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: NJ-516 - Warren, Sussex, Hunterdon Counties CoC

1A-2. Collaborative Applicant Name: Family Promise of Sussex County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: NJ HMFA

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.**	

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

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

1B-2.	Open Invitation for New Members.	

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)

New member invitations are publicly available on the CoC website. CoC leadership targets outreach to new agencies to encourage attendance at its full membership & bimonthly subcommittee meetings. The CoC maintains an open invitation process.

CoC meetings are virtual; CoC membership information and meeting notices are sent out via email in accessible digital formats to ensure compatibility with text to speech programs & conversion to large text for individuals in need of accommodations. CoC membership information is also available on the CoC website and includes documents in accessible PDF format.

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

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

(limit 2,500 characters)

The CoC has recruited members with expertise in providing shelter, food, housing, physical & mental & behavioral healthcare, addiction treatment, employment assistance, government benefits, legal counsel, case management, & other important resources to persons experiencing homelessness. The CoC full membership meetings are open to the public & include opportunity for public comment.

The CoC Public/mailing list notices ensure full CoC & subcommittee meetings are “open to all interested community members & organizations,” especially “anyone serving the homeless or anyone who is currently homeless or has been homeless” per CoC Governance Charter. The CoC email listserv also includes all agencies persons who have attended CoC meetings previously, those who have requested CoC information, & key stakeholders that the members identify as critical to the planning process. CoC membership also extends invitations to community stakeholders & those attending other community meetings.

Public input on preventing and ending homelessness is solicited during virtual meetings, and also through email. Meeting notices are sent out via email in PDF or other accessible electronic formats to ensure compatibility with text to speech programs & conversion to large text for individuals in need of accommodations.

Reports of action items from CoC full membership & subcommittee meetings are brought to the monthly CoC Executive Committee meeting to ensure important insights from all individuals & committees inform CoC decisions. The CoC has often acted directly based on input from public meetings. One example of this is the CoC created the Regional Integrated Services Subcommittee (RISS) which was initiated based on member feedback that focusing on data quality, coordinated entry, system performance, and system barriers would be key to improving outcomes across the three counties within the Tri-County CoC. The RISS has been working to increase agency involvement in data input and analysis, and target site administrations to participate in this process. The new subcommittee has also expanded the CoC’s analysis of the number of people entering homelessness and identified training needs for agencies. In addition, community feedback indicated a need to engage with persons with lived expertise (PWLE), resulting in the formation of a Lived Experience Advisory Board in 2024.

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

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

(limit 2,500 characters)

To solicit proposals from organizations not previously funded, the CoC publicly announced that it was accepting proposals through its Request for Letters of Intent (RLI) for renewal & new projects & stated “Eligible agencies who have not previously received HUD CoC funding are encouraged to apply.” The RLI & scoring criteria were publicly posted on the CoC and County websites & emailed to everyone on multiple CoC, County, & Human Services listservs. The CoC also publicly advertised a technical assistance (TA) training session, to ensure that any interested entities who have not previously received CoC funding are aware of both the funding availability and their ability to provide input in the CoC planning process by proposing a project.

All agencies interested in CoC funding were informed to submit their request via the SurveyMonkey Apply platform. The technical assistance session was provided to renewal and new applicants, which provided step-by-step instructions on project application submissions.

The RLI explained that the project review would be based on evaluation of: (1) agency capacity, project information, strategies to address racial equity, adherence to housing first, participation in coordinated assessment, use of HMIS or comparable database, & experience with federal &/or state funding for NEW projects, and (2) evaluation of agency capacity, project information, strategies to address racial equity, adherence to housing first, long-term fiscal capacity, as well as project objective performance-based scoring criteria, including bed utilization, participant connection to employment/mainstream benefits, housing stability, & compliance monitoring, for RENEWALS. Projects serving victims of domestic violence were also scored on their ability to utilize trauma-informed, victim centered approaches and their process for addressing client safety needs and ensuring confidentiality. Projects that did not meet minimum threshold criteria, e.g., proposing CoC-eligible project types, would not be supported for funding.The CoC also released scoring rubric to indicate what criteria applications must include to receive full points.

The link to apply through SurveyMonkey Apply was emailed and discussed during local meetings. Information was also posted on the CoC website. All materials were provided in PDF, Word, and Excel formats. The website also includes language for persons requiring special assistance to participate.

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

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 Executive Committee meets to review the system performance measures annually and specifically reviews the metrics identifying number of persons entering homelessness, length of time homeless, and recidivism rates. The CoC leadership then utilizes these planning meetings to set goals and strategies for the CoC subcommittees to execute throughout the year.

