

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: NV-500 - Las Vegas/Clark County CoC

1A-2. Collaborative Applicant Name: Clark County Social Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Clark County Social Services

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	3
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	2
25.	Other social service provider(s)	Yes	6
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
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	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	6
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.			
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)

The membership form is publicly posted to the NV-500 website. Each January, NV-500 solicits new members to join the Continuum of Care (CoC) by leveraging the existing Membership and Board meeting as a platform to educate interested stakeholders on the role of the CoC and how to get involved. An agenda line item is reserved to discuss representation needed in the CoC with the current CoC Membership beginning in September. Current members are encouraged to invite new potential members. Funding opportunities also serve as a recruitment tool. In July, 38 new agencies attended a CoC Orientation to learn more about the local application process. As of September 2026, there are a total of 92 agencies that are members of the CoC Membership.

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)

NV-500 solicits input from people with lived experience, community providers, and broader community stakeholders through listening sessions, trainings, workshops, and public meetings that inform strategies. Bi-monthly CoC Membership meetings are a platform to discuss coordination of local approaches to prevent and end homelessness or share concerns. Membership and Board agendas and virtual links are publicly posted in advance to ensure accessibility.

Policies, procedures, and standards are typically posted for 30-day public comment to gather community feedback. CoC committees report to the Board as a standing agenda item, and Board and Committee monthly summaries are posted on the NV-500 website.

The NV-500 website includes a Community Feedback page where any partner, stakeholder, community member, service recipient, etc. can provide feedback on their experience(s). The page solicits feedback to help the CoC strengthen programs, improve services, and better support individuals experiencing homelessness.

NV-500 and its Lived Experience Consultants (LivedX) regularly engage during public meetings and forums to identify system improvements and develop Quality Practices. LivedX conducted a secret shopper experience of the homeless response system and presented findings and recommendations and continues to conduct anonymous surveys. Partners have begun implementing the recommendations while client listening sessions provide additional opportunities to identify improvements and new approaches.

NV-500 and the Youth Action Board (YAB) address system improvements within youth homelessness. The Youth Homelessness Demonstration Project (YHDP) in our community resulted in the development of the Coordinated Community Plan (CCP) to end youth homelessness. Partners, youth, and young adult (YYA) providers came together to identify gaps in our youth homeless response system and coordinate how this funding would best serve YYA in our community. Planning meetings were held throughout the year with the community and YAB along with weekly YHDP Core team meetings to develop the CCP and design projects needed in our community. The YAB is currently working on the YHDP Continuous Quality Improvement Plan and have begun site visits at youth serving organizations to speak with YYA currently utilizing those programs. The YAB provides recommendations based on the feedback gathered which drives policy development and approaches.

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)

NV-500 encourages new organizations to apply for CoC funding by hosting a competition orientation prior to the local competition opening, holding weekly office hours to answer questions during the process, and including a scoring rubric that is fair and equitable for agencies new to CoC program funding. Public notification of the competition includes posting to the website, press releases to media, social media posts, announcement at NV-500/community meetings and word-of-mouth. NV-500 and partner agencies send announcements to e-mail distribution lists which are broader than existing CoC membership. CoC programs are reminded/encouraged to partner with new agencies to support capacity building and opportunities for future federal funding. Larger agencies often subcontract with new agencies to support growth. Four new agencies engaged in the local competition process this year including faith-based and law enforcement agencies.

NV-500 provides Detailed Project Application Instructions including how/when to submit; Scoring and Ranking Policies and Procedures; FAQs updated at least weekly; and scoring tools that are posted to the NV-500 website prior and throughout the competition period. Regular emails and technical assistance sessions kept the applicants informed on how to submit a competitive application. Weekly office hours allowed for questions to be answered in a dialogue/conversational manner and then were posted to FAQ's to allow for review and processing of information.

The NV-500 Membership and CoC Board reviewed and approved Scoring and Ranking Policies and Procedures and tools to guide the Scoring and Ranking Team. All instructional and scoring guides were designed to prepare all applicants, for the local application competition. These are publicly posted so that organizations not previously funded are able to prepare/submit competitive applications. New projects' scores are weighed differently than renewal projects to allow for the prioritization of high performing projects and the opportunity for new projects to be included in the priority listing. Threshold reviews were conducted by a third-party facilitator who offered non-conflicting technical support throughout the process.

The local application process was conducted virtually. All trainings and meetings used video-conferencing platforms. Written materials and the webinar recording were posted publicly so that all participants could view the material.

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 CoC's foundational strategy dates to the 2007 Plan to End Homelessness, updated in 2017 with action steps and performance measures addressing chronic homelessness, veterans, youth, and survivors of domestic violence. In 2024, the CoC governance framework was further streamlined from numerous working groups into three core committees focused on program evaluation, data strategy, and performance measurement across HMIS, Coordinated Entry (CE), and program/service delivery. Building on this foundation, the CoC regularly conducts gaps analyses, evaluations, and planning efforts to identify and address system and subpopulation needs.

In 2018, the CoC released its Plan to End Youth Homelessness, establishing five goals with measurable objectives and strategies. A 2022 Assessment of Youth Needs conducted by the Technical Assistance Collaborative identified declining youth-dedicated beds and permanent housing placements. These efforts informed the CoC's successful 2024 \$8.5 million Youth Homelessness Demonstration Program award, funding rapid rehousing, transitional and permanent supportive housing, diversion, housing navigation, and wraparound services.

Las Vegas Justice Court is also launching a re-entry housing initiative through a \$1 million FY24 Bureau of Justice Assistance Second Chance Act award through April 2029. The initiative will provide housing and supportive services for court-referred individuals with mental health, substance use, and/or co-occurring disorders. Initial funding supports approximately 10–15 participants, with opportunities to leverage CoC and community resources to expand impact.

Clark County's FY25–29 HUD Consolidated Plan establishes priorities including affordable housing, vital services, and homelessness prevention. Strategies include revising the CE assessment to better prioritize vulnerability and Top 20 Case Conferencing for priority individuals. The 2025 CAPER further identifies programs serving high utilizers of costly systems, medically fragile households exiting healthcare settings, and young adults aging out of foster care.

On October 13–14, 2026, the CoC will convene a Systems Design Clinic to assess system strengths and gaps and establish actionable priorities and implementation timelines.

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
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1C. Coordination and Engagement

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- Frequently Asked Questions

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?	60%

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)

Not Applicable

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

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

(limit 2,500 characters)

NV-500, the Collaborative Applicant, Clark County Social Services (CCSS), and other County entities partner with a range of providers that offer outpatient treatment for mental health (MH) and substance use disorders (SUD) with a range of appropriate levels of care.

HELP of Southern Nevada's outreach teams engage with people experiencing homelessness and conduct assessments on behavioral health (BH) and SUD needs to determine readiness for treatment. HELP provides transportation and a warm hand-off with providers for detoxification including Crossroads, Vegas Stronger, Las Vegas Recovery Hospital, Desert Parkway Behavioral Healthcare, Salvation Army Adult Rehab Program, or Las Vegas Rescue Mission (LVRM). Collectively they offer SUD treatment, detoxification, BH, and recovery services for individuals with and without insurance. HELP, Vegas Stronger, Salvation Army, and LVRM are all represented on the CoC, indicating their strong commitment to the homeless population.

People experiencing homelessness may also access MH treatment through 20+ street outreach teams, crisis response, and community based BH programs. Outreach teams include Southern Nevada Adult Mental Health Services (SNAMHS) through its Programs for Assertive Community Treatment team, CCSS/HELP's 6 Mobile Crisis Intervention Teams and Projects for Assistance in Transition from Homelessness program (serving people experiencing homelessness with serious mental illness), Straight From the Streets, Salvation Army's Community Response Team, and Shine A Light. These programs assess needs, provide crisis intervention, case management, and connect people to appropriate BH treatment. For ongoing outpatient care, SNAMHS has medication clinics in East and West Las Vegas locations and community clinics throughout the County.

Clark County, in partnership with University Medical Center (UMC), opened Southern Nevada's first Crisis Stabilization Center in 2025, providing 24/7 short-term behavioral health crisis stabilization for adults experiencing mental health and/or co-occurring substance use crises. The Center provides an alternative to emergency department and justice-system involvement and also functions as an outpatient behavioral health facility during the day, supporting continued access to treatment and services. Individuals are connected to ongoing behavioral health care, housing, shelter, and other community-based supports to promote longer-term stability.

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)

NV-500's non-congregate shelter system, representing more than 1,700 beds, incorporates Nevada Certification Board (NCB)-certified Peer Recovery Support Specialists and Family Support Specialists into service delivery.

They are certified in evidence-based competencies and best practices, committed to a defined code of ethics and professional conduct, supported through ongoing supervision to serve individuals/families effectively, and are part of a recognized, statewide behavioral health workforce.

The Clark County CARE Team collaborates directly with the Clark County Detention Center (CCDC) to support individuals at increased risk of homelessness upon release. The team receives referrals from CCDC for priority populations, including individuals with repeat DUI offenses; 18–20-year-olds with a DUI; SOARS participants; high utilizers with five or more incarcerations; individuals impacted by enforcement of the County's Unsafe Camping Ordinance; and those with acute mental and/or physical health needs. For each referral, the team develops an individualized discharge plan focused on connecting the individual to an appropriate destination and preventing discharge into homelessness.

A key component of this approach is the use of peer support to create a warm handoff from custody to the community. Through a partnership with Vegas Stronger, Peer Specialists provide transportation directly from CCDC to the individual's identified destination, helping reduce gaps during this critical transition and establishing an immediate connection to recovery-oriented support. That relationship can continue after release, including assisting individuals who complete substance use treatment with housing resources and ongoing community-based support. Vegas Stronger's peer model is grounded in lived experience, with 75% of staff and 50% of its board possessing lived experience in recovery.

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)

People experiencing Serious Mental Illness (SMI) are identified through multiple points across the homelessness response system. For individuals experiencing unsheltered homelessness, identification often begins through street outreach teams, including HELP of Southern Nevada's 6 Homeless Response Teams, and community partners such as the Las Vegas Metropolitan Police Department's Hope and Outreach Team, Clark County Fire and Rescue and Emergency Medical Services, and first responders across Las Vegas, Henderson, and North Las Vegas. These partnerships facilitate street-level engagement, crisis intervention, Coordinated Entry (CE) assessment, and connection to appropriate services. The CoC's updated RISE Assessment, used for CE, also places greater emphasis on SMI and related behavioral health vulnerabilities when assessing an individual's needs and prioritization for housing resources.

When potential SMI is identified, outreach teams coordinate mental health assessment and connection to the appropriate level of care. Whenever possible, referrals are conducted through a warm handoff, with outreach staff supporting the individual in accessing services and, when desired and authorized, accompanying them to appointments to strengthen engagement and continuity of care. Concurrently, outreach and housing navigation staff work to address housing barriers through document collection, CE coordination, housing search, and other activities designed to move the individual toward an appropriate housing intervention while maintaining access to behavioral health care (documented within the Homeless Management Information System). Upon housing, coordination with the assigned case manager provides another warm handoff to support continuity of treatment and long-term housing stability.

The CoC similarly works to ensure people with SMI in emergency shelter, transitional housing, and permanent housing have access to behavioral health treatment and ongoing case management. Participants requiring a higher level of care are connected to onsite services or community-based behavioral health providers offering intensive care coordination, assertive outreach, and treatment. Resources include the Program of Assertive Community Treatment (PACT) through Southern Nevada Adult Mental Health Services (SNAMHS), Projects for Assistance in Transition from Homelessness (PATH) through HELP of Southern Nevada, and SNAMHS-operated community mental health clinics.

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)

NV-500 coordinates with the Criminal Justice Coordinating Council, bridging the CoC and the local justice system. Specifically, the Eighth Judicial District Court Specialty Courts (Drug, MH, and Co-Occurring Disorders Courts) and Las Vegas Justice Court's Community Impact Court can connect individuals experiencing or at risk of homelessness to CoC housing and supportive services that address barriers such as housing and treatment needs to stability and successful court participation.

