

Fulton County CoC

1B-1. Accountable Structure and Participation.

NOFO Sections V.B.1.c.(1) and V.B.1.c.(2)

Guidance—

A. If you select ‘Yes’ for Participated in CoC Meetings, you must enter the number of persons who are on the CoC Board from that stakeholder in the Number of CoC Board Members column. If there are none, enter “0.”

B. Elements 46 and 47 ‘Other’ are optional—you can provide additional information if you choose. You must enter information in the ‘Other’ field in *e-snaps* and save the page, then select the appropriate responses.

C. For section V.B.1.c.(2) of the NOFO, HUD has published a list of CoCs that it defines as rural CoCs: <https://www.hud.gov/hud-partners/community-coc>. Rural CoCs are only required to demonstrate that they have 1 elected public official on their Board. Non-rural CoCs must demonstrate that there are 3 elected public officials for full points.

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.
-

#	Entity	Participated in CoC Meetings	Number of Board Members
1	Affordable Housing Developer(s)	Yes	0
2	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	11
3	Certified Community Behavioral Health Clinic (CCBHC)	No	0
4	Community Mental Health Center (CMHC)	No	0
5	Disability Advocate(s)	Yes	1
6	Disability Service Organization(s)	Yes	1
7	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	0
8	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9	Faith-based Organization(s)	Yes	2
10	Homeless or Formerly Homeless Person(s)	Yes	4
11	Hospital(s)	No	1
12	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	0
13	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	N/A	N/A
14	Law Enforcement	Yes	1
15	Local Court Systems, including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16	Local Government Staff/Official(s)	Yes	1
17	State Government Staff/Official(s)	Yes	0

<u>18</u>	<u>State or Local Elected Public Official(s)</u>	<u>Yes</u>	<u>7</u>
<u>19</u>	<u>Local Jail(s)</u>	<u>No</u>	<u>0</u>
<u>20</u>	<u>Mental Health Service Organization(s)</u>	<u>Yes</u>	<u>1</u>
<u>21</u>	<u>Mental Illness Advocate(s)</u>	<u>Yes</u>	<u>1</u>
<u>22</u>	<u>Organization(s) led by and serving people with disabilities</u>	<u>Yes</u>	<u>0</u>
<u>23</u>	<u>Other homeless subpopulation advocate(s)</u>	<u>Yes</u>	
<u>24</u>	<u>Other nonprofit homeless assistance provider(s)</u>	<u>Yes</u>	<u>[number]</u>
<u>25</u>	<u>Other social service provider(s)</u>	<u>Yes</u>	<u>[number]</u>
<u>26</u>	<u>Public Housing Agencies</u>	<u>Yes</u>	<u>[number]</u>
<u>27</u>	<u>Recovery Housing or Sober Living Provider(s)</u>	<u>Yes</u>	<u>1</u>
<u>28</u>	<u>School Administrators/Homeless Liaison(s)</u>	<u>Yes</u>	<u>0</u>
<u>29</u>	<u>School District(s)</u>	<u>Yes</u>	<u>0</u>
<u>30</u>	<u>Street Outreach Team(s)</u>	<u>Yes</u>	<u>0</u>
<u>31</u>	<u>Substance Abuse Advocate(s)</u>	<u>Yes</u>	<u>2</u>
<u>32</u>	<u>Substance Abuse Service Organization(s)</u>	<u>Yes</u>	<u>2</u>
<u>33</u>	<u>Universities</u>	<u>Yes</u>	<u>1</u>
<u>34</u>	<u>Veteran Serving Organization(s)</u>	<u>Yes</u>	<u>1</u>
<u>35</u>	<u>Agencies Serving Survivors of Human Trafficking</u>	<u>Yes</u>	<u>1</u>
<u>36</u>	<u>Victim Service Provider(s)</u>	<u>Yes</u>	<u>0</u>
<u>37</u>	<u>Domestic Violence Advocate(s)</u>	<u>Yes</u>	<u>0</u>
<u>38</u>	<u>Other Victim Service Organization(s)</u>	<u>Yes</u>	<u>0</u>

<u>39</u>	<u>State Domestic Violence Coalition</u>	<u>Yes</u>	<u>0</u>
<u>40</u>	<u>State Sexual Assault Coalition</u>	<u>No</u>	<u>0</u>
<u>41</u>	<u>Youth Advocate(s)</u>	<u>Yes</u>	<u>1</u>
<u>42</u>	<u>Youth Homeless Organization(s)</u>	<u>Yes</u>	<u>1</u>
<u>43</u>	<u>Youth Service Provider(s)</u>	<u>Yes</u>	<u>1</u>
<u>44</u>	<u>Other Homeless Assistance Provider(s)</u>	<u>Yes</u>	<u>2</u>
<u>45</u>	<u>Local Business or Chamber of Commerce or a Member of a Business Improvement District</u>	<u>No</u>	<u>0</u>
<u>46</u>	<u>Other:</u>	<u>Yes / No / Nonexistent</u>	<u>[number]</u>
<u>47</u>	<u>Other:</u>	<u>Yes / No / Nonexistent</u>	<u>[number]</u>

1B-2. Open Invitation for New Members.

NOFO Section V.B.1.c.(3)

Guidance–

- A. Your response must describe **how** your CoC ensures the invitation for new members to join is transparent and publicly available within the CoC's geography.
- B. Your response must indicate that the invitation process occurs at least **annually**.

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

Limit 2,500 Characters

The Fulton County CoC issues an open, public invitation for new members at least once each year to individuals and organizations who affirm a professional interest in, and/or a personal commitment to, effectively making homelessness in Fulton County CoC's geographic area rare, brief, and non-recurring. The annual invitation is posted on the Fulton County CoC's website, where it remains publicly available along with instructions for joining. Interested persons may also request membership information at any time by emailing homelessinfo@fultoncountyga.gov.

The CoC also distributes the application by email to the CoC listserv, shares it through the County Communications Department's efforts, including social media, and circulates it across County departments and partner municipalities. These channels make the invitation transparent and accessible to providers, faith-based organizations, local governments, and residents.

Annually, the CoC identifies and addresses membership gaps in essential sectors, from key providers or other vital stakeholders. The CoC recruits members to ensure that it meets all membership requirements set forth in its governance charter. Specifically, outreach is conducted to obtain membership from individuals and groups that operate within the CoC's geographic area.

1B-3. CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.

NOFO Section V.B.1.c.(3)

Guidance–

- A.** Your response must describe **how** your CoC solicits and considers opinions regarding the CoC's general performance, strategies, and priority setting process.
- B.** Your response must describe the **broad array of individuals and organizations** and their knowledge or interest in preventing or ending homelessness within your CoC's geographic area.

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.

Limit 2,500 Characters

The Fulton County CoC uses a transparent, year-round process to solicit and consider opinions on its general performance, strategies, and priority setting from a broad array of individuals and organizations with knowledge of or interest in preventing and ending homelessness. Participants include local municipalities, CoC and ESG-funded providers, PSH, RRH, TH, and emergency shelter operators, street outreach teams, behavioral health and substance use treatment providers, victim service providers, housing developers, public housing agencies, faith-based organizations, persons with lived experience of homelessness, and community residents.

CoC Board and General Membership meetings are open to all participating agencies and stakeholders and give members a forum to review system performance, receive updates and training, and comment on CoC priorities. Standing committees made up of CoC members carry out key responsibilities: the System Performance/HMIS and Data Committee reviews HMIS data, data quality, and project performance; the Coordinated Entry Committee gathers feedback on access, prioritization, and referral practices; and the Rank and Review Committee sets and applies the local competition's scoring and ranking. Members may offer recommendations during meetings or by email, and committees report their analysis and recommendations to the CoC Board for discussion and approval.

The CoC solicits input on strategy through strategic planning. In June 2025, the CoC Board, which includes four members with lived experience, held a full-day session to identify barriers, effective practices, and goals, and the resulting 2026-2030 Strategic Plan was presented to the full membership for feedback. Members recommended emergency shelter in North and South Fulton, a specific funding goal, ongoing opportunities for input, and shared outcome dashboards, and the CoC added the North and South Fulton shelter strategy directly to the plan. For priority setting, the CoC held an open webinar on June 17, 2026, on the FY 2026 NOFO, local priorities, and scoring, with a public question-and-answer period.

Meeting notices are shared in advance through the CoC website, County and CoC listservs, the Communications Department's media portal, social media, and the Homeless Assessment Centers, and minutes are posted on the CoC website.

1B-4. Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.

NOFO Section V.B.1.c.(3)

Guidance–

- A.** Your response must describe **how** your CoC accepts and considers proposals.
- B.** Your response must indicate if you received proposals from **organizations that have not previously received CoC Program funding** and, if not, what your CoC does to outreach to organizations that have not previously received CoC funding.

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

Limit 2,500 Characters

The Fulton County CoC uses an open and publicly advertised process to accept and consider proposals from all eligible organizations, including those that have not previously received CoC Program funding and faith-based organizations. In anticipation of HUD releasing the FY2026 NOFO, the CoC issued a public Letter of Intent (LOI) solicitation on the CoC

website, through the CoC membership listserv, to CoC Board members, and through a press release. The LOI was only as a prerequisite to apply, and every organization that submitted an LOI by the deadline was invited to the local competition, regardless of prior CoC funding history.

The CoC hosted an open applicant meeting on June 17, 2026, to review the FY 2026 NOFO, HUD and local funding priorities, the competition timeline, application requirements, and the Rank and Review process, and shared the meeting materials with LOI applicants. New and renewal project application forms were made available to all applicants. Before local applications were due on July 14, 2026, the CoC published its scoring tool and local project priority policy so all applicants understood how projects would be evaluated and selected.

The Rank and Review Committee screened each application against HUD and local threshold criteria, scored eligible applications using the published tool, and ranked projects according to the priority policy. The CoC Board approved the Priority Listing, and applicants received written notice of acceptance or rejection, including scores and rank, on September 21, 2026, along with information on the CoC's appeal process.

For FY2026, the CoC received six new project proposals, all from organizations that had not previously received CoC Program funding. A faith-based organization, Solomon's Temple Foundation, was selected for a new Transitional Housing project for families with children. Step Up on Second Street and Georgia Harm Reduction Coalition, both new to the Fulton County CoC were also selected for new supportive services projects.

1B-5. Plan for Comprehensive Strategies for Reducing Homelessness.

NOFO Section V.B.1.c.(4)

Guidance—Your response should describe how your plan includes:

- Identifying the gap, using data or stakeholder feedback;
- The strategy to address the needs of all relevant subpopulations;
- Quantifiable performance measures;
- Timelines for the completion of specific tasks;
- Identifying specific funding sources for planned activities; and
- An individual or body responsible for overseeing implementation of specific strategies.

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

Limit 2,500 Characters

The CoC's 2026 - 2030 Strategic Plan and 2025 Coordinated Entry Evaluation found that CES outflow relies heavily on PSH, with too few exits through rapid rehousing (RRH) and

prevention. The 2026 PIT count found 323 people experiencing homelessness, a 34% increase from 2025, with 146 unsheltered. Emergency shelter beds fell from 139 in 2024 to 78 in 2025, and total housing inventory fell another 8.7% in 2026, driven largely by lost RRH capacity. Adult-only households made up 85.9% of households counted, yet most beds serve families. CoC members also asked for additional shelter capacity in North and South Fulton in feedback provided for the County's HOME-ARP Allocation Plan.

Based on this identified gap, the CoC will work to diversify exits using interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations. For chronically homeless households, the CoC is renewing five PSH projects dedicated to chronic homelessness (MOVE, RISE, Higher Ground Phase II, Mary's Heart, and PADV). For families, the CoC will look to expand RRH and prevention paired with services that raise income to pay rent and leverage mainstream systems such as TANF. The CoC's goal is to identify and increase RRH and HP funding targeted to families within two years. Targeted projects in this CoC competition include new family transitional housing units (Solomon's Temple), street outreach for unsheltered persons (Step Up), supportive services for persons with high medical needs (Georgia Harm Reduction Coalition) and DV-dedicated PSH (PADV). The CoC will p

The CoC aims to hold projects to the CoC's FY2026 project benchmarks, including 90% remaining in or exiting to permanent housing, 20% of exits to unsubsidized housing for TH, RRH, and PSH projects, 2% or lower returns to homelessness rates within six months, 55% of adults with income and 25% increasing their earned income. Identified funding sources include CoC funding, State ESG funding, Fulton County Community Services Program (CSP), and Fulton County's HOME-ARP Allocation. The County issued a RFP for supportive services and homeless prevention services. The CoC Board will be primarily responsible for overseeing the implementation of these strategies, with support from the CES committee and HMIS and Performance Committee who will monitor performance data.

1B-5a. Confirmation of Plan Coverage.

NOFO Section V.B.1.c.(4)

Guidance—In this question you are indicating that your response in question 1B contains the 6 elements identified.

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

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

6.	An individual or body responsible for overseeing implementation of specific strategies	Yes
----	--	-----

1C. Coordination and Engagement

1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability. NOFO Section V.B.1.c.(5)

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**.

