



# FY26 CoC Local Competition

## Renewal Application

**DUE: Friday, July 3, 2026, at 11:59pm PST**

Cover Page - To Be Completed in [Smartsheets](#)

Project Information	
CoC Project Name:	HUD Grant Number:
Application Type:	Amount Requested:
Project Address:	
Attestation Regarding Potential Budget Reduction	
<p><i>The applicant acknowledges and agrees that the proposed project budget may be subject to reduction if deemed necessary to align with HUD funding priorities and available resources. The applicant understands that any such reductions will be determined by the ranking panel and will be informed by prior spending patterns and demonstrated capacity to expend funds. The applicant further agrees that any adjustments will be limited to the minimum amount necessary to achieve funding alignment while maintaining project feasibility and intent.</i></p> <p><i>The applicant also agrees to submit a revised and fully compliant project budget within five (5) business days of notification of any required budget adjustments.</i></p> <p><i>By submitting this application, the applicant affirms their willingness to accept and implement any such budget modifications as a condition of funding.</i></p>	
Budget Reduction Attestation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attestation Regarding Potential Transition Grant	
<p><i>The applicant acknowledges and requests that, if the project is ranked in Tier 2, it be submitted as a transition grant or a YHDP Replacement in order to align with HUD funding priorities and maximize system performance. The applicant understands that such a transition/YHDP replacement may involve reconfiguring the project to an eligible Transitional Housing (TH) or Supportive Services Only (SSO) component, as determined appropriate by the ranking panel.</i></p> <p><i>The applicant affirms that any transition/YHDP replacement determination will be informed by project performance, system needs, and the project's demonstrated capacity to reasonably and effectively transition to an alternative project type. The applicant further agrees to collaborate in</i></p>	

<p><i>good faith to implement any approved transition/YHDP replacement, ensuring continuity of services and minimizing disruption to participants.</i></p> <p><i>By submitting this application, the applicant confirms their willingness to accept and carry out such a transition/YHDP replacement, if awarded as a condition of funding.</i></p>			
<p>Transition Grant Attestation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>Agency Information</b></p>			
<p>Agency Name:</p>			
<p>Employer or Tax Identification Number:</p>			
<p>Unique Entity Identifier:</p>		<p>Check box up to affirm UEI is active on <a href="https://sam.gov">SAM.gov</a>:</p>	
<p>Primary Agency Contact:</p>			
<p><b><i>Authorized submission of applicant/lead agency</i></b></p> <p><i>To the best of my knowledge and belief, all information in this application is true and correct. This submission has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.</i></p> <p><i>I understand KCRHA may request supplemental information to ensure all materials necessary to complete project application forms can be completed and that failure to provide such supplemental information by the deadline provided could result in an application being deemed incomplete or denied.</i></p>			
<p>Name of Authorized Representative:</p>		<p></p>	<p>Date:</p>



## FY26 CoC Program Local Competition Renewal Application

CoC Program Renewal project awards that end in calendar year 2027 (Jan. 1, 2027 to Dec. 31, 2027) must submit the information required in this Application to be included in the HUD FY 2026 Continuum of Care NOFO process to be eligible for continued funding for 2027-2028.

Renewal projects will be ranked based on their score in a two-part scoring that includes objective criteria calculated from HMIS and other databases (85 points maximum) and responses to the questions below (40 points maximum).

All applications will be reviewed in the following stages:

### 1. Threshold Review

- All applicants must meet minimum requirements.
- Projects failing thresholds are unlikely to receive funding consideration.

### 2. Rating Stage

Projects that pass thresholds are scored on performance and compliance. Key rating areas include:

- System Performance: Movement to permanent housing, exits with earned income, return to homelessness.
- Efficiency & Effectiveness: Spending HUD funds fully, timely APR submission, audit/monitoring results, cost effectiveness, and occupancy rates.
- Data Quality: HMIS completeness and accuracy.
- Priority Measures: Alignment with HUD priorities, target populations served, supportive service participation, onsite behavioral health, mainstream benefits, housing/healthcare partnerships, advancement of public safety.

Scoring totals vary by project type (e.g., PSH, RRH, TH/SSO).

