and connections to employment, healthcare, education, childcare, and other resources needed to achieve and maintain PH

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

This one we can answer strongly from the information already in the application. The family RRH/TH project incorporates employment and income growth into each family's individualized housing and service plan. Case managers assess employment history, education, skills, income, benefits, transportation, childcare, and other barriers that affect the family's ability to obtain and maintain employment and pay housing costs.

Participants receive referrals and warm handoffs to Goodwill Industries of the Southern Rivers, the Columbus Career Center/One-Stop system, Columbus Consolidated Government Job Training, Columbus Technical College, GED and adult-education programs, and other workforce-development resources.

Services include employment assessment, career coaching, résumé and interview preparation, job-search assistance, hiring events, GED preparation, credential-based training, occupational skills training, and connections to employers.

Case managers assist participants with identification documents, transportation, appropriate work clothing, benefits coordination, childcare barriers, and enrollment in workforce programs. Progress toward employment, training completion, job placement, increased income, and employment retention is incorporated into ongoing case management.

The project connects housing stabilization with employment and income growth so families can increase their ability to sustain rent and other household expenses after rental assistance ends.

This answer is supported particularly well by the existing application's description of Goodwill, the Columbus Career Center, Columbus Technical College, WIOA services, and the individualized "Moving Home" planning process.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Hope Harbour does help clients apply for all of these benefits - they go through the whole process with the client from start to finish to make sure that they get the benefits. This includes helping fill out the forms, setting up appointments, getting the clients to the appointments and helping the obtain all of the documents they need to qualify for these benefits

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The family RRH/TH project combines housing assistance with individualized supportive services addressing the needs of the entire family. Case managers assess childcare, parenting, healthcare, education, transportation, employment, behavioral health, and other barriers that may affect housing stability.

Families are connected to childcare and early-childhood resources, including Early Head Start, Head Start, public Pre-K, and other community providers. School-aged children are connected to McKinney-Vento school liaisons and school districts to support enrollment, transportation, school stability, and educational services. Families may also be connected to GED, community college, technical college, and other educational opportunities.

Parenting and family needs are addressed through case management, parenting education, family-support services, and coordination with child-welfare and court partners when applicable. The CoC also coordinates with healthcare and behavioral-health providers, including Valley Healthcare System, MercyMed, New Horizons Behavioral Health, hospitals, and other community providers.

For survivors of domestic violence, Hope Harbour provides confidential, trauma-informed services, safety planning, counseling, legal advocacy, and housing assistance while protecting the safety and confidentiality of the family. These coordinated supports allow housing assistance to be paired with the services families need to achieve long-term stability and prevent a return to homelessness.

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

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

(limit 500 characters)

Home For Good partners with the Central Alabama Veterans Health Care System, including the Robert S. Poydasheff VA Clinic, the Columbus Vet Center, and VA/SSVF homeless programs. Through Coordinated Entry, the CoC identifies and refers homeless or at-risk veterans; coordinates shelter, HUD-VASH/SSVF housing, health, behavioral-health, benefits and employment services; shares permitted data; and jointly identifies and addresses service gaps.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Hope Harbour partners with the CoC through CE to ensure survivors of DV, dating violence, sexual assault, and stalking have safe, timely access to emergency shelter, housing, mental health, recovery, and supportive services. Through coordinated referrals and trauma-informed, victim-centered care, survivors receive individualized support while maintaining safety & confidentiality. This collaboration reduces barriers & promotes housing stability, recovery, long-term safety and stability

