

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: TX-600 - Dallas City & County, Irving CoC

1A-2. Collaborative Applicant Name: Housing Forward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Housing Forward

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	3
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	4
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	4
31.	Substance Abuse Advocate(s)	Yes	6
32.	Substance Abuse Service Organization(s)	Yes	4
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	3
	Other: (limit 50 characters)		
46.	Communities Foundation of Texas	Yes	1
47.			

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

(limit 2,500 characters)

1. The CoC maintains a dedicated membership landing page on its public website that serves as the source of information and the recruitment tool for prospective members. The page outlines the process to apply, provides information about funding opportunities, and explains how to attend monthly CoC General Assembly meetings, which are open to the public. Prospective members can formally join the CoC through this page.
2. The invitation to join the CoC is issued at least annually. The primary membership drive runs from November through March each year. A call for new members goes out through the CoC's public newsletter list, which has approximately 7,200 contacts, and through the Lead Agency's social media channels. Personal email invitations are targeted to organizations and cities within the CoC's geographic area that are not currently members. The CoC intentionally engages organizations that have not historically participated in the homelessness response system, expanding opportunities for new community partners to contribute resources, expertise, and services to prevent and end homelessness.
3. The invitation is communicated in multiple formats throughout the year so that it reaches organizations across the CoC's geographic area. Information is provided verbally at monthly CoC General Assembly meetings and at public events hosted by the Lead Agency and its partners, in writing through online publications, and electronically through the CoC's ADA-compliant website and newsletters. Solicitations are made year-round through the CoC's digital media channels in addition to the annual drive.
4. Membership is open to any entity with an interest in making homelessness rare, brief, and nonrecurring in Dallas and Collin Counties. This includes nonprofit and faith-based homeless assistance providers, emergency shelter providers, behavioral health and healthcare providers, victim service providers, veteran serving organizations, school districts, public housing agencies, local government and law enforcement agencies, businesses, and people with current or former experience of homelessness.

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

(limit 2,500 characters)

1. The CoC solicits opinions on its general performance, strategies, and priority setting process through several standing forums. Monthly Workgroups provide a forum to create, test, and refine service delivery and to recommend policy. Monthly CoC General Assembly meetings, open to the public, give the full membership a regular opportunity to comment on system policies and practices. Community Work Sessions bring CoC member leadership together to co-design major system initiatives. The CoC also gathers feedback through listening sessions, its public newsletter, and the Lead Agency's digital media channels throughout the year.

2. Opinions are solicited from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending it. The CoC is made up of more than 150 stakeholders, including nonprofit and faith-based homeless assistance providers, emergency shelter providers, behavioral health providers, healthcare providers, victim service providers, veteran serving organizations, school districts, public housing agencies, local government agencies, public safety agencies, business leaders, and people with current or former experience of homelessness. The CoC also intentionally engages organizations that have not historically participated in the homelessness response system to identify unmet needs, leverage additional community resources, and incorporate new perspectives into system planning and priority setting. The CoC engages people with lived expertise directly through the Lived Experience Coalition and the Youth Action Board.

3. Opinions gathered through these forums are considered in CoC planning and inform changes to system policy and practice. Input from members and stakeholders has shaped the design and rollout of coordinated street outreach, encampment resolution efforts, and integrated services models for permanent supportive housing. Recommendations developed in Workgroups are brought to the CoC Board, which votes on annual funding priorities and approves CoC policies and methodologies.

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

(limit 2,500 characters)

1. The CoC maintains a transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. Information about funding opportunities and how to apply is published in the Funding Information section of the CoC's public website and is available to any organization in the CoC's geographic area.
2. The CoC notified the public about the launch of the FY 2026 CoC Program Competition in June 2026 with the release of the Local Competition Timeline and an invitation to join the local applicant orientation. Communications were sent through the CoC Lead Agency's public website, social media channels, and the monthly public CoC General Assembly meeting to encourage a broad set of agencies to apply, including those that have not previously received CoC Program funding.
3. Information about how to submit project applications was disseminated through the Lead Agency's public website and through a public orientation session describing the local competition and the submission process. The orientation was recorded and made publicly available on the CoC Competition webpage so that organizations unable to attend could still access it. These resources support the CoC's broader strategy to engage new organizations by reducing barriers to participation and helping agencies unfamiliar with CoC funding understand application requirements and opportunities to contribute to the homelessness response system.
4. In FY 2026, the CoC received 7 project applications from agencies, including faith based entities, that have not previously received CoC Program funding.

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

(limit 2,500 characters)

The Gap: The system lacks a centralized intake facility where outreach, law enforcement, and first responders can immediately connect people to triage, shelter, treatment, and housing. Approximately 11,000 households annually need an intervention to exit homelessness, while the CoC has capacity to serve only about 60%. Those not served are vulnerable to remaining on the street. The 2026 PIT identified 1,077 people experiencing unsheltered homelessness and 643 experiencing chronic homelessness.

The strategy: With a new Dallas County investment, the CoC will build a countywide crisis response system anchored by Pathways, a high-capacity intake and transition hub where law enforcement and first responders can connect people to stabilization, treatment, shelter, and transitional housing assistance. Expanded outreach and Transitional Assistance will resolve encampments and engage newly homeless people, while accelerated shelter exits will create capacity. Interventions will be tailored for adults, families, youth, Veterans, survivors of domestic violence, and people with complex behavioral health needs. To expand the provider network, Housing Forward facilitates Requests for Qualifications (RFQs). Seven new agencies have been added to a prequalified provider list approved by the Independent Review Committee (IRC), expanding the pool of organizations available to address service gaps.

Performance measures: The strategy will be measured by system exits, time to achieve self-sufficiency, and returns to homelessness. The CoC will target an average shelter length of stay of 65 days, increasing bed turnover and capacity to bring additional people inside.

The timeline: By July 2027, the CoC will establish geographic service zones and centralized intake/diversion hubs. During 2027, diversion, Transitional Assistance, supportive housing, outreach, and shelter-flow capacity will scale toward annual targets. Pathways will open in early 2028 as the system's high-capacity coordinated intake and transition hub. By early 2028, the redesigned system will be fully scaled to projected need.

Funding: Implementation will braid the new Dallas County Homeless Solutions Fund, CoC Program funding, private/philanthropic investments, and behavioral health resources.

Oversight: CoC Lead Agency, will oversee implementation with Dallas County and CoC partners through shared performance measures, financial/compliance monitoring, and regular performance review

1B-5a Confirmation of Plan Coverage.

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

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	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	44%

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The CoC partners with Metrocare Services, Life Path, IPS Recovery, and the North Texas Behavioral Health Authority (NTBHA) to ensure participants have access to outpatient treatment for mental health and substance use disorders. Housing case managers and outreach staff refer participants directly to these partners, and treatment is coordinated alongside housing services rather than as a separate track.

1. A range of appropriate levels of care. These partners provide outpatient and intensive outpatient services, allowing participants to be matched to the level of clinical care that fits their needs and to move between levels as those needs change, from initial outpatient engagement through more intensive treatment.
2. Psychosocial interventions. Partners provide individual and group therapy addressing both mental health and substance use disorders.
3. Medication management. Partners provide psychiatric care and ongoing medication management, including medication-assisted treatment for substance use disorders.
4. Suicide prevention. Partners provide suicide prevention screening and intervention as part of clinical assessment and ongoing care.
5. Recovery supports. Partners provide recovery support services that continue after acute treatment ends. These supports are coordinated with the participant's housing case management so that engagement in care is sustained through housing placement rather than ending when a treatment episode closes.

Together these partnerships ensure that CoC participants can access an appropriate level of clinical care matched to their needs, and that the clinical and housing sides of a participant's plan are managed as one.

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

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

(limit 2,500 characters)

The CoC partners with organizations that employ peer recovery specialists and has CoC-funded projects that provide peer support and recovery navigation directly.

1. Peer recovery specialists employed within CoC projects. Metrocare Services and The Bridge employ Recovery Support Peer Specialists (RSPS) who work directly with participants in their programs. These specialists are part of the service delivery team rather than an outside referral, which allows peer support to begin at the point of engagement and continue as a participant moves toward and into housing.

2. Peer support and recovery navigation through partnership. The CoC maintains a partnership with the Association of Persons Affected by Addiction (APAA), which connects participants to peer recovery services and recovery navigation support. Participants engaged through street outreach, emergency shelter, and CoC-funded housing projects can be connected to APAA regardless of which project is serving them.

3. Coordination with housing services. Peer specialists and recovery navigators coordinate with housing case managers so that peer support is built into a participant's individualized service and stabilization planning. This keeps recovery support tied to the participant's housing stability goals and maintains engagement through transitions between shelter, treatment, and permanent housing, which are the points at which people are most likely to disengage from care.

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

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

(limit 2,500 characters)

1. Identifying individuals experiencing Serious Mental Illness. Individuals experiencing Serious Mental Illness (SMI) are identified through the CoC's coordinated street outreach teams, emergency shelter partners, and Coordinated Access System assessments. Outreach teams work alongside behavioral health specialists in the field, which allows clinical need to be recognized at the point of engagement rather than after a participant has entered a program. Partner agencies refer individuals to the North Texas Behavioral Health Authority (NTBHA), Metrocare Services, and LifePath for SMI screening and clinical assessment.

2. Connecting individuals to services that promote stability. Once identified, individuals are connected to Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams operated by these providers. These models combine assertive outreach with intensive care coordination and comprehensive treatment, including psychiatric care, medication management, and ongoing clinical follow-up. Teams are assigned to program participants and follow them across settings, so the participant is not required to re-engage from the beginning at each step.

3. Sustaining stability through housing transitions. ACT and ICM teams are assigned to participants as they transition into permanent housing, the point at which people with SMI are most at risk of disengaging from care. Through its alliance with NTBHA, the CoC is expanding intensive treatment team capacity for people moving into permanent housing, supported by statewide Indigent Care grant funding administered through that alliance. This integration of the behavioral healthcare and homeless response systems begins at the first point of engagement and continues after a participant is housed.

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

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

(limit 500 characters)

The CoC partners with Dallas County courts, including specialty courts serving individuals with mental health and substance use disorders. The Chief of the DA's Mental Health Division serves on the CoC Board. The Division seeks treatment (including AOT), services, and diversionary court programs, and monitors outpatient competency restoration and insanity releases. Partners also ensure inpatient civil commitment is available when individuals cannot keep themselves safe.