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)

NV-500 coordinates with the Criminal Justice Coordinating Council (CJCC) whose members include courts, behavioral health providers, law enforcement and other community partners, to connect justice-involved individuals with housing and supportive services. Within the CJCC is the Behavioral Health/Homeless Community Deflection & Diversion subcommittee focused on connecting adults and juveniles who commit low-level, non-violent offenses to treatment, community services, and alternative sanctions instead of traditional prosecution or jail.

This subcommittee includes the Collaborative Applicant and has connected justice-involved individuals to housing, treatment, and rental assistance with over 350 individuals being assisted in 2026 by having navigators (CCDC CARE Team) present during booking and release.

Through Clark County Detention Center's (CCDC) CARE Team, the CoC maintains a direct connection to the Court, with staff participating onsite each week to engage individuals experiencing or at risk of homelessness, conduct or coordinate CE RISE assessments, and facilitate connections to housing and other community resources. This ongoing presence creates a direct bridge between the justice and homelessness response systems, allowing housing needs to be identified and addressed as part of the participant's broader plan for stability, while reducing the likelihood of future justice-system involvement or prolonged homelessness.

The Las Vegas Justice Court utilizes judicial supervision of low-level misdemeanor offenders and coordinates services that address education, employment, housing, and medical needs. The Justice Court coordinates with numerous CoC partners to get participants enrolled in Coordinated Entry, and works with the Nevada Homeless Alliance, The Courtyard Homeless Resource Center and local shelters for immediate shelter resources.

The State-run Southern Nevada Adult Mental Health Services (SNAMHS) operates the regional Assisted Outpatient Treatment (AOT) program on the clinical side but does not manage physical housing. It uses court-ordered care coordination to integrate participants into CoC resources such as the CE system (for access to supportive housing). The AOT program may also interface with street outreach teams as an initial point of contact to refer or petition an individual into the AOT track.

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)

Aviation Inn is a non-congregate shelter for individuals whose primary barrier to shelter is a mental health, behavioral health, or substance use crisis. Referrals come from crisis teams, law enforcement/fire, outreach teams, and University Medical Center's crisis stabilization unit. The shelter offers low-stimulus rooms and wraparound services, connecting clients to treatment, case management, and permanent housing while reducing emergency room, jail, and congregate shelter cycling.

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.	481

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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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 formal partnership through Clark County's contract with Nevada Behavioral Health for the Crisis Stabilization Center, which provides 24/7 behavioral health crisis stabilization for adults, including those with co-occurring substance use disorders. Services include psychiatric care, peer support, case management, housing and basic-needs assistance, and linkage to ongoing care following discharge.

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)

NPHY operates CoC Program-funded youth housing with sober living requirements consistent with 24 CFR 578.93(b)(5). Participants agree not to use or possess alcohol, illegal controlled substances, or drug paraphernalia and consent to random substance screening while participating in the program. NPHY's occupancy requirements establish consequences for violations, including potential termination from the housing program, supporting a structured sober and drug-free living environment.

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 supports and engages in intensive coordination among all providers to ensure that participants do not experience disruptions in care or return homelessness as they move into housing. The providers described above (including substance use and mental[st25.1][BB25.2][KA25.3] health treatment providers, peer support programs, crisis centers, Drug Courts, and more) do not simply refer participants to coordinated entry. They work closely with housing navigators who have been trained in Housing Problem Solving/Diversion conversation techniques to ensure that they are supported through every step of the housing search and matching process. This process, if identified, includes enrollment in the CE System through the RISE Assessment. HELP of Southern Nevada and Vegas Stronger (listed above) both include these trained housing navigators within their programs.

Clinicians support housing navigators with assembling eligibility documentation and any other items needed for housing search and navigation and remain in close contact with referring entities to ensure that participants remain engaged, have all of their questions answered, and know what to expect – and that the housing options being considered align with the participant’s behavioral health needs.

All providers coordinate closely throughout the housing placement process. With all requisite releases of information, they work together to ensure that the transition to housing is smooth, efficient, and client centered. Case management staff communicate regularly with referring entities, typically hosting at least one joint meeting with the participant, to ensure a shared understanding of the participant’s history, needs, service, and treatment goals. All ongoing case management sessions focus on behavioral health treatment and needs and – to the degree needed and/or authorized – behavioral health providers and other entities are consulted and involved in service planning. Any time a housing participant experiences an intensified need for treatment, they will be referred to the appropriate provider via warm hand-off, and these services will be incorporated into care planning and coordination meetings.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC’s FY 2026 Annual Renewal Demand (ARD).	\$25,622,721
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.	\$12,526,911
3. Percent of your CoC’s FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	49%
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.	\$2,809,023
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).	60%

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)?	50.00%

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)

ESG recipients, from all four local jurisdictions – City of Las Vegas, North Las Vegas, Henderson, and Clark County – participate in the Continuum of Care's (CoC) Programs Committee and have designated seats on the CoC Board.

Clark County, as the largest ESG recipient within the CoC, contacts the Collaborative Applicant each year to discuss CoC priorities and program needs that ESG can support.

The CoC Programs Committee provides input on community needs and identifies gaps in service and resources. [SL29.1][KA29.2][sh29.3][KA29.4][BB29.5]The CoC reviews monitoring reports for each ESG jurisdiction and provides feedback on program performance, compliance, and areas for improvement. ESG uses this feedback for program administration and ensures that ESG activities remain responsive to the identified community needs.

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)

Clark County coordinates with a network of shelter partners to ensure a consistent pathway into the Continuum of Care, including Non-Congregate Shelter (NCS) Providers (WellCare and Liberty Wellness), Emergency Shelter Congregate Providers (Catholic Charities, Salvation Army, and Las Vegas Rescue Mission), and Emergency Shelter NCS Providers (Family Promise, HopeLink, and SafeNest). All providers apply a standardized Housing Problem Solving (HPS) approach at intake, with case managers working to identify whether the immediate housing crisis can be resolved through diversion strategies such as reunification with family or natural supports, mediation, or short-term financial assistance, avoiding the need for a formal shelter or Coordinated Entry (CE) placement. Housing Problem Solving (HPS) outcomes are documented in HMIS and reassessed throughout the client's stay to reflect changing circumstances.

Where HPS does not resolve the crisis, case managers determine the need for a CE RISE Assessment, the community's CE assessment, based on demonstrated barriers to self-resolution, including chronicity of homelessness, disability status, income limitations, and the absence of viable diversion options. Congregate and Non-Congregate Emergency Shelter providers typically complete this determination during initial intake, consistent with shorter anticipated lengths of stay, while NCS providers, serving clients over extended periods, continue applying HPS strategies alongside case planning before determining that a RISE Assessment and Community Housing Queue placement are warranted. Following queue placement, case managers remain engaged, confirming the assessment stays current, monitoring queue status, and following up on referrals to ensure clients complete required next steps, so that households are supported through lower-barrier, client-centered solutions first, with CE reserved for those needing deeper, longer-term intervention.

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)

Point-in-time (PIT) count data and HIC data are shared out in a report posted to the CoC's website. HMIS and System Performance data is shared with the CoC Board, including jurisdictional partners.

State and local governments are HMIS participants who have entered into approved data sharing agreements and have the ability to enter data as well as receive aggregate data from HMIS that supports and informs the homeless response system. This includes statewide efforts such as securing state funding for eviction prevention, rental assistance, and supportive housing as well as local efforts to reduce literal homelessness through street outreach efforts and shelter capacity increases. Annual PIT, HIC, and System Performance in combination with additional HMIS data is shared with local governments through their participation in the CoC Board and Committees. Additionally, the CoC provides PIT count data by jurisdiction to local governments.

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 underwent an initial assessment of frequent use of emergency department and law enforcement engagement in 2017 using Medicaid and law enforcement data which led to the implementation of care coordination and system referrals through HMIS with hospitals and Managed Care Organizations (MCOs). There are regular meetings with MCOs to review programs, system barriers, and needed improvements. The CoC also implemented partnerships with detention center staff for care coordination and system referrals in HMIS prior to and upon release. The CoC regularly meets to review programs, barriers and needs. The CoC is currently participating in a statewide follow-up assessment reviewing the same Medicaid and law enforcement data and is pending outcomes.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

NV-500 works directly with Workforce Connections (One-Stop Career Center) to ensure clients experiencing homelessness have access to training and employment opportunities. Additional partnerships within the CoC include the Culinary Academy of Las Vegas, the BETterment Program (US Vets), and the City of Las Vegas with the Foundation for an Independent Tomorrow (FIT) as part of their Second Chance Program to employ individuals accessing shelter at the Courtyard Homeless Resource Center.

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)

The following are specific joint efforts conducted by outreach teams in partnership with law enforcement.

HELP of Southern Nevada (HELP) regularly partners with police officers and other agencies during field operations. Outreach staff distribute and administer Narcan when needed and assist individuals with accessing hospitals, detox and other service facilities. The cities of North Las Vegas and Las Vegas use a community-oriented approach to policing. Officers there are both able to assist people and enforce public laws. Enforcement in these settings, such as addressing unregistered vehicles, is carried out without hostility and takes a non-confrontational approach.

The PACT Coalition supplies drug disposal kits to reduce the presence of used supplies in public places. Outreach teams clean up and properly dispose of items left behind. City of Las Vegas City Marshals similarly partner with outreach teams, with the goal of eliminating physical presence of used drugs and items left behind. Outreach teams carry marshal radios so they can reach marshals easily when assistance is needed.

The CARE Homeless Outreach Team (CARE HOT) collaborates with the Las Vegas Metropolitan Police Department (Metro) HOT Team, various Area Commands, Public Works and Code Enforcement, providing resources and developing ideas when solutions are difficult. CARE HOT assists in identifying locations and facilities for referrals and while providing Narcan as part of their efforts.

Through Shine a Light, police officers volunteer their time and participate in outreach activities in plain clothes. This approach humanizes the officers by creating a more personal approach and helps build relationships with the people being served. Participants distribute Narcan along with fentanyl and xylazine test strips.

HELP and CARE outreach teams receive a list of planned encampment cleanups. Before each clean up, outreach teams respond to the sites, engaging individuals and offering services to the people there. Pop-up outreach events incorporate law enforcement, who assist in conducting background checks for individuals being referred to non-congregate shelters.

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)

For individuals experiencing homelessness, family and support-network reunification options are a central part of housing problem solving conversations and coordinated entry assessments. Any individual who identifies an opportunity to reunify with family before entering the homelessness system of care will receive support from a Housing Problem Solver to explore that option, including assistance with making initial contact, vetting the opportunity, and otherwise facilitating the connection. Depending upon the circumstances, this may also involve one-time financial support with associated costs, such as transportation expenses, gift cards for groceries, or other resources that can ease the reunification. It may also entail referral to other resources that can support the transition, including family/parenting services, counseling, and more.

For individuals living in a CoC-funded programs, family and support network reunification can also be an excellent step toward self-sufficiency, but program staff take special care to ensure that reunification opportunity is a viable and appropriate option, and that the timing for the transition is right. Case management sessions focus on preparing for the transition: building tenancy skills so that they are a good roommate/neighbor; increasing income so that they will be able to contribute toward household expenses; cultivating conflict resolution and communication skills to foster better household dynamics; and setting the individual up with some of the items and supplies that can ease the transition, such as transportation assistance, gift cards, and more. Case managers make sure to explain the implications of exiting the program to the participant, both in terms of subsidy termination and future program eligibility (to the degree that it would be impacted) and take all other related exit planning steps to support a successful transition, including referrals to any programs or providers in the geographic area to which they are relocating.

For any individual that qualifies for transportation assistance, Clark County Social Services offers bus tickets or fuel stipends, plus funds for food during travel. Flights are considered for individuals with special medical or functional needs.

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)

HELP's Homeless Response Team (HRT) and CCSS CARE HOT, both function as co-response partners to public safety and first responder systems throughout Clark County, conducting daily outreach in direct coordination with the Las Vegas Metropolitan Police Department (LVMPD), the Southern Nevada Health District (SNHD) Street Medicine Team, and Las Vegas Recovery Hospital among many other community partners and stakeholders. This structure allows outreach staff to respond alongside law enforcement, medical first responders, substance use, and mental health providers at encampments, welfare-check locations, and public safety hotspots, to ensure individuals experiencing homelessness receive a service-based response rather than relying on emergency intervention.