Guidance—

- A. CoCs should only include transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH) projects in the calculation for this question.
- B. The NOFO assigns maximum points for availability of on-site substance use treatment in at least 30% of your TH/RRH/PSH projects.
- C. Rural CoCs will receive full points for identifying access to treatment. Refer to the resource on HUD's CoC Program page to determine whether HUD has identified your CoC as a rural CoC: <https://www.hud.gov/hud-partners/coc-program-competition>.

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

N/A

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders. NOFO Section V.B.1.c.(5)

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 Character

As the CoC's Collaborative Applicant, Fulton County makes its Behavioral Health Network available to CoC participants. Coordinated by the Fulton County Department of Behavioral Health and Developmental Disabilities (BHDD), the Network provides outpatient mental health and substance use treatment, in person and by telehealth, to all Fulton County residents regardless of ability to pay, including uninsured residents. Network partners include Grady Health System for adult outpatient care and the Fulton County Crisis Center, River Edge for adults, CHRIS 180 for children, adolescents, and emerging adults, Health Connect America (GA Hope) for children and adolescents, and Summit Counseling for school-based care. The CoC also has a formal MOU with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the state PATH recipient.

CoC-funded projects deliver a range of levels of care directly. CaringWorks (MOVE and RISE PSH) is a CARF-accredited, state-licensed Tier II Core Medicaid behavioral health provider and Community Mental Health Center licensed for ASAM-level addiction treatment. Mary Hall Freedom Village (Higher Ground Phase III and Mary's Heart PSH) provides a CARF-accredited continuum of residential, day treatment, intensive outpatient, outpatient, and aftercare services matched to clinical need.

Psychosocial interventions are evidence-based. CaringWorks provides individual, group, and family counseling and PTSD and grief treatment using the Matrix Model, Seeking Safety, Integrated Dual Disorder Treatment, and Cognitive Behavioral Therapy, in homes, at its offices with transportation, or by telehealth. Mary Hall Freedom Village provides psychoeducation, coping skills, relapse prevention, and trauma-focused groups. For medication management, CaringWorks offers psychiatric services, and at Mary Hall Freedom Village a psychiatrist and nurse practitioners manage medications, with Medication-Assisted Treatment through Newport Integrated Behavioral Health Care.

Mary Hall Freedom Village screens every participant for suicide risk at intake and completes a Suicide Risk Assessment and Safety Plan whenever risk emerges, and CaringWorks and PADV connect participants to the Georgia Crisis and Access Line and 988 for 24/7 crisis response. Recovery supports include CaringWorks' Certified Peer Specialist groups three days per week and Mary Hall Freedom Village's alumni program and AA and NA connections.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.
NOFO Section V.B.1.c.(5)

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

Limit 2,500 Characters

The Fulton County CoC ensures access to peer recovery specialists and recovery navigation through its formal MOU with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the Fulton County Behavioral Health Network, and CoC-funded projects that employ peers directly. DBHDD certifies Georgia's Certified Peer Specialists in mental health (CPS-MH) and addictive disease (CPS-AD) and funds individual and group peer support in treatment agencies, community settings, and 24/7 peer warm lines. As the CoC's Collaborative Applicant, Fulton County also makes its Behavioral Health Network, coordinated by the Fulton County Department of Behavioral Health and Developmental Disabilities, available to CoC participants regardless of ability to pay [, including peer support services through Network partners].

CaringWorks, which operates the MOVE and RISE PSH projects, provides Peer Support Services led by DBHDD-credentialed Certified Peer Specialists (MH/AD). Groups meet three days per week and cover managing stress, problem solving, communication, resiliency, maintaining sobriety, and relationship roles, along with community outings. Using strengths-based, motivational interviewing, and trauma-informed approaches, peers help participants build illness self-management, relapse prevention, natural supports, and community living skills, and progress toward employment and independent living.

Mary Hall Freedom Village, which operates the Higher Ground Phase III and Mary's Heart PSH projects, embeds peer recovery support throughout its program. Individuals with lived experience of recovery, including MHFV staff, mentor participants, and its alumni program, AA and NA groups, and other recovery support groups provide continuing peer accountability after treatment. PADV offers peer support groups for survivors and a DV Survivors Speakers Bureau, and connects survivors in recovery to virtual AA and NA meetings.

The proposed Georgia Harm Reduction Coalition project adds recovery navigation. Each participant is assigned a peer support specialist at first contact who uses lived experience to help address needs, link to treatment, and pursue recovery goals, in person or virtually.

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

NOFO Section V.B.1.c.(5)

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 Fulton County CoC identifies individuals with serious mental illness (SMI) at every entry point. The CoC's Coordinated Entry assessment tool includes specific mental health questions,

such as days of poor mental health and how mental health affects daily functioning, allowing the CoC to identify mental health needs as part of its vulnerability and service-matching process. The Homeless Assessment Centers screen for disabling conditions, street outreach engages people least likely to seek help, and PSH providers verify disability at referral and complete clinical assessments at intake, including Mary Hall Freedom Village's biopsychosocial assessment of mental status, co-occurring disorders, and treatment history. As a result, CoC-funded PSH reaches people with SMI: in 2024-2025, all 26 parents served by CaringWorks' MOVE project had an SMI diagnosis, and all 15 women served by its RISE project had a mental health disorder.

Once identified, individuals can be connected to intensive services through the CoC's formal MOU with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the state PATH recipient. DBHDD also funds Assertive Community Treatment (ACT), an intensive, team-based model for people with SMI that combines assertive outreach, psychiatric care, and small caseloads. Participants can access ACT and crisis stabilization through the Georgia Crisis and Access Line (GCAL), DBHDD's 24/7 entry point for routine and crisis behavioral health services, which the CoC's Coordinated Entry Policies and Procedures direct providers to use.

CoC-funded projects also pair intensive care coordination with treatment. CaringWorks uses Critical Time Intervention, an evidence-based model that adjusts service intensity to each participant's needs, with a 15-to-1 caseload and Personal Care Plans completed within three days of enrollment. As a Community Mental Health Center and Tier II Core Medicaid provider, CaringWorks delivers counseling, psychiatric services, and co-occurring treatment in participants' homes, at its clinic, or by telehealth. Mary Hall Freedom Village provides on-site psychiatric evaluation and medication management integrated with substance use treatment.

This approach promotes stability: in 2024-2025, 100% of RISE participants achieved housing stability, and every MOVE participant who exited to housing moved to a permanent destination.

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

NOFO Section V.B.1.c.(5)

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] Fulton County partners with Mary Hall Freedom Village and Caring Works to assist individuals as they navigate drug and other specialty courts.
---	--

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

Limit 2,500 Characters

The CoC coordinates with Mary Hall Freedom Village (MHFV) and CaringWorks, both CoC-funded PSH providers, to connect justice-involved individuals with mental health and substance use disorders to treatment, stable housing, and a path to independence.

MHFV serves as a treatment-based alternative to incarceration. Drug court and specialty court judges in the region refer women with substance use disorders to MHFV, often offering a choice between jail and admission to MHFV's residential treatment program. At admission, MHFV's biopsychosocial assessment captures each participant's legal history, including pending cases, probation or parole terms, and court mandates. Program counselors build these court-ordered requirements directly into the participant's Individualized Treatment Plan, so that compliance with the court order and progress in recovery reinforce each other.

For participants in MHFV's CoC-funded PSH, case managers continue this coordination to protect housing stability. They help participants meet probation and parole requirements, attend court dates, and comply with drug court or diversion obligations, so legal issues do not jeopardize housing. They also connect participants to employers experienced with fair-chance hiring, provide guidance on housing and employment disclosure requirements, and offer wraparound behavioral health and family supports that reduce the risk of recidivism. The goal is for each participant to meet her legal obligations, secure stable employment and housing, and live independently.

CaringWorks, which operates the MOVE and RISE PSH projects, receives referrals from the Fulton County Public Defender's Office, which collaborates with the Fulton County Accountability Courts. The Public Defender's Office also holds a seat on the CaringWorks Board of Directors and works with CaringWorks' in-house Recovery@Work employment program to help justice-involved participants find jobs. CaringWorks pairs this with in-house mental health and addiction treatment and a SAMHSA-funded program serving people reentering the community or on probation or parole, supporting both housing retention and reduced re-incarceration.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.
NOFO Section V.B.1.c.(5)

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

[Limit 500 characters]

The CoC partners with the Georgia Crisis and Access Line (GCAL) and 988 through its CoC-funded providers. CaringWorks (MOVE and RISE PSH) uses GCAL and 988 for 24/7 crisis intervention, mobile crisis dispatch, crisis bed placement, and urgent behavioral health appointments. PADV partners with

	GCAL for on-site emergency mental health response. Mary Hall Freedom Village receives referrals from local crisis centers and refers participants in acute crisis to crisis stabilization.
--	--

1C-1f. Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.

NOFO Section V.B.1.c.(5)

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**.

Guidance—

- A. Your response may include data on units associated with both existing renewal projects and new projects you are applying for in this competition.
- B. The NOFO assigns points based on the ratio of **CoC Program-funded units that requires program participant engagement** in substance abuse treatment services as a condition of continued participation in the program and the number of **persons reporting chronic substance use in the CoC's 2026 PIT count**.
- C. The NOFO assigns 6 points for showing that there is at least 1 unit with a substance abuse treatment requirement as a condition of continued participation for every 2 persons reporting chronic substance use identified in the PIT count OR 3 points if there is 1 unit for every 4 persons reporting chronic substance use identified in the PIT count.
- D. To calculate the ratio outlined in the NOFO, we will compare the number of units identified in this question to the total number of persons reporting chronic substance use in the 2026 PIT count as reported in HDX 2.0.
- E. Your attachment should include a list of existing or proposed CoC Program projects and the units associated with those projects that have a substance abuse treatment requirement.

Identify the number of CoC Program-funded units that requires program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	21
---	----

1C-1g. Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.

NOFO Section V.B.1.c.(5)

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.

NOFO Section V.B.1.c.(5)

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 (GHBI) provider, or a similar facility if none of the above are located in the geographic area.	[Limit 500 characters] The CoC has a formal partnership with the Georgia Department of Behavioral Health and Developmental Disabilities, which is a SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider.
---	---

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

NOFO Section V.B.1.c.(5)

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with <u>24 CFR 578.93(b)(5)</u> ?	[Limit 500 characters] Mary Hall Freedom Village
--	--

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

NOFO Section V.B.1.c.(5)

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness. Limit 2,500 Characters The Fulton County CoC uses Coordinated Entry (CE) as the hub for warm hand-offs between treatment, crisis, and justice partners and stable housing. The North and South Fulton Homeless Assessment Centers serve as CE access points, providing housing assessment, shelter placement, diversion and prevention referrals, and linkage to long-term housing. When outreach workers engage someone, they complete the CE assessment in the field and provide a hot hand-off to the supportive housing case manager at move-in, and the Fulton County Behavioral Health Network and GCAL connect participants to treatment and crisis care. Fulton County's June 2026 HOME-ARP RFP adds \$2,344,029 for supportive services and homelessness prevention. Partners hand participants directly to the next provider. Mary Hall Freedom Village (MHFV) receives referrals from crisis centers, drug and specialty courts, and DFCS into its residential
--

treatment and housing programs, and refers participants in acute crisis to local crisis centers. PADV maintains a warm hand-off with Grady Health System, which contacts PADV directly when it identifies a domestic violence survivor, and PADV refers housed survivors with substance use disorders to MHFV for treatment. CaringWorks receives referrals from the Fulton County Public Defender's Office. The proposed Georgia Harm Reduction Coalition project adds warm transfers between its clinic, treatment, and housing partners.

CoC-funded PSH providers act quickly. CaringWorks meets referred clients within three days and averaged two days from referral to move-in in 2025. PADV uses MOU partners such as Open Doors to locate units and works with landlords who waive income requirements or have flexible criminal history policies.

The CoC also prevents returns to homelessness. MHFV case managers help participants meet court and treatment obligations and intervene early when housing is at risk. CaringWorks increases in-home support when housing is threatened and coordinates planned transitions to assisted living or other care rather than unplanned exits. PADV Supportive Housing Advocates visit monthly and connect survivors ready to move on to Atlanta Housing vouchers with follow-up services. GHRC will coordinate with housing providers to prevent evictions and will stay in contact with courts and jails when participants are incarcerated to preserve their housing.

1C-2. Supportive Services Investment.

NOFO Section V.B.1.c.(6)

Guidance—

- A.** For element 1 of this table, enter your CoC's FY2026 Annual Renewal Demand (ARD) as published by HUD on the CoC Program page on the HUD.gov website. If your CoC has an ARD of \$0 then enter \$0.
- B.** For element 2 of this table, add the supportive services budget line item for each proposed project, regardless of project component type—not limited to Supportive Services Only (SSO) projects.
 - All of your proposed projects will be on your Project Listing, which includes all new, renewal, YHDP, and Special NOFO projects.
 - Do not include funding from your HMIS Dedicated grants or CoC Planning grants as they do not include supportive services budget line items.
 - Example 1: if your CoC has 3 permanent supportive housing (PSH) projects that each have a supportive services budget line item, you will add the amount of supportive services funded in each of those projects in your calculation.
 - Example 2: if your CoC has an SSO project that includes HMIS and administrative budget line items, only add the amount of the supportive services budget line item in your calculation.