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)

1. Connecting individuals in crisis to emergency treatment. Dallas County courts issue Mental Illness Warrants (MIWs) and Chemical Dependency Warrants (CDWs) to connect individuals experiencing active crisis to emergency treatment. The CoC coordinates with the courts so that individuals identified through street outreach, emergency shelter, and CoC-funded projects who meet the criteria can be connected through that pathway, and so that providers know the status of a participant subject to one of these orders.
2. Coordinating transitions out of custody. The CoC coordinates directly with the Dallas County court system to support transitions from the Dallas County Jail into shelter. Jail-Based Navigators complete jail-based screening on referral from the CoC, notify the individual's attorney, request the necessary program holds and case updates, and work with the CoC and the Jail Release team to schedule release, typically within 48 to 72 hours, with permission to share the information needed for a warm hand-off.
3. Leveraging court orders to support housing stability. The CoC maintains a referral pathway from court-mandated treatment directly into supportive housing. Where a court order requires participation in treatment, the CoC uses that order as a point of coordination rather than a competing obligation: the participant's housing plan is aligned with the treatment the court has ordered and is reflected in their individualized stabilization plan, so that compliance with the order and progress toward permanent housing reinforce one another.
4. Sustaining the partnership. The Mental Health Division of the Dallas County District Attorney's Office holds a seat on the CoC Board. This provides a standing channel between the court system and the CoC for resolving individual cases and for identifying where the two systems can better align.
5. The CoC partners with Metrocare, which provides Assisted Outpatient Treatment (AOT) for individuals with serious mental illness. This partnership connects individuals to court-ordered, community-based mental health treatment and supports coordination with housing and supportive services to promote recovery, housing stability, and movement toward independence.

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

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

(limit 500 characters)

The CoC partners closely with North Texas Behavioral Health Authority (NTBHA), which operates Mobile Crisis Outreach Teams (MCOT) and 24/7 crisis hotlines connected to the national 988 Suicide & Crisis Lifeline. MCOT provides mobile response and de-escalation for individuals in mental health or substance use crisis. CoC outreach teams, shelters, and housing providers access crisis response in real time for participants in acute distress.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	1,099

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

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

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

(limit 500 characters)

The CoC has a Memorandum of Understanding (MOU) with Metrocare Services, the region's Certified Community Behavioral Health Clinic (CCBHC). The formal partnership This formal partnership gives CoC participants access to psychiatric care, crisis response, substance use disorder treatment, care coordination, and outpatient mental health services, and reflects a braided funding and service delivery approach between the behavioral health system and the homeless response system.

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

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

(limit 500 characters)

The CoC will operate sober housing in accordance with 24 CFR 578.93(b)(5) with the new CoC Program funded Pathways Transition Center Project.

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

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

(limit 2,500 characters)

The CoC coordinates with the behavioral health, substance use treatment, crisis response, peer recovery, and recovery housing providers in its network to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

1. Supported referrals rather than information hand-offs. CoC programs make direct referrals, coordinate appointments and transportation, share information with the participant's consent, and remain engaged until the participant is connected to the receiving provider. This applies to referrals to Metrocare Services, the North Texas Behavioral Health Authority (NTBHA), Integrated Psychotherapeutic Services, LifePath, the Association of Persons Affected by Addiction, and recovery housing partners including Dallas 24 Hour Club and Oxford Houses of Texas.

2. Discharge planning that ends in a housing connection. For individuals leaving inpatient treatment or crisis care, an exit plan is developed that includes connection to an appropriate housing resource before discharge. NTBHA's Outreach, Screening, Assessment, and Referral system, mobile crisis teams, peer specialists, and housing case managers coordinate care and follow-up to reduce gaps between systems, prevent discharge to homelessness, and support long-term housing stability.

3. Shared case coordination. Participants engaged with treatment and crisis providers are carried on the CoC's By-Name List and reviewed through multidisciplinary case conferencing, so that behavioral health providers and housing providers work from the same information and a hand-off that does not complete is identified and corrected rather than lost.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$47,720,464
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.	\$15,554,021
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	33%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$4,333,959
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	42%

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

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

1. Housing Forward, the CoC Lead Agency, directly consulted with each ESG Program recipient serving the CoC's geographic area: the City of Dallas, City of Irving, City of Garland, Dallas County, and the Texas Department of Housing and Community Affairs (TDHCA), the State ESG recipient serving areas of the CoC, including Collin County. Housing Forward met individually with each recipient to review system performance and gaps, community needs, CoC strategic priorities, and the planned use and allocation of ESG resources. These consultations help ensure ESG investments are coordinated with the broader homeless response system and complement other local, state, and federal resources.
2. In addition to direct consultation, ESG recipients participate in ongoing CoC planning and coordination throughout the year. Recipients engage in leadership meetings, Workgroups, and system planning discussions where performance data are reviewed, emerging needs and funding gaps are identified, and strategies are adjusted. This ongoing engagement informs recipient funding decisions while giving the CoC visibility into how ESG resources are being directed across the geographic area.
3. The CoC will continue direct consultation with each ESG recipient as part of its annual planning and funding cycle, supplemented by ongoing coordination throughout the year. Consultation will include review of system performance and gaps, emerging community needs, CoC priorities, and proposed uses of ESG resources. ESG recipients will also continue participating in CoC leadership and planning structures. This standing consultation process keeps ESG funding coordinated, data-informed, and aligned with the CoC's strategies for reducing homelessness and improving housing outcomes.

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

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

(limit 2,500 characters)

1. The CoC coordinates closely with shelter providers so that every individual and family entering shelter is rapidly connected to the most appropriate housing and service resources. Shelter is treated as a launching point to self sufficiency and housing.
2. Shelter providers, Coordinated Access System (CAS) staff, housing providers, and housing navigators participate in case conferencing multiple times each week to review a by-name list of shelter residents. In these meetings, partners confirm that every household is connected to the appropriate CoC resources and identify additional community supports that can accelerate a successful exit from shelter.
3. Households are matched to the intervention that best meets their needs, including transitional assistance , Supportive Housing, or diversion. Additional supports include connections to behavioral health and substance use treatment, boarding homes, employment services, mainstream benefits, and other community resources.
4. This approach ensures no shelter resident is without an active stability plan. Shelter staff provide consistent communication about expectations for shelter stays, the resources available, and the steps needed to achieve permanent housing.
5. The CoC monitors shelter occupancy, housing referrals, and exit outcomes to identify barriers, resolve gaps, and improve system flow. This collaboration reduces the length of shelter stays, increases successful exits to permanent housing, strengthens household stability through income and service connections, and creates capacity to serve more individuals and families experiencing homelessness.

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

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

(limit 2,500 characters)

The CoC consistently shared PIT, HIC, HMIS, and System Performance data with state and local governments.

1. PIT and HIC data. Point-in-Time and Housing Inventory Count data is shared annually with every individual city and county jurisdictions within the CoC's geographic area.

2. HMIS and System Performance data. System performance and aggregate HMIS data are shared monthly with the Dallas City Council and the Dallas County Commissioners. This reporting includes housing placements, length of time to housing, returns to homelessness, outreach engagements, and case management contacts, giving local government a consistent and current view of how the homeless response system is performing rather than an annual snapshot.

3. Statewide data sharing. The CoC participates in data sharing with the Texas Homeless Network so that data is used across the state to improve the homeless response system. The CoC also participates in the statewide data warehouse, which combines data from CoCs across Texas and supports tracking of returns to homelessness at a statewide level.

4. Data sharing with county health authorities. The CoC maintains a data sharing agreement with the Dallas County Health and Human Services Department for the purpose of monitoring and addressing infectious diseases among people being served by the CoC.

5. Governance of disclosure. All data sharing is conducted as permitted by law and in accordance with the CoC's HMIS Privacy Notice and the HMIS privacy and security plans reviewed, revised, and approved by the CoC, which govern the circumstances under which data may and may not be disclosed.

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

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

(limit 2,500 characters)

The CoC uses data from partner systems alongside HMIS to coordinate care for individuals who interact with multiple public systems.

1. Healthcare and hospital data. The CoC uses admission and discharge data from hospital partners to identify people experiencing homelessness who frequently use healthcare services and coordinate their care across the healthcare and homeless response systems. This information is shared through the Complex Needs Workgroup, allowing hospital, outreach, behavioral health, and housing partners to align services, plan for safe discharges, and connect individuals to housing and ongoing support rather than discharging them to the street.

2. Behavioral health data. When an individual has signed an appropriate release of information, behavioral health partners share relevant electronic health record information, including diagnoses, care plans, and other clinical data. The CoC uses this information to improve continuity of care between behavioral health treatment and housing services, identify individuals engaged with both systems, and align outreach, treatment, and housing planning.

3. Criminal justice data. Dallas County provides booking data every Tuesday and Thursday for individuals identified as frequent utilizers. The Complex Needs Workgroup uses this information to identify individuals cycling between homelessness and custody, coordinate timely interventions and release planning, and reduce repeated interactions with the criminal justice and homelessness-response systems.

4. Frequency and operational use. Data is shared with these partners at least monthly and, in some cases, as frequently as daily. The results are used operationally rather than only for reporting. Matched data informs the CoC's Complex Needs Workgroup, a multidisciplinary partnership including the local behavioral health authority, major hospital systems, emergency medical services, law enforcement, jail and court partners, street medicine providers, homeless outreach teams, and housing providers. The Workgroup meets twice weekly to align interventions and develop individualized action plans for the individuals the data identifies.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC has strong partnerships with employment and workforce development programs, including Workforce Solutions Greater Dallas, the Local Workforce Development Board. CoC housing providers and system navigators connect participants to career counseling, job readiness training, job placement, and employment support services through this partnership. The Southern Dallas Employment Project also partners directly with CoC shelter and housing agencies to build pipelines into local employers, vocational training, and short-term certifications.

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

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

(limit 2,500 characters)

1. Cooperation with first responders and law enforcement. The CoC operates a Centralized Coordinated Outreach System across Dallas and Collin Counties, coordinating with law enforcement, emergency medical services, municipalities, and behavioral health and healthcare providers. In Garland, outreach teams work closely with police to respond to unsheltered homelessness. In Irving, outreach coordinates with the Police Department's Homeless Outreach Team on locations of concern.
2. Co-response and positive interactions. Rather than operating a single standing law enforcement co-response team, the CoC uses referrals, planned responses, direct handoffs, and collaborative field engagement when appropriate. Law enforcement addresses immediate public safety concerns while outreach teams establish relationships, provide sustained engagement, and connect individuals to shelter, housing, treatment, detoxification, and healthcare.
3. Housing and service engagement. Outreach providers document engagement in HMIS, connect individuals to the Coordinated Access System, and use the By-Name List and multidisciplinary case conferencing to address barriers and coordinate shelter and permanent housing opportunities. These processes allow first responder referrals to become ongoing engagement and service connections beyond the initial encounter.
4. Results. FY25 HDX Metric 7a.1 shows that 386 of 2,759 individuals exiting street outreach reached permanent housing, temporary, or qualifying institutional destinations, achieving a 13.99% successful-exit rate, up from 8.76% in FY24. Permanent housing exits increased from 159 to 260, while successful exits increased from 241 to 386. These results demonstrate improved systemwide street outreach outcomes, although HDX does not isolate exits resulting specifically from first responder partnerships.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

Family and support-network reunification is a core housing problem-solving strategy within the CoC's homeless response system.