This co-response model directly supports first responders by diverting non-emergency contacts away from law enforcement and emergency medical systems and toward appropriate housing and health resources, reducing repeat 911 calls, emergency room utilization, and unnecessary justice-system involvement.

During encampment-related enforcement actions, such as the local camping ban, HRT/HOT proactively engage individuals in advance of and alongside law enforcement activity, conducting Housing Problem-Solving conversations to identify shelter, interim housing, or permanent housing alternatives before displacement occurs. This ensures public safety objectives are met while minimizing trauma and providing direct service response.

Coordination extends beyond field response to include regular case conferencing with LVMPD, the SNHD, Code Enforcement, Office of Public Safety and Public Works, along with additional CoC partners to share real-time information on high-need individuals, encampment locations, and repeat contacts, supported by the Homeless Management Information System (HMIS) data tracking. Joint outreach efforts are also conducted with each municipal partner, to ensure consistent, area-specific coverage across jurisdictions. This sustained, multidisciplinary partnership has facilitated thousands of service connections annually, including 9,594 shelter, 8,141 mental health, 8,856 medical, and 7,873 substance use connections in FY25–26, demonstrating a scalable model that advances public safety, supports first responders, and reduces unsheltered homelessness simultaneously.

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)

Clark County's camping ordinance, Clark County Code § 12.49.030, which was approved in November 2024 and went into effect February 1, 2025, makes it a misdemeanor to camp, lie down, sleep, or store personal property in public rights-of-way, parks, public buildings, publicly owned parking lots or land, underpasses, washes, tunnels, and public property where camping interferes with its intended use. Penalties were reduced from up to six months in jail to up to 10 days, with a fine of up to \$1,000. City of Henderson, Henderson Municipal Code Chapter 8.37 (2023), the City of Las Vegas, Las Vegas Municipal Code Chapter 10.86 (2019, strengthened in 2024) are similar ordinances. The City of North Las Vegas, North Las Vegas Municipal Code 12.16.020(10) prohibits camping or lodging in City parks, recreation facilities, and trails unless authorized; also restricting remaining in parks/trails during specified overnight hours and addresses obstruction of pathways.

The County ordinance is built around a service-first sequence. A person is first notified of the violation and given information on available shelter and services. Enforcement is not to occur if no public shelter space is available or the person is experiencing a mental health medical emergency. A citation or arrest is possible only if the person refuses to leave, refuses an available shelter bed, or returns to the same location. Officials have described arrest as a last resort, and each municipality directs people to available shelters, the Courtyard Homeless Resource Center, or appropriate facilities before any citation is given. Las Vegas Metropolitan Police Department's (LVMPD) Behavioral Health Unit has a seven-member Homeless Outreach Team dispatching with Clark County Social Workers, CARE Homeless Outreach Team (HOT) and CARE Behavioral Health Team, to engage and convince individuals to accept services (shelter/treatment placements) and transport accordingly without a citation or arrest. LVMPD describes a three-step approach of education, warning, and enforcement.

The required notification step creates a consistent contact point at which outreach and service delivery workers join officers to conduct Housing Problem/Diversion conversations, CE RISE assessments, offer real-time shelter, non-congregate bed placement, transportation, and document assistance.

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)

Encampments remain present throughout Clark County in flood control tunnels, washes, vacant lots, abandoned structures, vehicles, parks, and other locations not intended for human habitation. Conditions may include tents and makeshift shelters, drug paraphernalia, food, and accumulated personal or other items. Encampments are often transient, with individuals relocating due to environmental conditions, safety concerns, outreach and property management activities, and law enforcement actions. As a result, their size, composition, and location can change rapidly, requiring a highly mobile and adaptive outreach response.

Clark County's ordinance prohibiting unsanctioned camping has also influenced the visibility and movement of unsheltered populations. HELP's Homeless Response Teams (HRT) report increased use of shopping carts, wagons, bicycles, and other wheeled devices to transport belongings and relocate quickly. This has contributed to fewer long-term stationary encampments and more dispersed locations. However, ArcGIS outreach data indicate that encampments within NV-500 frequently relocate within approximately a block of a prior location, allowing outreach teams to maintain engagement while adapting daily coverage. Unsheltered individuals continue to seek areas offering safety, privacy, weather protection, access to transportation, food and services, and existing social connections.

The Regional Outreach Coordinator and the HRTs maintain coordinated engagement with encampments throughout the region in partnership with municipal outreach teams, the Southern Nevada Health District Street Medicine Team, Las Vegas Recovery Hospital, and the Las Vegas Metropolitan Police Department. This multidisciplinary response provides case management, CE RISE assessments, connections to emergency shelter, Clark County's Navigation Center and non-congregate shelters, onsite medical and behavioral health services, and essential supplies including food, water, hygiene items, and emergency weather protection. Consistent engagement allows teams to build trust, respond to changing needs and locations, and create pathways from unsheltered homelessness to shelter, services, and permanent housing.

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)

NV-500 has not identified a local law or policy that substantially hinders the CoC's ability to reduce public illicit drug use or connect individuals to appropriate services. Nevada law prohibits possession of controlled substances and being under the influence of controlled substances in public. Clark County and the Cities of Las Vegas and Henderson also restrict camping in public spaces, while North Las Vegas restricts camping and overnight use in specified public areas. Locally, these laws are leveraged as opportunities for engagement by pairing enforcement with outreach, behavioral health, diversion, and service connections.

LVMPD's Homeless Outreach Team coordinates with Clark County's CARE Team, County social workers are embedded within LVMPD's Behavioral Health Unit, and municipal law enforcement coordinates with outreach teams. Encounters involving public drug use, behavioral health needs, or homelessness can therefore result in connections to shelter, treatment, Coordinated Entry, housing, or other services. LVMPD's LIMA program provides eligible individuals a pre-booking pathway to treatment and community services, while Eighth Judicial District Court Drug, Mental Health, and Co-Occurring Disorders specialty courts provide court-supervised treatment pathways.

When individuals are incarcerated, the connection to services can continue through the Clark County Detention Center (CCDC). CCDC refers priority individuals to the County's CARE Team for individualized discharge planning intended to prevent release into homelessness. Through a partnership with Vegas Stronger, Peer Specialists provide warm handoffs and transportation from CCDC to identified destinations, including treatment and housing resources, with continued recovery-oriented support available in the community.

NV-500 recognizes that enforcement can cause unsheltered individuals to relocate and potentially disrupt outreach relationships. The CoC mitigates this through coordinated outreach coverage, information sharing, repeated engagement, and warm handoffs among law enforcement, outreach, behavioral health, shelter, treatment, and housing partners. The CoC will continue leveraging justice-system contacts as opportunities for engagement while prioritizing diversion, treatment, shelter, and housing connections whenever appropriate.

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)

According to the Clark County Office of the Coroner/Medical Examiner, there were 328 homeless deaths in 2025, of which 58% (189) were drug related. Overdose deaths by homeless individuals rose sharply from 2021 to 2024 before decreasing slightly in 2025. These numbers only include deaths where no residence could be identified, so it is likely an undercount. The Southern Nevada Health District's (SNHD) response includes naloxone distribution, hot spot outreach, an online Substance Use Dashboard, and a street medicine team that provides primary care in streets, encampments, and parks and served 107 unique patients between November 2025 and March 2026.

Clark County created the Regional Opioid Task Force pursuant to Nevada AB 132 (2023) specifically to examine overdose deaths/near-deaths, service gaps, harm reduction, substance use, and factors contributing to opioid fatalities.

Clark County's Regional Opioid Task Force identified housing instability, recent incarceration and reentry, mental health disorders, limited treatment access, and polysubstance use among factors contributing to drug-related fatalities. The Task Force further identified a need for low-barrier supportive and recovery housing and expanded long-term recovery services. These findings demonstrate that public illicit drug use cannot be addressed through enforcement alone and inform NV-500's coordinated approach pairing law enforcement contacts with outreach, treatment, peer support, shelter, Coordinated Entry, and housing interventions.

Local outreach data demonstrates a concentration of unsheltered homelessness and outreach activity within the central Las Vegas Valley. These areas geographically overlap several ZIP codes identified through local opioid surveillance as experiencing elevated overdose activity, including 89101, 89104, 89109, 89119, and 89121. This overlap supports coordinated deployment of homelessness outreach, street medicine, behavioral health, peer recovery, overdose prevention, and treatment resources in areas where vulnerabilities intersect.

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)

HELPING: Nevada law provides a defined framework for involuntary commitment of an individual who is a danger to self or others. An arrest-authorized officer or certain health care providers with probable cause, based on personal observation, that a person is in a mental health crisis may place a hold of up to 72 hours. A petition for court-ordered admission must then be filed, or the person released or made voluntary; hearings occur within six judicial days. Since June 2025, the Clark County/UMC Crisis Stabilization Center has provided 24/7 psychiatric crisis and detox stabilization for adults regardless of insurance, accepting walk-ins and drop-offs from law enforcement and EMS as an alternative to emergency rooms and jails. CoC outreach teams also have access to dropping off clients. Stays last up to 24 hours, then patients are referred out. County social workers are embedded in LVMPD's Behavioral Health Unit, which works with outreach teams.

HINDERING: Commitment requires clear and convincing evidence of a mental health crisis, is based on mental illness rather than substance use alone, and hold and hearing deadlines limit how long involuntary treatment can last. Stabilization at the Crisis Stabilization Center is capped up to 24 hours, so continued care depends on available inpatient or outpatient placement. Officials say significant additional capacity is still needed. A state presentation described SNAMHS's 10-person Assisted Outpatient Team (AOT) team as requiring, for example, three or more hospitalizations or incarcerations in a year due to non-compliance, with referrals originating in the hospital. AOT cannot force medication.

CURRENT MITIGATING STEPS: Outreach teams and LVMPD's Homeless Outreach Team can use Crisis Stabilization Center drop-off for same-day psychiatric evaluation and medication support rather than an ER or jail. Follow-up options in the region include SNAMHS clinics and PACT, WestCare's Community Triage Center, and CE RISE assessment, which considers mental health and prioritizes the most vulnerable for housing.

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)

HELPING: Nevada law places sex offender location reporting with law enforcement, including for people without housing. Registrants must register with local law enforcement within 48 hours, and those with no fixed residence must notify local law enforcement at least every 30 days of any change in the dwelling providing temporary shelter or where they habitually sleep. The state Central Repository shares registrant information with designated agencies and has a public website where registrant searches can be conducted. Nevada is one of the 22 states and territories to be found to have substantially implemented SORNA by the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking. Federal law requires owners of federally assisted housing to prohibit admission of households with a lifetime registrant, and public housing agencies run registry checks for those programs.

CONSTRAINTS: HMIS follows HUD privacy and security standards, which protect confidentiality while allowing reasonable, limited uses and disclosures, and the statewide HMIS Governance Charter permits sharing of identifying information only with consent or as required by law. Coordinated Entry policies direct that law enforcement requests for client data be refused without a valid warrant. Registry status is not a required HUD HMIS data element. Registrant location data is maintained by law enforcement and the Central Repository, so CoC partners coordinate with LVMPD through the joint outreach and screening practices above, and law enforcement remains the source for registrant location.

MITIGATION/SAFETY PRACTICES: County family non-congregate shelters (NCS) run background checks on every adult household member prior to placement. Those identified with sexual offense arrests, convictions, or are required to register are not eligible and offered alternative shelter options. Congregate shelters do not allow children as a safety measure and households with minor children are referred to the County family NCS or scattered site NCS emergency shelter options. NV-500 CE System specifically identifies if an individual has any barriers to being housed near schools. Individuals with these barriers are referred to programs who assist with securing housing for SO individuals that aligns with the housing restrictions required for registrants.

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)

All municipal and CoC outreach teams conduct daily street outreach using person-centered and trauma-informed practices. Services are delivered where individuals reside, including encampments, tunnels, flood channels, abandoned structures, vehicles/RVs, parks, and other places not meant for human habitation.