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?	0%

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)

A number of CoC member organizations provide mental health and substance use treatment services including: Zufall Health Center (FQHC), Alternatives Inc, Advance Housing, Easter Seals of Nj, Community Hope, Veterans Haven and the NJ Drug Court coordinator.

These organizations provide peer support, licensed clinical care, psychiatric services, medication management, suicide prevention, detox, recovery support. Advance Housing and Easter Seals operate CoC funded permanent supportive housing and Community Hope operates supportive services for veteran families programs in the region.

The above identified agencies are active members of the CoC, participate in community strategic planning, are active in the coordinated entry system and serve as a referral source for households in need of mental health and addiction services in the region. These agencies refer individuals they serve to CoC programs and also accept referrals from CoC providers and the Coordinated entry program.

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)

There are a number of peer recovery specialist programs in the region including Catholic Charities peer recovery, Center for family Services Living Proof Recovery Center, Prevention Resources Open Door Recovery Center, Center for prevention and Counseling, Mental Health Association Peer Recovery WarmLine, The Haven Detox

These organizations use a safe and inclusive environment to support, empower and provide resources to individuals in recovery. Services are provided by certified peer recovery specialists and include: peer-run service providing ongoing telephone support to mental health consumers as they work towards recovery. Peer recovery coaching, social and recreational activities, support groups, referrals to treatment, assistance with developing recovery plans, wellness classes, peer mentoring and coaching, educational assistance, referral to medicated assisted treatment providers, connection to sober living resources. The CoC coordinated entry provider, shelter providers, outreach providers and supportive housing providers routinely refer clients to peer recovery services based on assessed needs. Catholic Charities, Center for Family Services and haven Detox are active members of the CoC and participate in design of CoC strategies to address the needs of individuals in recovery. These organizations also refer clients into CoC programs according to their unique needs.

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

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

(limit 2,500 characters)

The Tri County CoC partners with the Atlantic Health Newton Medical Center to provide comprehensive behavioral and mental health services including 24/7 psychiatric care, inpatient stabilization and outpatient programs. The medical center has a 24 hour hotline that is run by professional clinicians to provide counseling, assessments and referrals for mental health emergencies. Essential services like psychiatric screenings and risk assessments, crisis stabilization and on site mobile response for the community are being provided. The medical center provides several levels of recovery including inpatient hospitalization.

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)

Bridgeway Healthcare provides intensive outpatient behavioral health services throughout the TriCounty CoC. Bridgeway Healthcare provides ICMS services. MHA Inspire provides AOT in Sussex County.

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

(limit 2,500 characters)

The CoC works closely with community based mental health providers, Bridgeway and MHA Inspire, in identifying the housing needs of persons with serious mental illness (SMI). The CMHP has community support services (CSS) that provides intensive case management to those with SMI. The CSS programs has a connection to NJ Division of Mental Health and Addiction Services (DMHAS) which has statewide rental assistance vouchers that are specifically accessible to program participants in CSS. The CSS team provides intensive case management, case coordination with probation officers, intensive out patient programs, medically assisted treatment programs, and linkage to ongoing community resources.

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 has an ongoing partnership with Atlantic Health Newton Medical Center who provides immediate assistance for psychiatric emergencies through a combination of crisis hotlines, psychiatric screens and on site interventions The CoC has a partnership with Catholic Charities, Diocese of Metuchen which has a Mobile Response and Stabilization Services dedicated to deliver services to vulnerable youth. The MRSS are available 24/7 and available to those 0-21.

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.	0

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)

Because of the Geographic make up of the Tri County CoC, the CoC has a number of partnerships with CCBHC providers. Hunterdon Behavioral Health which is run out of Hunterdon Medical Center, provides outpatient therapy, psychiatric evals, addition programs including detox and 24/7 emergency screenings.
The Center for Family Services operates outpatient behavioral health centers, counseling and rehabilitation services.

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)

All CoC funded projects in Somerset County CoC have a requirement to maintain eligibility. Though the CoC does not have a provider that is a traditional sober living facility, the CoC funded providers have active partnerships Atlantic Health in Newton for substance abuse and recovery needs.

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 Tri County CoC has comprehensive housing and supportive service providers to offer clients that are in the process of transition from treatment into housing. These providers offer a wide range of services such as case management, housing support, certified peer recovery, and mental health support that are tailored to the individual needs of all tailored to the needs of each individual client. Warm hand offs include collaborative discussion through Coordinated Entry case conferencing meetings, direct communication between various providers, and continuous follow-up to address any gaps or barriers in services. Housing planning/navigation is a part of both the intake and discharge planning across providers in the continuum.

1C-2.	Supportive Services Investment.		