1. For many years the family homeless response system has incorporated reunification into every family's assessment process, using private funding including support from the Bezos Day 1 Families Fund and other philanthropic resources. In 2023 the CoC expanded this approach across the broader homeless response system. Every household accessing the Coordinated Access System (CAS) participates in a housing problem-solving conversation in which trained staff explore safe alternatives to entering or remaining in the homeless service system, including reunification with family or other natural supports.

2. All front-door staff complete a two-day Housing Problem Solving training focused on identifying housing options, strengthening support networks, and using diversion strategies to resolve housing crises wherever possible.

3. The CoC funds a team of 10 dedicated diversion case managers through a combination of Youth Homelessness Demonstration Program and Special NOFO grants. These case managers provide short-term case management to verify that reunification is safe and appropriate, confirm that family or friends are willing and able to provide housing, and connect households with the community resources needed to maintain that housing.

4. The CoC established a Diversion Flex Fund, supported by private philanthropic dollars and available at all CAS access points. The fund provides one-time travel assistance and other flexible financial supports that remove the financial barriers to reunification. Diversion case managers coordinate travel arrangements when relocation to another geographic area is the best housing solution for the household.

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

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

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

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

(limit 2,500 characters)

The CoC is committed to protecting public safety while advancing efforts to prevent and end homelessness. It coordinates with law enforcement, public safety agencies, and behavioral health providers so that individuals experiencing homelessness are engaged, connected to services, and rehoused quickly, and so that community safety is maintained. In Downtown Dallas, this playbook has resulted in an 85 % reduction in street homelessness and permanent resolution of all encampments in Downtown Dallas since 2024.

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

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

(limit 2,500 characters)

1. Local law that helps. Dallas City Code 31-13 prevents sleeping in a public place. Additionally, Texas Penal Code 48.05 (Prohibited Camping) applies across the CoC's entire geographic area and makes it an offense to camp in a public place without the consent of the agency managing that place. Subsection (g) is the provision the CoC leverages: before or at the time a peace officer issues a citation under this section, the officer must make a reasonable effort to advise the person of an alternative place at which they may lawfully camp, and to contact an appropriate official of the political subdivision or an appropriate nonprofit organization operating within it and request that they provide services that would reduce the likelihood of the person continuing to camp in the public place.
2. How the CoC leverages it. The CoC is the entity that makes 48.05(g) operable. Its Centralized Coordinated Outreach System gives officers a single point of contact for the service request the statute requires, and its coordinated outreach teams engage individuals before a site is resolved, assess housing needs, and connect people to shelter, housing navigation, and behavioral health care.
3. Factors that can hinder rapid resolution. Municipal response timelines can provide limited time to engage individuals and secure appropriate placements before site resolution. The CoC also spans dozens of municipalities across Dallas and Collin Counties with different departments and response practices. Response authority also varies by property ownership; private-property encampments require property-owner coordination and may follow a different process than sites on public property. To mitigate those barriers, The CoC uses early notification, persistent outreach, direct coordination with municipalities and law enforcement, By-Name List and multidisciplinary case conferencing, accelerated shelter placement, and direct-to-housing strategies. The CoC is also strengthening jurisdiction-specific relationships so identified sites can be rapidly connected to the appropriate outreach response.
4. Results. Since 2025, coordinated Street to Home efforts have resolved 35 encampment sites, including large and long-standing locations. A comprehensive downtown response resulted in more than 250 individuals exiting to housing, demonstrating the CoC's strategy of pairing encampment resolution with pathways to permanent housing and ongoing space management.

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

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

(limit 2,500 characters)

1. Current response and scale. Encampments resolved in the CoC's geographic area range from long-standing sites addressed through intensive multi-agency operations to smaller sites identified and resolved through routine municipal response. The CoC works with the City of Dallas to support encampment response through the City's 311 service request system, through which city departments regularly address locations identified as public health or public safety concerns, resolving multiple sites each week.

2. Results of encampment resolution to date. Since 2025, coordinated efforts with the City of Dallas through the Street to Home initiative have resulted in the resolution of 34 encampment sites, combining sustained outreach, housing navigation, behavioral health services, healthcare partnerships, and permanent housing resources. The CoC completed a comprehensive response throughout the downtown corridor, resulting in an 85 % reduction in street homelessness and all encampments permanently resolved,, alongside ongoing public safety, sanitation, and environmental health measures that have supported the long-term resolution of encampments in that area.

3. Current state: Since 2025, all downtown encampments have remained closed. Outreach teams quickly engage people who begin sleeping downtown and connect them to shelter and housing. More than 1,200 people have been supported in moving permanently off the streets through our local Street to Home Initiative.. As of August 2026, there were approximately 75 active encampment/hotspot locations outside of Downton with an estimated 550 individuals residing at those sites. Due to our enhanced outreach response, many of these individuals are transient, without large structures, and meet with service providers at day shelters or mobile outreach stations.

5. Before any site is resolved, coordinated outreach teams engage the individuals present, assess housing needs, and connect them to shelter, housing navigation, behavioral health care, and other supportive services wherever possible. This allows the CoC to respond quickly to emerging encampments while balancing public safety, community concerns, and housing-focused interventions.

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

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

(limit 2,500 characters)

1. Local law. Texas Health and Safety Code Chapter 481 establishes state controlled-substance laws, while Texas Penal Code §49.02 permits intervention when an individual is intoxicated in public to a degree that may endanger the individual or another person.

2. How the law helps or hinders. Texas Penal Code §49.02 provides law enforcement officers a basis to intervene when a person's intoxication in a public place creates a danger to themselves or others. This intervention can serve as an entry point to detoxification or behavioral health crisis care rather than custody when an appropriate service pathway is available.

3. How individuals are quickly connected to appropriate services. The CoC maintains referral pathways into detox, residential and inpatient treatment through the North Texas Behavioral Health Authority's Outreach, Screening, Assessment and Referral system, which connects to facilities accepting referrals at all hours. NTBHA also operates Mobile Crisis Outreach Teams and 24/7 crisis lines connected to 988. Law enforcement and outreach teams access these pathways in the field.

4. The plan. The CoC will leverage Texas Health and Safety Code Chapter 481 and Texas Penal Code §49.02 to connect individuals to existing deflection and treatment pathways through coordinated outreach, law enforcement, EMS, and behavioral health response. When immediate treatment is unavailable, outreach will maintain engagement, behavioral health partners will identify appropriate care options, and CoC coordination staff will use case conferencing to address barriers and coordinate next steps.

5. Quantitative and qualitative data. As of September 25, 2026, 196 of 607 heads of household (32.3%) on the Coordinated Access housing queue who were enrolled in street outreach reported drug or alcohol abuse. In response to this identified need, 44% of CoC-funded projects provide access to on-site substance use disorder treatment, supplemented by partnerships providing outpatient and intensive outpatient treatment, medication-assisted treatment, and recovery supports. Qualitatively, outreach partners report that substance use frequently intersects with behavioral health, medical, and housing needs, requiring individualized and repeated intervention.

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

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

(limit 2,500 characters)

1. Overdose data. Dallas County Health and Human Services reported 558 overdose deaths in 2024, compared with 628 in 2023, an approximately 11% decline. Fentanyl remained the primary driver of overdose deaths, with stimulants also contributing significantly. This is the most up to date data from DCHHS.
2. Overdoses among people experiencing homelessness. Homelessness-specific overdose data are not currently available, limiting the CoC's ability to quantify overdose deaths or incidents specifically among people experiencing homelessness.
3. Illicit drug use in public spaces. Outreach teams continue to encounter substance use among individuals living unsheltered, including at encampments and other public locations where individuals experiencing homelessness congregate. Substance use frequently intersects with significant behavioral health, medical, and housing needs.
4. Substance use among the homeless population. The 2026 Point-in-Time Count identified 482 people reporting chronic substance use.
5. What the CoC is doing about it. Nearly 44 percent of CoC-funded projects provide access to on-site substance use disorder treatment, and the CoC partners with NTBHA, Metrocare Services, Integrated Psychotherapeutic Services and LifePath for outpatient and intensive outpatient care, medication-assisted treatment and recovery support.

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

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

(limit 2,500 characters)

1. Local law. Texas Health and Safety Code Chapter 573 governs emergency detention and sets the standard for responding to individuals who are a danger to themselves or others. When an individual meets the criteria under Chapter 573, outreach teams collaborate with officials to initiate emergency detention so that the person receives clinical care, reducing risk to the individual and to the public.

2. How the standard is applied in practice. These procedures are implemented in collaboration with the local behavioral health authority and law enforcement. Outreach, behavioral health, healthcare, or other community partners may identify concerning behaviors and provide documented observations to the appropriate crisis or law enforcement partner. Law enforcement or the court determines whether applicable emergency detention criteria are met and initiates the appropriate MIW or warrantless apprehension process; following transport for evaluation, CoC partners continue coordination through outreach and case conferencing to reconnect the individual to housing, treatment, and services after discharge.

3. Assisted Outpatient Treatment and civil commitment. Dallas County Probate Courts oversee court-ordered involuntary mental health commitments and operate an Assisted Outpatient Treatment program through contracted behavioral health providers. These processes provide additional pathways for individuals who require continued behavioral health intervention beyond an initial emergency detention.

4. What helps and what hinders, and the plan. Emergency detention provides an intervention pathway, but brief clinical assessments may not capture persistent behaviors and functional impairment observed in the community, and individuals may return to homelessness following discharge. The CoC is strengthening communication of longitudinal observations to evaluating clinicians and will use coordinated outreach and case conferencing following discharge to reconnect individuals to behavioral health treatment, housing, and other services.

5. Quantitative and qualitative data. City of Dallas EMCR data show that RIGHT Care responded to 6,119 of 10,367 mental health calls (59%) in 2026 YTD. CoC outreach teams may also directly file Mental Illness Warrant (MIW) applications using documented observations of an individual's behaviors, safety risks, and ability to meet basic needs to support court-ordered evaluation.