- C. For element 4 of this table, CoCs may include **any cash or in-kind values of goods and services** that count as funding, leverage, match, and funding commitment from other formal partnerships for grants included in the ARD.
- In-kind services must be valued at local rates consistent with the amount paid for services not supported by the proposed project.
 - The funding sources can be private, state, local, or federal funds, but must not include any CoC Program funds.
- D. Elements 3 and 5 of this question are read-only and will auto calculate after you save the page.
- E. The NOFO assigns maximum points for adequately investing in supportive services of at least 30% for element 3 or 50% for element 5.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,963,568
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.	\$1,388,589
3. Percent of your CoC's FY 2026 ARD (from element 1) that is supportive services funding (from element 2 above).	47%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in the CoC's FY 2026 ARD.	\$1,839,131
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 match, leverage, or funding commitment from other formal partnerships in supportive services (from element 4 above).	62%

1C-3. Participation Requirements for Supportive Services.

NOFO Section V.B.1.c.(7)

You must upload the **Language from Project Supportive Service Agreements** attachment to the **4A. Attachments Screen**.

Guidance–

- A. You must attach direct language from supportive service agreements (i.e., contract, occupancy agreement, lease, or equivalent) demonstrating that 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).
- B. For your calculation you will limit the projects to TH, PH-PSH, PH-RRH, and Joint TH-RRH projects. You will add up the number of those projects that exist in your CoC. You will then identify how many of those 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). You will divide the number with a supportive service participation requirement by the total number of projects.

- C. The NOFO assigns 8 points for showing that 100% of CoC projects require supportive services in line with 24 CFR 578.75(h) and 4 points for showing that 50% of CoC projects require supportive services in line with 24 CFR 578.75(h).

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%
--	------

1C-4. Consulting with ESG Recipients.

NOFO Section V.B.1.c.(8)

Guidance–

- A. You must consult with ESG Program recipients—metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2—not subrecipients.
- B. If there is no local ESG allocation within your CoC’s geographic area, you must consult with the state ESG recipient.
- C. If your CoC’s Collaborative Applicant is an ESG recipient, you must still respond to each element in this question.

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

The Fulton County CoC consults each year with the State of Georgia on ESG planning and allocation. Fulton County no longer receives a direct ESG allocation, and no jurisdiction within the CoC's geography is an ESG entitlement recipient, so the CoC consults with the State ESG recipient, the Georgia Housing and Finance Authority (GHFA), through its administrator, the Georgia Department of Community Affairs (DCA). The CoC's geography outside the City of Atlanta is part of the State's ESG non-entitlement area, where DCA reserves at least 75% of federal ESG funds, making the CoC's input essential to shaping ESG priorities and ensuring funds meet local needs.

The Fulton County CoC participates annually in DCA’s consultation process, during which DCA meets with Georgia CoCs to discuss local needs and asks each CoC to rank eligible ESG activities by local priority, which DCA reflects in its scoring and award recommendations. The CoC provides direct feedback on ESG priorities, unmet needs, and system gaps, and receives DCA’s ESG funding notices, which it disseminates to its membership to encourage broad participation.

The CoC’s standards and priorities directly guide how ESG operates locally. DCA’s ESG project rating criteria incorporate the CoC’s priorities, local PIT data, and participation in CoC meetings and Coordinated Entry. ESG subgrantees are required to participate in the Fulton

County CoC's Coordinated Entry system and follow any CoC written standards that are more stringent than the State's.

The CoC also maintains a strong data and performance partnership with the State. GHFA serves as the HMIS Lead for the Georgia HMIS Implementation, and DCA administers HMIS for Fulton County under an annual Memorandum of Agreement. Fulton County holds one of the CoC's two voting seats on the Georgia HMIS Steering Committee, which governs HMIS policies used by ESG and CoC projects alike.

The Fulton County CoC is committed to continuing this annual consultation. The CoC's 2026–2030 Strategic Plan specifically calls for expanding access to State ESG-funded rapid rehousing and homelessness prevention, and prioritizes deeper partnership with ESG recipients to shape funding allocations, strengthen coordination, and support performance evaluation of subgrantees.

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

NOFO Section V.B.1.c.(8)

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

Limit 2,500 Characters

The Fulton County CoC coordinates with shelter providers so that emergency shelter serves as an entry point to Coordinated Entry (CE) and CoC assistance, not an endpoint. The CoC's CE contractor, Gateway Center, operates the North and South Fulton Homeless Assessment Centers, which cover the CoC's full geography with a hotline for information on housing and services, and Gateway's outreach team serves people who cannot travel to an Assessment Center. All housing providers funded by the CoC or the Fulton County Community Services Program must participate in CE, and the same standardized assessment is used for unsheltered people and people in emergency shelter.

Because shelter capacity in the CoC's geography is limited to [78] emergency shelter beds, including the PADV Fulton Safehouse for survivors, the CoC works through Gateway to connect people in crisis to available beds and transportation. At its downtown Atlanta campus, Gateway offers emergency shelter for single adults, the Upward residential addiction recovery program of up to 90 days, a 46-bed VA-supported Veterans Program, the New Beginnings employment program for single men, and the 24/7 low-barrier Evolution Center. The Salvation Army also sets aside beds for CoC referrals when space is available.

At shelter entry, staff help individuals and families identify available supports and build a plan for moving into permanent housing, complete the standardized assessment, and add eligible households to the CE housing queue, so they move toward placement while still sheltered. Case conferencing with shelter, service, and outreach staff develops housing plans

for households facing the greatest barriers, including those whose vulnerability is not fully reflected in their assessment score.

During inclement weather, the CoC coordinates with its fourteen cities and the City of Atlanta to expand shelter access, align shelter operating hours, and share real-time information, so individuals and families are placed quickly in safe, warm shelter and remain connected to CE.

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

NOFO Section V.B.1.c.(9)

Guidance– You must consult your CoC’s HMIS Privacy Notice regarding what data your CoC can disclose. CoCs are required to review, revise, and approve a privacy plan and security plan for HMIS, which governs the circumstances under which data may (and may not) be disclosed.

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

Limit 2,500 Characters

The Fulton County CoC shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government in accordance with the Georgia HMIS Privacy Notice and the privacy and security plans adopted for the Georgia HMIS Implementation. Data shared outside participating agencies is aggregate and de-identified, and client-level information is disclosed only as permitted by those plans, client consent, and applicable law, including the confidentiality protections for survivors served through comparable databases.

The CoC's data is maintained in a state-administered system. The Georgia Housing and Finance Authority (GHFA) is the HMIS Lead for the Georgia HMIS Implementation, which the Georgia Department of Community Affairs (DCA) administers, and Fulton County operates its HMIS under a Memorandum of Agreement with DCA. The Georgia HMIS Steering Committee, with representatives from each participating CoC, oversees data policy and quality. DCA uses local PIT data when scoring State ESG applications, so the CoC's counts directly inform state funding decisions.

Locally, the CoC shares data through its Collaborative Applicant, the Fulton County Department of Community Development, which administers the County's CDBG, HOME, and HOME-ARP programs. The CoC provides PIT and HIC data for Fulton County's Consolidated Plan and HOME-ARP planning, and its annual PIT Count Report is published for public, municipal, and county use. The CoC's 2026-2030 Strategic Plan drew on 2022 to 2025 PIT and HIC data and HMIS-based measures to identify system gaps, including a decline in emergency shelter beds from 139 to 78, and the plan was adopted by the CoC Board, whose members include appointees of the Fulton County Commissioners. The CoC will continue to share PIT,

HIC, and SPM data with municipalities in the County as part of the Strategic Plan's commitment to enhanced coordination with local municipalities.

This data drives system decisions. The CoC's Rank and Review Committee scores projects using HMIS-generated APR and SPM data, and the System Performance Evaluation and HMIS and Data Management Committees are charged with reviewing system data to guide the CoC's response.

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

NOFO Section V.B.1.c.(9)

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

The Fulton County CoC pairs HMIS with external data to target resources and improve care at both the system and client level.

At the system level, the CoC's 2026-2030 Strategic Plan combined HMIS, PIT, and HIC data with outside sources to identify where people are at greatest risk and which interventions are missing. U.S. Census American Community Survey data (2019-2023) showed that 50.1% of renter households in the CoC's geography are cost burdened, rising above 60% in East Point and Mountain Park. HUD Fair Market Rent data showed one-bedroom rents rising 61.3% from 2020 to 2025. The National Housing Preservation Database identified 8,032 federally assisted rental units in 89 developments whose affordability restrictions expire by 2033. Fulton County's HOME-ARP Allocation Plan found that fewer than 5% of rental units are affordable to households below 30% of area median income. The CoC's 2025 Coordinated Entry Evaluation added process data showing that CE outflow relies heavily on PSH. Together, these sources shaped the plan's priorities to expand homelessness prevention and rapid rehousing alongside PSH and to preserve affordable housing.

At the client level, CoC-funded providers integrate health data with HMIS. Mary Hall Freedom Village documents each participant's medical and mental health history in its KIPU electronic health record, where a Medical Director assessment and nursing assessment drive referrals to psychiatric, medical, and substance use care, while housing data is recorded in HMIS. CaringWorks, a licensed behavioral health provider, maintains fully electronic client documentation and tracks client outcomes on an agency performance dashboard reviewed quarterly by its board. MHFV's biopsychosocial assessment also captures legal and court involvement, so probation and court requirements are built into each participant's plan. PADV records survivor data in a comparable database to protect confidentiality while meeting HMIS standards.

The CoC also uses Fulton County Medical Examiner data to guide care. The Medical Examiner's 2024 report identified 123 deaths among people experiencing homelessness

countywide, including 33 overdoses and 8 suicides, which informs the CoC's overdose prevention, crisis response, and suicide screening priorities.

1C-6. Employment and Workforce Development Partnership.
NOFO Section V.B.1.c.(10)

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 500 characters] The CoC partners with Fulton County Workforce Development Division, which operates WorkSource Fulton, the County's WIOA One-Stop Career Centers (American Job Centers), offering employment, training, and apprenticeship opportunities. Its career centers are located in the North and South Fulton Service Centers, which also house the CoC's Homeless Assessment Centers. Outreach and CE staff refer participants to WorkSource Fulton for job readiness, skills training, and employment placement.
---	---

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.
NOFO Section V.B.1.c.(11)

Guidance—We will score this question using the data your CoC submitted in HDX for **metric 7a.1** and your narrative response below.

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

The Fulton County CoC's street outreach teams, including the DBHDD-funded PATH team and VA outreach, work directly alongside first responders and law enforcement. Outreach staff partner with police, local municipalities, public library staff, MARTA, food bank staff, and faith-based organizations to map encampments and deliver hygiene kits, food, and referrals to services and housing. Joint mapping gives officers a known service contact for the locations they encounter and gives the CoC a current picture of where unsheltered individuals are.

Through a formal MOU, the PATH outreach teams participate in the CoC's collaborative outreach efforts and serve adults experiencing homelessness who have a serious mental illness, including those with a co-occurring substance use disorder. PATH providers offer outreach, screening, case management, and linkage to mental health treatment, substance use treatment,

and mainstream benefits at no cost, without requiring proof of address, insurance, or income for initial engagement. Under the MOU, PATH teams are trained to refer participants to the CoC's Coordinated Entry system and support warm hand-offs to CoC-funded providers, so an encounter with a person in crisis can lead to treatment and housing rather than arrest.

The CoC also supports the Center for Diversion and Services, a joint City of Atlanta and Fulton County initiative operated by Grady Health System with the Policing Alternatives and Diversion Initiative and Georgia Justice Project. The Center offers all metro Atlanta law enforcement agencies, including municipal police in the CoC's geography, 24/7 drop-off for people needing services rather than arrest, with behavioral health screening, sobering services, case management, warrant resolution, and connections to housing.

Outreach teams work with all fourteen cities in the CoC's geography to identify unsheltered and chronically homeless individuals who need housing and services. The CoC's new FY 2026 street outreach project will conduct outreach at least weekly, including at locations identified by first responders and law enforcement. Outreach staff build trust through repeated contact and enroll participants in Coordinated Entry, so a referral that begins with a first responder can lead to a CE assessment and placement on the housing prioritization list, not just a single service contact.

1C-8. Family or Support Network Reunification.