Outreach uses a multidisciplinary model with municipal first responders, EMS, Southern Nevada Health District Street Medicine, Las Vegas Recovery Hospital, behavioral health and substance use treatment providers, and other community partners. This coordinated presence supports on-site assessment, substance use/detox treatment, medical and behavioral health connections, continuity of care, and access to housing-focused alternatives.

The CoC also maintains a direct community referral pathway through Clark County's CARE Helping You Bridge (HUB) program. Elected officials, including County Commissioners and state legislators, entertainment industry leaders, and other community partners can directly connect constituents and community members experiencing or at risk of homelessness to assistance. A dedicated HUB email is actively monitored, allowing the CARE Team to quickly engage referred households, assess their unique needs, connect them to appropriate housing and supportive services, and provide ongoing case management when needed.

Consistent with HUD-identified best practices, outreach prioritizes relationship-building, trust, dignity, and client self-determination. Staff use trauma-informed care, motivational interviewing, housing problem-solving, and strengths-based engagement to help individuals identify goals and increase readiness for housing and services.

Housing problem-solving conversations assess safety, housing history, support networks, and barriers while exploring diversion, rapid resolution, family reunification, and other housing-focused interventions. Individuals requiring continued assistance are connected to Coordinated Entry (CE), Clark County's Navigation Center and non-congregate shelters, or traditional emergency shelters for continued assessment and connection to services.

Through persistent daily engagement and coordinated cross-agency service delivery, outreach works to reduce unsheltered homelessness and facilitate timely pathways to permanent housing.

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

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

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

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

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

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

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

(limit 2,500 characters)

Per NV-500 procedures, all CoC, ESG, and locally funded emergency and housing programs must inform individuals and families experiencing homelessness of their eligibility for educational services. Monitoring is conducted annually of the CoC and ESG funded programs, to ensure each program has an education policy. This annual process includes review of evidence of compliance of 24 CFR 578.103(a)(4); 24 CFR 576.500(c)(2). Records show that program participants qualified as at-risk of homelessness under paragraph 3 or under subtitle B of the title VII McKinney-Vento Homeless Assistance Act had certifications of the status in the client file. 24 CFR 578.23(c)(7); 24 CFR 578.103(a)(17) ensures programs complied with establishing policies and procedures that are consistent with, and do not restrict, the exercise of rights provided by laws relating to the provision of educational and related services; and 24 CFR 578.23(c)(7); 24 CFR 578.103(a)(17) ensures the program takes the educational needs of children into consideration when families are placed in housing and, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.

NV-500, Clark County School District's (CCSD) McKinney Vento's program (Title I HOPE), and the CoC Programs Committee collaborate to ensure written policies and procedures are current, meet federal guidelines, and can be followed by all programs. Technical assistance is provided to agencies to ensure compliance. The Title I HOPE Department provides homeless service providers with printed materials including detailed information outlining the services provided by Title I HOPE, qualifications under the McKinney-Vento Act, and contact information for the department. Title I HOPE's resources are available electronically on the public facing website and information hub on a Google Site for school district employees. This information is also promoted on the NV-500 website. The development of relationships has improved coordination and collaboration among HOPE liaisons with multiple jurisdictional and community partners, which enables NV-500 to further develop and strengthen a healthy system of care ensuring that the educational and personal needs of children and families experiencing homelessness are met.

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 CoC coordinates its child welfare and homeless response systems through a uniquely integrated county structure. Clark County Family Services (CCFS) administers the child welfare system, while Clark County Social Services (CCSS) administers Extended Foster Care (EFC) and serves as the Collaborative Applicant for the Southern Nevada Continuum of Care (CoC). This structure creates a direct bridge between systems to prevent youth transitioning from foster care or other public systems from entering homelessness and disrupting longer-term housing instability.

CCFS' Independent Living Program prepares youth ages 14–18 for adulthood using the Ansell-Casey assessment to develop youth-driven plans addressing education, employment, housing, financial literacy, health, transportation, and other independent-living needs. At 18, eligible youth may transition to EFC, administered by CCSS through age 21. CCSS has strengthened EFC using principles from the APHSA/FosterClub/Youth Villages Improving Outcomes for Young Adults Transitioning from Foster Care Playbook, emphasizing youth-centered case management, housing stability, education and employment, permanent relationships, health, and community connections.

EFC participants receive comprehensive case management, which provides housing assistance and support with education, employment, transportation, and other needs through Funds to Assist Former Foster Youth and Voluntary Court Jurisdiction. CCSS also administers Project Home and Education and Training Vouchers, strengthening resources for youth transitioning from foster care.

These systems of care connect directly to the broader homelessness response system through youth Coordinated Entry, creating pathways to youth-serving providers and the broader range of CoC housing and supportive service programs for which a young person may be eligible and appropriately matched.

This coordination is further strengthened through the CoC's \$8.5 million Youth Homelessness Demonstration Program (YHDP), which expands youth-specific housing and services and strengthens the coordinated response to youth homelessness. The Youth Action Board ensures young people with lived experience inform system planning, project design, and implementation. The CoC also provided an \$80,000 match to NPHY to support youth services, further demonstrating the community's investment in preventing and ending youth homelessness.

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)

The Southern Nevada Continuum of Care (CoC) coordinates with Runaway and Homeless Youth (RHY)-funded and other youth-serving providers through Coordinated Entry (CE), cross-agency referrals, outreach, and coordinated service planning. Clark County Family Services (child welfare), Clark County Social Services, and Clark County Juvenile Justice Services actively participate in NV-500, supporting warm handoffs, coordinated case management and planning, and alignment of resources for youth involved across multiple systems. This coordination helps prevent homelessness and gaps in support as youth transition between systems.

Brighter Beginnings' Street Outreach Program conducts persistent, youth-centered engagement where runaway, homeless, and street-connected youth congregate. Staff provide crisis intervention, basic needs, safety planning, housing problem solving, and connections to shelter, health and behavioral health care, education, employment, child welfare, juvenile justice, and other resources. Youth needing continued housing assistance are connected to CE and appropriate youth housing opportunities.

Brighter Beginnings' Maternity Group Home provides adult-supervised transitional housing and supportive services to pregnant and parenting youth ages 18 to under 22 and their dependent children. Services include intensive case management, individualized planning, life and parenting skills, education and employment support, connections to health and community services, and assistance transitioning to stable housing and economic independence.

When youth cannot be served due to eligibility or capacity, staff coordinate referrals to appropriate RHY-funded or community providers, including Basic Center and Transitional Living Programs. Youth ages 16–17 who cannot be served within the scattered-site Maternity Group Home model are connected to partners providing developmentally appropriate shelter and services. HELP also operates youth transitional housing and rapid rehousing, expanding housing pathways available through the CoC.

This cross-system coordination promotes warm handoffs, reduces duplication, and supports continuity from street outreach and crisis response through transitional and permanent housing and aftercare.

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)

HomeLink Consolidation 2026, operated by HopeLink of Southern Nevada, supports 47 families at a point in time. The project offers time-limited rental assistance, housing-oriented case management, and a range of other family and children's services.

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)

HomeLink offers various services to improve each family's income to transition successfully to permanent, unsubsidized housing including:

- Income-focused service planning, including working with each family to build an individualized Service Plan that includes realistic goals and attainable action steps toward increased income. The plan is updated at least quarterly and reviewed at every session to monitor progress, adjust goals and action steps, and prepare each household to transition off subsidy support.

- HomeLink's program identifies a dedicated Employment Specialist for 1:1 sessions that include realistic goals and attainable action steps toward increased income.

- Addressing short-term needs, such as access to food, clothing, and other supplies; crisis counseling; assistance with benefits/income; etc. Case managers work quickly to address those needs, alleviate crises, and allow families to focus on increasing their income for permanent housing stability.

- Connecting households to longer-term services to enhance their income and self-sufficiency, such as job training and placement, education, financial literacy support, benefits advocacy, legal assistance, In Home Supportive Services, and any other services that will help participants to make rental payments independently once the housing assistance ends. Case managers offer participants resource lists and information about local providers, make warm referrals to needed services, and otherwise support families to build local networks, explore local employment prospects, and seek long-term affordable housing opportunities, such as Housing Choice Vouchers and other affordable housing programs/waitlists.

- Monitoring progress toward employment and increasing income, including supporting all vocational goals, connecting families to local employment providers, and eliminating any barriers to educational or vocational services. This also includes referrals to resume development, job search and application support, apprenticeships, supported employment, and interview skills-building and practice.

- Reducing and eliminating barriers to employment, by connecting households to resources that they need to engage in job training, employment, or educational activities. This can include securing childcare and after-school options for children, providing connections to transportation support, and assisting with access to professional clothing and other items needed for interviews and work.

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)

TANF resources complement CoC-funded housing interventions for eligible families with children. HopeLink's HomeLink program serves families, coordinates, and works with Nevada's Department of Social Services (DSS) which allows eligible families to access income and employment support alongside CoC housing resources, strengthening the broader package of assistance available to help families achieve and maintain housing stability. HomeLink assists with transportation to appointments to support follow through and successful completion of the application process.

Nevada administers TANF statewide through the Department of Human Services' Department of Social Services, with a substantial share of TANF recipients residing in Southern Nevada. TANF cash assistance is intended to meet ongoing basic family needs such as food, shelter and clothing, and can also include supportive services such as childcare and transportation resources. These services are designed to strengthen families and prevent unnecessary out-of-home placement. Nevada uses a combined Application for Assistance, so households can be connected to multiple mainstream benefits rather than TANF functioning as an isolated program. Nevada specifically notes that households applying for TANF or Medicaid may also apply for SNAP at the same time.

HomeLink assists eligible families with accessing TANF by connecting them to the multiple application locations available throughout Southern Nevada or supporting completion of the online application through ACCESS Nevada. The intensive case management teams also assist households in navigating the application process and connecting to other eligible mainstream benefits to support follow through and clear expectations and understanding leading to stability.

The CoC also coordinates with Clark County Family Services and the local Housing Authority on Family Unification Program (FUP) and Foster Youth to Independence (FYI) vouchers, which provide housing assistance when inadequate housing threatens family preservation or reunification and for eligible youth transitioning from foster care.

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)

HomeLink program staff are closely familiar with the needs of families experiencing homelessness and employ a range of family-focused interventions in a compassionate, trauma-informed, and client-centered manner. Their family services programs take a holistic approach that ensure the service needs of both parents and children are met. Services include:

-Ensuring that every family has access to childcare and parenting support. Ensuring that their children are safe and well cared for is typically the greatest source of stress for families, and lack of access to childcare serves as a significant barrier to services (especially employment). The programs work with each family to offer connection to childcare services, afterschool programs, and parenting resources, so that parents can seek employment and other opportunities and manage family-related stress.

-Ensuring access to pregnancy-related and child healthcare. One of the first steps that case managers take with each family is ensuring that they are enrolled in health insurance and connected to a primary care provider/medical home. Any pregnant woman is immediately connected to Ob/Gyn services and any other pregnancy-related care or resources that she needs. Any family with children is supported to ensure that all children are receiving regular primary care and along with any specialty care that they need.

-Coordinating closely with McKinney Vento liaisons and other educational resources to ensure that the educational rights of students experiencing/recovering from homelessness are protected, they can remain in their school of origin, and they have all the resources that they need to thrive in school. For families with children with disabilities or other challenges, Case managers attend Individualized Education Program (IEP) meetings and 504 Plan meetings, supporting families to advocate for enriched and specialized educational services for their children.

HomeLink does “whatever it takes” to ensure that families can access the services that they need, including providing assistance with transportation, helping complete paperwork, ensuring access to translation services to eliminate linguistic barriers, and partnering with the family to address any other barriers to care that arise.

HomeLink provides chances and opportunities through providing practical financial assistance, effective case management and imparting hope to the hopeless at crucial points of a life crisis.