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

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

(limit 2,500 characters)

1. Local law and practice. The State of Texas maintains a mandatory sex offender registration and public notification system administered by the Texas Department of Public Safety and enforced by local law enforcement. As detailed in Texas Code of Criminal Procedure Chapter 62, Texas requires registration, periodic in-person verification, and prompt reporting of changes in residence, employment and school, and it includes a publicly accessible statewide registry. Registrants experiencing homelessness are subject to the same registration, verification and reporting requirements as housed registrants and often report to law enforcement more frequently to maintain compliance.
2. How the CoC cooperates. The CoC assists law enforcement as requested and helps registrants experiencing homelessness maintain compliance with registration requirements. In practice, outreach teams have supported unsheltered registrants who were required to report to local law enforcement as frequently as weekly. Through ongoing case management, teams track registration needs, assist with documentation and communication with registration or supervision authorities. System level supports identify shelter and housing options that can lawfully accommodate registrants.
3. Provider-level practice. Shelter providers screen and restrict registrants as appropriate and observe the rules on proximity to schools, parks and other Child Safety Zones.
4. What helps and what hinders, and the plan. Registration requirements, supervision conditions, and individual provider eligibility requirements limit available shelter and housing options to some registrants. The CoC mitigates these barriers through sustained outreach and individualized housing navigation to identify lawful shelter and housing options while coordinating with the appropriate law enforcement or supervision authority when necessary.
5. Quantitative and qualitative data. As of September 23, 2026, 18 individuals, representing less than 1% of the CoC's Coordinated Access housing queue, are subject to sex offender registration requirements, demonstrating the need for housing navigation that accounts for registration requirements and placement restrictions.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

1. A coordinated system covering the full geographic area. The CoC uses a coordinated, housing-focused outreach strategy to identify, engage, and connect all individuals and families experiencing homelessness across its geographic area. Through its Centralized Coordinated Outreach System, the CoC deploys street outreach providers in partnership with municipalities, healthcare systems, behavioral health providers, emergency medical services, and law enforcement to ensure coverage across urban, suburban, and rural communities.
2. Reaching people not otherwise engaged in services. Outreach teams proactively engage individuals in encampments, public spaces, transit corridors, healthcare settings, libraries, and other locations where homelessness is identified, rather than waiting for people to present at a service location. Teams maintain persistent engagement with individuals experiencing unsheltered homelessness, which allows the CoC to reach people who are not connected to shelter or any other service.
3. Standardized coordination across providers. The CoC aligns outreach activities through standardized protocols, shared communication, regular coordination meetings, and coordinated field operations. This reduces duplication of effort, addresses public health and safety concerns, and increases access to shelter, housing, behavioral health care, and other essential services.
4. A by-name list driving prioritization. The CoC uses HMIS, coordinated outreach technology, and a continuously maintained By-Name List to coordinate outreach, prioritize individuals with the highest needs, and connect people to shelter, permanent housing, healthcare, behavioral health services, and community resources. The By-Name List is reviewed through regular multidisciplinary case conferencing, allowing providers to coordinate engagement strategies, maintain shared situational awareness, and deliver services consistently across jurisdictions.
5. Partnerships that widen the net. Because people experiencing homelessness interact with multiple public systems, the CoC partners with local governments, hospitals, behavioral health authorities, emergency medical services, veterans' organizations, school districts, transit agencies, and law enforcement, so that individuals encountered by any of these systems can be connected to outreach and housing resources.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes

3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

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

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

(limit 2,500 characters)

1. Where the written policies and procedures are found. The CoC's written policies on educational services are contained in the CoC Policies and Procedures and the CoC Written Standards of Care. The CoC Policies and Procedures state that 'to the maximum extent practicable, families with children should be placed as close as possible to the school of origin so as not to disrupt the children's education [24 CFR 578.23(c)(7)].' The CoC Written Standards of Care include the expectation that families with children are linked to appropriate educational resources and are informed of their eligibility for education services through local school districts.

2. How the policy is carried out. The CoC has adopted a procedure ensuring partner organizations are easily connected with the school district point of contact for their geographic area and are encouraged to set up individual training sessions to inform their staff about eligibility for educational services. Partner organizations are responsible for conveying this information to the individuals and families in their programs, which allows staff to share it in an individualized way rather than as a general notice.

3. How individuals and families are made aware. Families are informed through several methods, including informal meetings where information is provided collectively, flyers and informational brochures detailing how to get connected, and regular case management meetings where connections to educational services are discussed. The CoC has also created a live resource guide for school district homeless liaisons and CoC partner agencies to use when working with clients.

4. Reinforcement through stabilization planning. CoC policies require housing case managers to work with participants to create individualized stability plans. Educational goals raised during that planning provide a further point at which individuals and families are informed of and connected to the educational services for which they are eligible.

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

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

(limit 2,500 characters)

1. Partners. The CoC coordinates with foster care and child welfare services through a partnership with the Texas Department of Family and Protective Services, the state child welfare agency, and Transition Resource Action Center (TRAC), a CoC member agency serving young people transitioning out of public systems of care. These two agencies share an MOU for their partnership, as well as with Texas Family Care Network, the newly identified private contractors for the North Texas foster care system.

2. What the partnership does. This partnership coordinates the transition of care for youth aging out of foster care who are at risk of entering homelessness. Rather than waiting for a young person to present as homeless after leaving care, the partners work to identify youth approaching the end of their time in care and to connect them to housing and supportive services as part of that transition. There are roughly 1,750 youth in foster care on any given day in Collin and Dallas counties. Of those youth, approximately 20-25% will exit the system of care and enter into homelessness. Our CoC works with partnering agencies to match those youth to housing resources. Of those served by our homeless response system, 85% have a positive exit to housing or reunification with family.

3. How coordination is maintained. Coordination among youth-serving agencies in the CoC is maintained through the monthly Youth Workgroup, which brings youth service providers together to align practice across programs, and through the CoC's Youth Committee and youth-specific subcommittees. These forums include Youth Action Board members, school district homeless liaisons, and youth service providers. These agencies partner together to discuss transitions from public systems of care for each youth and young adult at risk of entering homelessness.

4. Connection to youth homelessness planning. This coordination is part of the CoC's broader youth homelessness planning under the Coordinated Community Plan developed through the Youth Homelessness Demonstration Program, which guides shared planning, procurement, and funding decisions across youth and education partners.

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

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

(limit 2,500 characters)

1. Provider types the CoC coordinates with. The CoC coordinates with Runaway and Homeless Youth (RHY) funded provider, City House, in its geographic area, including Basic Center Programs and Transitional Living Programs. Our community currently does not have a RHY funded Street Outreach Program or Maternity Group Home.
2. How coordination occurs. RHY-funded providers attend monthly Youth Workgroup meetings, which ensure the homeless response system coordinates closely on the care of youth and young adults experiencing homelessness. The Youth Workgroup is the standing forum in which youth-serving providers align referral practices, identify gaps in youth services, and coordinate planning across programs. The youth connected to the homeless response system and in need of housing resources are then enrolled in Coordinated Entry and matched with housing and case management resources.
3. Coordination across eligibility boundaries. RHY-funded providers are connected to other agencies in the homeless response system so that services can be coordinated for youth and young adults as they age out of eligibility for RHY programs. This allows a planned hand-off to CoC-funded and other community resources rather than a loss of support at the point RHY eligibility ends.
4. Connection to youth homelessness planning. Coordination with RHY-funded providers is part of the CoC's broader youth homelessness planning, carried out through the CoC's Youth Committee and youth-specific subcommittees alongside Youth Action Board members, school district homeless liaisons, and other youth service providers.

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

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

(limit 500 characters)

Family Gateway's FG COC RRH 2024 is a Rapid Rehousing project within the CoC that exclusively serves families with children experiencing homelessness. The project provides housing assistance and supportive services specifically designed to help families with children quickly obtain and maintain permanent housing, consistent with 24 CFR 578.93(b).

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

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

(limit 2,500 characters)

FG COC RRH 2024, operated by Family Gateway, provides supportive services focused on improving participant income to pay rent.

1. Employment and income growth are central components of the project's service model. Able-bodied adults are expected to obtain employment within 30 days of shelter entry, and that expectation continues as households move into rapid rehousing.
2. Participants are supported by an embedded vocational case manager who provides career planning, resume development, interview preparation, and job placement assistance. Because the case manager is part of the program rather than an external referral, employment planning begins immediately and continues without a hand-off.
3. The project connects participants to workforce training, trade and certificate programs, apprenticeships, and local employers. These connections are matched to the participant's stabilization plan and the income level needed to sustain rent.
4. Support does not end at move-in. Services continue after families enter rapid rehousing and include budgeting, financial coaching, and increasing earned income, so that the household can gradually assume rental costs and sustain housing after assistance ends.
5. The project addresses the practical barriers that prevent participants from taking or keeping work, including childcare coordination, transportation, documentation, and professional attire, and provides coaching throughout the hiring process.

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

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

(limit 2,500 characters)

FG COC RRH 2024 leverages funding from mainstream family service systems as follows.

1. FG CoC RRH 2024, operated by Family Gateway, leverages mainstream family service resources through an integrated partnership with Vogel Alcove, which provides childcare, early childhood education, and family supports to families experiencing homelessness. Vogel brings multiple public funding streams and publicly funded services into the broader family response system, including Head Start/Early Head Start, USDA-supported nutrition services, Child Care Assistance (CCA), and a Dallas ISD early-learning partnership. Vogel's CCA agreements authorize reimbursement for eligible children receiving childcare services, while its Dallas ISD partnership provides tuition-free prekindergarten to eligible children, including children experiencing homelessness

2. Family Gateway does not receive these public funds directly. Instead, the project uses a braided partnership model in which CoC-funded RRH is combined with services supported through Vogel Alcove's separate contracts and agreements with mainstream systems. For example, Dallas ISD places certified teachers in Vogel classrooms and provides curriculum, instructional materials, and professional development, allowing eligible children to receive tuition-free prekindergarten while their families work toward housing stability. Vogel also maintains formal agreements with ChildCareGroup and Workforce Solutions Greater Dallas that allow it to receive CCA reimbursement for authorized childcare enrollment. These arrangements allow housing resources to remain focused on rental assistance and housing stability while mainstream systems support critical family needs.

3. In addition to leveraging partner-funded services, Family Gateway case managers connect families to mainstream benefits including TANF, SNAP, Medicaid, SSDI, and Child Care Assistance to increase household resources and reduce financial barriers to housing stability. Staff assist with enrollment, disability documentation, and connections to other public and community resources. In Texas, these benefits generally flow directly to eligible households rather than to Family Gateway as project funding, so they complement, but are distinct from, the funding and services leveraged through the Vogel partnership.