NOFO Section V.B.1.c.(12)

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

Limit 2,500 Characters

The Fulton County CoC supports family and support-network reunification at every stage, from first contact through permanent housing. Reunification begins with diversion at Coordinated Entry. At the North and South Fulton Homeless Assessment Centers, staff hold a problem-solving conversation with each household before a full assessment, exploring whether they can safely stay with or return to family, friends, or other natural supports, including outside Fulton County. When reunification is safe and viable, staff help coordinate transportation, mediation, or connection to other services as needed. Households who cannot be diverted proceed to a full CE assessment. Street outreach extends this approach to unsheltered people: under the Fulton County Homeless Outreach Plan in the CoC's Coordinated Entry Policies and Procedures, outreach workers provide family reunification assistance as one of their direct services.

CoC-funded housing providers continue this work through case management. The Certified Peer Specialists at CaringWorks help program participants rebuild natural supports and encourage safe family contact to promote reunification. Mary Hall Freedom Village includes

family reunification services in its recovery support and maintains an active partnership with the Georgia Division of Family and Children Services (DFCS). MHFV receives DFCS referrals of mothers and children who need housing, treatment, and stabilization, and its staff work with assigned DFCS caseworkers on case plans, reunification goals, and compliance milestones so mothers can maintain or regain custody. This integrates recovery, housing, and parenting support into a single path to family stability.

When a participant chooses to relocate to be closer to family or other supports, providers help arrange assistance in the new area. The proposed Georgia Harm Reduction Coalition project will coordinate with the receiving CoC and document the transition in HMIS so services continue. For survivors of domestic violence, PADV Supportive Housing Advocates maintain an individualized safety plan with each survivor, which guides any reunification or relocation decision.

1C-9. Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.

NOFO Section V.B.1.c.(13)

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?	No
---	----

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

NOFO Sections V.B.1.c.(14)

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

Guidance—The NOFO identifies advancing public safety as including:

- Clearing tents and encampments;
- Decreasing the public use of illicit drugs;
- Utilizing standards to address danger to self or others (e.g., involuntary commitment); and
- Sharing information in accordance with the Sex Offender Registry and Notification Act (SORNA).

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

Limit 2,500 Characters

The Fulton County CoC works in partnership with local first responders and does not impede or interfere with local efforts to engage individuals experiencing homelessness. The CoC's Homeless Assessment Centers' (HAC) street outreach teams provide proactive outreach throughout the CoC's geographic area, using trained case managers to engage individuals, assess needs, and connect them to housing and supportive services. Because police departments, fire departments, EMS, and municipal partners have direct knowledge of community locations where unsheltered individuals reside, first responders frequently contact HAC to request outreach engagement, transportation coordination, or connection to available resources for individuals needing assistance. The CoC also helps first responders and municipalities understand available homeless resources, Coordinated Entry processes, and referral pathways. By coordinating outreach across law enforcement, fire and EMS, municipal departments, and CoC providers, the CoC promotes shared goals of safety, stabilization, and connection to long-term housing without impeding or interfering with local efforts.

The CoC supports each local public safety objective. For encampments, the CoC supports enforcement of Georgia's public camping law (O.C.G.A. 36-60-31) and coordinates outreach with cities so people are connected to shelter, treatment, or the Center for Diversion and Services before and during clearances. To decrease public drug use, every FY 2026 CoC project applicant certified that it will not operate consumption sites, permit illicit drug use on property it controls, or distribute drug paraphernalia, and outreach staff connect people using drugs in public to treatment through GCAL, the Diversion Center, and CoC treatment providers. To address danger to self or others, CoC providers follow Georgia's involuntary evaluation standards (O.C.G.A. 37-3-41 and 37-7-41), request GCAL mobile crisis, and work alongside co-responder teams such as the Johns Creek Police Department's C.O.R.T. For SORNA, the CoC supports homeless registrants' duty to report their sleeping location to the Sheriff under O.C.G.A. 42-1-12, and CoC providers respond to lawful law enforcement requests as permitted by the Georgia HMIS privacy notice.

The CoC also helps first responders and municipalities understand available homeless resources, Coordinated Entry processes, and referral pathways. By coordinating outreach across law enforcement, fire and EMS, municipal departments, and CoC providers, the CoC promotes shared goals of safety, stabilization, and connection to long-term housing without impeding or interfering with local efforts.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.
NOFO Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one **local law, policy or other practice**;
- Describe a **plan** for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and

- Include both **quantitative and qualitative data** supporting the plan your CoC has as described in your response.

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

The Fulton County CoC's geographic area includes 14 municipalities. Across these jurisdictions, local laws and policies regulating public camping and the clearing of encampments have not hindered the CoC's ability to connect individuals living in public spaces with appropriate services. Georgia law (O.C.G.A. 36-60-31) prohibits local policies that block enforcement of camping ordinances but expressly allows local governments to offer services in lieu of citation.

Several municipalities have adopted ordinances related to public camping that guide how encampments are managed:

- City of Roswell: Urban Camping and Improper Use of Property Ordinance (Section 8.5.4)
- City of South Fulton – Illegal Camping Ordinance (ORD2026-019)
- City of East Point – Local enforcement policies that support clearing unsafe encampments

These ordinances have not restricted CoC activities because the CoC works collaboratively with its municipality partners. Local law enforcement and city partners notify the CoC of encampments and request outreach engagement before clearing an area. This collaboration ensures that individuals are assessed, connected to services, and provided alternatives to remaining outdoors. The main barrier is capacity rather than law: emergency shelter beds fell from 139 in 2024 to 78 in 2025, and total housing inventory fell another 8.7% in 2026. The 2026 PIT count found 146 unsheltered people, a 42% increase from 2025, with 57.5% in East Point, Roswell, and Alpharetta, where the CoC will continue to coordinate clearance and outreach.

The CoC leverages these relationships to align encampment-related actions with Coordinated Entry and outreach protocols. When an encampment is identified, municipalities frequently contact the CoC or HAC outreach teams to conduct engagement, offer shelter and services, and coordinate next steps. This collaboration allows the CoC to prioritize person-centered engagement, reduce trauma associated with displacement, and improve connections to housing resources.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.
NOFO Sections V.B.1.c.(14)

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

Limit 2,500 Characters

Unsheltered homelessness in the CoC's geography increased in 2026 and is concentrated in a few cities. The CoC's 2026 Point-in-Time Count, conducted January 22, 2026, identified 323 people experiencing homelessness, a 34% increase from 2025. Of these, 146 were unsheltered, up from 103 in 2025 and close to the 2024 level of 154, and 177 were in emergency shelter or transitional housing. Adult-only households made up 85.9% of all households counted.

Unsheltered homelessness is concentrated in three cities: East Point (21.9%, about 32 people), Roswell (20.5%, about 30 people), and Alpharetta (15.1%, about 22 people), which together account for 57.5% of the unsheltered count. The remaining unsheltered individuals are spread across the other cities in the CoC's geography. The CoC maintains an active list of encampments, built with local governments, outreach providers, and nonprofits, that directs outreach and PIT canvassing.

Limited shelter capacity is a key driver of unsheltered homelessness. Emergency shelter beds fell from 139 in 2024 to 78 in 2025 after two shelters closed, and the CoC's total housing inventory decreased another 8.7% in 2026, driven largely by a decline in rapid rehousing capacity. As a result, outreach staff often have no immediate shelter bed to offer when an encampment is identified or cleared.

The CoC is responding with targeted resources. Gateway Center's outreach team completes Coordinated Entry assessments at encampments, and cities including East Point, Roswell, and South Fulton coordinate with outreach before clearing encampments. The new FY 2026 street outreach project will provide at least weekly outreach, including at locations identified by first responders and law enforcement, and the CoC will focus outreach on East Point, Roswell, and Alpharetta, where more than half of unsheltered people were counted.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.
NOFO Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one **local law, policy or other practice**;
- Describe a **plan** for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and

- Include both **quantitative and qualitative data** supporting the actions your CoC has taken as described in your response.

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

Limit 2,500 Characters

The Fulton County Medical Examiner's 2024 Annual Report (countywide, including Atlanta) recorded 219 accidental illicit or mixed-drug overdose deaths, the leading cause of non-traffic accidental death. Fentanyl was found in 155 cases and xylazine, which does not respond to naloxone, in 43. Of 123 deaths among people experiencing homelessness, 33 (27%) were overdoses.

State and County law prohibit illicit drug use and related conduct in public. Georgia prohibits possession of controlled substances (O.C.G.A. 16-13-30) and drug-related objects (O.C.G.A. 16-13-32.2), and Fulton County Code Section 18-1 prohibits the possession, use, or distribution of synthetic cannabinoids, cathinones, and opiates in unincorporated Fulton County. The Fulton County Board of Commissioners adopted an Opioid Misuse and Abuse Prevention Plan by resolution on July 19, 2019. The County created an Opioid Coordinator position, partners with Grady Behavioral Health to provide Medication-Assisted Treatment at two locations, and established a Regional Advisory Council to oversee opioid abatement settlement funds. Georgia's 911 Medical Amnesty Law (O.C.G.A. 16-13-5) authorizes first responders to administer naloxone, turning an overdose into a contact that can lead to treatment. The Center for Diversion and Services offers officers a 24/7 alternative to arrest, and Fulton County Accountability Courts offer treatment in lieu of incarceration.

The CoC's Drug Enablement Policy, adopted in its FY 2026 Review, Score, and Ranking Procedures, prohibits CoC-funded housing projects from operating consumption sites, distributing drug paraphernalia, or knowingly permitting illicit drug use or distribution on property they control, including under the pretext of harm reduction. Violations are reported to HUD and may result in reallocation, and all FY 2026 applicants certified compliance with 21 U.S.C. 856 and 863. When outreach teams or officers encounter public drug use, they will connect individuals to GCAL, the Diversion Center, or accountability courts, and CoC providers will deliver treatment: Mary Hall Freedom Village offers residential, day treatment, and intensive outpatient care, and CaringWorks provides licensed addiction treatment. Participants then enter Coordinated Entry for housing.

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

NOFO Sections V.B.1.c.(14)

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

Limit 2,500 Characters

Data on overdoses and public drug use specific to the CoC's geography is limited. The best overdose data, from the Fulton County Medical Examiner, covers the whole county including Atlanta, and no single source tracks public drug use across the CoC's fourteen cities. Statewide trends are improving: the CDC reported 1,663 overdose deaths in Georgia in 2025, a significant decline. The Medical Examiner's 2024 Annual Report recorded 219 accidental overdose deaths involving illicit or mixed drugs, and controlled substances were the leading cause of non-traffic accidental death in the county.

The drug supply is dangerous and increasingly mixed. Fentanyl was identified in 155 Medical Examiner death investigations in 2024, cocaine in 117, methamphetamine in 69, and xylazine in 43. The Medical Examiner reports that most drug deaths involve two or more substances. Xylazine is a particular concern because it does not respond to naloxone, the primary tool first responders use to reverse overdoses.

People experiencing homelessness face disproportionate risk. Of 123 deaths among people experiencing homelessness investigated by the Medical Examiner in 2024, 33 (27%) were accidental illicit or mixed-drug overdoses, and two more involved hypothermia combined with illicit drug use, reflecting the added danger of using outdoors. The CoC's 2026 PIT count found 146 unsheltered people, a 42% increase from 2025, concentrated in East Point, Roswell, and Alpharetta.

Georgia law addresses drug use in public through several statutes. Possession of a controlled substance is a crime under O.C.G.A. 16-13-30, and using or possessing objects to ingest or inhale drugs is a misdemeanor under O.C.G.A. 16-13-32.2. Appearing intoxicated in a public place in a boisterous, indecent, or disruptive manner is a misdemeanor under O.C.G.A. 16-11-41, and cities may adopt their own disorderly conduct ordinances. Fulton County Code Section 18-1 also prohibits the possession or use of synthetic cannabinoids, cathinones, and opiates in unincorporated Fulton County. The 911 Medical Amnesty Law (O.C.G.A. 16-13-5) gives limited immunity from minor possession charges to people who seek help for an overdose, so overdose calls can lead to treatment.

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

NOFO Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one **local law, policy or other practice**;

- Describe a **plan** for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and
- Include both **quantitative and qualitative data** supporting the actions your CoC has taken as described in your response.

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

Georgia law gives the Fulton County CoC clear, effective standards for responding when a person experiencing homelessness is a danger to themselves or others. Under O.C.G.A. 37-3-41, a physician or other qualified licensed clinician who has examined a person within 48 hours may sign a Form 1013 certificate authorizing transport to an emergency receiving facility when the person presents a substantial risk of imminent harm. Form 2013 applies the same process to alcohol and drug-related conditions (O.C.G.A. 37-7-41). The 2022 Georgia Mental Health Parity Act (HB 1013) strengthened these tools by allowing peace officers, after consulting a physician, to transport a person for evaluation (O.C.G.A. 37-3-42), codifying assisted outpatient treatment, and funding police co-responder programs.

These standards matter because the need is significant. The Fulton County Medical Examiner recorded 159 suicides countywide in 2024, including 8 of the 123 deaths among people experiencing homelessness. Serious mental illness is common among CoC program participants: all 26 parents served by the MOVE PSH project in 2024-2025 had a serious mental illness.