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 Department of Veterans Affairs (VA) is represented and engaged on CoC Committees, membership, and present at Board meetings. U.S. Vets is a Veteran Serving Organization (VSO) that operates CoC funded transitional housing. Their program connects veterans experiencing homelessness with Supportive Services for Veteran Families (SSVF), the VA Southern Nevada Healthcare System, and the VA Compensated Work Therapy Program. U.S. Vets also assists veterans in obtaining VA benefits.

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)

SafeNest is a Domestic Violence (DV) provider that operates the only confidential DV emergency shelter in NV-500. The facility houses up to 100 individuals, has off-site units, addresses safety needs, and supports survivors as they work toward healing. When a survivor wishes to transition to independent living, SafeNest refers the client to Coordinated Entry (CE) for matching with program vacancies. SafeNest also offers rapid rehousing for survivors of DV/IPV experiencing homelessness.

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)

Clark County's CCDC CARE Team connects the CoC with the Court and Detention Center, with staff onsite weekly at Court and during CCDC booking and release. The team engages individuals experiencing or at risk of homelessness, coordinates CE RISE assessments, and receives referrals for priority populations, including high utilizers and those with acute health needs. Individualized discharge planning connects participants to housing and services and helps prevent release into homelessness.

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

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

(limit 500 characters)

The City of Las Vegas and Hope Christian Health Center operate the Recuperative Care Center, providing 24/7 medical respite, shelter, meals, and case management for people experiencing homelessness who no longer require hospitalization. CCSS Street Medicine provides mobile primary, behavioral and addiction care, care coordination, and housing navigation for high-risk unhoused individuals, reducing avoidable emergency use and connecting patients to ongoing care and housing.

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

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

(limit 500 characters)

Clark County Social Services' (CCSS) Non-Congregate Shelter (NCS) program includes Americana Assisted Living for older and medically vulnerable individuals experiencing homelessness who need more support than traditional shelter offers. Participants access Coordinated Entry to identify eligible CoC housing. CCSS Senior Services also provides rent and utility assistance to low-income adults age 62+ and individuals with disabilities, helping stabilize housing and prevent homelessness.

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

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

(limit 500 characters)

The Southern Nevada Homelessness CoC includes eight PSH projects that prioritize individuals experiencing chronic homelessness. New Beginnings (NB) is one example. A partnership between Clark County Social Services and HELP of Southern Nevada, NB serves 125-130 participants per year, offering rental assistance, intensive case management, and linkages to a range of community-based services to maximize housing stability, self-sufficiency, health, and wellness.

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)

New Beginnings (NB) offers participants a comprehensive, trauma-informed range of onsite behavioral health services to improve functioning, strengthen treatment engagement, and support long-term housing stability. Behavioral health services include mental health and substance use screenings; comprehensive mental health, substance use, functional, risk and disability assessments; diagnostic impressions; and recommendations for the appropriate level of care. Services are provided in a format preferred by clients, including in-person or telehealth visits. The program offers individual psychotherapy to address behavioral health symptoms, coping skills, emotional regulation, relapse prevention, and follow up visits to assess barriers to continued care. When clients require specialized or higher-level treatment, or when they prefer to receive services from other community-based providers, NB staff make community referrals and support successful transitions by assisting with enrollment preparation, identifying and addressing barriers to treatment, completing strengths-and-needs assessments, and conducting warm hand-offs to ensure continuity of care and successful engagement. The program maintains a comprehensive and current list of partner agencies that offer community-based behavioral health treatment to maximize client options and ensure access to the appropriate services. The program collaborates closely with housing staff, case managers, and community providers and prepares clinical disability documentation as needed by eligible participants.

The program also works diligently to support connection to behavioral health services among clients who may be initially uninterested or unwilling to engage in services due to lack of trust, frustration with prior attempts at treatment that were not successful, or other similar barriers. Staff rely upon trauma-informed approaches like motivational interviewing and peer support to resolve ambivalence and build the trust, confidence, and hope needed to engage meaningfully in treatment.

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)

Participant needs in the New Beginnings (NB) program (and other PSH programs serving individuals experiencing chronic homelessness) are continuously assessed through ongoing case management, home visits, wellness checks, and individualized service planning. At enrollment and throughout program participation, case managers evaluate each participant's physical health, behavioral health, functional abilities, activities of daily living, medication management needs, safety, and ability to maintain independent housing. When staff identify indicators that a participant may require a higher level of care, such as significant cognitive decline, worsening medical conditions, inability to perform daily living activities independently, frequent hospitalizations, untreated behavioral health symptoms, or increased risk to personal safety, a more comprehensive assessment is conducted in collaboration with healthcare, behavioral health, and community service providers. Participants are then referred, as appropriate and with their consent, to the appropriate medical providers, behavioral health professionals, residential treatment facilities, assisted living programs, nursing facilities, medical respite programs, or other specialized care settings that better meet their needs. Staff coordinate closely with providers, managed care organizations, hospitals, and family or natural support system, when appropriate, to facilitate transitions, ensure continuity of care, and maintain housing stability whenever possible. Participant needs are reassessed regularly and whenever there is a significant change in health, functioning, or housing stability to ensure services remain responsive and aligned with the participant's level of care needs. This approach is consistent with a person-centered, trauma-informed model of care and commitment to connecting participants with the most appropriate service and housing interventions available.

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)

PSH programs like New Beginnings (NB) provide ongoing, individualized support with the overarching goals of ongoing housing stability and greater self-sufficiency. Even after a participant household has stabilized in housing, case management staff continue to work with them to help them navigate any setbacks and achieve other goals related to health, wellness, and economic independence. Depending on the household, goals may include:

- Ensuring connection to the essential medical and behavioral health services that participants need to support health improvement.

- Engagement in meaningful daily activities that help foster a sense of purpose, belonging, and community. For seniors or people with disabilities, this may mean connection to a local senior or community center for daytime meals, activities, and social interaction.

- Building paths to economic self-sufficiency through job training, vocational/educational programs, supported employment, and other services focused on increasing income and employment options.

- Connecting households with children to a wide range of family supports, such as parenting classes, after-school programming, connection to McKinney Vento liaisons for school-aged children, childcare, WIC programs, and other family enrichment programs.

Throughout a household's time in the program, their needs are continually reassessed, and their service plans are adjusted accordingly. Some households reach a level of self-sufficiency that no longer requires ongoing case management support. This "step-down" process can be mutually beneficial by supporting a household to greater independence while creating space in the program for a household with greater needs. To initiate step-down, case managers work collaboratively with the household to define a transition pathway, gradually decreasing case management support while identifying an appropriate program/opportunity to which they can transition. This program relies upon Critical Time Intervention, offering intensive support that phases down as participants connect to other resources in the community. This consists of securing long-term affordable housing by ensuring the household is on waitlists for vouchers and site-based affordable housing or, in some cases, finding a reasonably priced unit on the private market or shared-housing opportunities. Even when they transition to the new housing opportunity, case managers check in periodically, ensuring access to support if they need it.

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.	09/30/2026
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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.	09/30/2026
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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.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/06/2026
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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. This year, NV-500 structured the Scoring and Ranking Policies and Procedures such that renewal projects that under-performed according to objective scoring criteria (history of underspending, poor program performance, low utilization) would automatically be eliminated from ranking and reallocated in order to create new projects that meet HUD criteria. Renewal projects were required to achieve a minimum score of 70 to be included in Tier 1. Renewal projects were ranked in Tier 1 according to score until Tier 1 funds were exhausted. All ranked renewals included in Tier 1 were high performing projects (scored >70 points).

2. A total of 12 renewal projects did not meet the minimum 70 points needed to be ranked as a renewal in Tier 1. These projects were eliminated from the rankings, and their funds were reallocated to new proposed projects in Tier 2. In addition, 4 other renewal projects did score 70 or above, but did not score competitively enough to be included in Tier 1. Two of these projects were eliminated from the rankings in Tier 1 and their funds were reallocated to new projects in Tier 2. An additional three renewal projects decided not to apply, and their funds were reallocated as well. Four additional renewal projects voluntarily reduced their grants, and these funds were reallocated to Tier 2.

3. As described above, NV-500 reallocated a significant amount of funding away from lower performing projects in favor of providing robust funding for new projects that meet HUD criteria. In all, \$9,263,134 in renewal funds were reallocated to high scoring new projects in Tier 2 this year.

4. Not Applicable.

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)	Bitfocus
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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.	Statewide
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The Southern Nevada PIT Count has historically been conducted annually. A change to not conduct a PIT Count in 2025 was presented to the SNHCoC Board at its August 12, 2024, meeting. An annual cadence will resume commencing with the January 2026 Count.

The CoC used the off-year to conduct an intensive planning process and strengthen the 2026 methodology, questionnaire, training, geographic coverage, count-day logistics, and data quality.

Questionnaire improvements included adding deployment-site information for geographic mapping; moving “where did you sleep last night?” to the beginning to preserve this critical information if an interview ended early; adding date of birth to strengthen deduplication; and identifying household members ages 18–24 to better capture young adults and potential connections to YHDP resources. Questions were also added regarding barriers to employment and housing, lack of identification/vital documents, legal issues, and person-centered response options were expanded.

NV-500 strengthened data quality through multiple deduplication methods, including comparison of personally identifying information, simultaneous canvassing of geographic areas, and asking participants whether they had already been counted. In-person and virtual training was also expanded and standardized, with consistent trainers covering interview techniques, field challenges, and troubleshooting. For the sheltered count, HMIS data were supplemented with provider-level surveys rather than relying solely on HMIS.

These changes improved the completeness, geographic accuracy, and reliability of the 2026 PIT data and strengthened identification of duplicate records and population characteristics. Because no PIT Count occurred in 2025, there is no 2025 result against which to measure the numerical effect of these changes. The improvements were designed to produce a more complete and accurate count rather than intentionally increase or decrease the PIT result.

NV-500 intends to maintain the 2026 methodology over the next several PIT cycles to establish consistent, comparable data and monitor trends over time. Future methodological changes will be data-driven and considered after sufficient longitudinal data are available to evaluate the effectiveness of the current approach.

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)

To reduce the number of people residing in encampments, HELP implemented an outreach strategy that emphasizes consistent, daily engagement. Outreach teams use trauma-informed care and motivational interviewing to build trust and connect individuals to housing and supportive services.

Working alongside medical, behavioral health, substance use treatment, law enforcement, and community partners and stakeholders, they deliver coordinated, multidisciplinary services designed to address barriers to housing. Through Housing Problem-Solving Conversations, staff help individuals identify safe housing alternatives, reconnect with support systems when appropriate, and access shelter, interim housing, permanent supportive housing, and other permanent housing resources.

FY25–26 Outcomes:

- Outreach contacts conducted: 2,313
- Housing assessments completed: 1,992
- Total client encounters: 11,860
- Basic needs distribution: 38,443 bottles of water; 4,907 bus passes
- Documents and benefits assistance: Nevada ID: 275; birth certificates: 153; Social Security cards: 274; SNAP assistance: 346; Medicaid assistance: 535

Service connections facilitated:

- Shelter: 9,594
- Mental health: 8,141
- Medical: 8,856
- Substance use treatment: 7,873
- Transport to shelter: 155
- Transport to navigation center: 119
- Transport to medical or mental health services: 190
- Transport to DMV: 134

Exit Outcomes

- Emergency shelter: 2,083; housing program: 113; reunified with family: 172; transitional housing: 69

This data reflects a high-volume, sustained outreach presence and a strong rate of assessment-to-contact conversion, with 1,992 housing assessments completed from 2,313 outreach contacts.

NV-500's four jurisdictional outreach teams come together to coordinate dispatch and cross-jurisdictional responses to encampments. For large encampment abatements or cleanups, outreach is coordinated in advance to engage impacted individuals and maintain continuity of support before, during, and after the cleanup.

This collaborative, low-barrier approach supports measurable progress in reducing the number of people residing in encampments by helping individuals transition from unsheltered settings into emergency shelter, navigation centers, transitional housing, reunification with family, housing programs, and other safer, more stable environments.

When counting encampments, NV-500 counts an encampment as one individual or more.

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.	1,050
2. Enter the reduction in the number of encampments during your evaluation period.	350

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.	8,859
2. Enter the reduction in the number of people in encampments during your evaluation period.	843

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

Not Applicable

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 Programs Committee analyzes homeless and community data and its trends to understand homelessness and implement systemwide improvement strategies.