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

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

(limit 2,500 characters)

FG COC RRH 2024, operated by Family Gateway, integrates housing assistance with comprehensive family supports.

1. Through the project's partnership with Vogel Alcove, families have access to a licensed on-site childcare center. On-site childcare allows parents to pursue employment and attend appointments without the childcare gap that commonly interrupts a family's progress toward housing.
2. The partnership with Vogel Alcove also provides master's-level social workers, parenting support, and early childhood services to families in the project.
3. Families are connected to pediatric and adult healthcare, pregnancy-related care, behavioral health treatment, domestic violence services, and other specialty medical providers as needed.
4. The project coordinates with local school districts to ensure children remain enrolled in school through McKinney-Vento supports, including transportation to the school of origin where appropriate, so that a housing move does not cost a child their school placement.
5. These supports are delivered alongside housing assistance rather than as separate referrals, which strengthens family stability while the household is moving toward permanent housing and supports successful exits from the project.

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

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

(limit 500 characters)

The local Veterans Affairs Medical Center and Supportive Services for Veteran Families (SSVF) agencies provide services to all Veterans experiencing homelessness in the CoC. The SSVF Partner agencies are Endeavors, American GI Forum- National Veterans Outreach Program, and Resource Recovery Council. The CoC and the VA align their By-Name Lists through regular data sharing.

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

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

6. Fills service gaps for veterans?	Yes
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1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

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

(limit 500 characters)

The CoC partners with victim service providers, including The Family Place, Genesis Women's Shelter & Support, Hope's Door New Beginning Center, and Peace in the Home Family Services. Providers participate in the CoC's monthly Domestic Violence Workgroup and bi-weekly DV Coordination meetings, and work within the DV Coordinated Access System to safely connect survivors to emergency shelter, rapid rehousing, and permanent supportive housing while maintaining confidentiality and survivor choice.

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

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

(limit 500 characters)

Through FUSE, the All Neighbors Coalition partners with the Dallas County Criminal Justice Department and jail-based navigators to prevent homelessness among people leaving jail. Navigators screen participants, coordinate release planning with attorneys and the jail release team, and share information with shelter partners and the All Neighbors Coalition. Partners then arrange warm handoffs to shelter, crisis respite, housing navigation, and services.

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

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

(limit 500 characters)

The CoC's Complex Needs Workgroup, a multidisciplinary partnership serving individuals experiencing unsheltered homelessness who have the greatest medical and behavioral health needs and are the highest utilizers of public systems. Partners include the local behavioral health authority, major hospital systems, EMS, law enforcement, jail and court partners, street medicine providers, homeless outreach teams, and housing providers. The Workgroup meets twice weekly.

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

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

(limit 500 characters)

Juliette Fowler Communities, which connects aging and elderly adults experiencing homelessness to assisted living, memory care, and affordable senior housing. Austin Street Center also operates medical respite beds staffed by on-site clinical nursing personnel in partnership with Texas Health Resources, receiving hospital referrals and coordinating discharge planning to permanent housing, residential care, or other long-term housing and healthcare resources.

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

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

(limit 500 characters)

Destination Home Renewal FY2026 NEW provides 390 Permanent Supportive Housing beds and prioritizes individuals with disabilities experiencing chronic homelessness. As part of the CoC's encampment resolution strategy, the project connects unsheltered individuals to permanent housing with wraparound case management and access to behavioral health, mental health, and peer support services. These supports promote housing stability, engagement in care, and prevention of returns to homelessness.

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

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

(limit 2,500 characters)

Metrocare PBV PSH Renewal, operated by Metrocare Services, provides on-site behavioral healthcare to participants.

1. Behavioral healthcare delivered within the housing project. The project integrates permanent supportive housing with on-site behavioral health treatment and case management. Clinical services are delivered at the housing site rather than through referral to an outside provider, which removes the transportation, scheduling, and engagement barriers that commonly interrupt treatment for people exiting chronic homelessness.
2. The clinical capacity behind the services. Metrocare Services is the region's Certified Community Behavioral Health Clinic. Through that capacity, participants in the project have access to psychiatric care, medication management, substance use disorder treatment, crisis response, and outpatient mental health services.
3. How participants reach the project. The project prioritizes individuals experiencing chronic homelessness and receives referrals through the CoC's Coordinated Access System, so that the people with the longest histories of homelessness and the highest clinical needs are matched to housing that includes on-site clinical support.
4. How behavioral healthcare supports housing stability. On-site behavioral healthcare is coordinated with the participant's housing case management, so that clinical care and tenancy support operate as one plan. Ongoing clinical contact at the housing site also allows changes in a participant's condition to be identified early and addressed before they put the housing at risk.

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

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

(limit 2,500 characters)

Metrocare PBV PSH Renewal uses the CoC's Higher Level of Care Needs Identification Framework to identify participants whose behavioral, mental, or physical health needs require intensive, sustained support.

1. Policy. The Higher Level of Care Needs Identification Framework establishes criteria for identifying individuals whose chronic or complex health conditions significantly impair housing stability. Referral is indicated when short-term assistance cannot reasonably resolve instability and long-term housing with intensive services is necessary to prevent homelessness. The framework prioritizes individuals with the highest ongoing vulnerability and distinguishes established supportive housing interventions from Complex Needs cases requiring individualized, cross-system housing and care plans

2. Assessment of need. Metrocare's Qualified Mental Health Professionals conduct initial and ongoing psychosocial assessments and collaboratively develop individualized housing service plans. Psychiatrists or nurse practitioners provide clinical evaluations. Metrocare considers symptoms, safety, daily functioning, treatment history, strengths, and participant goals when recommending the appropriate level of care. Housing staff track the Adult Needs and Strengths Assessment (ANSA) and recovery plan and present assessment findings and changes in housing stability or treatment engagement to an interdisciplinary team.

3. Referral and continuity of care. Metrocare's clinical assessments inform recommendations for more intensive services, including Assertive Community Treatment for eligible individuals. Housing staff facilitate inpatient admission when clinically indicated or requested by the participant, provide continuity of services during hospitalization, participate in discharge planning, and meet with participants within five days of discharge into the community. For individuals whose needs exceed conventional pathways, Metrocare brings participating systems together to develop individualized housing and care plans.

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

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

(limit 2,500 characters)

Destination Home Renewal FY2024 NEW, operated by , ASD and Metrocare Services assesses participant readiness for moving on as follows.

1. The policy. The TX-600 CoC Policies and Procedures guide assessment of housing stability, ongoing service needs, economic stability, and independent tenancy skills to determine whether participants can maintain permanent housing with less intensive support. The assessment informs an individualized transition plan identifying an appropriate housing option and the services needed to sustain stability.

2. How readiness is identified. CoC providers use case management, clinical assessment, and employment and income evaluation to determine readiness for transition. Service plans emphasize increasing earned income through workforce partners, maintaining or improving economic stability, and building the skills necessary for independent tenancy. Participants are regularly assessed to determine housing stability, service needs, and readiness to transition to a less intensive housing intervention.

3. Where participants move on to. Participants identified as ready are referred through the Coordinated Access System to HUD-assisted housing. The Dallas Housing Authority has adopted a homeless preference in its Administrative Plan for applicants referred by the Coordinated Access System, and the Dallas County Housing Agency commits 100 Housing Choice Vouchers annually through an MOU with the CoC for households referred through the Coordinated Access System who have stabilized in CoC programs.

4. Support through the transition. Case managers develop individualized transition plans and continue case management, documentation support, housing navigation and landlord engagement through lease-up, so that moving on does not put the participant's stability at risk.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC's reallocation process. The FY 2026 CoC Reallocation Policy approved by the Board on June 25, 2026 governs the CoC Reallocation process. The lead agency Performance Management team reviews the performance of existing CoC Program-funded projects using HMIS and comparable database data, Annual Performance Report data, and system performance measures. Renewal Scorecards populated with aggregate performance data measure each project on returns to homelessness, employment income outcomes, supportive service participation requirements, exits to permanent housing, length of time from enrollment to housing move-in, households served, and lease-up performance. Renewal projects performing below established community thresholds are conditionally ranked and required to participate in a Performance Improvement Plan supported through targeted training and technical assistance. Projects that fail to improve after the Performance Improvement Plan period, or that continue to perform below expectations in later competition cycles, may be considered for involuntary reallocation.
2. Yes. The CoC reallocated projects during this year's local competition because they were no longer needed in light of the CoC's set-aside requirement. The CoC also identified 4 projects that were below the established community threshold. These projects are all required to participate in a Performance Improvement Plan.
3. The CoC reallocated 10 projects this year in the FY26 NOFO competition in alignment with the priorities of the CoC governing body. These projects will be replaced by new projects with services that help neighbors stabilize and work toward self-sufficiency.
4. As mentioned, renewal projects performing below established community thresholds are conditionally ranked and required to participate in a Performance Improvement Plan supported through targeted training and technical assistance. Projects that fail to improve after the Performance Improvement Plan period, or that continue to perform below expectations in later competition cycles, may be considered for involuntary reallocation.

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

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

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

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

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

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

(limit 2,500 characters)

1.The 2026 count continued to use a census approach with coordinated geographic coverage, direct surveys, and observation surveys when a direct interview could not be completed.

The CoC made two data quality enhancements for 2026:

Role-specific training: HMIS Lead staff and Performance Management teams expanded the general training with training built for each type of worker. Street outreach workers were trained on coordinated canvassing of assigned zones, accurate survey completion, Counting Us mobile application procedures, and complete observation documentation. System workers received a separate virtual training with corresponding content. Community volunteers received standardized instruction on zone coverage, engagement and consent, eligibility screening, survey administration, safety, and observation procedures. Organizations hosting kick-off locations received a common toolkit with facilitator materials and scripted talking points so instruction was consistent across sites.

Observation survey controls: Volunteers were instructed to prioritize direct interviews and to obtain Housing Forward approval before each observation survey. The observation survey collected additional descriptive information to establish unsheltered homelessness and support deduplication.

2. The changes strengthened the accuracy of the overall count rather than expanding who was counted.

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

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

(limit 2,500 characters)

Evaluation Period: July 1, 2024–June 30, 2025

During the evaluation period, the CoC used a coordinated, system-wide set of actions to reduce both the number of encampments and the number of people residing in them.