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Home for Good partners with the Chattahoochee Judicial Circuit Accountability Court, which serves Muscogee County, and the CoC Lead serves on its Advisory Board. The partnership identifies participants in court-ordered programs who are homeless or at risk of homelessness and connects them, before program completion, to Coordinated Entry, housing, behavioral-health and recovery services, benefits, employment assistance, and ongoing case management to prevent discharge into homelessness.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Home for Good partners with Piedmont Columbus Regional and Valley Healthcare to serve homeless high utilizers. Piedmont's Mobile Health Clinic screens uncontrolled chronic conditions and uses case/social workers to connect patients to insurance, transportation, medication, and primary care. Valley provides coordinated medical, behavioral-health, dental, pharmacy, and outreach services. CoC staff connect patients to Coordinated Entry, supportive services, and housing.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Home for Good and CoC projects partner with the River Valley Area Agency on Aging/ADRC to serve older adults and people with disabilities. The agency provides needs assessments, short-term case management, home-delivered meals, homemaker and personal-care assistance, respite, Medicaid-waiver screening, and transitions from long-term care. CoC staff coordinate housing and referrals for assisted living, personal care, skilled nursing, and in-home supports.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The House of T.I.M.E.'s Homeless to Home—Family Matters Permanent Supportive Housing Project prioritizes women and families experiencing chronic homelessness. Its written eligibility policies identify documented chronic homelessness as a criterion for entry, along with homelessness, an eligible disabling condition, vulnerability, and the need for supportive housing. Referrals are coordinated through Home for Good's Coordinated Entry process.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The House of T.I.M.E.'s Homeless to Home—Family Matters Permanent Supportive Housing Project combines stable housing with on-site behavioral healthcare for women and families experiencing chronic homelessness. The project serves women with substance use disorders, mental illness, or co-occurring conditions that have contributed to repeated or extended periods of homelessness.

At entry, each participant receives a comprehensive assessment addressing mental health, substance use, physical health, medications, trauma, safety, daily functioning, recovery, family needs, income, and housing barriers. The results are incorporated into an individualized treatment plan and the participant's Moving Home plan, both of which are reviewed and updated throughout her stay.

On-site behavioral-health services include individual and group counseling, substance use disorder treatment, relapse-prevention education, targeted therapeutic interventions, peer recovery support, case management, recovery planning, life-skills development, and aftercare preparation. Staff monitor changes in symptoms, substance use, medication access, treatment participation, daily functioning, and risks to housing stability.

Participants needing psychiatric evaluation, medication management, suicide-prevention services, or specialized clinical care receive a warm handoff to New Horizons Behavioral Health, Valley Healthcare System, MercyMed, or another appropriate provider. Staff assist with scheduling, transportation, documentation, medication access, and follow-up. Crisis needs are addressed through 988, the Georgia Crisis and Access Line, mobile crisis response, crisis stabilization, or emergency medical services.

Providing behavioral healthcare where participants live allows staff to identify concerns early, reengage individuals who miss services, and intervene before a condition results in hospitalization, incarceration, eviction, relapse, or renewed homelessness. Behavioral healthcare is coordinated with housing, employment, income, family reunification, and independent-living goals to promote recovery, stability, self-sufficiency, and movement toward independence.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The House of T.I.M.E.'s Homeless to Home—Family Matters Project has written policies and procedures for assessing whether a participant requires a higher level of care. Assessment begins at entry, continues during regularly scheduled treatment, case-management, and Moving Home plan reviews, and occurs whenever staff observe a significant change in the participant's physical health, behavioral health, cognition, substance use, mobility, self-care, medication management, or ability to live safely and independently.

Staff consider the participant's ability to perform activities of daily living, manage medications, attend appointments, maintain personal and unit safety, comply with her lease, and remain stable with the supportive services available through the project. Indicators requiring immediate reassessment include repeated hospitalization or crisis intervention, worsening psychiatric symptoms, suicidal ideation, danger to self or others, relapse requiring more intensive treatment, falls, confusion, self-neglect, inability to manage medications, or recommendations from a licensed healthcare provider.

When a possible need for higher care is identified, staff consult with the participant and obtain an evaluation from an appropriate medical or behavioral-health professional. Depending on the assessment, the participant may be referred to intensive outpatient treatment, residential substance use treatment, crisis stabilization, inpatient behavioral healthcare, assisted living, personal care, skilled nursing, home-health services, or another appropriate setting.

Project staff coordinate with New Horizons Behavioral Health, Valley Healthcare System, MercyMed, hospitals, crisis providers, and other community partners. They assist with benefits, records, applications, transportation, medications, admission arrangements, and communication among providers.

A participant is not discharged solely because her needs have increased. The project maintains housing while additional services or an appropriate placement are arranged whenever it is safe to do so. If transfer is necessary, staff provide a warm handoff and confirm placement, transportation, medications, and treatment continuity to prevent discharge into homelessness.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The House of T.I.M.E.'s Homeless to Home–Family Matters Project uses its Moving Home initiative to assess and prepare every participant for eventual movement to unsubsidized or other permanent housing when it is safe, reasonable, and sustainable. A Moving Home plan is developed with the participant upon entry and remains active throughout her stay. It is reviewed and updated during scheduled case-management and treatment-plan reviews and whenever her circumstances change.