A primary driver of homelessness in Southern Nevada remains the severe shortage of affordable housing. NLIHC's 2026 Gap Report identifies only 13 affordable and available rental homes for every 100 extremely low-income renters in the Las Vegas-Henderson-North Las Vegas metro area, with a deficit of more than 62,000 units. This shortage, combined with severe housing cost burdens and a growing aging population, increases housing instability and the risk of first-time homelessness, particularly among older adults living on fixed incomes.

NV-500 has expanded Housing Problem Solving to prevent first time homelessness. This strategy supports prevention, diversion, and rapid exit of the homeless continuum of care by working with clients to identify personal resources to remain stably housed and increase successful exits to permanent destinations using non-system solutions. A Housing Problem Solving Train the Trainer session on October 23, 2023, supported the expansion of this initiative to a larger number of agencies in NV-500 including the ability to conduct the training to all Clark County Social Services staff providing financial assistance and often serve as the first contact for prevention, faith-based organizations, street outreach teams, and non-traditional providers.

Shared Housing has also been identified as a tool to reduce the risk of individuals and families becoming homeless with the increasing housing costs. In the 3rd year of implementation, the NV-500 Shared Housing Coordinator and Peer Housing Navigator worked collaboratively with households, case managers, and landlords to find suitable units and households with similar characteristics indicating a potential match. The voluntary matching process is for households that have not pre-identified a potential housemate and is moderated by the Peer Housing Navigator. Flexible funding has supported these matches by providing landlord incentives and deposits when necessary. These 2 examples along with coordination of local, state, federal and private funds are strategies to address the needs of those at risk of becoming homeless.

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)

While the average length of time homeless (LOTH) remained stable over previous years, NV-500 has recognized an increased number of households experiencing homelessness since the COVID pandemic. The end of the eviction moratorium, low wages, and a large influx of people moving into NV-500 have contributed to increased homelessness. To mitigate long wait times for a housing program vacancy through the community queue, non-congregate shelter (NCS) expanded to reduce unsheltered homelessness. Limited affordable housing and landlord expectations that clients have income at least twice the rent continue to make transitions from NCS to permanent housing difficult. To address these barriers, many locally, state, and federally funded programs offer landlord incentives, mitigation funds, and 24/7 landlord support to encourage leasing to program participants.

Additional voucher resources, including Emergency Housing Vouchers and Stability Vouchers, have also been used to reduce LOTH. As part of NV-500's broader Coordinated Entry (CE) improvements, the revised RISE Assessment identifies individuals and families with the longest LOTH, greatest vulnerability, and recent returns to homelessness to determine the appropriate level of intervention. HMIS enhancements further support this process by automatically identifying appropriate program referral options based on RISE responses as the assessment is completed, accelerating connections to eligible housing and supportive services. The most intensive interventions, including permanent supportive housing (PSH), are prioritized for the most vulnerable households meeting program eligibility requirements.

NV-500 also targets long-stayers in shelters to support exits to PSH by reducing barriers and providing warm handoffs to program staff. Top 20 Case Conferencing focuses on the next clients anticipated for PSH placement and initiates client-specific outreach before a vacancy becomes available. This allows clients to prepare mentally, emotionally, and practically for housing, including obtaining documents needed to execute a lease and identifying potential housemates when shared housing is appropriate.

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?	44.51%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

On September 24, 2026, NV-500 generated a combined HUD APR from HMIS for all 72 Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects for the period October 1, 2024 through September 30, 2025. These projects served 6,366 individuals during the reporting period, with 3,705 participants exiting a program.

To determine the participant percentage exiting to permanent housing without an ongoing housing subsidy, NV-500 analyzed HUD APR Question 23c, Exit Destinations. Added totals for:

- Staying or living with family, permanent tenure; (330)
 - Staying or living with friends, permanent tenure; (95)
 - Rental by client, no ongoing housing subsidy; (1,199)
 - Owned by client, no ongoing housing subsidy (25)
- Totaling 1,649 program participants exiting TH/RRH/PSH projects to non-subsidized housing.

Divided total program participants exiting to non-subsidized housing by total persons exiting from TH/RRH/PSH programs (3705).
 $(330+95+1,199+25)/3705=.4451 = 44.51\%$

Of the 3,705 participants who exited TH, RRH, or PSH during the reporting period, 1,649, or 44.51%, exited to permanent housing without an ongoing housing subsidy.

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.	01/29/2026
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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
--	--	-----

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	3,576	238	3,814	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	645	0	645	100.00%
4. Rapid Re-Housing (RRH) beds	1,665	37	1,702	100.00%
5. Permanent Supportive Housing (PSH) beds	2,237	0	2,237	100.00%
6. Other Permanent Housing (OPH) beds	149	0	149	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)

Not Applicable.

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?	Yes

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 TH/RRH/PS...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/30/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/30/2026
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...	09/29/2026
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use 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: FY 2026 HDX Competition Report

Attachment Details

Document Description: 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	09/29/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

Question 1C-1:
Treatment and Recovery Services—Onsite Substance Use Treatment Availability

The following twelve (12) offer onsite substance use treatment, offered by the entity or entities listed in the table below. This list represents 60% of the twenty (20) CoC-funded housing (TH, PH-PSH, PH-RRH, and Joint) projects.

Organization	Program Name	Treatment Provider (s)
Clark County Social Services	STAR PSH	Shine-A-Light Foundation
Clark County Social Services	New Beginnings	HELP of SN
Clark County Social Services	STAR RRH	Shine-A-Light Foundation
Clark County Social Services	Clark County Transitional Housing	Shine-A-Light Foundation
HELP of Southern Nevada	A New Start	HELP of Southern Nev., Psy Solutions, WellCare, and Crossroads
HELP of Southern Nevada	Help Them Home Combined	HELP of Southern Nev., Psy Solutions, WellCare, and Crossroads
HELP of Southern Nevada	Healthy Living – Anthem	HELP of Southern Nev., Psy Solutions, WellCare, and Crossroads
HELP of Southern Nevada	Healthy Living – HPN	HELP of Southern Nev., Psy Solutions, WellCare, and Crossroads
HELP of Southern Nevada	Healthy Living – Fee For Service	HELP of Southern Nev., Psy Solutions, WellCare, and Crossroads
HopeLink of Southern Nevada	HomeLink	Optima Mental Health
Nevada Partnership for Homeless Youth	Independent Living Program	Nevada Partnership for Homeless Youth
U.S. Vets	Service Intensive Transitional Housing	U.S. Vets

Attachment 1C-1f: Availability of Units for Persons Reporting Chronic Substance Use

The table below shows the units associated with the projects with substance abuse treatment requirements.

Applicant	Program Name	Program Type	Number of Units
Clark County	STAR PSH	PH-PSH	55
Clark County	STAR RRH	PH-RRH	87
Clark County	New Beginnings	PH-PSH	113
United States Veterans Initiative	PH 2019	PH-PSH	56
HopeLink of Southern Nevada	HomeLink Consolidation 2024	PH-RRH	50
Clark County Social Services	CCSS Transitional Housing Program	TH	15
Nevada Partnership for Homeless Youth	NPHY Independent Living Program	TH	34
Family Promise	Gateway to Our Promise	TH	10
Jewish Family Services Agency	Second Step	RRH	21
United States Veterans Initiative	New TH	TH	40
TOTAL			481

Question 1C-3: Participation Requirements for Supportive Services

The following ten (10) programs require participation in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h). This list represents 50% of the twenty (20) CoC-funded housing (TH, PH-PSH, PH-RRH, and Joint) projects. For each one, language from the Participant or Service Agreement has been provided.

Clark County Social Services: STAR PSH

I am fully aware that supportive services are designed to promote housing stability and self-sufficiency with a focus on well-being. I agree to actively engage and participate with my assigned Case Manager by maintaining regular communication, attending scheduled case management meetings, following up on referrals provided, completing required program assessments, and working collaboratively on an individualized service plan. I agree to engage & participate in employment and workforce development activities, educational or vocational opportunities, behavioral health services, substance use disorder treatment or recovery supports, financial literacy, & other services that address barriers to maintaining stable housing as identified on my service plan. I further understand that non-compliance in maintaining communication, repeatedly missing scheduled meetings or appointments without good cause, refusal to participate in required program activities, or refusal to comply with program expectations may result in progressive engagement, including a review of program eligibility and, when permitted by program regulations and funding requirement, termination from the program and all associated services. Prior to termination from the program, I will be provided notice and given an opportunity to discuss the concerns and access the programs grievance and appeal process.

Clark County Social Services (Subcontract with HELP of Southern Nevada): New Beginnings

Participants in this housing program must complete 20 hours of customized supportive services each week as required by the U.S. Department of Housing & Urban Development (HUD) to support progress toward self-sufficiency and permanent housing. The 20 hours per week may be reduced proportionately for participants who are employed. This requirement does not apply to participants over the age of 62 or who have a physical disability/impairment or a developmental disability, not including substance use disorders. These services include activities such as:

- Case Management: Assessing and planning, development and monitoring of goals in co-developed Person-Centered Case Plan.
- Behavioral Health: Mental health services, counseling and wellness support, including substance abuse treatment – offered at HELP offices and/or during participant home visits, as needed.
- Employment Readiness: Job search, resume building, and training.
- Education: GED preparation or certification programs.
- Life Skills: Budgeting, time management, and household skills.
- Community Engagement: Volunteer work and housing navigation.

Participants are responsible for tracking their hours and working closely with their case manager to meet this requirement. HELP of Southern Nevada provides resources and guidance to help participants succeed.

I agree I will attend a minimum of 20 hours per week of supportive service activities. This includes working, school, groups, and meetings with staff for structured case management.

I have read and fully understand all the information contained in the HELP of Southern Nevada Program Agreement. I have been offered a copy of this agreement to keep for reference while I am a participant of HELP of Southern Nevada's housing programs.

I understand that failure to abide by the policies outlined in the agreement may lead to termination of participation in the HELP housing programs. Additionally, I recognize that falsifying information and/or omitting relevant information may also result in discharge from HELP's housing programs.

By signing below, I confirm my understanding and agreement to comply with the policies set forth in the agreement.

Clark County Social Services: STAR RRH

I am fully aware that supportive services are designed to promote housing stability and self-sufficiency with a focus on well-being. I agree to actively engage and participate with my assigned Case Manager by maintaining regular communication, attending scheduled case management meetings, following up on referrals provided, completing required program assessments, and working collaboratively on an individualized service plan. I agree to engage & participate in employment and

workforce development activities, educational or vocational opportunities, behavioral health services, substance use disorder treatment or recovery supports, financial literacy, & other services that address barriers to maintaining stable housing as identified on my service plan. I further understand that non-compliance in maintaining communication, repeatedly missing scheduled meetings or appointments without good cause, refusal to participate in required program activities, or refusal to comply with program expectations may result in progressive engagement, including a review of program eligibility and, when permitted by program regulations and funding requirement, termination from the program and all associated services. Prior to termination from the program, I will be provided notice and given an opportunity to discuss the concerns and access the programs grievance and appeal process.

Clark County Social Services: Clark County Transitional Housing

I am fully aware that supportive services are designed to promote housing stability and self-sufficiency with a focus on well-being. I agree to actively engage and participate with my assigned Case Manager by maintaining regular communication, attending scheduled case management meetings, following up on referrals provided, completing required program

assessments, and working collaboratively on an individualized service plan. I agree to engage & participate in employment and workforce development activities, educational or vocational opportunities, behavioral health services, substance use disorder treatment or recovery supports, financial literacy, & other services that address barriers to maintaining stable housing as identified on my service plan. I further understand that non-compliance in maintaining communication, repeatedly missing scheduled meetings or appointments without good cause, refusal to participate in required program activities, or refusal to comply with program expectations may result in progressive engagement, including a review of program eligibility and, when permitted by program regulations and funding requirement, termination from the program and all associated services. Prior to termination from the program, I will be provided notice and given an opportunity to discuss the concerns and access the programs grievance and appeal process.