1. Multi-agency encampment resolution. For large, complex, or long-standing encampments, the CoC partnered with the City of Dallas through the Street to Home initiative to resolve all encampments and street homelessness in Downtown Dallas. The CoC completed a large-scale encampment resolution initiative across 1.4 square miles of Downtown Dallas, where 257 people were sleeping outdoors nightly. This included a major concentration of approximately 150 people in southern downtown, with another 100 people dispersed across parks, underpasses, and other public spaces. In addition to the downtown initiative, the CoC resolved 10 distinct encampments on the outskirts of downtown and individual sleepers throughout the whole of the 1.4 square mile area.

2. The CoC completed a comprehensive response throughout the downtown corridor, resulting in more than 1200 individuals exiting the streets, alongside ongoing public safety, sanitation, and environmental health measures supporting the long-term resolution of encampments in that area.

3. The CoC worked with the City of Dallas to support routine encampment response through the City's 311 service request system. City departments regularly addressed locations identified as public health or public safety concerns, resolving multiple sites each week. Before any site was resolved, coordinated outreach teams engaged the individuals present, assessed treatment and housing needs, and connected them to shelter, housing navigation, behavioral health care, and other supportive services wherever possible.

Since this time period there has been an 85% drop in street homelessness downtown, all encampments have remained closed, and violent crime has dropped by over 15 %.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	133
2. Enter the reduction in the number of encampments during your evaluation period.	20

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	750
2. Enter the reduction in the number of people in encampments during your evaluation period.	382

 nbsp;nbsp;

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

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The CoC's plan to decrease first-time homelessness is to intervene earlier in housing crises and create a countywide front-door system that connects households to the least intensive intervention necessary to resolve their crisis.

Housing problem-solving is currently embedded at Coordinated Access System (CAS) access points, where trained staff identify safe alternatives to homelessness, including reunification with family or friends, prevention resources, employment and mainstream benefits, and flexible financial assistance. Dedicated diversion case managers provide short-term support until the housing crisis is resolved, while the community-wide Diversion Flex Fund removes one-time financial barriers that could otherwise result in homelessness.

The CoC will significantly expand this approach by developing regional intake hubs that provide immediate access to triage, diversion, shelter, treatment, and housing resources. Rather than requiring households to navigate multiple disconnected systems, hubs will create a coordinated front door where households can be assessed quickly and connected to the intervention appropriate to their needs. Diversion and housing problem-solving will be a core function of each hub.

The expanded system is designed not only to prevent homelessness when possible, but also to identify and engage people immediately when homelessness occurs. Outreach, first responders, and community partners will connect newly homeless households to the hubs so they can be diverted, connected to shelter, or moved toward another housing solution before homelessness becomes prolonged.

The CoC will expand the number of households the system can serve and allow successful strategies to operate consistently across the CoC's geographical area. The CoC will monitor first-time homelessness through System Performance Measure 5, along with diversion outcomes, inflow, returns to homelessness, and hub performance. Results will be reviewed through CoC performance and planning structures and used to adjust implementation as inflow patterns change.

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

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

(limit 2,500 characters)

The CoC will reduce the length of time individuals and families remain homeless through early intervention, coordinated assessment, and rapid connections to permanent housing. System expansion will integrate housing, behavioral health, substance use treatment, employment, and benefits to prevent prolonged homelessness and support recovery and housing stability.

1. Coordinated Outreach will engage people experiencing unsheltered homelessness and connect them to housing and care. Outreach will link newly homeless households to Coordinated Intake Hubs for immediate assistance, pairing encampment resolution with rapid engagement to shorten homeless episodes.
2. Coordinated Hubs will connect households to diversion, stabilization, treatment, shelter, and housing. Systemwide Diversion identifies safe alternatives, including reunification. At shelter entry, assessment of safety, supports, income, employment, housing barriers, and health will guide individualized plans and match assistance to need.
3. Housing planning will begin at shelter entry, with a goal of housing exits within 30–60 days. Systemwide Housing Navigation will support documentation, applications, and lease-up while workforce partners, job placement, and benefits navigation help households secure income. Housing and service connections will proceed concurrently.
4. The Centralized Housing Location Team recruits landlords, secures blocks of units across the CoC, negotiates reduced screening barriers, and maintains partnerships. A Flex Fund covers application fees, transportation, rental arrears, and move-in costs that delay housing.
5. Housing and behavioral health partners will coordinate mental health care, substance use treatment, peer support, and intensive care as needed. Warm handoffs and individualized plans will integrate treatment, employment, benefits, and housing stabilization to sustain recovery and reduce cycling through homelessness, crisis settings, and jail.
6. Weekly case conferencing will resolve documentation, screening, unit availability, and service barriers. The CoC will track time from system entry to assessment, referral, and move-in, shelter length of stay, and returns to homelessness. Provider reviews will use findings to address delays, adjust resources, and accelerate permanent housing exits and retention.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	42.86%
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Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC calculated this measure using HMIS data for the 12-month period of October 1, 2024 through September 30, 2025.

Universe of projects: TH, RRH, and PSH projects participating in the CoC's HMIS, regardless of funding source. All other project types were excluded.

Universe of people exited: Counted all program participants with a Project Exit Date within the reporting period from a TH, RRH, or PSH project. This produced a denominator of 4,802 exits.

Data elements summed: Using Exit Destination, summed exits to the four unsubsidized destinations specified: 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. This produced a numerator of 2,058 exits.

Calculation: 2,058 exits to unsubsidized housing divided by 4,802 total exits from TH, RRH, and PSH equals 42.86%, more than double HUD's 20% threshold.

This result reflects the CoC's system investments in helping households sustain housing without an ongoing subsidy. The HMIS Lead monitors exit destinations through regular data quality review so that projects record destinations accurately and the CoC can track this measure throughout the year.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,310	233	233	100.00%
2. Safe Haven (SH) beds	61	0	0	100.00%
3. Transitional Housing (TH) beds	1,469	84	65	26.90%
4. Rapid Re-Housing (RRH) beds	1,587	105	105	100.00%
5. Permanent Supportive Housing (PSH) beds	2,659	0	0	100.00%
6. Other Permanent Housing (OPH) beds	213	0	0	100.00%

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

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

(limit 2,500 characters)

1. Steps to Increase Bed Coverage: Over the next 12 months, the CoC will increase transitional housing (TH) bed coverage to at least 85% by reducing technical, financial, and operational barriers to HMIS participation. The HMIS Lead will develop data integration tools that allow TH providers to share client-level data from existing systems without duplicate entry. The CoC will also eliminate financial barriers by continuing to cover all HMIS licensing costs and provide individualized training and technical assistance to non-participating TH providers.

2. Implementation of Steps: The HMIS Lead will explore routing provider data through its HMIS data warehouse, which receives HUD CSV exports, standardizes and validates data, and makes records available for HUD reporting and care coordination. Integration planning with Union Gospel Mission will begin in October 2026. The HMIS Lead will conduct one-on-one sessions with each non-participating TH provider to explain HMIS functionality, benefits, privacy protections, and participation requirements while identifying and resolving provider concerns. Sessions will emphasize Coordinated Entry access, cross-provider care coordination, and reduced funder reporting burden. Housing Forward has also approved a new HMIS Administrator of Data Systems and Integration position dedicated to developing and maintaining provider integrations. This additional capacity will support implementation, ongoing technical assistance, and increased TH provider participation to achieve at least 85% bed coverage.

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	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.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of CoC Progr...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY26 HDX Competit...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1. HUD-2996...	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Your CoC's Policy...	09/28/2026
11. Other	No		

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY26 HDX Competition Report

Attachment Details

Document Description: 3A-1. HUD-2996 Certification for Opportunity
Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: Your CoC's Policy or Statement to Advance
Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required



List of TH/RRH/PSH Projects and Treatment Providers with OnSite Substance Use Treatment

FY26 CoC Program NOFO
TX-600

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

This attachment identifies Transitional Housing (TH), Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH) projects within the TX-600 CoC that provide access to on-site substance use treatment. Each project is listed alongside its corresponding treatment provider, documenting the connections between housing programs and treatment services that support participant recovery and housing stability.

Project Name	Project Type	Treatment Provider
AHF CoC PSH Pipeline	PSH	North Texas Behavioral Health Authority
AHF Village of Dallas	PSH	North Texas Behavioral Health Authority
ASC CoC Pipeline 75	PSH	Metrocare
ASD Destination Home	PSH	Metrocare
ASD 2 Hillcrest House Veterans - CoC	PSH	Metrocare
Catholic Charities - CoC (PSH CAS)	PSH	North Texas Behavioral Health Authority
Catholic Charities - The Cottages	PSH	North Texas Behavioral Health Authority
Metrocare - Caldwell DHA	PSH	Metrocare
Metrocare - CoC PSH Leasing	PSH	Metrocare
Metrocare - Destination Home	PSH	Metrocare
Metrocare - Unsheltered PSH TBV 100	PSH	Metrocare
North Texas VA - Veteran HUD/VASH	PSH	VA
SA Plano - City of Plano	PSH	LifePath
SA Plano - Unsheltered PSH	PSH	LifePath
Stewpot - Destination Home Plus	PSH	Metrocare
Stewpot - Housing Program	PSH	North Texas Behavioral Health Authority
Stewpot - Unsheltered CoC PSH TBV 75	PSH	Metrocare
The Bridge – Unsheltered PSH TBV 50	PSH	Metrocare
Under 1 Roof - Destination Home Plus	PSH	Metrocare
Under 1 Roof - HUD CoC PSH	PSH	North Texas Behavioral Health Authority
Under 1 Roof - Unsheltered PSH TBV 75	PSH	North Texas Behavioral Health Authority

ASC Street to Home Phase II	RRH	IPS
ASC DV Bonus	RRH	IPS
ASC CoC RRH Subsidy	RRH	IPS
ASC RRH Subsidy ESG Tx	RRH	IPS
ASC SNOFO Systemwide Diversion RRH	RRH	IPS
ASC Street to Home	RRH	IPS
Catholic Charities - CoC RRH Bonus	RRH	North Texas Behavioral Health Authority
Catholic Charities - STH	RRH	North Texas Behavioral Health Authority
Catholic Charities - STH II	RRH	North Texas Behavioral Health Authority
Catholic Charities - Systemwide Diversion Col	RRH	North Texas Behavioral Health Authority
Catholic Charities - TBRA - City of Plano	RRH	North Texas Behavioral Health Authority
Catholic Charities - Veteran Housing Stability	RRH	North Texas Behavioral Health Authority
SA Dallas County - STH	RRH	The Salvation Army
SA Dallas County - STH II	RRH	The Salvation Army
Stewpot - STH	RRH	North Texas Behavioral Health Authority
Stewpot - STH II	RRH	North Texas Behavioral Health Authority
The Bridge - City of Dallas ESG	RRH	Metrocare
The Bridge - CoC RRH	RRH	Metrocare
The Bridge - SNOFO Systemwide Diversion	RRH	Metrocare
The Bridge - STH	RRH	Metrocare
The Bridge - STH II	RRH	Metrocare
Under 1 Roof - Bonus RRH - HUD CoC	RRH	North Texas Behavioral Health Authority
Under 1 Roof - Day 1	RRH	North Texas Behavioral Health Authority
Under 1 Roof - ESG-CV RR III-Garland	RRH	North Texas Behavioral Health Authority
Under 1 Roof - HUD CoC	RRH	North Texas Behavioral Health Authority
Under 1 Roof - STH	RRH	North Texas Behavioral Health Authority
Under 1 Roof - STH II	RRH	North Texas Behavioral Health Authority
Under 1 Roof - YHDP Joint TH/RRH 50	RRH	North Texas Behavioral Health Authority
SA Dallas County - Veteran GPD Bridge Housing	TA	The Salvation Army
SA Dallas County - Veteran GPD Clinical Treatment	TA	The Salvation Army