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$1,685,434
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.	$695,381
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	41%
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.	$1,153,148

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).	110%

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)

NJ Dept. of Community Affairs (DCA), the ESG recipient & Con Plan Jurisdiction for the CoC, is an active member of the CoC & a CoC grantee. The CoC & DCA actively share HMIS data, & the CoC acts as the forum for soliciting community input on ESG planning, sending comments to DCA to inform its ESG allocation processes. ESG-funded Committee members, Family Promise of Warren County, DCA hosts conference calls and provides an opportunity for community stakeholders to submit written comments related to their funding priorities and anticipated allocations per eligible activities. In the past year, DCA held several targeted meetings with CoC representatives to discuss coordination of ESG funded programs with the local CoC planning process. CoC Executive Committee members participated in these meetings providing input about the local funding priorities and ways to coordinated planning activities with DCA. ESG-CV funding has been utilized in Hunterdon, Warren and Sussex Counties extensively over the past few years as a response to COVID-19 and homelessness.
In addition to planning around CoC funding, the CoC sends letters of support to DCA on an annual basis recommending projects seeking DCA ESG funds based on past ESG project performance, community HMIS data indicating need, & strategic pairing with other CoC programs.

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)

Referrals for the CoC funded programming are provided through the Tri County CoC Coordinated Entry program. The Tri County CoC coordinated entry program is designed to screen all households that are experiencing homelessness for both CoC-funded and non CoC-funded resources when available. All providers that encounter an individual currently experiencing homelessness direct their participants to the CE provider to be screened and placed on the prioritization list. As a client is selected for a housing opportunity, the coordinated entry provider connects the client or the referring case manager to open CoC housing provider and share the required documentation for the eligible clients.

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 Tri County CoC PIT data, including the final report, is posted publicly and shared with all our stakeholders. These stakeholders include local governments regarding their localized homelessness planning, specifically their Code Blue season preparation. The State of New Jersey requires municipalities with more than 10 unsheltered client nights on the night of the PIT count to design a Code Blue response each season. The Tri County CoC also shares their System Performance data during its system planning and full individual county HSAC meetings. The Tri County CoC Lead is the NJ HMFA, a unit within the State government that helps with the sharing of data for improvement.

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)

Providers in the Tri County CoC operate a variety of programming from State, Local, and Private funding. Each of these programming components have various data that are collected to measure program outcomes. Because of this, data for the programming has been integrated into the larger system planning. One example is the NJ Medicaid Housing Supports Program that required Care Management Organizations and Housing Supports Providers to utilize HMIS for participant tracking. This integration of health and housing services improves both care coordination and ensures that services are not being duplicated amongst other providers within the continuum.

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)

All CoC providers refer to County One-Stop Centers/local Workforce Investment Boards to help clients maintain eligibility for WorkFirst NJ TANF/General Assistance & to achieve employment. In addition to mainstream programs, CoC & ESG recipients are laser-focused on increasing income through increased work hours, additional part-time work, accessing child support, accessing partner or ex-partner benefits, & other measures possible to increase income to promote sustainability. Several agencies provide resources to assist with employment and education endeavors. Family Promise of Sussex County, the CoC Lead, added a computer lab, where clients can access computers with their case managers to do in addition to housing searches, can research employment, education opportunities, as well as applying for non-cash benefits. Project Self-Sufficiency also provides many referrals to providers and has a career center, access to business clothing, daycare facility, and food pantry. They are a one-stop location to support those who need childcare while taking classes to increase their employability. Nick's Hope on the other hand has a mobile thrift shop that provides pop-up events offering free clothing items. Individuals can obtain business clothing from these events. Lastly the local library has employment readiness programs through their Career Connection program, a DOL funded program. The program offers Job Club workshops on resume building, job searching, LinkedIn, interviewing, and networking in addition to computer courses and one-on-one job search assistance.

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)

Bridgeway Rehabilitation Services operate the primary outreach efforts for the CoC through the PATH program. Outreach teams work to identify & serve those least likely to seek assistance. This practice of tailoring outreach to the hardest to serve has been bolstered by the availability of new PSH vouchers dedicated to the chronically homeless by the CoC and prioritizing those vouchers for those persons who have been homeless longest with the most severe service needs. Outreach staff have access to bilingual Spanish speakers & other translation services for those with limited English proficiency. They print documents in English & Spanish. Hunterdon Helpline also has outreach on Sunday mornings to known homeless encampment areas & provides a bagged breakfast/lunch.

These teams cover 100% of the full geographic region annually and target known locations. The teams work closely with local police, hospitals, food pantries, & Divisions of Social Services to respond to unsheltered homeless persons identified by those agencies. They coordinate joint outreach during the PIT count and work together to build lists of known locations for future outreach.