Family Promise: Gateway to Our Promise

Participants in the Family Promise of Las Vegas Gateway to Our Promise Transitional Housing Program are required to actively participate in supportive services and activities identified in their Individualized Housing Stability Plan. Participants are expected to engage in at least 20 hours per week of employment, education, workforce development, case management, housing-related activities, life-skills programming, volunteer activities, supportive services, or other activities identified in their individualized plan, unless exempt from this requirement in accordance with applicable HUD requirements. Participants are required to maintain regular contact with their assigned Family Advocate, participate in the development and ongoing review of their Individualized Housing Stability Plan, and work collaboratively toward goals related to permanent housing, employment and income, financial stability, and other identified barriers to housing stability. Service expectations are individualized based on each family's needs, strengths, circumstances, and goals. Failure to maintain contact or participate in required services and activities may result in a review with program leadership and, when appropriate, termination from the program in accordance with FPLV policies, participant protections, and applicable HUD requirements.

HopeLink of Southern Nevada: HomeLink

All HomeLink participants are required to communicate with their assigned Case Manager on a monthly basis and complete an in-person home visit once a month. Participants must actively participate in developing and following an individualized Housing Stability Plan tailored to their specific needs, barriers, and circumstances. The goal of this plan is to support each participant's exit into safe, stable housing through increased income and long-term self-sufficiency.

If a participant is referred to mental health or substance use disorder treatment, they are required to attend all scheduled appointments and actively engage with their treatment provider(s). HomeLink requests documentation of participation from the treatment provider to verify continued engagement. This may be requested weekly, bi-weekly or monthly, depending on the participant's treatment needs.

If mental health or substance use treatment is not needed and no disabling condition is present, participants must connect with HopeLink's CareerLink program and actively work toward securing employment. These participants must provide documentation of regular job search activity, including proof of applications submitted and interviews attended. At least five job applications must be completed weekly.

Participants who require additional education or occupational training will have an individualized training plan developed in coordination with their Case Manager and are required to attend all scheduled sessions of their training program.

Participants are expected to work collaboratively with their Case Manager and service providers, maintain regular communication, and comply with all components of their service plan in order to maintain program eligibility and progress toward stable housing. Failure to comply with the requirements of a participant's service plan will result in progressive written warnings issued in the following order: a first written warning, a second written warning, and a third and final written warning. Continued non-compliance following the third warning will result in termination from the program.

Additional grounds for warnings and/or termination include:

- Failure to maintain regular communication with the assigned Case Manager
- Unexcused absence from a scheduled monthly home visit
- Failure to provide requested documentation of service or treatment participation
- Failure to comply with residential lease stipulations
- Threatening, violent, or extremely disrespectful behavior toward program staff
- Non-payment of rent co-pay

Jewish Family Services Agency: Second Step

Participants are required to meet with their assigned Case Manager weekly and complete an in-person home visit once a month. They must actively participate in developing and following their Individual Service Plan (ISP), which includes goals based on individual needs. Goals may include increasing income, employment, budgeting, life skills, mental health services, substance use disorder treatment, and other activities that support long-term housing stability and self-sufficiency. Participants are expected to work collaboratively with their Case Manager and service providers to maintain stable housing. Failure to comply with required supportive services may result in a meeting with the Program Director, suspension of financial assistance, or termination of program assistance and services. When participants are referred to mental health or substance use treatment, Second Step requests documentation of participation. If documentation is not received, a 14-day notice is issued requesting verification. If there is still no response, a 7-day final notice is sent. Continued failure to participate in required services, provide requested documentation, or maintain contact with the program may result in termination of assistance in accordance with program policies and procedures.

Nevada Partnership for Homeless Youth: Independent Living Program

All NPHY Independent Living Program (ILP) participants are required to actively engage in services and programming designed to support their progress toward self-sufficiency and stable independent housing. Participants must maintain regular contact with their assigned Case Manager, including daily weekday check-ins by text, phone, email, or in-person and at least one in-person meeting each week to review their goals, needs, and progress. Participants must actively participate in developing and following their individualized Transitional Living Case Plan, which identifies goals based on each participant's individual needs and circumstances and is reviewed and updated with their Case Manager on a monthly basis. Case plan goals may include developing basic and independent living skills, improving physical and emotional well-being, increasing employability and income, pursuing education or workforce training, strengthening financial literacy and budgeting skills, and obtaining permanent and stable housing.

Participants are expected to maintain employment of at least 20 hours per week and provide required employment documentation; participants enrolled in high school, college, or vocational education must also provide documentation of enrollment, attendance, and grades. Participants who are neither employed nor enrolled in an educational program are expected to engage regularly with NPHY staff to identify and complete activities that support progress toward independence. Participants are also required to attend weekly Life Skills classes, meet regularly with the NPHY Therapist, and participate in the monthly Youth Council. Additionally, participants are expected to attend designated NPHY program and agency events or provide advance notice to their Case Manager when they are unable to participate.

When a participant does not meet these program expectations, concerns that do not involve a zero-tolerance safety violation are addressed on a case-by-case basis through a meeting with NPHY's Chief of Programs and, when appropriate, a Corrective Action Plan (CAP). Participants are provided a reasonable period of time to make the adjustments identified in the CAP; continued failure to engage in required services, maintain required contact, or make the identified corrective changes may result in the participant being asked to exit the ILP (NPHY also maintains a Grievance Policy that outlines a process for participant appeals of exit determinations).

US Vets: PSH 2019

Participants enrolled in Permanent Housing programs shall maintain ongoing engagement with supportive services that promote housing stability and long-term self-sufficiency. Minimum participation expectations include meeting with an assigned Case Manager no less than monthly, unless another frequency is documented; participating in periodic reviews of the Individualized Service Plan (ISP); and maintaining communication necessary to support housing stability and program compliance.

Supportive services are individualized based on each participant's assessed needs, strengths, barriers, and personal goals. When a participant demonstrates limited engagement, staff actively pursue re-engagement by identifying barriers affecting participation, providing flexible scheduling when appropriate, offering alternative services or referrals, utilizing motivational

interviewing and problem-solving strategies, modifying service plans as appropriate, and documenting outreach efforts and participant responses.

US Vets: Service Intensive Transitional Housing

- I agree to abide by and follow the rules, policies, and procedures of the program, including attending scheduled case management appointments and participating in community support activities.
- I agree to participate in the U.S. VETS Therapeutic Community by completing assigned therapeutic community stations in accordance with my individualized program track requirements.
- I agree to participate in a minimum of 20 hours per week of supportive services, including, but not limited to, individual and group counseling or treatment as appropriate, case management, workforce development activities, life skills classes, peer support, and therapeutic community stations. I understand that the required number of service hours may be reduced if I obtain employment in the community.

These participation requirements are reviewed with each participant during program orientation and prior to enrollment to ensure they understand the expectations of the program. U.S. VETS implements these requirements using a trauma-informed, person-centered approach that promotes dignity, respect, collaboration, participant choice, and individualized service planning. Mandatory participation in supportive services is intended to enhance housing stability, recovery, and self-sufficiency while supporting participants in achieving their individualized housing goals in accordance with 24 CFR 578.75(h).



LAS VEGAS METROPOLITAN POLICE DEPARTMENT

Kevin McMahon, Sheriff

September 29, 2026

To Whom It May Concern:

This letter confirms that Las Vegas Metropolitan Police Department (LVMPD) continued partnership with the Southern Nevada Homeless Continuum of Care (SNHCoC) and its homeless service providers to support a coordinated, service-based response to homelessness.

LVMPD's Office of Community Engagement and Homeless Outreach Team works collaboratively with SNHCoC partners to engage individuals experiencing homelessness, identify those in need of assistance, facilitate referrals, and connect individuals to housing, behavioral health, substance use, and other supportive services. LVMPD participates in coordinated outreach, welfare check, and encampment related activities, particularly when public safety concerns are present.

LVMPD's behavioral health and outreach teams also work with community partners to reduce unnecessary law enforcement and emergency systems involvement by connecting individuals with appropriate services and resources. Maintaining communication and coordination with SNHCoC partners helps ensure that public safety efforts are aligned with the community's homeless response system.

The SNHCoC, HELP's Homeless Response Team (HRT), and homeless service providers lead focused outreach, case management, housing navigation, and supportive services, while LVMPD addresses law enforcement and public safety needs when they arrive. HRT and other partners coordinate with law enforcement medical responders, health care providers, and community agencies to conduct outreach and connect individuals with appropriate housing and supportive services.

LVMPD supports continued collaboration with the SNHCoC and its partners and recognizes the important role of a coordinated homeless response system promoting community safety, connecting individuals to services, and reducing reliance on emergency and law enforcement systems for non-emergency needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Skidmore", is written over a large, stylized, light-colored circular mark.

Rachel Skidmore
Director | Office of Community Engagement
Las Vegas Metropolitan Police Department

Partners with the Community

To Whom It May Concern:

This letter is to support the ongoing coordination between Clark County Code Enforcement and the Southern Nevada Continuum of Care (CoC). Our agency coordinates with the CoC and its partners to ensure that homelessness response efforts complement local efforts to advance public safety, including issues associated with encampments, public use of illicit drugs, individuals who present a danger to themselves or others, and individuals subject to law enforcement supervision or other legal requirements. The CoC plays an important role in connecting individuals experiencing homelessness to housing, shelter, treatment, and supportive services.

Examples of our continuous collaboration include:

- Maintain communication and coordination with CoC partners regarding homeless response efforts
- Coordinate with CoC partners to facilitate connections to services before, during, and after public safety and code enforcement activities
- Share information with CoC Partners, consistent with applicable laws and regulations, to improve community safety outcomes
- Partner with CoC agencies to support providing outreach, housing navigation, shelter referrals, and supportive services to individuals experiencing homelessness

HELP's Homeless Response Team (HRT) serves as a co-response partner to public safety and first responder systems throughout Clark County. HRT coordinates directly with law and code enforcement, medical responders, health providers, and other community partners to conduct outreach at encampments, welfare-check locations, and public safety hotspots. During public safety and encampment-related activities, HRT works alongside public safety partners to engage individuals experiencing homelessness, identify housing and shelter alternatives, and connect individuals to appropriate housing, health, and supportive services. This partnership supports a service-based response to homelessness while helping public safety partners address community safety concerns and reduce reliance on emergency and law enforcement systems for non-emergency needs.

Our agency confirms that the CoC and its funded providers complement our agency's public safety responsibilities. We support continued collaboration to advance community safety.