The plan establishes individualized goals for recovery, behavioral and physical health, income, employment, benefits, savings, budgeting, rental history, credit, daily-living skills, transportation, childcare, family reunification, natural supports, and permanent housing. Progress is documented, barriers are identified, and services are adjusted to help the participant move toward independence.

Readiness is based on the participant's ability to maintain behavioral-health and recovery stability, follow a medication and treatment plan, manage daily-living responsibilities, comply with lease requirements, maintain sufficient income or rental assistance, budget for housing expenses, and continue necessary services following exit. Participant choice, safety, family circumstances, and the affordability and suitability of the proposed housing are also considered.

When a participant is ready, staff create a written transition plan with measurable steps and target dates. Assistance may include housing search, landlord communication, applications, identification documents, deposits, utility arrangements, furnishings, budgeting, employment services, transportation, and connections to healthcare, recovery support, and community resources. Before move-out, staff verify that the housing is safe and affordable and that income, benefits, or rental assistance and necessary services are in place.

No participant is required to leave solely because of length of stay. Movement occurs when another permanent-housing arrangement can reasonably be sustained. Aftercare and follow-up help resolve emerging concerns and prevent a return to homelessness. By helping participants move safely when they no longer need the project's level of support, the Moving Home initiative also makes units available to other women and families experiencing chronic homelessness.

1D. Project Capacity, Review, and Ranking–Local Competition

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

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

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	
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You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1D-2b.

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/11/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and

4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.
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(limit 2,500 characters)

1. Reallocation process: Home for Good uses its established local competition, scoring, and ranking process to evaluate each existing CoC-funded project's performance, effectiveness, and continued community need. The review considers objective project criteria and system-performance measures, including housing stability and exits to permanent housing, returns to homelessness, increased employment and income, supportive-service participation, project utilization, expenditure of grant funds, identified service gaps, and alignment with current CoC priorities. A project may be considered for reallocation when it is underperforming, consistently underutilizing funds, no longer sufficiently responsive to community needs, voluntarily offers funds for reallocation, or when the funds could create a higher-performing or more-needed project.

2. Projects identified: During the FY2026 local competition, the CoC reviewed all renewal projects through its established performance and ranking process. The CoC did not determine that the Homeless to a Home Permanent Supportive Housing project was low performing. However, The House of T.I.M.E. voluntarily proposed reallocating funds from the project because the resources could be redirected to address documented supportive-service needs within the community.

3. Reallocation completed: Yes. The CoC approved the voluntary reallocation of approximately \$184,164 from The House of T.I.M.E.'s Homeless to a Home PSH project to create the new Hands of T.I.M.E. Supportive Services Only project. The proposed SSO project will strengthen service coordination, treatment and recovery connections, transportation, benefits and employment assistance, housing stabilization, and participants' movement toward self-sufficiency.

4. Reason other projects were not reallocated: The CoC did not reallocate funds from the remaining renewal projects because the review found that they continued to address documented community needs and met the applicable performance, utilization, eligibility, and local competition requirements. Therefore, additional reallocation was not warranted. The CoC will continue reviewing project and system-performance data annually and will reallocate funds when necessary to improve outcomes and address gaps in the local homelessness-response system.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	CaseWorthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

(limit 2,500 characters)

The CoC continued its established community-based methodology for identifying and surveying persons experiencing unsheltered homelessness while strengthening implementation through coordinated, team-based outreach. For the 2026 PIT Count, Home for Good coordinated trained volunteers, nonprofit partners, community leaders, and outreach personnel throughout the Columbus-Muscogee/Russell County CoC. The count was conducted January 26–29, 2026. The primary unsheltered count occurred January 27 from 5:30 a.m.–11:00 a.m. at outdoor locations and encampments, with follow-up activities conducted January 28 and January 29. Volunteers worked in teams led by a Home for Good team leader to promote consistent survey administration, safety, completeness, and data quality.

2. How the changes affected the CoC's PIT count results:

The coordinated multi-day approach and follow-up activities increased opportunities to identify persons staying in places not meant for human habitation and helped reduce the likelihood that individuals missed during the primary count remained uncounched. Team leadership and coordinated participation by community partners supported more consistent survey completion and data quality. The CoC's total PIT count was 303 persons in 2025 and 278 persons in 2026, a decrease of 25 persons, or approximately 8.3%. The CoC interprets the results in conjunction with its outreach coverage and data-quality procedures and does not assume that the year-to-year change is attributable solely to methodology.