The CoC Lead, Family Promise of Sussex County (FPSC), & partners hold service fairs throughout the year to engage persons in need of housing & services who are not yet seeking them. Events are held at key times to get resources to clients as the seasons change. Since 2023, FPSC has had a Mobile Outreach Team that goes out to remote & hard to reach areas & works to establish, maintain relationships with families, individuals who are experiencing street level homelessness & may have no other means to get or ask for assistance. Some of these individuals & families have spent years or decades without housing, & outreach often requires time, trust-building before they are willing to accept more involved help or move into temporary or permanent housing. Once the Mobile Outreach Team creates a connection, trust is established, they help individuals & families obtain necessary IDs, case management is provided in addition to housing navigation with the end goal of housing stabilization.

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)

All case managers within the Tri County CoC work with their participants to explore all housing resolutions including family reunification and other support networks that may be available. As participants complete their intakes and start discharge planning, case managers attempt to identify what levels of support that are present. In the event a client does not have any, the case manager works on strengthening their level of support and access to resources. The service providers will use flexible funds to assist clients to travel or relocate to a community where they have identified familial or community supports.

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?	No	

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 has a working relationship with the Newton Police Department after successfully completing a “sprint” which is a rapid, time framed effort to identify unsheltered individuals and get them connected to services. DCA sprints are time-bound, place-based efforts in which the Office of Homelessness Prevention works with a municipality or county to move a defined group of people experiencing homelessness into housing. Each sprint is organized around a by-name list built with local partners and reconciled to HMIS, so outreach is directed at specific households rather than conducted broadly. Partners typically include municipal and county government, the Continuum of Care, shelter and street outreach providers, the coordinated entry administrator, DCA field offices and the public housing authority, behavioral health partners, local law enforcement where they are part of the local collaboration, and landlords. Engagement is structured through a stakeholder roster, a responsibility matrix, a communication plan and written handoff protocols, with daily coordination and a weekly case conference reviewing every household by name until the list is worked through.

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)

New Jersey policies allow for emergency screening and intervention when an individual may be a danger to self or others, with an emphasis on providing care in the least restrictive appropriate setting. Mobile crisis response, crisis screening, and coordination among behavioral health providers, law enforcement, hospitals, and homeless-service providers in our CoC support these efforts. The County's (PESS) program provides evaluations 24 hours a day, 365 days a year to individuals experiencing a psychiatric crisis or posing a danger to self, others, or property, prioritizing community-based stabilization over hospitalization whenever clinically appropriate. This structure gives CoC outreach staff and law enforcement a single, always-available clinical resource to refer individuals in crisis to for evaluation, ensuring involuntary commitment decisions are made by qualified screeners rather than by first responders alone, supporting both public safety and the individual's access to the least restrictive appropriate level of care.

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)

There has recently been an encampment identified and the CoC is actively working with the Newton Police Department, and the Zufall health to identify all individuals and get them connected to services. There has been a substance abuse issue that was identified so the CoC has partnered with the Center for Prevention and Counseling to get those individuals the assistance that is needed.

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)

There currently no laws that hinder the Tri County CoC partner agencies in their ability to assist those that are experiencing homelessness and substance abuse. The CoC has proven themselves to have a collaborative approach with Law Enforcement and the street outreach teams In successfully connecting several individuals to assessment and services as needed.

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)

The Tri County CoC does not currently maintain data tied to the status of overdose and illicit drug use in public spaces. As described above, the CoC and its partners are working with law enforcement when needed to provide service connection to any experiencing unsheltered homelessness who may need substance abuse treatment.

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)

There are currently no laws that hinder the CoC's ability to assist those experiencing homelessness and a mental health crisis. Because of the Arrive Together program and the statewide 988 Mobile Crisis Outreach Response Teams, the CoC can quickly assess and connect clients to services who may need them. In cases where it is needed, NJ law does allow for involuntary commitment due to danger to self, other, or property. There is a Psychiatric Emergency Screening Service that can be initiated by anyone including housing providers or other community members. The PESS team provides mobile outreach for individuals experiencing acute psychiatric distress. The team conducts outreach with the police so in the instance that someone meets criteria for the program but is not cooperative, they can be transported for involuntary hospitalization to receive assessment and treatment planning.

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)

The State of New Jersey aligns its sex offender tracking with federal Sex Offender Registration and Notification Act by updating state rules to match national minimum standards. NJ combines the federal rules with its Megan's Law framework. All CoC providers adhere to all Megan's Law requirements and encourage families who will serve in their housing programs to utilize the registry when identifying housing.

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)

Bridgeway Rehabilitation Services operate the primary outreach efforts for the CoC through the PATH program. Outreach teams work to identify & serve those least likely to seek assistance. This practice of tailoring outreach to the hardest to serve has been bolstered by the availability of new PSH vouchers dedicated to the chronically homeless by the CoC and prioritizing those vouchers for those persons who have been homeless longest with the most severe service needs. Outreach staff have access to bilingual Spanish speakers & other translation services for those with limited English proficiency. They print documents in English & Spanish. Hunterdon Helpline also has outreach on Sunday mornings to known homeless encampment areas & provides a bagged breakfast/lunch.