### 3. Ranking Process

- Panel-led ranking: Projects are scored and ranked, though lower-scoring projects may receive a higher ranking in order to achieve the following HUD priorities and local goals:
  - Housing outcomes (permanent exits, low returns, stability)
  - Economic self-sufficiency (income, employment, benefits)
  - System gaps (serve high-need groups, fill capacity gaps, geographic dispersion)
  - System balance for priority populations



## Section I - Threshold Reviews

Under *King County v Turner* 2:25-cv-00814-BJR a preliminary injunction has been extended to King County and KCRHA, as well as all continuum members, enjoining HUD from imposing or enforcing certain new grant conditions related to anti-discrimination law, immigration enforcement, immigration status verification, “gender ideology,” abortions, and compliance with Executive Orders. Consistent with the preliminary injunction, certifications or attestations related to such conditions are struck below and are not required of applicants to this funding opportunity while the preliminary injunction remains in effect.

Applicants who do not affirmatively answer “Yes” to all questions below (excluding those currently enjoined) may risk funding eligibility.

1. **Required:** Is your organization eligible to receive federal funding (i.e. nonprofit organizations – including faith-based organizations, states, local governments, instrumentalities of state and local governments, Indian Tribes and Tribally Designated Housing Entities)  
 Yes  No
2. **Required:** Does your organization have the financial and management capacity to carry out the project as detailed and administer federal funds?  
 Yes  No
3. **Required:** Does the project affirm to only serve populations meeting the definition of "homeless" in [24 CFR 578.3](#), including the definition of "homeless" under section [103\(b\) of the McKinney- Vento Homeless Assistance Act](#)?  
 Yes  No
- ~~4. **Required:** The project will not engage in illegal racial discrimination. This is consistent with the requirements of [2 CFR 200.300\(a\)](#).<sup>1</sup>  
 Yes  No~~
5. **As Required per the HUD FY26 CoC NOFO:** The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the objectives outlined in Section III.B HUD FY26 CoC NOFO and is consistent with the requirements of 2 CFR 200.300(a).

This certification is not a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or

<sup>1</sup> This certification is not required under the *King County v. Turner* preliminary injunction.



exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

Yes  No

## Section II - Application Questions

### Program Population Priority (up to 5 points)

1. Does the program have 100% of units/program dedicated to a High-Needs Population? (Chronically homeless persons, unsheltered persons, recovery based, Elders, seniors and/or disabled persons, families with children, youth and young adults, participants are fleeing Domestic Violence or Sex Trafficking)

Yes  No

- a. If yes, please select the population:

*Rating Criteria:*

- 5 Points: Chronically homeless persons
- 3 Points: Unsheltered persons, “Recovery Based”, Elders, seniors and/or disabled persons, Families, Youth and Young Adults, households fleeing Domestic Violence or Sex Trafficking
- 0 Points: Program is not serving 100% of a Prioritized Population.

### Supportive Service Participation ([24 CFR 578.75\(h\)](#)) (2 points)

1. Does the project ensure program participants take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) that provide structure and accountability to meet individual needs and advance progress toward self-sufficient and independent living goals in line with [24 CFR 578.75\(h\)](#).

Yes, if yes:

- a. Please provide a supportive service agreement (contract, occupancy agreement, lease, or equivalent) if available.

No

*Rating Criteria:*

- 2 Points: Agency requires participants to engage in supportive services and provides evidence of required engagement in alignment [24 CFR 578.75\(h\)](#) based on attached agreement OR proposed program exclusively serves victims of domestic violence, dating violence, sexual assault, or stalking.
- 1 Point: Agency encourage participants to engage in Supportive services but does not require it.
- 0 Points: Agency does not require participants to engage in supportive services or does not provide evidence.



### Onsite Behavioral Health Treatment Supports (5 points)

2. Does the project provide treatment and services people need to recover and regain self-sufficiency including on-site behavioral health treatment, and robust wraparound supportive services?
- Yes
- a. If yes, include examples of written documentation (program description, protocols, service model) to demonstrate that onsite behavioral health treatment supports are provided **OR** a current letter of agreement or MOU with the partner agency or internal team responsible for delivering onsite behavioral health treatment services..
- No
3. Are the behavioral health services provided by a licensed [behavioral health agency](#)?
- Yes  No

#### Rating Criteria:

- 4-5 points: Applicant provides Letter or MOU demonstrate onsite behavioral health supports provided by a licensed [behavioral health agency](#).
- 1-3 points: Applicant provides a plan for onsite behavioral health support without formal agreement or is an outreach program with no onsite location.
- 0 points: Project does not provide onsite behavioral health supports OR provides evidence of support provided by an agency that is not a licensed [behavioral health agency](#).