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

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

(limit 2,500 characters)

During the evaluation period, Home for Good implemented a coordinated outreach and housing-placement strategy to reduce the number of encampments and people residing in places not meant for human habitation. identified encampments and unsheltered individuals using PIT observations, HMIS/Coordinated Entry information, 211 requests, outreach contacts, shelter and school referrals, and information from healthcare providers, first responders, law enforcement, courts, and other community partners. Conducted targeted outreach with community partners, including Valley Healthcare/PATH, MercyMed, New Horizons Behavioral Health, shelters, first responders, law enforcement, and other providers. Outreach focused on repeated engagement and building trust with individuals who remained unsheltered. Assessed individual needs and housing barriers. Outreach staff addressed immediate health and safety needs, assisted with identification and homelessness documentation, connected individuals with benefits and healthcare, and completed or updated CE assessments. Connected people directly to housing and services based on individual needs and eligibility, including emergency shelter, TH, RRH, PSH, recovery housing, behavioral-health and substance-use treatment, healthcare, employment resources, and mainstream benefits. Provided warm handoffs rather than resource lists. Staff contacted providers, confirmed availability, assisted with documentation, coordinated transportation when available, and followed up to determine whether connections were successful. Used coordinated case conferencing and housing navigation to address barriers preventing people from leaving encampments and moving into appropriate housing or treatment. Coordinated responses to health and safety concerns with healthcare providers, first responders and law enforcement when necessary while maintaining the objective of connecting individuals to appropriate housing and supportive services. Monitored outcomes and adjusted outreach. The CoC reviewed outreach contacts, CE assessments, housing placements, service connections, returns to homelessness, and geographic gaps to identify individuals remaining unsheltered and determine where additional outreach and housing resources were needed. Result/Objective: These actions were designed to reduce both the number of encampments and the number of people residing in encampments by moving individuals from unsheltered locations into appropriate shelter, treatment, TH or PH

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	37
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	72
2. Enter the reduction in the number of people in encampments during your evaluation period.	21

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2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

At the beginning of the evaluation period, the CoC estimated 37 encampments with 72 people. The number of encampments did not decrease, although the number of people residing in them fell by 21. Home for Good will build on that progress through coordinated outreach, engagement, and housing placement, while identifying which sites remain occupied and which have been abandoned.

The CoC will use HMIS and Coordinated Entry data, Point-in-Time observations, 211 requests, outreach reports, shelter referrals, and appropriate de-identified information from healthcare providers, EMS, hospitals, law enforcement, courts, and other partners to identify encampments and people experiencing persistent unsheltered homelessness. Valley Healthcare/PATH and other outreach partners will coordinate with shelters, MercyMed, New Horizons Behavioral Health, first responders, and law enforcement to make targeted, repeated visits. Staff will focus on building trust, assessing needs, and connecting residents to services.

Through Coordinated Entry, outreach staff will help people access available emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, recovery housing, behavioral health and substance use treatment, healthcare, benefits, and employment resources. Staff will provide warm handoffs and help address documentation and transportation barriers when resources are available.

When an encampment relocation or public-safety action occurs, the CoC will coordinate advance outreach when practicable, connect residents to available housing and services, protect confidential information, and support continuity of medications and care. Over the next 12 months, Home for Good will track outreach contacts, assessments, service connections, housing placements, returns to homelessness, and occupied versus abandoned sites. Partners will use those results to address gaps and adjust outreach and housing-navigation efforts to reduce both the number of occupied encampments and the number of people living in them.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Home for Good will reduce first-time homelessness by strengthening prevention, diversion, early identification, coordinated referrals, and access to stable housing and supportive services.

The CoC uses Coordinated Entry and community referral pathways to identify individuals and families who are homeless or at imminent risk of homelessness and connect them with appropriate assistance. People may enter the system through 211, outreach, shelters, schools, hospitals, behavioral-health providers, courts, law enforcement, and other community partners.

Home for Good will continue strengthening diversion and problem-solving strategies so that households who can safely remain housed or move directly to another safe housing option do not enter the homeless-services system unnecessarily. Staff assess available family and community supports, benefits, income, transportation, employment, healthcare, behavioral-health, and other resources and connect households to appropriate assistance.