These teams cover 100% of the full geographic region annually and target known locations. The teams work closely with local police, hospitals, food pantries, & Divisions of Social Services to respond to unsheltered homeless persons identified by those agencies. They coordinate joint outreach during the PIT count and work together to build lists of known locations for future outreach.

The CoC Lead, Family Promise of Sussex County (FPSC), & partners hold service fairs throughout the year to engage persons in need of housing & services who are not yet seeking them. Events are held at key times to get resources to clients as the seasons change. Since 2023, FPSC has had a Mobile Outreach Team that goes out to remote & hard to reach areas & works to establish, maintain relationships with families, individuals who are experiencing street level homelessness & may have no other means to get or ask for assistance. Some of these individuals & families have spent years or decades without housing, & outreach often requires time, trust-building before they are willing to accept more involved help or move into temporary or permanent housing. Once the Mobile Outreach Team creates a connection, trust is established, they help individuals & families obtain necessary IDs, case management is provided in addition to housing navigation with the end goal of housing stabilization.

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

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)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
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.	

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

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

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

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

(limit 2,500 characters)

The CoC has developed a written standard whereby all CoC-funded agencies that service families or youth up to 24 years of age must designate a staff person as their agency's "Youth Advocate" to ensure that:
•All school-aged youth remain enrolled in school during periods of homelessness and/or during the transition into permanent housing.
•All Youth Advocates gather the names of homeless school-aged youth and report the names to Regional Educational Services Commission.
•All Youth Advocates inform homeless families of their children's educational rights under the McKinney-Vento Act and connect children with community services, including early childhood programs such as Head Start.
•All Youth Advocates connect homeless families to their LEA McKinney-Vento Homeless Liaison or other designated staff person identified by the LEA.
The CoC has conducted monitoring of all grant recipients as part of the local selection process to ensure compliance with requirements that programs serving households with children were designating required staff to ensure that participants understand and take advantage of available education resources. Trainings are also offered to homeless providers to know what consumer rights are around education.

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

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

(limit 2,500 characters)

The New Jersey Division of Children and Families (DCF) has local child welfare offices situated within each county in the state. The local offices are directly connected with the CoCs through a dedicated staff designee, Resource Development Specialist (RDS). The RDS and the assigned child welfare worker will coordinate support to assist in stabilizing households, specifically with youth transitioning out of foster/public welfare placements, with access to permanent housing. The Foster Youth Initiative program provides youth with long term housing vouchers and DCF has funded youth service providers statewide to provide housing navigation and supportive services to any youth in FYI or FUP vouchers. The NJDCF developed the Keeping Families Together program that provides long term case management and state rental assistance vouchers to families with children who have open child welfare cases and in need of housing support, case management, linkage to substance abuse and recovery services.

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)

Within the Tri County CoC, Visions and Pathways serves as the County RHY funded provider. The agency addresses the community problems of child abuse, homelessness, runaway youth and families in conflict. The program has a street smart outreach component and a satellite street smart street outreach component. This particular component is targeted to adolescents and young adults between the ages of 13-21 who are living on the street or in other environments that would traditionally be deemed unsafe. The program also services youth that are at risk of sexual abuse and or exploitation/ human trafficking. The CoC also has a longstanding relationship with the Youth Advocate Program which provides community based wrap around services, juvenile justice alternatives, behavioral health support and developmental disability programs across the Tri County.

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 Promise of Sussex County operates a CoC wide RRH program with 9 units for families and a TH program for families and individuals.

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)

The Tri-County Transitional Housing program will provide comprehensive case management and other supportive services to help clients increase their financial stability and obtain sustainable housing. This includes teaching clients how to manage their money and create savings to help them weather unexpected expenses in the future and finding ways to repair credit and increase scores to put them on better financial footing. Clients will also participate in employment counseling and learn skills that will help them obtain employment or increase their hours. The employment counselor will also build relationships with local businesses to help increase employment opportunities for clients. Finally, a housing navigator will empower clients in both finding housing opportunities and applying for and successfully obtaining housing. The skills clients learn in this program will increase their self-sufficiency so they can support themselves in the long term.