### Monitoring & Agency Audit (5 points)

4. Has this program been monitored by HUD since 1/1/22?
- Yes  No **Date of last monitoring:**
5. Are there any open HUD or KCRHA monitoring findings or recommendations related to this CoC Program project or other HUD or KCRHA funded projects within your Agency? HUD programs include, but are not limited to ESG, CDBG, Home, and HOPWA.
- Yes  No
6. Has HUD or KCRHA instituted any sanctions on any project of your agency, including but not limited to, suspending disbursements (e.g., freezing LOCCS, requiring repayment of grant funds or de-obligating grant funds due to performance)?
- Yes  No

**If YES to any of the above, an attachment is required:** A brief narrative describing the issue and status of the concerns/findings and include a copy of the audit findings, related correspondence, and action to resolve the finding.

#### Rating Criteria:

- 5 Points: No open findings or recommendations.
- No partial points



**Mainstream Benefits Supports (5 points)**

7. How does the project partner with SOAR, SSI/SSDI, SNAPs, and Medicaid/Medicare, and support participants in accessing and enrolling in mainstream benefits (e.g., through referrals, co-enrollment, SOAR-assisted applications, and benefits navigation)?
8. Does your agency have formal agreements (e.g., MOUs, contracts, or letters of commitment) with any of the partners listed in question 7?
- Yes  No
- a. If yes, please upload or provide documentation of these agreements (MOUs, letters, contracts).
9. Approximately what percentage of participants are connected to at least one mainstream benefit through these efforts?

**Rating Criteria:**

- 5 Points: The program indicates at least one mainstream benefit program to which they connect participants.
- No partial points.



**Program Termination (2 points)**

10. Please describe how the program's service model uses trauma-informed, person-centered approaches to minimize terminations, including the termination process, prevention steps, and supportive services provided to reduce returns to homelessness and promote positive outcomes.

*Rating Criteria:*

- 2 Points: The program provides clear description and documentation that identifies a clear service model and supports minimizing program termination in alignment with HUD standards of trauma-informed, person-centered care.
- No partial points.



**Participant Engagement & Feedback (2 points)**

11. Does your agency solicit and respond to feedback from participants?

Yes, if yes:

- a. Please describe the process(es) you use for participants to provide input and feedback. Describe how and when the information is collected and provide a specific example of how participant feedback has been used in your program to enhance supportive services offered, with a particular emphasis on enhancing individual wellbeing, within the past two years.

No, if no:

- b. Please explain your reasoning for not soliciting and responding to participant feedback.

*Rating Criteria:*

- 2 Points: The program solicits qualitative and quantitative feedback more than once a year and provides clear examples of how they have changed practices based on feedback and engagement.
- 1 Point: The program solicits feedback once a year but does not provide examples of how they have changed practices based on feedback and engagement.
- 0 Points: The program does not solicit or incorporate participant feedback



### Individuals Who Are Experiencing or Have Experienced Homelessness (2 points)

12. Does your agency have a dedicated board seat for individuals who are experiencing or have experienced homelessness?

Yes, if yes:

a. If yes, briefly describe how individuals with lived and/or living experience are recruited, supported, and meaningfully engaged in board participation.

No

#### *Rating Criteria:*

- 2 Points: The agency has a dedicated board seat for individuals who are experiencing or have experienced homelessness.
- No partial points.

### Advancing Public Safety (2 Points)

13. Describe how your project partners with law enforcement, first responders, and/or outreach teams to support coordinated and humane responses to unsheltered homelessness, including participation in encampment response or crisis intervention efforts. For housing projects (PSH, RRH, TH), responses should reflect how these partnerships support engagement of unsheltered individuals, safe transitions into housing, and increased safety within the broader community.

#### *Rating Criteria:*

- 2 Points: The project provides clear, specific, and current evidence of partnerships with law enforcement and/or first responders. Includes Named partners (e.g., police departments, fire/EMS, outreach teams), description of regular coordination activities (e.g., case conferencing, joint outreach, encampment response) and examples of how these partnerships improve safety outcomes and reduce harm/trauma for unsheltered individuals and the broader community.
- No partial points.



**Braided Funding (10 Points)**

14. Has the project secured or committed external funding that leverages housing and/or behavioral health resources.

Yes, if yes:

a. Include and attach at least one of the following:

- i. Award letter(s) from WSHFC, PHA, OH, or DCHS
- ii. Executed or draft agreement with a PHA for Move-On vouchers
- iii. Other verifiable documentation confirming committed capital, operating, or service funding tied to housing stability or behavioral health services

No

15. Briefly explain how these funds support your project and contribute to improved outcomes.

*Rating Criteria:*

- 10 Points: Award letter(s) (WSHFC, PHA, OH, DCHS) or executed Move-On voucher agreement. Funding is committed and aligned.
- 5 Points: Draft agreement, LOI, or pending award, Credible but not finalized funding
- 0 Points: No documentation or funding is uncommitted/unrelated

**Geographic Diversity of Funds (5 Points)**

16. Please list the project's funding sources that allow services to be available countywide and support participant placements across multiple jurisdictions.