The CoC also addresses factors that contribute to first-time homelessness by coordinating housing with employment and workforce development, behavioral-health and recovery services, healthcare, education, childcare, benefits, and legal and court services.

Landlord engagement and housing navigation are used to expand access to housing and address barriers that can prevent households from obtaining or maintaining a lease.

Home for Good will continue reviewing HMIS, Coordinated Entry, PIT, outreach, and other available data to identify populations and geographic areas with increasing risk of homelessness. Findings will be used to target prevention resources, improve referral pathways, and strengthen partnerships designed to intervene before a household experiences homelessness.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Home for Good will reduce the length of time individuals and families remain homeless by strengthening Coordinated Entry, increasing housing access, improving warm handoffs, and connecting participants to housing and supportive services as quickly as possible.

The CoC maintains multiple access pathways through outreach, shelters, 211, schools, hospitals, behavioral-health providers, courts, and community organizations. Individuals are connected to authorized Coordinated Entry access points for standardized assessment, prioritization, and referral.

The CoC emphasizes housing-focused case management and warm handoffs.

Staff assist participants with documentation, benefits, transportation, applications, housing searches, and connections to supportive services.

Receiving providers are contacted when possible to confirm eligibility and availability, and staff follow up to support successful placement.

Home for Good also coordinates with landlords and housing partners to expand available units and reduce barriers to lease-up. Participants are connected to Rapid Re-Housing, Permanent Supportive Housing, Transitional Housing, recovery housing, emergency shelter, or other appropriate housing based on their needs and eligibility.

The CoC coordinates housing with behavioral-health treatment, substance-use recovery, healthcare, employment, education, childcare, benefits, and other services so that barriers to housing placement can be addressed concurrently rather than sequentially.

Home for Good will continue monitoring Coordinated Entry referrals, housing placements, length of time homeless, returns to homelessness, and other system-performance information to identify delays and improve referral and housing-placement processes.

	2A-7. Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	75.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The percentage of successful permanent housing placements—defined as exits to unsubsidized housing—for Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects was calculated using the HMIS Annual Performance Report (APR), Question 23c, “Exit Destination.” The total number of exits to “Rental by client, no ongoing housing subsidy” was divided by the total number of exits from TH, RRH, and PSH projects, and the result was multiplied by 100.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	237	43	206	73.57%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	34	0	34	100.00%
4. Rapid Re-Housing (RRH) beds	127	60	187	100.00%
5. Permanent Supportive Housing (PSH) beds	66	0	66	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1.Steps to increase coverage: Emergency shelter is the only project type with beds below 85% HMIS coverage. Valley Rescue Mission and House of Mercy account for a significant portion of the uncovered shelter beds. The CoC Lead, HMIS Lead, United Way representatives, the City of Columbus, and other community partners have repeatedly invited both shelters to participate, but progress has been slow. Over the next 12 months, the CoC will meet separately with each shelter's leadership to identify and address its specific concerns about privacy, reporting, staff time, and use of data. The CoC will offer a written participation plan, demonstrations of HMIS access and privacy controls, staff training, and assistance with data entry or an approved data-transfer method. The goal is to bring at least 32 additional emergency shelter beds into HMIS, assuming the current 280-bed inventory remains unchanged.

2.How the steps will be implemented: The HMIS Lead will confirm each shelter's current bed count and document the barriers identified at leadership meetings. The CoC Lead will assign a point of contact, propose a schedule for training and onboarding, and follow up with each shelter at least quarterly. Where a shelter uses its own database, the HMIS Lead will assess whether a compliant data-transfer process is feasible. The CoC will review participating beds against the Housing Inventory Count each quarter and report progress to CoC leadership. If either shelter continues to decline, the CoC will document its outreach and response, continue to seek voluntary participation, and identify any other eligible nonparticipating shelter beds that can be brought into HMIS. The CoC will correct verified inventory errors but will continue to count eligible nonparticipating beds in its coverage calculation.

3A. Policy Initiatives

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

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

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

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

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

No

4A. Attachments Screen For All Application Questions

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

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

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

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

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

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/24/2026
1C. Coordination and Engagement	09/24/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/24/2026
3A. Policy Initiatives	09/24/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required