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)

All households that are not already signed up for benefits will receive assistance in accessing benefits that support their households, including Medicaid, Medicare, SSI, SSDI, SNAP, TANF, veteran benefits, State Rental Assistance Program, etc. Many of the direct services staff at the agency are SOAR (SSI/SSDI Outreach, Access, and Recovery) certified, and able to help clients access social security disability benefits, and most have experience assisting clients in signing up for Medicaid, SNAP, TANF and General Assistance.
FPSC clients also have access to other agency programs and services, including the Medicaid Housing Supports program, free life skills workshops, food shelf and personal hygiene products, and the LIHEAP/USF utility assistance program. Clients are also referred to their local county social service department to explore additional programs and benefits for which they may be eligible.
Agency case managers maintain relationships with other providers in our service area and work to connect households to programs and services that support their other needs. These may include healthcare, mental health support, substance use treatment, services that support specific populations, local one-stop career centers, and more. Households with children will be referred to affordable childcare and agencies responsible for distributing McKinney-Vento funding to support the education of children experiencing homelessness. Note that FPSC holds this role for Sussex County, and as a result, maintains relationships with many of the area's schools. As noted above, the agency has MOUs and letters of support with a number of other agencies in the Tri-County area.
Case managers work to ensure that all the households' needs are addressed and that clients understand what benefits they're eligible for and where they can go for support, and in so doing, bolster their self-sufficiency. They explore all options for funding and assistance to ensure clients have access to all support available to them and to avoid overtaxing any one program.

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

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

(limit 2,500 characters)

The Day Center at FPSC will provide a minimum of one-hour of weekly case management services and one-hour of weekly group sessions to promote networking and social development. Program participants will actively engage in resume and cover letter writing, interview guidance, job searches, financial literacy skill building, and housing searches. Staff will be on-hand to offer support, guidance, and advocacy. Program participants will be mandated to participate in services to support identified household needs for substance use treatment, mental health services, and employment training. The goal of these activities is to address the trauma of homelessness, provide access to needed resources, and increase employment and household income.
The agency also collaborates with local workforce development centers, one of which has childcare on their campus, to meet the diverse needs of individuals and families in the program. All participants are mandated to provide a signed timesheet from the workforce center to show proof of active participation. FPSC also maintains MOUs with a variety of service providers in the region, and clients will be referred to these services, including veteran services, legal services, domestic violence services, parenting support, and more, as appropriate.
Participants who are age 62 and over, those with a physical disability or impairment, or a developmental disability may be exempt from the mandatory Day Center services. Participants who are working but under-employed may be required to participate at a reduced number of hours at the Day Center, dependent on their weekly schedule.
Additionally, the free workshops and groups offered by Day Center staff will be open to clients in any program, and the staff at the Day Center will, their timepermitting,
provide one-on-one services to clients in other programs, including Coordinated Entry, Rapid Rehousing, Permanent Supportive Housing, and THRRH

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)

In 2025, the NJ Dept of Community Affairs & NJ Dept of Veterans Affairs launched its Bringing Veterans Home Initiative with the goal of ending veteran homelessness in NJ. The program assigned each County a regional veteran coordinator and provides a full scope of diversion, short term emergency placements, case management & housing coordination. The program works with all SSVF & VA providers in the region & as of 7/1/26, NJ reached "functional zero" for veteran homelessness.

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

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

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

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

(limit 500 characters)

Safe in Hunterdon is a CoC funded victim service provider that is committed to collaborating with community partners and providers to deliver trauma informed services that meet the diverse need of survivors. The state also has an established partnership with Covenant House NJ who provides comprehensive statewide criss intervention, mobile support and specialized services that cover youth.

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)

The CoC has a close working relationship with drug court in the county and a partnership with the County one stop career center which is located in Sussex county. Employment and job training and placement are coordinated through the department of Labor and Workforce Development. Through this collaboration the CoC is able to successfully bridge the gap for consumers transitioning back into the world.

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)

Advance Housing , Inc. is a CoC funded agency that provides permanent, affordable and supportive independent housing options for adults with mental health. Advance Housing has a counseling center that offers individual, family and group therapy as well as psychiatric services for the treatment of various problems such as anxiety, trauma and depression. The agency also offers community support services. The CoC also has a long standing working relationship with the Newton Medical Center.

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)

Welbe and Senior Life PACE, is a Program of All-Inclusive Care for the Elderly. It is a Medicaid/Medicare program designed to help older adults get the care that they need in their homes/community. A PACE care team is made up of an 11- discipline interdisciplinary team provides you and your family with multiple layers of support that enable you to live at home, where you want to be, with services designed around your needs and personal goals

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)

Family Promise of Sussex County operates a PSH program that is dedicated to serve the Chronically Homeless population. The program is essential in the CoC in meeting the complex needs of participants by assisting them to quickly exit homelessness. The program provides ongoing case management by way of advocacy, service referrals and supportive service related activities to meet the needs of the consumer.

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

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

(limit 2,500 characters)

The program identified above does not provide on site behavioral health care but provides coordination to specialized mental health facilities. The agency has a partnership with the Center for Prevention and Counseling which can provide an array of behavioral health services.