*Rating Criteria:*

- 5 Points: Committed funding supports services countywide & enables placements across multiple jurisdictions.
- 3 Points: Some committed funding but limited geographic coverage. Cross-jurisdiction placements are partial or constrained.
- 0 Points: No committed funding or restricted to a single jurisdiction.



## Required attachments:

- Supportive Services Agreement
- MOUs, contracts, or letters of commitment:
  - Behavioral Health Services
  - Mainstream Benefits Access or Co-enrollment
  - Award letter(s) from WSHFC, PHA, OH, or DCHS
  - Executed or draft agreement with a PHA for Move-On vouchers
- Audit finding report, if applicable
- 501(c)3 Documentation, if not already in Salesforce
- [Code of Conduct](#)

## INFORMATIONAL ONLY - NOT SCORED

1. Please check all the current partnerships, population supports, or services offered in your program:

- |  |   |
|--|---|
| <input type="checkbox"/> Treatment and Recovery Services   | <input type="checkbox"/> Employment and Workforce Development                                   |
| <input type="checkbox"/> On-site substance use treatment   | <input type="checkbox"/> Family or Support Network Reunification                                |
| <input type="checkbox"/> Outpatient treatment for mental health  | <input type="checkbox"/> Public Housing Authorities   |
| <input type="checkbox"/> Outpatient treatment for substance use  | <input type="checkbox"/> Educational supports for youth – Head Start, Public Pre-K              |
| <input type="checkbox"/> Medication Management   | <input type="checkbox"/> Local Educational Agencies or McKinney-Vento Liaisons                  |
| <input type="checkbox"/> Peer recovery specialists   | <input type="checkbox"/> Foster Youth Transition Programs                                       |
| <input type="checkbox"/> Peer support and recovery navigation  | <input type="checkbox"/> Runaway Homelessness Youth Programs                                    |
| <input type="checkbox"/> Assertive Community Treatment   | <input type="checkbox"/> Maternity Group Homes  |
| <input type="checkbox"/> Drug Courts   | <input type="checkbox"/> Department of Veteran Affairs or Veteran Organizations                 |
| <input type="checkbox"/> Assisted Outpatient Treatment programs  | <input type="checkbox"/> State domestic violence, sexual assault, or sex trafficking coalitions |
| <input type="checkbox"/> Other Specialty Courts  | <input type="checkbox"/> Residential care, assisted living, or medical respite for elders       |
| <input type="checkbox"/> Inpatient Civil Commitment  | <input type="checkbox"/> Justice System Re-entry  |
| <input type="checkbox"/> Local Crisis Systems of Care  | <input type="checkbox"/> High Utilizers of Healthcare Systems                                   |
| <input type="checkbox"/> Units that require substance use treatment engagement                         |   |
| <input type="checkbox"/> Formal partnership with a Community Behavioral Health or Mental Health Clinic |   |
| <input type="checkbox"/> Sober Housing   |   |



2. Check the appropriate box(s) if this project has a specific subpopulation focus. (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> N/A - Project Serves All Subpopulations | <input type="checkbox"/> Mental Illness         |
| <input type="checkbox"/> Domestic Violence                       | <input type="checkbox"/> Families with Children |
| <input type="checkbox"/> Veterans                                | <input type="checkbox"/> HIV/AIDS               |
| <input type="checkbox"/> Substance Use                           | <input type="checkbox"/> Chronic Homeless       |
| <input type="checkbox"/> Youth (under 25)                        | <input type="checkbox"/> Other:                 |

3. For all supportive services available to participants, indicate who provides them and frequency.

Supportive Services	Provider	Frequency
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		



4. Please check all that are true. *Add information as requested.*
- a.  We have specialized staff, or contract with another organization, for the primary responsibility of identifying, enrolling, and following up with clients regarding participation in SSI/SSDI.
  - b.  We have staff, or contract with another organization who has staff, who participated in an in-person or online SOAR training in the last 24 months.

**NOTE:** If the box for b is checked, identify staff by job title, and organization.

5. Describe how this program coordinates with healthcare organizations.