The CoC's geography already has strong local models for applying these standards. The Johns Creek Police Department's C.O.R.T. behavioral health team pairs officers with a mental health clinician who co-responds to crisis calls, and GCAL dispatches mobile crisis teams 24/7 so clinicians, not only officers, can assess risk. CoC providers Mary Hall Freedom Village and CaringWorks, both licensed behavioral health providers, offer treatment and housing once a person is stabilized.

The CoC will build on these strengths. Because 57.5% of the 146 unsheltered people counted in 2026 were in East Point, Roswell, and Alpharetta, the CoC will encourage police departments in those cities to adopt co-responder models. The CoC's main challenge is that short evaluations can end without a housing plan, and emergency shelter was limited to 90 beds in 2026. To address this, the CoC will look into establishing a protocol with emergency receiving facilities to notify Coordinated Entry before discharge, so people move from evaluation to CE assessment and a warm hand-off to CoC housing and treatment rather than back to the street.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.
NOFO Sections V.B.1.c.(14)

Guidance—Your response must:

- Specifically reference at least one **local law, policy or other practice**;
- Describe a **plan** for how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones; and
- Include both **quantitative and qualitative data** supporting the actions your CoC has taken as described in your response.

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

The Fulton County Continuum of Care (CoC) supports lawful information sharing while protecting client privacy and complying with HUD HMIS requirements and applicable law. Georgia's Sex Offender Registry, maintained by the Georgia Bureau of Investigation pursuant to O.C.G.A. § 42-1-12, provides a centralized public source of registration and location information. Fulton CoC HMIS governance similarly supports appropriate data sharing through documented consent, data-sharing agreements, privacy and security controls, and user training.

Several factors can limit comprehensive sharing. Privacy requirements and client-directed consent may restrict disclosure of personally identifiable information across agencies. HMIS is designed for homeless-services coordination, not as a public-safety or law-enforcement database, so sex offender registration information may not be maintained in HMIS. Providers therefore may need to use the Georgia Sex Offender Registry when legally relevant while balancing placement requirements, community safety, fair housing obligations, and client confidentiality.

In order to leverage beneficial policies and mitigate restrictions, the Fulton CoC will:

1. Use the Georgia Sex Offender Registry as the authoritative source for registration and location information rather than duplicating sensitive registry data in HMIS.
2. Maintain HMIS consent and data-sharing procedures, documenting client choices and limiting disclosure to purposes authorized by the client and applicable law.
3. Continue privacy, security, and compliance training so HMIS users understand confidentiality and lawful information-sharing requirements.
4. Strengthen coordination among housing providers, coordinated entry, shelters, and partners so legally relevant registry information can inform placement decisions without unnecessary disclosure.

5. Develop written provider guidance on appropriate use of public registry information during housing navigation and placement.
6. Privacy and consent protections cannot and should not be eliminated. The CoC will mitigate their operational effects through clear procedures, provider training, appropriate cross-system coordination, and reliance on authoritative public registry information. This approach supports coordinated services and community safety while maintaining compliance with HMIS privacy standards and Georgia law.

1C-11. Outreach Strategy.

NOFO Sections V.B.1.c.(15)

Guidance—Your response must describe the CoC’s efforts to reach all people experiencing homelessness in its geographic area, including any efforts it uses to reach people who are not otherwise engaged in services.

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

Limit 2,500 Characters

The Fulton County CoC's outreach strategy combines fixed access points, mobile street outreach, and partnerships to reach every person experiencing homelessness across its fourteen cities, including those least likely to seek help.

The CoC operates two Homeless Assessment Centers that serve as Coordinated Entry access points: the North Fulton center in Sandy Springs and the South Fulton center in College Park. Both are accessible by public transit and offer walk-in and scheduled assessments, shelter placement, diversion and prevention referrals, and linkage to housing. People can also connect to CE through United Way 2-1-1.

Street outreach teams go to people who do not come in. Teams visit encampments, wooded areas, and other places where people are known to stay, building trust through repeated contact until individuals accept services and enter CE. The DBHDD-funded PATH team focuses on people with serious mental illness, and the VA outreach team engages veterans. Teams work with local governments, police and first responders, faith-based organizations, food bank staff, library staff, and MARTA to identify and map encampments, and they provide hygiene kits, food, and referrals to services and housing. To reach families and youth, outreach staff coordinate with Fulton County Schools McKinney-Vento liaisons and youth-serving providers.

The CoC uses data to direct outreach where need is greatest. The 2026 PIT count found 146 unsheltered people, with 57.5% in East Point, Roswell, and Alpharetta, and the CoC's new FY 2026 street outreach project will add at least weekly outreach, including at locations identified

by first responders and law enforcement. Annual PIT planning, in which local governments and providers map known encampments, keeps outreach current across all fourteen cities.

1C-12. Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.

NOFO Section V.B.1.c.(16)

Guidance–

A. Examples of written agreements include:

- Memorandums of Understanding (MOUs),
- Memorandums of Agreement (MOAs), and
- documented referral processes between Coordinated Entry providers and early childhood services and supportive services providers.

B. Element 9 Other is optional—you can provide additional information if you choose to. You must enter information in the Other field in *e-snaps* and save the page, then select the appropriate response.

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	No
4. Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5. Head Start	No
6. Healthy Start	No
7. Public Pre-K	No
8. Tribal Home Visiting Program	No
9. Other	

1C-12a. Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.

NOFO Section V.B.1.c.(16)

Guidance–

A. Other post-secondary education providers may include:

- public and private or charter schools,

- trade schools,
- job training, and
- other specialized programs such as Youth Build and Job Corps or there might be other types of youth education providers within your CoC not directly related to the State Education Agency (SEA) or Local Education Agency (LEA).

B. Formal partnerships may include:

- Memorandums of Understanding (MOUs),
- Memorandums of Agreement (MOAs),
- agreements to attend each other's planning meetings or conduct formal cross training,
- coordinating housing as a joint rapid rehousing pilot or program that includes early childhood services and supports for families, and
- support and document referral processes between Coordinated Entry providers and early childhood services and supportive services providers.

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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

NOFO Section V.B.1.c.(16)

Guidance—Your response should clearly name the document(s) in which these written policies and procedures can be found (e.g., Coordinated Entry Policies, CoC Written Standards). Your response should make clear how an individual or family is made aware (i.e. informed) of their rights to educational services. Your response does not need to describe the educational services.

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

Limit 2,500 Characters

The Fulton County CoC's written policies for informing individuals and families of their eligibility for educational services are in the Education Services Strategy section of the Fulton County Coordinated Entry (CE) Policies and Procedures.

Under these policies, CE staff inform every family and youth experiencing homelessness of their eligibility for McKinney-Vento education services during the Coordinated Entry intake process, whether the assessment takes place in person at the North or South Fulton Homeless Assessment Center or by phone. Because CE is the front door for all CoC-funded housing, every household with children or unaccompanied youth who enters the system is informed at their first point of contact.

The policies also reach households not yet connected to CE. CE outreach workers work with the North and South Fulton County Schools homeless liaisons to connect families experiencing homelessness to Coordinated Entry, and the CE team develops relationships with school social workers and homeless liaisons so that families identified by schools are informed and referred. CE outreach workers also help ensure children are enrolled in school and connected to services.

To protect these rights, the policies prohibit requiring children to enroll in a new school as a condition of entry and prohibit program requirements that would prevent children from remaining in their school of origin. CoC-funded projects serving families also designate a staff person responsible for ensuring children are enrolled in school and connected to community services, consistent with 24 CFR 578.23(c)(7).

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

NOFO Sections V.B.1.c.(16)

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

Limit 2,500 Characters

The Fulton County CoC partners with youth-serving agencies to connect young people leaving foster care, the Department of Juvenile Justice (DJJ), and other public systems to housing and services that prevent homelessness.

Youth Empowerment Success Services (YESS) in College Park operates a scattered-site Independent Living Program for youth ages 18 to 21 in foster care, along with transitional housing, rapid rehousing, and diversion for youth ages 18 to 24. With Fulton County Community Services Program funding, YESS has provided transitional housing that serves as a bridge for youth exiting

foster care toward reunification, independent housing, or foster-specific resources such as Foster Youth to Independence (FYI) vouchers, Fostering Success Act (FSA) benefits, Education and Training Vouchers (ETV), and other Chafee-eligible supports. FaithBridge Foster Care in Alpharetta, the lead Fulton County provider for FSA resources, offers transitional and rapid rehousing options and assists youth with the FYI voucher process.

Hope Thru Soap administers FSA funding for former foster youth and youth exiting DJJ and provides mobile outreach funded through Fulton County's Youth Homelessness System Improvement (YHSI) initiative, often serving as the first point of contact for youth facing housing insecurity. The Multi-Agency Alliance for Children works with DFCS, GA RYSE, housing authorities, and local officials through its Housing Coalition Project to expand access to FYI vouchers and close housing gaps for youth after foster care. The Nsoro Foundation offers workforce development, scholarships, mentorship, ETV access, and FYI voucher assistance, and the Georgia Parent Support Network provides therapeutic foster care, a drop-in center for youth experiencing homelessness, and Certified Peer Specialist training. Nsoro and the Georgia Parent Support Network participate in the Fulton County YHSI Youth Service Provider Consortium.

To strengthen coordination, the CoC is implementing a Youth Prioritization Tool in HMIS for youth ages 18 to 24 that identifies youth exiting foster care or DJJ at intake. This allows the CoC and providers to connect them quickly to FYI vouchers, FSA supports, ETV funds, and other resources for former foster youth, ensuring foster-specific funds are used appropriately while preserving CoC resources for youth who do not qualify for them.

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

NOFO Sections V.B.1.c.(16)

Guidance—If your CoC does not have any U.S. Department of Health and Human Services (HHS) RHY-funded programs state in your response that those programs do not exist in your CoC.

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

HHS Runaway and Homeless Youth-funded programs operate in the Fulton County CoC's geography. Christian City, located on a 500-acre campus in Union City, receives an HHS Basic Center Program grant for its Safe Place Program, which provides emergency and residential housing to runaway and homeless youth under age 18 across Fulton County and the metro area. Covenant House Georgia and Hope Thru Soap, Atlanta-based RHY grantees, also serve youth in the region.

The CoC coordinates with Christian City as a key youth partner. Christian City participated in the CoC's FY 2026 local competition. Christian City also operates HOME-ARP-funded rapid

rehousing and housing navigation for families in South Fulton through its Healthy Families Program. Christian City also operates a group home for children ages 5 to 17 and the Thrive Program, which provides housing, education, employment, and supportive services to youth ages 18 to 24 who have aged out of foster care and is expanding from 17 to 49 youth.

Coordinated Entry connects youth to these resources. Under the Fulton County Coordinated Entry Policies and Procedures, youth are the first priority for rapid rehousing and chronically homeless youth are the first priority for PSH, and assessors use a youth-specific VI-SPDAT. When minors under 18 present at the Homeless Assessment Centers or are identified by outreach, CE staff refer them to Christian City's Safe Place Program, and Christian City refers youth ages 18 to 24 to Coordinated Entry for housing assessment.

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

NOFO Sections V.B.1.c.(17)

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] Solomon's Temple Transition Housing
--	---

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

NOFO Sections V.B.1.c.(17)

Guidance—Your response must **name at least one project** identified in 1C-13 **and** describe how it provides supportive services focused on improving incomes 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

Solomon's Temple Foundation (STF) builds income-focused services into every stage of its Transitional Housing program. Participation in STF's workforce development program is a condition of residency, and each participant engages in at least 20 hours per week of services, activities, or employment. At intake, staff assess employment status, income, education level, and childcare and transportation needs, and each family's individualized service plan sets goals and target dates for increasing employment income.

Weekly services include job readiness training, resume writing, interview preparation, digital literacy, and financial literacy. STF partners with Westside Works, Atlanta Children's Shelter's Hire-Up program, the Atlanta Center for Self-Sufficiency, Wellspring Women Academy, and

Goodwill Industries for employment readiness and career development, and with Metro Atlanta Technical College and Georgia State University for education and training. Career pathways include phlebotomy training through EWELH's Change Medical Scholarship, warehousing, and hotel management, and PNC's mobile banking program helps families build savings.

In 2024, STF served 217 women and children, 38 women gained employment, and 28 women and 33 children moved into permanent housing. To help families sustain rent as income grows, STF offers reduced-rent homes through its partnership with Providence Baptist Ministry and a tiered-rent Next Steps home where working residents step up gradually toward market rent.

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

NOFO Sections V.B.1.c.(17)

Guidance—Your response must **name at least one project** identified in 1C-13 **and** describe how it leverages funding from mainstream family service systems such as Temporary Assistance for Needy Families (TANF).

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

Solomon's Temple Foundation (STF) leverages mainstream family service systems so that CoC resources go further and families leave the program with stable income support in place.

At intake, STF assesses each family's income, employment status, childcare needs, and health needs, and case managers help each family identify and enroll in the mainstream benefits for which they are eligible, including Medicaid, SNAP, SSI, and other public benefits that increase household stability. STF also connects parents to childcare resources so they can work and participate in job training, and it links families to health care, mental health services, and educational support through community partners.