List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

Applicant Name	Project Name	Grant Number	Total Units that Require SUD Treatment
Housing Forward	YHDP Permanent Supportive Housing FY22	TX0756Y6T002200	20
The Salvation Army	TSA Plano Homeless Program	TX0664H6T002200	25
Transition Resource Action Center	OnTRAC Permanent Housing	TX0307L6T002515	21
Under 1 Roof	Under 1 Roof Permanent Supportive Housing Renewal 2024	TX0677L6T002503	25
Family Gateway, Inc.	FG COC RRH 2024	TX0548L6T002506	18
Housing Forward	DV Bonus RRH Renewal FY2024	TX0722D6T002502	250
Housing Forward	YHDP Joint TH/RRH FY22	TX0753Y6T002200	75
Housing Forward	YHDP Rapid Rehousing FY22	TX0754Y6T002200	50
Shared Housing Center, Inc.	Shared Housing Center DV 2024 RRH Renewal	TX0678D6T002503	20
Hope's Door New Beginning	Hope's Door New Beginning Center Survivor Bridge Housing Program	NA	10
Housing Forward	Pathways Transition Center	NA	445
Housing Forward	Community-Wide DV Transitional Housing	NA	140
Total			1099



Language from Project Supportive Service Agreements

FY26 CoC Program NOFO
TX-600

SUPPORTIVE SERVICE AGREEMENT

Program/Project Name: _____

Program Type: ☐ Street Outreach ☐ Emergency Shelter ☐ TH ☐ RRH ☐ PSH

☐ Joint TH/RRH ☐ Other: _____

Housing/Shelter Address (if applicable): _____

Unit/Room/Bed Information (if applicable): _____

Participant Name: _____ Program Entry Date: _____

Program Description and Purpose

This program provides housing, shelter, outreach, supportive services, and/or other assistance to individuals and families experiencing or at risk of homelessness. Services are designed to support participants in achieving and maintaining housing stability through appropriate resources, services, and housing opportunities.

This is not a landlord-tenant relationship. This agreement establishes a temporary assistance arrangement with specified program requirements and does not create, limit, or waive any tenancy or occupancy rights that may apply under a lease, occupancy agreement, or applicable law.

Program Requirements

Please read and initial each applicable statement.

☐ I understand that I must follow the terms and requirements of any applicable lease, occupancy agreement, shelter rules, or program agreement. Violations may affect my continued participation or assistance, consistent with applicable program requirements and participant protections.

Income and Participant Payment Requirements

☐ I understand that I must provide income information and report changes when required by my program.

☐ I understand that I may be required to contribute toward housing or other program costs when applicable to my program and funding requirements.

☐ I understand that failure to meet an applicable participant payment requirement may affect my continued assistance, subject to program policies and participant protections.

☐ I understand that I may be required to work with program staff on income, benefits, employment, or other resources when applicable to my program.

Supportive Service Engagement

☐ I understand that I am required to actively participate in supportive services and meet the participation requirements established by my program. When applicable, this may include case management, home visits, wellness visits, and housing inspections.

☐ I understand that I must comply with applicable program occupancy and participation requirements, including notifying program staff of extended absences when required. Extended or unauthorized absences may affect my continued program participation.

REQUIRED PARTICIPATION IN SUPPORTIVE SERVICES

Please read and initial each statement.

- ☐ I understand that participation in supportive services required by this program is a condition of my continued participation in the program, consistent with 24 CFR 578.75(h). Required supportive services may include case management, employment or income-related services, life-skills training, mental health support, medical care, and substance use disorder treatment, as applicable to this project and participant.
- ☐ I understand that I am required to participate in case management and other required program activities and supportive services. Failure to participate in required supportive services may result in termination from the program, subject to applicable program policies, notice requirements, and grievance procedures.

Substance Use Disorder Treatment

- ☐ I understand that if substance use disorder treatment is identified as a necessary supportive service for me, I am required to participate in appropriate treatment as a condition of continued program participation, consistent with program requirements.
- ☐ I understand that I must follow applicable program rules regarding alcohol and illegal substances, including restrictions on possession or use on program property.

Safety and Security

- ☐ I understand that I must follow applicable program safety requirements, including rules regarding weapons, threatening or violent behavior, unit or facility security, and other practices necessary to maintain a safe environment.

PROGRAM EXIT OR TERMINATION

Voluntary Program Exit

The participant may choose to exit the program in accordance with applicable program procedures. Program staff will support transition planning when appropriate.

Program Completion or Transition

Program participation may end when the participant completes the program, transitions to another housing or service intervention, or no longer requires or qualifies for assistance. Program staff will support transition planning when appropriate.

Involuntary Program Termination

The program may terminate participation or assistance in accordance with applicable program requirements, notice requirements, and participant protections for reasons including:

- Repeated violations of program rules
- Non-payment of program fees
- Failure to participate in case management or program activities
- Lack of progress toward established goals
- Extended or unauthorized absence, when applicable to the program

GRIEVANCE PROCEDURE

Participants have the right to file grievances regarding program policies, staff actions, services, assistance, or housing conditions, as applicable:

- Step 1: Discuss concerns with case manager or direct supervisor
- Step 2: Submit written grievance to Program Director if unresolved
- Step 3: Request review by agency administration if needed

-
- Step 4: If the grievance remains unresolved after completing the agency's internal grievance process, the participant may contact the Continuum of Care (CoC) Lead Agency or other applicable administering entity for additional review, guidance, or information regarding available grievance and appeal options.

ACKNOWLEDGMENT AND SIGNATURES

By signing below, the participant acknowledges that they have:

- Read and understood this entire agreement
- Had the opportunity to ask questions
- Received a copy of program rules and policies
- Agreed to abide by all applicable terms and conditions

Participant Signature

Date

Case Manager Signature

Date



Evidence of Coordination and Non- Interference with Local Efforts to Advance Public Safety



CITY OF DALLAS

September 24, 2026

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
451 Seventh Street SW
Washington, DC 20410

Re: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety
TX-600 Dallas City & County, Irving Continuum of Care
FY 2026 CoC Program Competition, CPD-2600-DC-0025, CoC Application Question 1C-10

To the Review Committee:

I write as Director of the City of Dallas Emergency Management & Crisis Response (EMCR) to confirm that the TX-600 Continuum of Care, through its Collaborative Applicant, Housing Forward, cooperates with and does not interfere with or impede our efforts to advance public safety, and that it assists our officers and first responders in providing services to people experiencing homelessness. Our agencies have coordinated on this work since 2024. EMCR staff meet with CoC outreach and coordination staff monthly and communicate daily via phone and email.

1. Clearing tents and encampments

Texas Penal Code Section 48.05 prohibits camping in a public place. Section 48.05(g) requires a peace officer, before or at the time of citation, to make a reasonable effort to advise the person of a lawful alternative and to contact an appropriate nonprofit organization to provide services. The CoC's Centralized Coordinated Outreach System is how our officers satisfy that requirement: when an officer requests outreach, a CoC team responds within 24 hours to offer shelter, housing navigation and behavioral health connections.

For large or long-standing encampments, the CoC and the City of Dallas operate the Street to Home initiative as a joint multi-agency response. Since 2024, that work has resolved 34 encampment sites. For routine sites reported through the City's 311 system, CoC outreach teams engage occupants before the scheduled resolution date and do not delay it. The CoC has not sought to delay, obstruct or discourage any encampment resolution carried out by EMCR. In August 2026, My Department provided outreach and resolution at 139 verified encampment locations (69 on private property), serving 489 persons with 149 transports to shelters.

2. Decreasing the public use of illicit drugs

Our officers enforce Texas Health and Safety Code Chapter 481 against drug possession and use in public places. The CoC does not discourage enforcement. It provides the service pathway officers need: through North Texas Behavioral Health Authority's Outreach, Screening, Assessment and Referral system, individuals can be connected to detoxification and inpatient treatment 24 hours a day, including at The Haven and Carrollton Springs, which accept referrals from law enforcement. Dallas County reported 558 overdose

deaths in 2024, down from 628 in 2023, an approximately 11% decrease; fentanyl remained the primary driver of overdose deaths, with stimulants also contributing significantly (Dallas County Health and Human Services, 2024)

3. Standards for individuals who are a danger to self or others

Our officers apply the emergency detention standards in Texas Health and Safety Code Chapter 573. When CoC outreach staff encounter a person who appears to meet those criteria, they contact law enforcement to initiate emergency detention rather than attempting to manage the situation alone. North Texas Behavioral Health Authority's Mobile Crisis Outreach Teams support these encounters. The CoC also convenes the Complex Needs Workgroup, in which the local behavioral health authority, hospital systems, EMS, jail and court partners, and outreach teams, to coordinate care for the highest utilizers of emergency and public safety systems.

4. Sharing information under the Sex Offender Registration and Notification Act

Texas implements SORNA through Chapter 62 of the Code of Criminal Procedure, administered by the Texas Department of Public Safety and enforced locally by Dallas Police Department Sex Offender Apprehension Program (SOAP) Squad. On request, CoC and shelter partners assist our officers in verifying the current location of registrants experiencing homelessness, consistent with the CoC's HMIS privacy notice and applicable federal and state confidentiality law. Shelter providers screen residents against the public registry and observe child safety zone restrictions.

5. Assisting first responders

CoC outreach teams accept direct referrals from officers, Dallas Fire-Rescue and EMS participate in case conferencing on the By-Name List so that individuals our first responders encounter repeatedly are prioritized for shelter and housing. The CoC is a working partner in our public safety efforts. Please contact Kevin Oden, Director Emergency Management & Crisis Response, 469-744-2243, kevin.oden@dallas.gov with any questions.