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)

Once a consumer is established in stable housing they are required to participate in case management services. The program will continue to maintain its partnerships with local behavioral health, healthcare systems, and recovery programs to increase access to substance use treatment, mental health care and recovery supports. When PSH can no longer safely or effectively meet a participant's needs, Supportive Housing staff work collaboratively with the participant, treatment team, family or natural supports when appropriate. Transition planning addresses the participant's continuing behavioral health, medical, medication, financial, residential, and support needs and includes coordination with the receiving provider to promote continuity of care rather than simply terminating PSH services

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)

Readiness is evaluated holistically and may include sustained housing stability; ability to manage activities of daily living; symptom stability and self-management; ability to manage healthcare and medications as applicable; income, benefits, budgeting, and rent management; employment or vocational progress; tenancy skills; transportation; natural and community supports; connection to ongoing healthcare and behavioral health services; and the participant's own housing preferences and goals and reassessed annually

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.	

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.	

	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.	09/30/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	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.	09/30/2026

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

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

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.	

	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

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

	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 conducted a compliance monitoring of renewal projects, based on HMIS data and program data to see if funds were fully expended, utilized on eligible costs for eligible participants, & if agencies demonstrate capacity to operate the project. This process allowed project reviewers to determine whether project funds were essential to project operation, cost-effectiveness of a project, & whether any projects were low-performing or unable to complete the project in line with CoC performance objectives. Projects returning an average of 15%+ of funding over the previous 3 years & programs with significant compliance & outcome issues would be reviewed for reallocation. The committee may request additional information including current monthly expenditure rates & proposed changes to implementation before making final determinations. The committee additionally considers CoC priorities and the impact of potential reallocation on current participants & evaluates potential options to improve performance or move tenants on before approving reallocation.
2.The CoC did identify a low performing project and 25% of the project budget was reallocated
3.The CoC reallocated funds from low performing projects and projects that did not fully expend all of the awarded funding.
4.N/A

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

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)	NJ HMFA

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The CoC used the same methodology for the 2025 and 2026 sheltered PIT count implementation, which entailed pulling HMIS data from HMIS-participating shelter (ES) and transitional housing (TH) programs and collecting paper surveys from non-HMIS participating ES and TH programs. There are no SH programs in the CoC. All data was deduplicated using the same methodology from 2025. In 2025 and 2026, the CoC improved and expanded on training on the PIT count with help of people with lived expertise, which massively increased awareness of the PIT within the CoC.
Changes to the unsheltered count included:
Enhanced training on planning for outreach and unsheltered count
Enhanced trainings for volunteers & agencies completing the survey to ensure full understanding of the changes to the data collection, CH definition & distinctions related to counting length of time & episodes of homelessness.
Increase in Project Homeless Connect events throughout the CoC geographic region
Increased connection with community-based services providers such as day centers, soup kitchens and medical facilities to identify, connect with, and provide donations to unsheltered persons
We believe the expansion of in-person project homeless connect events, enhanced training, and increased connections with service providers contributed to the 110% increase we saw in unsheltered homelessness.

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)

DCA sprints are time-bound, place-based efforts in which the Office of Homelessness Prevention works with a municipality or county to move a defined group of people experiencing homelessness into housing. Newton in Sussex County had a DCA sprint is part of the Tri County CoC.Each sprint is organized around a by-name list built with local partners and reconciled to HMIS, so outreach is directed at specific households rather than conducted broadly. Partners typically include municipal and county government, the Continuum of Care, shelter and street outreach providers, the coordinated entry administrator, DCA field offices and the public housing authority, behavioral health partners, local law enforcement where they are part of the local collaboration, and landlords. Engagement is structured through a stakeholder roster, a responsibility matrix, a communication plan and written handoff protocols, with daily coordination and a weekly case conference reviewing every household by name until the list is worked through.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	3
2. Enter the reduction in the number of encampments during your evaluation period.	4

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of people in encampments during your evaluation period.	4

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)

Although the number of encampments has not reduced the number of persons in encampments has been. The CoC will continue engaging stakeholders, municipalities, county, and state governments to ensure the number of persons experiencing unsheltered homelessness decrease.