These mainstream resources are combined with STF's diversified funding base of individual contributions, special events, and grants, which reached \$1,140,172 in total revenue in 2025. Together, they allow STF to stretch its housing assistance while families build income and prepare for permanent housing.

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

NOFO Sections V.B.1.c.(17)

Guidance—Your response must **name at least one project** identified in 1C-13 AND describe how it combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

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

Solomon's Temple Foundation (STF) combines transitional housing with a whole-family model that supports both parents and children. STF assesses childcare needs at intake and coordinates care so parents can work, attend training, and pursue housing goals. Atlanta Children's Shelter provides childcare, and RestorationATL operates on site, meeting children at the bus stop each day and providing supervised afterschool care, plus weekend, holiday, and summer programming.

Weekly family coaching and parenting support are part of each family's individualized service plan and count toward the required 20 hours of weekly engagement. STF also works with Fulton County Schools and Atlanta Public Schools to keep children enrolled and attending, and school staff provide on-site academic support. RestorationATL provides homework help and enrichment, and Boyce L. Ansley School offers tuition-free early education for young children.

STF connects families to health care through Mercy Care and to behavioral health services through EM-PWR, Looking Forward Counseling, and DBHDD.

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

NOFO Sections V.B.1.c.(18)

Guidance—Veteran Serving Organizations are any organizations that aid and serve veterans, servicemembers, dependents, and survivors.

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

[Limit 500 characters]

The Fulton County CoC partners with the Veterans Administration, which is co-located with the CoC's Homeless Assessment Centers and provides case management, medical and mental health services and referrals, on-site showers, and laundry facilities. The Atlanta VA Health Care System for Homeless Veterans is a key CoC partner, and HUD-

	VASH units are included in the CoC's coordinated entry process.
--	---

1C-14a. Collaboration with Veteran Serving Organizations.

NOFO Section V.B.1.c.(18)

Guidance—For element 6 of this table, filling service gaps could include:

- coordination with veteran organizations,
- providing direct services and housing, and
- providing referrals to Coordinated Entry.

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.

NOFO Section V.B.1.c.(19)

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.	[Limit 500 characters] The CoC partners with Partnership Against Domestic Violence (PADV), a victim service provider that operates the Fulton Safehouse and the CoC-funded PADV PSH project for survivors. The CoC also partners with Raksha, Inc., a Fulton County CSP-funded nonprofit providing confidential housing assistance, advocacy, counseling, legal help, and referrals for survivors of domestic and sexual violence, connecting survivors to safe shelter and long-term housing.
--	--

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

NOFO Section V.B.1.c.(20)

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.	[Limit 500 characters] CaringWorks partners with the GA Department of Corrections and Community Supervision and the DeKalb County Sheriff via formal MOUs.
---	---

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

NOFO Section V.B.1.c.(21)

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] CaringWorks has MOUs with Grady Health and Mercy Care Hospitals
---	---

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

NOFO Section V.B.1.c.(22)

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] CaringWorks' CoC-funded Fulton RISE PSH project dedicates 18 units to chronically homeless women that are aging and elderly with a disability. The CoC partners with Senior Services of North Fulton through the CoC V. Chair, who serves as its Client Services Director. This partnership allows elderly individuals experiencing homelessness to be referred to Meals on Wheels, transportation assistance, care management, and senior-focused support services, helping stabilize housing and health needs.
--	--

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

NOFO Section V.B.1.c.(23)

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.	[Limit 500 characters] CaringWorks RISE, CaringWorks MOVE, Mary Hall Freedom Village Mary's Heart, Mary Hall Freedom Village Higher Ground Phase III
---	---

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

NOFO Sections V.B.1.c.(23)

Guidance—Your response must **name at least one project** identified in 1C-19 **and** describe how it provides on-site behavioral healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare. Limit 2,500 Characters CaringWorks' Fulton RISE and Fulton MOVE PSH projects provide behavioral healthcare on site through CaringWorks' own licensed clinical services rather than relying solely on outside referrals. CaringWorks is a CARF-accredited Community Mental Health Center and a state-licensed Tier II Core Medicaid provider of behavioral health services, licensed to provide ASAM-level addiction treatment. Because both projects use scattered-site apartments, CaringWorks brings behavioral healthcare to participants where they live. Behavioral health therapists meet participants in their own apartments, at CaringWorks' behavioral health clinic with transportation provided, by telehealth, or at another location of the participant's choice, and these confidential in-home services are available whether or not a participant is insured. Services include individual, group, and family counseling, psychiatric services, addiction treatment, PTSD and grief treatment, crisis and anger management, and integrated health and wellness services. Therapists use evidence-based practices including Integrated Dual Disorder Treatment, Cognitive Behavioral Therapy, Seeking Safety, and the Matrix Model, all delivered through a trauma-informed approach. On-site care is reinforced by peer support and intensive care coordination. Certified Peer Specialists lead Peer Support Services groups three days per week focused on managing stress, maintaining sobriety, resiliency, and illness self-management. Care coordinators use Critical Time Intervention with a caseload of about 15 participants each, and when a participant's housing is at risk, CaringWorks increases in-home mental health treatment, addiction treatment, and peer support to stabilize the household.

This model serves participants with significant behavioral health needs. In 2024-2025, all 15 women served by RISE had a mental health disorder and 33% had a co-occurring substance use disorder, and all 26 parents served by MOVE had a serious mental illness. RISE achieved 100% housing stability during that period.

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

NOFO Sections V.B.1.c.(23)

Guidance—Your response must **name at least one project** identified in 1C-19 **and** describe the CoC’s policy for assessing program participant need for higher level of care (e.g., assisted living, residential treatment).

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

Limit 2,500 Characters

CaringWorks' Fulton RISE and Fulton MOVE PSH projects follow a written CaringWorks policy for assessing when a participant needs a higher level of care, designed to preserve housing first and transition participants only when their needs cannot be met safely in PSH.

Assessment is ongoing and built into care coordination. Each participant develops a Personal Care Plan with goals for mental and physical health stability, and care coordinators use Critical Time Intervention to regularly review progress with the participant and identify changing needs. Because CaringWorks is a licensed behavioral health provider, its therapists see participants in their homes and can identify emerging needs early. This is especially important for RISE, which serves women aged 55 and older; in 2024-2025, most RISE participants had more than two chronic health conditions and seven had a physical disability.

When a participant's needs increase, the policy requires staff to first make reasonable efforts to preserve housing stability by increasing supportive interventions, including in-home mental health treatment, medical care, addiction treatment, peer support, home health services, care coordination, and assistance with activities of daily living. CaringWorks draws on its formal partnerships with Grady Health System and Mercy Care for additional medical and behavioral health care.

If housing remains unsustainable despite enhanced support, staff coordinate a planned transition to a more appropriate level of care, such as a group home, assisted living facility, nursing home, long-term care, or other supervised housing, and they coordinate referrals to residential treatment when a participant's behavioral health needs require it. The policy's goal is to ensure each participant receives care that promotes safety, dignity, health, and long-term housing stability, rather than an unplanned exit to homelessness.

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

NOFO Sections V.B.1.c.(23)

Guidance—Your response must **name at least one project** identified in 1C-19 **and** describe the CoC’s policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

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 Fulton County CoC's 2026-2030 Strategic Plan makes identifying and refining move-on strategies a priority, assigned to the System Performance Evaluation Committee, so that households who no longer need intensive services can move to less service-intensive housing and free PSH units for those with the highest needs. The CoC is also actively developing tools and a strategy for Moving On.

CaringWorks' Fulton MOVE and Fulton RISE PSH projects put this into practice through CaringWorks' move-on strategy. Readiness is assessed through each participant's Personal Care Plan. From enrollment, the plan sets goals for mental and physical health stability, a reliable income through employment or Social Security, and connections with community and family. Care coordinators regularly review progress on these goals, and when a participant is making strong progress or raises the idea of moving on, staff explore the participant's readiness to move to market-rate housing, to another subsidized option, or to a different PSH unit.

Once a participant is ready, staff update the Personal Care Plan with specific move-on goals. Staff help the participant identify and connect to housing options, including Housing Choice Vouchers and other housing voucher programs, other local subsidies, and homeownership resources, and they help the participant develop and monitor a realistic budget. Staff also arrange post-PSH support to help the participant maintain their new housing. Throughout the process, staff discuss options and preferences with the participant so the move remains person-centered and the participant keeps full choice.

This approach produces results. In MOVE's most recent grant year, 100% of participants who exited to housing moved to permanent housing, and all but one of those housing exits were to unsubsidized, independent permanent housing.

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

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.

NOFO Section V.B.1.a.(1)

You must upload the **Local Competition Scoring Tool** attachment to the **4A. Attachments Screen**.

Guidance–

- A. **To be eligible for CoC Bonus and DV Bonus funding consideration**, you must demonstrate that your CoC used at least one criterion relating to improving system performance.
- B. Upload to the **4A. Attachments Screen** the scoring tool your CoC used in your local competition to score new and renewal ranked projects and all project application component–e.g., **PSH, RRH, TH, SSO**–types, which must include:
 - maximum points available for each **project**;
 - maximum points available for **objective criteria** to review, rate, and rank project applications; and
 - maximum points available for **system performance measures** to review, rate, and rank project applications; and
 - maximum points available based on returns to homelessness performance, employment income performance, and supportive services participation requirements.
- C. Examples of **objective criteria** include but are not limited to financial stability, cost effectiveness, timely draws, utilization rate, match, leverage, performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), type of housing proposed (e.g., TH, PSH, RRH), capacity, audit findings, and public complaints.
- D. If your CoC **does not use** a tool that includes maximum points available **for all component types** (e.g., TH, PSH, RRH) used in its local competition, then you must combine and upload the scoring tool for each component type your CoC used during its local competition that include maximum points available.
- E. **Do not include** all scored project applications submitted by project applicants as part of the attached evidence for this question.
- F. CoC Planning and UFA Costs projects are not included in the criteria because they are not ranked.
- G. Name the attachment **Local Competition Scoring Tool**.

- H. For elements 4 through 6, **housing project** is defined as Transitional Housing (TH), Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH) projects.

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.

NOFO Section V.B.1.a.(2)

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.

NOFO Section V.B.1.a.(2)

Guidance–

- A. We will only award points for the **CoC-approved version** of your CoC's Consolidated Application–this means your CoC must approve and post your CoC's Consolidated Application no later than the FY 2026 CoC Program application submission deadline of **August 26, 2026**–unless HUD extends the deadline, in such cases the extended deadline is the HUD-approved extension deadline.

Your CoC **must have a process for approving the Consolidated Application** as documented in your CoC's governance charter or other governing document(s). Your CoC **may designate** its CoC board, a committee, or the Collaborative Applicant to approve the application or your CoC may approve the application at a full CoC membership meeting in accordance with conflict-of-interest provisions at 24 CFR 578.95.

- B. If **your CoC** does not have its own webpage, your CoC may use any partner's website to meet the public posting requirement.

- C. For more information on the Project Priority Listing refer to the Project Priority Listing Detailed Instructions.

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 Listing.	9/29/2026
--	------------------

1D-2b. Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.
NOFO Section V.B.1.a.(2)

Guidance—

- A. Email notification must be sent to:
- **project applicants**, and
 - **key stakeholders**—the broader CoC membership and other key stakeholders.
- B. CoCs must notify project applicants and key stakeholders **prior to the application deadline**.
- C. If your CoC does not have its own webpage, your CoC may use any partner's website to meet the public posting requirement.

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.	9/29/2026
---	------------------

1D-2c. Local Competition Selection Results for All Projects.
NOFO Section V.B.1.a.(2)

You must upload the **Local Competition Selection Results** attachment to the **4A. Attachments Screen**.

Guidance—

- A. Upload to the **4A. Attachments Screen** the **Local Competition Selection Results** for all projects your CoC considered during your local competition, including:
- new projects, including CoC Planning and UFA Costs projects;
 - renewal projects;
 - **fully** or **partially** reallocated projects;
 - rejected projects—include all projects your CoC rejected regardless of the reason for rejection;

- renewal and replacement YHDP projects; and
- Rural and Unsheltered Special NOFO projects.

B. Illustration 1 below identifies the six columns you must use to display **final** information in the attachment you upload. **We will not award points** for evidence submitted that **does not** include **at least the six elements** listed in this question. The *e-snaps*-generated Project Priority Listing are **not sufficient** evidence.