Sincerely,



Kevin Oden
Director
City of Dallas
Emergency Management & Crisis Response



Local Competition Scoring Tool

FY26 CoC Program NOFO
TX-600

For data quality: personally identifiable information, some family members served were not able to acquire or provide a SSN. For data quality: income and housing - destination, two members of a family abandoned the program and refused to provide their exit destination. These are not data oversights but rather unavoidable issues with capturing data.

Total Points
105
Possible Points
115
91%



Local Competition Selection Results

FY26 CoC Program NOFO
TX-600



Local Competition Selection Results

Project Name	Project Score	Project Rank	Requested Award Amount	Reallocated Funds	Application Status
FG PSH 18 2026	91.0%	1	\$441,662	\$0	Accepted
Under 1 Roof Permanent Supportive Housing 2026	84.0%	2	\$792,457	\$0	Accepted
Permanent Housing Services	83.0%	3	\$536,346	\$0	Accepted
Veterans Housing Partnership	83.0%	4	\$686,016	\$0	Accepted
Destination Home Renewal FY2026	83.0%	5	\$6,332,945	\$0	Accepted
Bridge Permanent Supportive Housing	81.0%	6	\$555,814	\$0	Accepted
Metrocare Leasing Renewal FY26	79.0%	7	\$5,602,414	\$0	Accepted
Hillcrest House	75.0%	8	\$1,406,448	\$0	Accepted
Permanent Housing (Family) ACE	74.0%	9	\$544,663	\$0	Accepted
OnTRAC Permanent Housing	74.0%	10	\$422,105	\$0	Accepted
PSH Leasing	68.0%	11	\$1,166,056	\$0	Accepted
The Stewpot Unsheltered PSH	68.0%	12	\$953,503	\$0	Accepted
YHDP Permanent Supportive Housing FY26	67.0%	13	\$674,674	\$0	Accepted
Metrocare Safe Haven Renewal FY26	64.0%	14	\$415,253	\$0	Accepted
Under 1 Roof Unsheltered Project 2026	63.0%	15	\$854,623	\$0	Accepted
PSH Renewal Project	60.0%	16	\$119,009	\$0	Accepted
TSA Plano Renewal Project Application FY2026 PSH	60.0%	17	\$712,469	\$0	Accepted
Metrocare PBV PSH Renewal	58.0%	18	\$1,156,870	\$0	Accepted
TX-600 PSH Pipeline Renewal FY2026	55.0%	19	\$617,636	\$0	Accepted
PSH Pipeline 75 FY26	1st Year Renewal	20	\$884,328	\$0	Accepted
HMIS Renewal FY2026	System-wide Service	21	\$556,189	\$0	Accepted
CAS Renewal FY2026	System-wide Service	22	\$371,141	\$0	Accepted
DV CAS Bonus Renewal FY2026	System-wide Service	23	\$392,178	\$0	Accepted
FG COC RRH 2026	77.0%	24	\$499,463	\$0	Accepted
Pathways Transition Center	98.5%	25	\$2,071,006	\$0	Accepted
Pathways Transition Center	98.5%	25	\$9,920,059	\$0	Accepted
Hope's Door New Beginning Center Survivor Bridge Housing Program	97.0%	26	\$827,680	\$0	Accepted
DV RRH Bonus TH FY2026	97.0%	27	\$4,172,320	\$0	Accepted
DV Bonus RRH Renewal FY2026	80.0%	28	\$7,976,485	\$0	Accepted
Shared Housing Center DV 2026 RRH Renewal	77.0%	29	\$600,892	\$0	Accepted
YHDP RRH Renewal FY2026	79.0%	30	\$1,287,793	\$0	Accepted

Project Name	Project Score	Project Rank	Requested Award Amount	Reallocated Funds	Application Status
YHDP Joint TH/RRH FY26	68.0%	31	\$2,401,438	\$0	Accepted
YHDP Diversion FY26	62.0%	32	\$248,483	\$0	Accepted
Community-Wide Outreach Project FY26	93.0%	33	\$1,741,696	\$0	Accepted
TX-600 CoC Planning	Not Scored	Not Ranked	\$1,500,000	\$0	Accepted
Not Selected					
FY2026 NOFO CoC New Project Application	100.0%	N/A	\$1,720,316	\$0	Rejected
Jericho Village Empowerment Support Services Only Project	99.0%	N/A	\$1,545,811	\$0	Rejected
TH - DAL - FY26 - Endeavors	94.0%	N/A	\$1,506,968	\$0	Rejected
Agape House Transitional HousingPlus Empowerment Services Project	93.5%	N/A	\$1,545,811	\$0	Rejected
Bridge to Hope - Home	92.0%	N/A	\$2,029,360	\$0	Rejected
Family Complex 101603	87.5%	N/A	\$9,467,800	\$0	Rejected
Welcome Home	87.5%	N/A	\$955,570	\$0	Rejected
OurCalling - Street Outreach	100.0%	N/A	\$919,006	\$0	Rejected
City House Street Outreach Program	94.0%	N/A	\$87,447	\$0	Rejected
Recovery Program	96.0%	N/A	\$2,015,000	\$0	Rejected
Bridge to Hope - Support	94.5%	N/A	\$392,432	\$0	Rejected
Metrocare Integrated Behavioral Health, Medical Outreach, and Housing Navigation Project	93.0%	N/A	\$1,375,000	\$0	Rejected
Supportive Services - Vital Record	91.5%	N/A	\$327,800	\$0	Rejected
HDNBC DV RRH Renewal	95.0%	N/A	\$628,284	\$628,284	Fully Reallocated
Transitional Housing and Rapid Rehousing	89.0%	N/A	\$361,192	\$361,192	Fully Reallocated
ASC - CoC RRH UPDATED	85.0%	N/A	\$1,799,491	\$1,799,491	Fully Reallocated
Under 1 Roof Rapid Rehousing 2026	83.0%	N/A	\$973,409	\$973,409	Fully Reallocated
RRH Renewal Project FY24	74.0%	N/A	\$682,433	\$682,433	Fully Reallocated
OnTRAC Dallas TH/RRH	74.0%	N/A	\$247,028	\$247,028	Fully Reallocated
Harmony CDC Renewal Application FY2026	72.0%	N/A	\$744,385	\$744,385	Fully Reallocated
Home Again	72.0%	N/A	\$1,076,878	\$1,076,878	Fully Reallocated
Rapid Exit Renewal FY2026	65.0%	N/A	\$2,219,661	\$2,219,661	Fully Reallocated
Pathways Family Transition Center	96.5%	N/A	\$3,282,195	\$3,282,195	Fully Reallocated



HUD-2996

Certification for

Opportunity Zone

Preference Points

FY26 CoC Program NOFO
TX-600

**Certification for Opportunity Zones
Preference Points****U.S. Department of Housing and
Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

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

Type or clearly print the following information.

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

Applicant Organization: Housing Forward

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

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

: FY 2026 Continuum of Care Competition and Youth Homeless Demonstration Program Notice of Funding Opportunity

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

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

448113002000; 48113008704; 48113018505; 48113020400

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

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

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

Estimated Funding Allocations

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

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

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

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

Housing Forward's FY 2026 CoC application includes 34 proposed projects requesting \$59,442,114 and serving Dallas and Collin Counties. Activities will occur in the listed Opportunity Zone tracts and in other communities across the CoC. The full \$11,991,065 Pathways Transition Center project will operate at 1717 Jeffries Street in Opportunity Zone tract 48113020400. Other verified activities in the listed tracts include permanent supportive housing at 1818 Corsicana Street and 1822 Young Street (48113020400); housing services at 2120 52nd Street (48113008704); Hillcrest House at 834 North Marsalis Avenue (48113002000); and a Destination Home service location at 11700 Audelia Road (48113018505). Remaining projects provide permanent supportive housing, rapid rehousing, transitional housing, coordinated entry, outreach, HMIS, diversion, and planning throughout the CoC. Together, these investments expand access to stable housing, health and human services, and employment supports; reduce reliance on emergency and public-safety systems; and strengthen neighborhood stability and economic mobility in economically distressed areas.

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

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

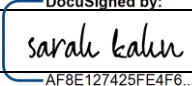
Certification of Authorized Representative for the Applicant:

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

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

Prefix: First Name: Sarah Middle Initial: E Last Name: Kahn Suffix:

Title: President and CEO DocuSigned by: Organization: Housing Forward

Signature:  Date: 9/28/2026



Your CoC's Policy or Statement to Advance Recovery

FY26 CoC Program NOFO
TX-600

TX-600 CONTINUUM OF CARE POLICY STATEMENT

Advancing Recovery by Prohibiting Illicit Drug Enablement

Consistent with applicable federal, state, and local law, the CoC establishes the following policy for all CoC-funded housing projects operating within TX-600. This policy sets forth expectations regarding illicit drug-related activities, substance use disorder treatment and recovery, project compliance, and the CoC's oversight and enforcement responsibilities.

Policy

All CoC-funded housing projects submitted by TX-600 are prohibited from operating drug injection sites or “safe consumption sites”; knowingly distributing drug paraphernalia on or off property under their control; knowingly permitting the use or distribution of illicit drugs on property under their control; or conducting, permitting, encouraging, or allowing these activities under the pretext of “harm reduction.”

Implementation and Enforcement

- **Project Compliance.** All CoC-funded housing projects must comply with this policy and all applicable federal, Texas, and local requirements.
- **Monitoring.** The CoC Lead Agency may verify compliance through application review, grant monitoring, review of project policies and practices, corrective-action processes, and other oversight activities within its authority.
- **Remedies for Noncompliance.** When a violation is identified, the CoC may require immediate cessation of the prohibited activity, require a written corrective action plan, impose enhanced monitoring or other conditions, consider the violation in local review, ranking, funding, reallocation, or renewal decisions, refer the matter to HUD or other appropriate authorities when required, and take other action available under CoC policy, grant requirements, or applicable law.
- **Treatment and Recovery.** The CoC encourages access to evidence-informed substance use disorder treatment, recovery services, and recovery housing, whether provided directly by a CoC-funded project or through referral and partnership with qualified community providers.
- **Permissible Project Requirements.** Nothing in this statement prohibits a CoC-funded housing project from requiring sobriety or participation in substance use disorder treatment as a condition of assistance when such a requirement is permitted under 24 CFR Part 578 and other applicable law.

Participant Protections

This statement does not create a CoC-wide requirement that every program participant be sober or participate in treatment as a condition of receiving assistance. Individual projects must operate in accordance with their approved program design, 24 CFR Part 578, fair housing and civil rights requirements, and other applicable law.