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 uses HMIS data to analyze the correlation between vulnerabilities/risk factors that contribute to becoming FTH. This data allows us to target funds for prevention efforts that best prevent at-risk persons becoming FTH. Based on data and provider feedback, the CoC has specifically identified the following risk factors used to identify those most at-risk: lack of ability to increase income; unsustainable rent; mental illness or substance abuse disorder; history of domestic violence; and level of education.
2. CoC CE points, including County Divisions of Social Services (DSS), always assess for & attempt diversion measures first. If unsuccessful, DSSs administer multiple prevention streams including SNAP, TANF/General Assistance & State-funded Support Services for the Homeless that can pay for temporary rental assistance, utilities, moving expenses, or transportation for housing search. DSSs also refer to CoC providers with State Housing Prevention Program funds, ESG Prevention/RRH, or to NORWESCAP for utility assistance. Each county has Comprehensive Eviction Defense & Diversion and Homelessness Prevention and Homelessness Diversion programs that works within the court system to prevent evictions. There are also COVID Homelessness Prevention and COVID Rehousing programs in each county that have been working to stabilize housing.
The CoC mobile outreach teams also work with the at-risk to engage in services & community education department staff do numerous outreach events to raise awareness of programs, resources, & engage those in need. The LIHEAP team does community-based outreach and application sessions to help alleviate the financial burden on households and will engage clients in conversations to help them to understand other resources that are available to decrease the burden on the household. The CoC's new data systems enhancement grant will also allow for enhanced data quality to better track risk factors. Additionally, the CoC has a lived experience advisory board, from whom they will be garnering feedback on how to better support at-risk households.

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)

In order to reduce average length of time (LOT) homelessness, the CoC prioritizes projects that serve chronically homeless persons with the longest lengths of homelessness. The CoC's goal is to ensure that those persons with the longest histories of homelessness are prioritized for permanent housing resources and services. The CoC also chose to prioritize a new TH-RRH project this year, with the goal of getting clients quickly into permanent housing and reducing their LOT.
2.The CoC's strategies to identify and house households with the longest LOT homeless include:
•Our Coordinated Entry System assess, identifies, and prioritizes households with longest histories of homelessness & most severe service needs per HUD Notice CPD16-11 & CoC policy. Those with longest histories of homelessness are also prioritized for shelter placement where they are continuously engaged, & all who are homeless/at risk are offered case management to end their housing crisis rapidly.
•If households in shelter are not diverted or re-housed, a full assessment is completed immediately to assess & prioritize those with longest lengths of time homeless, most severe service needs, & most barriers to obtaining housing for CoC permanent housing interventions, including all Housing First-oriented PSH, CoC/ESG RRH, & OPH.
•Addition of mobile outreach team, bringing the necessary resources to where individuals are, building trust, engaging them to move towards housing stabilization.
•The CoC also has a lived experience advisory board from whom they will garner feedback on strategizing around reducing LOT homeless.

2A-7.	Successful Permanent Housing Placement–Exits to Unsubsidized Housing.	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	41.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate this measure, HMIS data were reviewed for clients who exited Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH). HMIS ReportBuilder reports were run for October 1, 2024–September 30, 2025. For each period, the 13 CoC reports were combined into a single data file, and a CoC identifier was added to every record so results could be reported by CoC.
The combined file was limited to records with an HMIS Project Type of Transitional Housing, PH – Rapid Re-Housing, or PH – Permanent Supportive Housing; all other project types were excluded. Because the reports include everyone enrolled during the period, records were then filtered by Discharge Date so that only exits occurring within the reporting period were counted. Exits were then filtered using the HMIS Destination field to identify exits to the following unsubsidized permanent housing destinations:
•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.
Pivot tables were used to count qualifying exits for each destination, grouped by CoC and project type. The four destination totals were summed to produce the numerator. The denominator was the total number of TH, RRH, and PSH exits during the period to any destination. The measure was calculated by dividing the numerator by the denominator, producing the percent of program participants exiting TH, RRH, and PSH collectively to unsubsidized housing.

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026

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

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

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

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

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

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

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	74	48	122	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	137	0	137	100.00%
4. Rapid Re-Housing (RRH) beds	55	0	49	89.09%
5. Permanent Supportive Housing (PSH) beds	140	12	57	37.50%
6. Other Permanent Housing (OPH) beds	0	13	13	100.00%

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

	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)

The Permanent Supportive Housing bed coverage rate is 37.5%. This is due to the HUD VASH beds that are not currently in HMIS. Apart from these HUD-VASH projects, the CoC has achieved 100% PSH HMIS bed coverage. The local VA Medical Center is a CoC member that shares data with the Veterans Committee and the master list, however, this partner is required to enter its data into a different reporting system than the CoC's HMIS. The CoC's main strategy for increasing the coverage rate for PSH is to create more PSH beds to incorporate into HMIS. So far, the New Jersey Housing and Mortgage Finance Agency, the state HMIS lead, has had initial conversations with the HUD VASH program to get these beds entered into HMIS.

3A. Policy Initiatives

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

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

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

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

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

4A. Attachments Screen For All Application Questions

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

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

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

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

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

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

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
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	Please Complete
Submission Summary	No Input Required