Illustration 1

Home Starts Here CoC Local Competition Select Results

	Project Name	Score	Status	Rank	Requested Funding Amount	Reallocated Funds
1	HSH CoC Planning		Accepted	Not Ranked	\$40,000	\$0
2	HSH UFA Costs		Accepted	Not Ranked	\$40,000	\$0
3	HSH HMIS		Accepted	1	\$95,000	\$0
4	Safe Homes DV RRH	92	Accepted	5	\$200,000	\$0
5	Safe Homes DV RRH Expansion	86	Accepted	10	\$50,000	\$50,000
6	Finally Home PSH	86	Accepted	2	\$500,000	\$200,000
7	Youth Homeless Demo - Renewal	80	Accepted	6	\$450,000	\$0
8	Access Hope CE	82	Accepted	4	\$100,000	\$0
9	Safe Homes DV Outreach SSO-CE	72	Accepted	8	\$50,000	\$0
10	New Start RRH	10	Rejected	Not Ranked	\$0	\$0
11	Home Away PSH - Consolidated	70	Accepted	9	\$150,000	\$0
12	Our House PSH	90	Accepted	3	\$250,000	\$0
13	Hub of Hope RRH		Fully Reallocated	Not Ranked	\$0	(\$200,000)
14	House RRH	70	Reduced Reallocated	7	\$200,000	(\$50,000)

C. In the **Amount Requested from HUD** column:

- you must enter the amount your CoC submitted to HUD for funding for each project, regardless of whether the amounts match what project applicants applied for in your CoC's local competition; and
- could include available **CoC Bonus** funds and available **Reallocated Funds** as illustrated in **row 6** to request New Project funding.

D. In the **Reallocated Funds** column, you must:

- list the amounts your CoC reallocated from projects as illustrated in **rows 13 and 14**; and
- list reallocated amounts your CoC used to request **New Projects** as illustrated in **rows 5 and 6**.

E. Name the attachment **Local Competition Selection Results**.

F. WARNING: If you amend project applications back to project applicants in *e-snaps* for them to make changes, **you must approve** the project applications in *e-snaps* those applicants resubmit. **If you do not**, their project applications will not be included on your CoC's Project Priority Listing, which could result in

your CoC **losing funding–ARD–**or HUD **funding lower priority projects**, but not funding the project you intended to approve after the project applicant changed and resubmitted their project application in ***e-snaps***. **We lack the authority** to fund projects unless they are included on the Project Priority Listing, which informs us which projects your CoC is prioritizing.

Does your attachment include:	Yes
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 +/-.	

1D-2d. Projects Rejected/Reduced–Notification Outside of *e-snaps*.

NOFO Section V.B.1.a.(2)

Guidance–

- A. If your CoC **did not** reject or reduce any project application(s) submitted for funding during its local competition select ‘No’ for elements 1 and 3 of this question.
- B. Your CoC must notify applicants of any project rejection/reduction on the CoC Priority Listing **no later than August 11, 2026**–which is 15 days before HUD’s CoC Program Competition submission deadline of **August 26, 2026**–unless HUD extends the deadline; in such cases the extended deadline is 15 calendar days before the HUD-approved extension deadline.
- C. Notification must be provided in writing, which could include email, outside of ***e-snaps***.
- D. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 8/5/2026, 8/6/2026, and 8/7/2026, then you must enter 8/7/2026.

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 <i>e-snaps</i> .	9/21/2026
3. Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e. Projects Accepted–Notification Outside of *e-snaps*.

NOFO Section V.B.1.a.(2)

Guidance–

- A. Your CoC must notify applicants of any accepted and ranked projects on the CoC Priority Listing **no later than August 11, 2026**—which is 15 days before HUD’s CoC Program Competition submission deadline of **August 26, 2026**—unless HUD extends the deadline; in such cases the extended deadline is 15 calendar days before the HUD-approved extension deadline.
- B. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 8/5/2026, 8/6/2026, and 8/7/2026, then you must enter 8/7/2026.
- C. Note that just because your CoC accepted a project in its local rating and ranking process does not guarantee that it will be funded by HUD.

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 <i>e-snaps</i> .	9/21/2026
---	-----------

1D-3. Reallocation–Reviewing Performance of Existing Projects.

NOFO Section V.B.1.a.(3)

Guidance–

- A. We may award maximum points if your CoC followed its reallocation process and did not reallocate lower performing projects.
- B. For element 1 of this question, your response must describe:
 - your CoC’s **reallocation process**—merely referring to your CoC’s process without describing the process is **not sufficient**,
 - your process should describe how your CoC actively reviews performance of existing CoC-Program funded projects, and
 - **how** your CoC determines whether to reallocate lower performing or less needed projects to create new higher performing projects.
- C. For element 2 of this question, your response must state **whether your CoC identified** any low performing or less needed projects.
- D. For element 3 of this question, your response must state **whether your CoC reallocated** any low performing or less needed projects—stating “not applicable” or similar words are **not sufficient** responses.
- E. For element 4 of this question, your response must state
 - **why your CoC did not reallocate** any low performing or less needed projects, **or**
 - state there were no low performing or less needed projects, **or**

- there were not enough new project proposals, **or**
- that the new project proposals were not high performing projects.

Stating “not applicable” or similar words are **not sufficient** responses.

Describe:

1. your CoC’s **reallocation process** to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2. **whether your CoC identified** any low performing or less needed projects through the process described in **element 1** of this question during your CoC’s local competition this year,
3. **whether your CoC reallocated** any low performing or less needed projects during its local competition this year, and
4. **why your CoC did not reallocate** low performing or less needed projects during its local competition this year, if applicable.

Limit 2,500 Characters

1. The Fulton County CoC reviews the performance of every CoC Program-funded renewal project each year through its local competition, following the reallocation policy in its FY 2026 Review, Score, and Ranking Procedures. The Rank and Review Committee scores each renewal using the CoC's published FY 2026 Scoring Tool, which draws on each project's most recent Annual Performance Report submitted in Sage from HMIS or, for victim service providers, a comparable database, along with System Performance Measures, eLOCCS drawdown data, and CoC monitoring results. Outcome benchmarks include at least 90% of participants remaining in or exiting to permanent housing, returns to homelessness of 2% or less within six months, move-in within 15 days of project entry, and increases in participant income. Projects serving participants with no income or entering from places not meant for human habitation receive points so they are not penalized for serving those with the greatest barriers.

The policy also identifies less-needed projects based on timely expenditure of funds, bed and unit utilization, cost-effectiveness, and participation in HMIS and Coordinated Entry, and it automatically triggers reallocation review for any project using less than 80% of its unit capacity or submitting an APR six months or more late. After reasonable corrective efforts, the Committee may recommend full or partial involuntary reallocation, and recipients may also reallocate voluntarily. Affected recipients receive written notice and may appeal.

2. Through this process, the CoC identified three projects with underutilized funding in FY 2026. The PADV PSH renewal and Higher Ground Phase III renewal were reduced due to low unit and funding utilization. The Coordinated Entry grant had a voluntary partial reallocation.
3. The CoC reallocated a total of \$248,676 in FY 2026: \$136,218 from PADV PSH, \$59,793 from the Coordinated Intake and Assessment System, which Fulton County reallocated voluntarily, and \$52,665 from Higher Ground Phase III. Combined with the

CoC Bonus, these funds support three new projects that fill system gaps: Step Up's Fulton Street Outreach, Georgia Harm Reduction Coalition's supportive services project, and Solomon's Temple Foundation's transitional housing for families.

4. Not applicable.

1D-3a. Reallocation Between FY 2021 and FY 2026.

NOFO Section V.B.1.a.(3)

Guidance—To determine if your CoC cumulatively reallocated at least 20 percent, add the reallocated amounts for FY 2021, FY 2022, FY 2023, FY 2024, and FY 2026 CoC Program Competitions and divide the sum by your CoC's FY 2021 Annual Renewal Demand (ARD).

Did your CoC cumulatively reallocate at least 20 percent of your ARD between the FY 2021 and FY 2026 CoC Program Competitions?	Yes
--	-----

2A. Homeless Management Information System (HMIS) and System Performance

2A-1. HMIS Vendor Name.

Not Scored—For Information Only

Enter the name of the HMIS Vendor your CoC is currently using.

Limit 75 Characters

Client Track

2A-2. HMIS Implementation Coverage Area.

Not Scored—For Information Only

Guidance—

A. Term meanings:

Single CoC—the only CoC participating in HMIS

Multiple CoCs—the CoC is one of many participating in the implementation, unless the HMIS is statewide

Statewide—the CoC is part of a statewide HMIS

B. Some implementation areas fall into both “Statewide” and “Multiple CoCs” coverage areas. For Multiple CoCs implementation that includes all CoCs in one state, only select “Statewide.”

Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
--	---------------

2A-3. Point-in-Time (PIT) Count–Methodology Change.

NOFO Sections V.B.1.b.(1)

Guidance–

A. Changes in your CoC’s PIT count implementation may include:

- changes in **methodology**, such as a change from conducting a sample-based count to a complete census count or adding a service-based count component to the count, or
- changes in **data quality**, which are actions your CoC implemented to improve the implementation of the count, such as enhanced training, additional volunteers, and changes in providers contributing data for the count.

B. If there were no changes to your sheltered or unsheltered PIT count implementation or if you did not conduct an unsheltered PIT count in 2026, state “Not Applicable.”

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

Not Applicable.

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

Not Scored–For Information Only

Guidance– CoCs must select an evaluation period for this question that can be any 12-month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.

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 (January 1, 2024 – December 31, 2024), the Fulton County CoC took multiple coordinated actions to reduce encampments and connect unsheltered individuals with services. The CoC maintains an active list of encampments and uses it to direct outreach and map canvassing for the annual Point-in-Time Count. Beyond the PIT Count, the CoC works closely with municipalities to safely clear encampments while ensuring individuals receive support and service connections.

A key example is the CoC’s collaboration with the City of East Point through coordinated outreach, housing navigation, homelessness prevention, and partnerships with the CoC. East Point’s approach emphasizes engaging residents before encampment removal, assessing needs, connecting individuals to housing and behavioral health resources, assisting with identification and benefits access, and coordinating with nonprofit, faith-based, public safety, Code Enforcement, and social service partners.

This process includes:

- Direct outreach and engagement with individuals in encampments
- Assessment of housing, behavioral health, medical, transportation, and food needs
- Referrals to emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing
- Assistance obtaining ID and accessing benefits
- Coordination with nonprofit, faith-based, governmental, and behavioral health organizations
- Collaboration with Police, Code Enforcement, and Public Works when health or safety issues arise
- Follow-up to support housing stabilization

The CoC partners with East Point and all 14 municipalities in its geography, including during inclement weather when cities coordinate shelter hours, transportation, and public dissemination of available warming beds. East Point also participates in regional homelessness initiatives, including the PIT Count.

Through these combined efforts—ongoing outreach, coordination with municipalities, data tracking, and prioritizing service connection—the Fulton County CoC reduced encampments while supporting individuals with pathways to housing and stability.

2A-4a. Reduce Encampments—Number of Encampments.

NOFO Sections V.B.1.b.(2)

Guidance—

- A.** CoCs must select an evaluation period for this question that can be any 12-month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.
- B.** Your response to element 2 should reflect the reduction as a positive number (e.g., for a reduction of 5 encampments enter “5”). If you had an increase enter zero and you will then respond to question 2A-4c on how you plan to reduce encampments in your geographic area.
- C.** The NOFO assigns maximum points for CoCs that demonstrate a reduction in the number of encampments (as reported in 2A-4a) **or** the number of people residing in encampments (as reported in 2A-4b).

1. Enter the estimated number of encampments in the beginning of your evaluation period.	39
---	----

2. Enter the reduction in the number of encampments during your evaluation period.	6
--	---

2A-4b. Reduce Encampments—Number of People in Encampments.

NOFO Sections V.B.1.b.(2)

Guidance—

- A. CoCs must select an evaluation period for this question that can be any 12-month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.
- B. Your response to element 2 should reflect the reduction as a positive number (e.g., for a reduction of 10 people in encampments enter “10”). If you had an increase enter zero and you will then respond to question 2A-4c on how you plan to reduce the number of people in encampments in your geographic area.
- C. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the number of encampments (as reported in 2A-4a) **or** the number of people residing in encampments (as reported in 2A-4b).

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	68
2. Enter the reduction in the number of people in encampments during your evaluation period.	11

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

NOFO Section V.B.1.b.(2)

Guidance—

- A. If your CoC demonstrated a reduction in encampments or people in encampments in 2A-4a or 2A-4b then you can enter “Not Applicable” in this response.
- B. If your CoC does not have encampments indicate that in your response.

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 N/A

2A-5. Reducing the Number of First Time Homeless–CoC’s Plan.

NOFO Section V.B.1.b.(3)

Guidance–We will score this question using data your CoC submitted in HDX 2.0 for FY 2025 Systems Performance Measures **metric 5.2** and your narrative response below. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the number of first-time homeless of at least 20%.

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

Limit 2,500 Characters

The Fulton County CoC's plan to reduce first-time homelessness is to identify households at risk before they lose housing, expand prevention and diversion resources, and target those resources to the households most likely to become homeless.

Housing costs are the CoC's leading risk driver. The CoC's 2026-2030 Strategic Plan found that more than 50% of renter households in the CoC's geography are cost burdened, rising above 60% in East Point and Mountain Park, and that one-bedroom Fair Market Rent rose 61.3% from 2020 to 2025. Another 8,032 federally assisted rental units in 89 developments have affordability restrictions expiring by 2033. The 2026 PIT count found 323 people experiencing homelessness, a 34% increase from 2025.

First, the CoC identifies households at imminent risk. The North and South Fulton Homeless Assessment Centers, operated by the CoC's Coordinated Entry contractor, Gateway Center, serve as access points for people at risk of homelessness as well as those already homeless. Staff use a problem-solving diversion conversation to help households stay housed or resolve their crisis with family, friends, or other supports, and refer those who need more help to prevention assistance.

Second, the CoC targets prevention to those at greatest risk. Under the Fulton County Coordinated Entry Policies and Procedures, prevention assistance is prioritized for youth ages 18 to 24, then families, then single adults, with veterans and households facing the earliest eviction dates served first. Eligible households below 30% of area median income can receive rental assistance, rental application fees, security and utility deposits, utility payments, moving costs, housing stability case management, landlord-tenant mediation, and tenant legal services.

Third, the CoC is expanding prevention capacity. Fulton County issued a \$2,344,029 HOME-ARP RFP in June 2026 for supportive services and homelessness prevention, and the Strategic Plan commits the CoC to expanding prevention through State ESG and other sources and to developing a Strategic Funding Plan to sustain it. The CoC's goal is to reduce first-time homelessness, as measured by System Performance Measure 5.2, by 20% over the next year.

The Fulton County Department of Community Development, the CoC Board of Directors, and the Rank and Review Committee, which leads the Strategic Plan's prevention expansion goal, oversee this strategy, and the Board reviews Strategic Plan progress quarterly.

2A-6. Reducing Length of Time Homeless–CoC’s Plan.

NOFO Section V.B.1.b.(4)

Guidance–We will score this question using data your CoC submitted in HDX for FY 2025 Systems Performance Measures **metric 1.2** and your narrative response below. The NOFO assigns maximum points for CoCs that demonstrate a reduction in the length-of-time homeless.

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

Limit 2,500 Characters

The Fulton County CoC's plan to reduce length of time homeless is to move households from first contact to a housing referral quickly, remove the delays that stall placement, and add housing options so fewer households wait.

The CoC's Coordinated Entry Policies and Procedures build speed into the system. A household is placed on the CE housing queue immediately after completing the assessment in person, by phone, or in the field with an outreach worker, and the queue is ordered by vulnerability and time on the queue so that people waiting longest rise in priority. Households who disengage and later return are backdated to their original enrollment date, so time already spent homeless is not lost.

The policies also remove common causes of delay. Chronically homeless households are matched with a Housing Navigator, beginning with those highest on the queue, who helps them become document ready and accompanies them from referral through lease-up. Assessors must accept a referral within 72 hours, housing providers must approve or reject it within 72 business hours, and the CE manager must approve every provider rejection, preventing referrals from stalling. Case conferencing develops plans for households facing the greatest barriers, and CoC-funded projects follow Housing First practices that screen in households with poor credit or prior evictions. These practices produce results: in 2025, CaringWorks' MOVE PSH participants moved in an average of two days after referral, and the CoC's scoring tool rewards projects that house participants within 15 days of project entry.

The CoC is also addressing capacity, the main driver of long waits. The Strategic Plan found that CE outflow relies heavily on PSH, so the CoC is expanding rapid rehousing and prevention, adding new transitional housing and supportive services projects in FY 2026, and deploying Fulton County's \$2,344,029 in HOME-ARP supportive services and prevention funding. To expand available units, the Strategic Plan commits to a landlord engagement and marketing campaign and a landlord mitigation fund, and to a review of Coordinated Entry to reduce bottlenecks and wait times. The CoC's goal is to reduce average length of time homeless, as measured by System Performance Measure 1.2, by 90 days over the next year.

The Fulton County Department of Community Development and the CoC Board of Directors oversee this strategy, with the Coordinated Entry System Committee leading the CE review.

2A-7. Successful Permanent Housing Placement–Exits to Unsubsidized Housing.
NOFO Section V.B.1.b.(5)

Guidance–

- A.** We will score this question using data your CoC submitted in HDX for FY 2025 Systems Performance Measures **metric 7b.1** and your narrative response below. The NOFO assigns up to 2 points for CoCs that demonstrate that the rate of successful exits to permanent housing from ES, SH, TH, and RRH is at least 50%.
- B.** The NOFO assigns up to 4 points for CoCs that demonstrate using HMIS data that at least 20% of program participant exits from TH/RRH/PSH collectively are to unsubsidized housing.
- C.** To respond to this question, CoCs should run a report in HMIS to count people exited from TH, RRH, and PSH only, to any of the following response options for HMIS Data Element 3.12 (Exit Destination):
 - Staying or living with family, permanent tenure;
 - Staying or living with friends, permanent tenure;
 - Rental by client, no ongoing housing subsidy; and
 - Owned by client, no ongoing housing subsidy.
- D.** The reporting period for this question should be any 12-month period beginning no earlier than October 1, 2023 and ending no later than December 31, 2025.
- E.** The narrative response should confirm the universe of projects included in your calculation and what data elements were summed to compare to your universe of people who exited.

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	[number - %]
---	--------------

Describe in the field below how you calculated the data for this response.

Limit 2,500 Characters

Using the reporting period of [Enter Date] through [Enter Date] we ran the CoC APR report in HMIS for all TH, RRH, and PSH projects. We took the total number of exits to unsubsidized locations (Enter #) based on the exit destination described in the CoC Application Detailed Instructions and divided it by the total number of exits (Enter #), equaling [Enter %] exits to unsubsidized housing.

2A-8. Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.

NOFO Section V.B.1.b.(8)

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. If we granted your CoC an extension, we will verify that your CoC conducted your PIT count during the agreed-upon time frame.

Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	Date 1/22/26
---	-----------------

2A-8a. HIC and PIT Count Data–HDX 2.0 Submission Date.

NOFO Section V.B.1.b.(8)

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. HUD’s submission deadline was **April 30, 2026, 8:00 p.m. EDT**. If we granted your CoC an alternate date to submit data, and you submitted your data by that date, then answer “Yes.” We will verify that your CoC met the alternative submission date deadline.
- C. If you submitted your HIC and PIT count data on different dates, report the date for the last report that was submitted. For example, if you submitted your HIC data on May 10 and your PIT count data on May 11 then enter May 11.

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
--	-----

2A-8b. Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.

NOFO Section V.B.1.b.(8)

You must upload your CoC’s **FY 2026 HDX Competition Report** to the **4A. Attachments Screen**.

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. To meet the attachment requirement, HUD will send an Excel version of **FY 2026 HDX Competition Report** by **July 28, 2026**, to your CoC’s Primary contact and other contacts listed in HDX 2.0. If your CoC’s contacts did not receive the file by July 28, 2026, send an email to CoCNOFO@hud.gov requesting a copy of the report. Include **FY 2026 HDX Competition Report** in

the email subject line, and include your name, CoC number, and email address in the body of the email.

C. This question focuses on:

- whether your CoC submitted the LSA data by the **submission deadline of January 16, 2026, 11:59 p.m. EST**, and
- whether HUD determined that **at least 2 of the LSA files were usable**—as part of our review and score for this question, we will verify whether your CoC’s submission included at least two usable files—you can identify how many files we determined were usable by referring to the **FY 2026 HDX Competition Report**.

D. If we **approved an alternative submission date** for your CoC or all CoCs to submit LSA data:

- select ‘Yes’ if your CoC submitted the LSA data by the HUD-approved alternate submission date, or
- select ‘No’ if your CoC did not submit the data by the HUD-approved alternate submission date.

We will verify whether your CoC’s submission included at least two usable files and whether your CoC submitted data by the HUD-approved alternate submission date.

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
---	-----

2A-8c. System Performance Measures (SPM) Data–HDX 2.0 Submission Date.

NOFO Section V.B.1.b.(8)

Guidance–

- A. To find the date your CoC submitted your 2026 HIC and PIT count data log in to HDX 2.0 and go the HIC and PIT count tabs.
- B. HUD’s submission deadline was **March 4, 2026, 8:00 p.m. EDT**. If we granted your CoC an alternate date to submit data, and you submitted your data by that date, then answer ‘Yes.’ We will verify that your CoC met the alternative submission date deadline.

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
--	-----

2A-9. HMIS and Comparable Database Participation—Bed Coverage Rate.

NOFO Section V.B.1.b.(9)

Guidance—

- A. If the bed coverage rate is **84.99 percent or lower**, you **could** receive partial points by responding to question 2A-9a.
- B. The bed coverage rate is the number of HMIS and comparable database participating beds divided by the number of year-round beds dedicated to persons experiencing homelessness in your CoC’s geographic area.
- C. The chart below is a crosswalk of the data required in *e-snaps* and the columns where you can find the data in the **FY 2026 HDX Competition Report**.

<i>e-snaps</i> Header	Column in HDX Report
Adjusted Total Year-Round, Current Non-VSP Beds	Column F
Adjusted Total Year-Round, Current VSP Beds	Column K
Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	Column M
HMIS and Comparable Database Coverage Rate	Column O

- D. In the 2026 HIC—and applicable to the chart below—the field for victim service provider included both victim service providers and organizations that are not victim service providers but are otherwise prohibited from participating in HMIS.
- E. Enter “0” for all cells where a project type does not exist in your CoC.
- F. For HIC Data, only enter the bed data for projects that have an inventory type of “current.”

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	90	0	76	84.44%
2. Safe Haven (SH) beds	0	0	0	0
3. Transitional Housing (TH) beds	121	0	60	49.59%

4. Rapid Rehousing (RRH) beds	29	0	29	100%
5. Permanent Supportive Housing (PSH) beds	555	40	595	100%
6. Other Permanent Housing (OPH) beds	0	0	0	0

2A-9a. Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.

NOFO Section V.B.1.b.(9)

Guidance—In response to element 1, your “steps” should include specific action your CoC will take to increase the bed coverage. Examples of actions to receive credit include:

- Training providers on how to use and the benefits of using HMIS,
 - o Note that a meeting without education and an opportunity to address concerns is insufficient.
- Offering to pay for HMIS or comparable database licenses, and
- Offering to enter the data for the provider into HMIS.

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 the bed coverage rate to at least 85 percent.

Limit 2,500 Characters

1) The CoC will implement targeted outreach to Emergency Shelter and Transitional Housing providers that are currently not participating in the CoC’s HMIS to encourage them to use HMIS and explain the importance of their data to the community. HMIS staff will provide hands-on training on how to use HMIS and how participation benefits providers, including access to Coordinated Entry referrals, data for funding applications, and performance reports. Licenses and training will be offered for free if cost is a barrier to the organization entering into HMIS. For providers with limited staff capacity, HMIS staff will offer to enter data on the provider's behalf during the transition. Victim service providers and other organizations prohibited from using HMIS will be supported in using an HMIS-comparable database. The CoC’s Board will continue to publicly provide data performance, data quality, and HMIS bed coverage rates at CoC meetings to encourage organizations that aren’t participating.

2) The outreach to ES and TH providers will be conducted by the CoC and HMIS staff. They will meet with organizational leadership to work through any barriers the organization may have in entering data into HMIS. HMIS bed coverage rates will be reviewed and discussed at monthly CoC governing board meetings so that progress can be tracked to meeting the minimum 85% bed coverage rate.

3A. Policy Initiatives

3A-1. Supporting Activities within an Opportunity Zone.

NOFO Section V.B.2.a.

You must upload the **HUD-2996 Certification for Opportunity Zone Preference Points** attachment to the **4A. Attachments Screen**.

Guidance–

- A. Please refer to the Opportunity Zone site to see if your CoC's project(s) is in an Opportunity Zone.
- B. Your response must account for all proposed activities/projects in your CoC. This does not apply to a single project; rather, all activities/projects in the CoC.

1. Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
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.

NOFO Section IV.D.2.F.

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
--	----

3A-2a. Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.

NOFO Section IV.D.2.F.

You must upload the **Project List for Other Federal Statutes** attachment to the **4A. Attachments Screen**.

Guidance–

- A. In the FY 2026 CoC Application, CoCs may request that up to 10 percent of funding for the fiscal year awarded under the FY 2026 CoC Program Competition NOFO be approved to serve homeless households with children and youth defined as homeless under other federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).
- B. Approved CoCs are limited to using up to 10 percent of the total amount awarded for each fiscal year appropriation to their CoCs to serve this population and must determine which project(s) will be permitted to use some or all their

funding for this purpose. These projects must be Transitional Housing, Supportive Services Only, or Joint TH and PH-RRH component.

- C. Upload an attachment at the **4A. Attachments Screen** that identifies the specific project(s) that will use the funding for this purpose that includes:
- (1) project name(s) as listed on your CoC's Priority Listing; and
 - (2) amount of funding in the project or per project that will be used for this purpose.

D. Name the attachment **Project List for Other Federal Statutes.**

If you answered yes to **question 3A-2**, describe in the field below:

1. how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

Limit 2,500 Characters

N/A