Best,


STEVE WILLIAMS

Steven Williams
Supervisor | Code Enforcement



Applicant	
Project Name	
Project Type	

NEW PROJECT SCORING TOOL - TRANSITIONAL HOUSING PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Transitional Housing	5	5
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		5	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will help participants to maintain or increase income.		5	
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		4	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will require service participation.		2	
Q7	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 2 pts, No/N/A = 0 pts)		
Program will offer substance use treatment onsite.		2	

Q8	This question awards points if substance use treatment is provided onsite. Does the narrative describe the onsite substance use services? If those services are provided by a partner, is the partner named? (Yes = 2 pts, No/N/A = 0 pts)		
Program will provide individualized services of at least 20 hours per week.		2	
Q9	This question awards points if the program will provide at least 20 hours of individualized services per week for each participant. (Yes = 2 pts, No = 0 pts)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		10	
Report	This factor is scored according the performance of a comparable program. (NON-YOUTH PROGRAMS: 80% and above = 10 pts, 70% to 79.99% = 7 pts, 60% to 69.99% = 3 pts, 59.99% and below = 0 pts. YOUTH PROGRAMS: 75% and above = 11 pts, 65% to 74.99% = 7 pts, 55% to 64.99% = 3 pts, 54.99% and below = 0 pts)		Objective scoring factor
Exits to Homelessness		5	
Report	This factor is scored according the performance of a comparable program. (12% and below = 5, 12.01% to 16% = 3, 16.01% to 20% = 1, 20.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Employment Income		5	
Report	This factor is scored according the performance of a comparable program. (NON-YOUTH PROGRAMS: 55% and above = 5 pts, 45% to 54.99% = 3 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts). (YOUTH PROGRAMS: 50% and above = 5 pts, 40% to 49.99% = 3 pts, 30% to 39.99% = 1 pt, 29.99% and below = 0 pts)		Objective scoring factor
TOTAL PERFORMANCE POINTS		20	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has experience with a comparable project.		4	
Q17	Does the narrative describe the organization's experience operating a comparable program? Does it describe prior success and outcomes achieved? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience serving the target population.		3	

Q18	Does the narrative describe the organization's experience serving the population that they are proposing to serve with this program? Do they describe prior success connecting that population to housing, employment, and income? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has experience involving people with lived experience.		4	
Q19	Does that narrative describe the organization's experience involving people with lived experience in organizational decision-making and in the design, implementation, and evaluation of programs? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience with trauma-informed and person-centered care.		4	
Q20	Does the narrative describe using evidence-based practices to provide services that are trauma-informed and person centered? Do they name specific practices and what they entail? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience managing CoC grants/ability to administer federal funds.		3	
Q21	If organization has experience with CoC program, this factor is scored objectively, with timely APR submission, quarterly eLOCCS draws, and grant expenditure each worth 1 point.		Objective scoring factor
	If the organization does not have experience with the CoC program, does the narrative describe their experience managing other grants? Do they describe adherence to compliance requirements, timely reports submission, full expenditure of grant funds, and attainment of contract deliverables? Have their grants been successfully renewed? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		25	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			

Applicant has demonstrated that services are committed to the budget.		4		
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor	
At least 30% of the proposed budget is for services.		2		
Budget Form	This factor is scored according to Budget Form. (Services in budget are 30%+ of budget = 2 points, Services <30% = 0 pts)		Objective scoring factor	
Project has a reasonable cost per household served.		2		
Budget Form and Q23	Does the budget description provide a plausible explanation of cost-effectiveness? Do costs appear reasonable and appropriate for the proposed activities? (Strong = 2 pts, Average = 1 pt, Weak = 0 pts)			
Project leverages mainstream resources.		2		
Match/Leverage Letters	This factor is scored according to attached letters. (Leverage or match letters demonstrate mainstream resources = 2 points, No leverage or mainstream services match = 0 pts)		Objective scoring factor	
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		10	0	
TOTAL PROJECT SCORE		80	5	

Applicant	
Project Name	
Project Type	

NEW PROJECT SCORING TOOL - SSO-OUTREACH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = SSO-Outreach	5	5
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		5	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will help participants to maintain or increase income.		5	
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		4	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will serve unsheltered and hard-to-engage individuals.		3	
Q10	Does the narrative describe how the program will serve unsheltered and hard-to engage individuals, including a description of common challenges among these individuals and how engagement will overcome those challenges and connect participants to services, housing, and other resources? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Program will partner with first responders and law enforcement.		3	

Q11	Does the narrative explain how the program will partner with first responders and law enforcement to increase positive interactions, increase housing/service engagement, and promote use of CoC services (including shelter, treatment, housing, and other resources)? Does the narrative note that the program will not interfere with the enforcement of public camping and drug use laws and how it will help first responders to engage with individuals experiencing homelessness? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		10	
Report	This factor is scored according to performance of a comparable project. (30% and above = 10 pts, 20% to 29.99% = 7 pts, 10% to 19.99% = 3 pts, 9.99% and below = 0 pts.)		Objective scoring factor
Exits to Homelessness		5	
Report	This factor is scored according to CY25 program performance. (50% or below = 5 pts, 50.01 - 60% = 3 pts, 60.01 - 70% = 1 pt, 70.01% or higher = 0 pts.)		Objective scoring factor
Sustaining/Increasing Employment Income		5	
Report	This factor is scored according to CY25 program performance. (5% and above = 5 pts, 4 - 4.99% = 4 pts, 3 - 3.99% = 1 pts, 2.99% and below = 0 pts.)		Objective scoring factor
TOTAL PERFORMANCE POINTS		20	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has experience with a comparable project.		4	
Q17	Does the narrative describe the organization's experience operating a comparable program? Does it describe prior success and outcomes achieved? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience serving the target population.		3	
Q18	Does the narrative describe the organization's experience serving the population that they are proposing to serve with this program? Do they describe prior success connecting that population to housing, employment, and income? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has experience involving people with lived experience.		4	

Q19	Does that narrative describe the organization's experience involving people with lived experience in organizational decision-making and in the design, implementation, and evaluation of programs? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience with trauma-informed and person-centered care.		4	
Q20	Does the narrative describe using evidence-based practices to provide services that are trauma-informed and person centered? Do they name specific practices and what they entail? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience managing CoC grants/ability to administer federal funds.		3	
Q21	If organization has experience with CoC program, this factor is scored objectively, with timely APR submission, quarterly eLOCCS draws, and grant expenditure each worth 1 point.		Objective scoring factor
	If the organization does not have experience with the CoC program, does the narrative describe their experience managing other grants? Do they describe adherence to compliance requirements, timely reports submission, full expenditure of grant funds, and attainment of contract deliverables? Have their grants been successfully renewed? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		25	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			
Applicant has demonstrated that services are committed to the budget.		4	
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor
At least 30% of the proposed budget is for services.		2	

Budget Form	This factor is scored according to Budget Form. (Services in budget are 30%+ of budget = 2 points, Services <30% = 0 pts)		Objective scoring factor
Project has a reasonable cost per household served.		2	
Budget Form and Q23	Does the budget description provide a plausible explanation of cost-effectiveness? Do costs appear reasonable and appropriate for the proposed activities? (Strong = 2 pts, Average = 1 pt, Weak = 0 pts)		
Project leverages mainstream resources.		2	
Match/Leverage Letters	This factor is scored according to attached letters. (Leverage or match letters demonstrate mainstream resources = 2 points, No leverage or mainstream services match = 0 pts)		Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		10	0
TOTAL PROJECT SCORE		80	5

Applicant	
Project Name	
Project Type	

NEW PROJECT SCORING TOOL - SSO-STANDALONE PROGRAMS

Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. **Please only modify the green cells.** To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.

PROJECT TYPE		Max	Score	
	Project Type = SSO-Standalone	5	5	Objective scoring factor
PROGRAM DESIGN/QUALITY				
Program will assist participants to obtain/maintain shelter and housing.		5		
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)			
Program will help participants to maintain or increase income.		5		
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)			
Program will regularly assess participants needs.		4		
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)			
Program will serve unsheltered and hard-to-engage individuals.		3		
Q10	Does the narrative describe how the program will serve unsheltered and hard-to engage individuals, including a description of common challenges among these individuals and how engagement will overcome those challenges and connect participants to services, housing, and other resources? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)			

Program will ensure connection to appropriate resources.		3		
Q15	Does the narrative explain how they will ensure that participant households are connected to appropriate resources? Do they provide examples of key resources needed by the targeted individuals? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)			
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0	
PROGRAM PERFORMANCE				
Exits to Positive Housing Outcomes		10		
Report	This factor is scored according to performance of a comparable project. (50% and above = 10 pts, 40% to 49.99% = 7 pts, 30% to 39.99% = 3 pts, 29.99% and below = 0 pts.)			Objective scoring factor
Exits to Homelessness		5		
Report	This factor is scored according to CY25 program performance. (20% or below = 5 pts, 20.01 - 25% = 3 pts, 25.01 - 30% = 1 pt, 30.01% or higher = 0 pts.)			Objective scoring factor
Sustaining/Increasing Employment Income		5		
Report	This factor is scored according to CY25 program performance. (30% and above = 5 pts, 25-29.99% = 4 pts, 20-24.99% = 1 pts, 19.99% and below = 0 pts.)			Objective scoring factor
TOTAL PERFORMANCE POINTS		20	0	
ORGANIZATIONAL EXPERIENCE/CAPACITY				
Organization has experience with a comparable project.		4		
Q17	Does the narrative describe the organization's experience operating a comparable program? Does it describe prior success and outcomes achieved? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)			
Organization has experience serving the target population.		3		
Q18	Does the narrative describe the organization's experience serving the population that they are proposing to serve with this program? Do they describe prior success connecting that population to housing, employment, and income? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)			
Organization has experience involving people with lived experience.		4		

Q19	Does that narrative describe the organization's experience involving people with lived experience in organizational decision-making and in the design, implementation, and evaluation of programs? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience with trauma-informed and person-centered care.		4	
Q20	Does the narrative describe using evidence-based practices to provide services that are trauma-informed and person centered? Do they name specific practices and what they entail? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience managing CoC grants/ability to administer federal funds.		3	
Q21	If organization has experience with CoC program, this factor is scored objectively, with timely APR submission, quarterly eLOCCS draws, and grant expenditure each worth 1 point.		Objective scoring factor
	If the organization does not have experience with the CoC program, does the narrative describe their experience managing other grants? Do they describe adherence to compliance requirements, timely reports submission, full expenditure of grant funds, and attainment of contract deliverables? Have their grants been successfully renewed? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		25	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			
Applicant has demonstrated that services are committed to the budget.		4	

Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor
At least 30% of the proposed budget is for services.		2	
Budget Form	This factor is scored according to Budget Form. (Services in budget are 30%+ of budget = 2 points, Services <30% = 0 pts)		Objective scoring factor
Project has a reasonable cost per household served.		2	
Budget Form and Q23	Does the budget description provide a plausible explanation of cost-effectiveness? Do costs appear reasonable and appropriate for the proposed activities? (Strong = 2 pts, Average = 1 pt, Weak = 0 pts)		
Project leverages mainstream resources.		2	
Match/Leverage Letters	This factor is scored according to attached letters. (Leverage or match letters demonstrate mainstream resources = 2 points, No leverage or mainstream services match = 0 pts)		Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		10	0
TOTAL PROJECT SCORE		80	5

Applicant	
Project Name	
Project Type	

NEW PROJECT SCORING TOOL - SSO-COORDINATED ENTRY PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = SSO-CE	5	5
			Objective scoring factor
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		4	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		4	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program is accessible and reaches entire CoC geography.		3	
Q12	Does the narrative describe the specific steps taken to ensure that the CES system is available and reachable for all persons within the CoC's geographic area who are seeking assistance? Does it explain how they ensure that the system is accessible for people with disabilities? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Program reaches households with the highest needs.		3	
Q13	Does the narrative describe a plausible strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Program uses a standard CES Assessment Tool.		3	
Q14	This is a yes-or-no question. (If "yes" is checked, the score is 3. If "no" is checked, the score is zero.)		
Program will ensure connection to appropriate resources.		3	

Q15	Does the narrative explain how they will ensure that participant households are connected to appropriate resources? Do they provide examples of key resources needed by the targeted individuals? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Exits to positive housing outcomes		10	
Report	This factor is scored according to performance of a comparable project. Additional guidance is pending.		Objective scoring factor
Exits to homelessness		5	
Report	This factor is scored according to performance of a comparable project. Additional guidance is pending.		Objective scoring factor
Sustaining/increasing employment income		5	
Report	This factor is scored according to performance of a comparable project. Additional guidance is pending.		Objective scoring factor
TOTAL PERFORMANCE POINTS		20	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has experience with a comparable project.		4	
Q17	Does the narrative describe the organization's experience operating a comparable program? Does it describe prior success and outcomes achieved? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience serving the target population.		3	
Q18	Does the narrative describe the organization's experience serving the population that they are proposing to serve with this program? Do they describe prior success connecting that population to housing, employment, and income? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has experience involving people with lived experience.		4	
Q19	Does that narrative describe the organization's experience involving people with lived experience in organizational decision-making and in the design, implementation, and evaluation of programs? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience with trauma-informed and person-centered care.		4	
Q20	Does the narrative describe using evidence-based practices to provide services that are trauma-informed and person centered? Do they name specific practices and what they entail? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Organization has experience managing CoC grants/ability to administer federal funds.		3	

Q21	If organization has experience with CoC program, this factor is scored objectively, with timely APR submission, quarterly eLOCCS draws, and grant expenditure each worth 1 point.		
	If the organization does not have experience with the CoC program, does the narrative describe their experience managing other grants? Do they describe adherence to compliance requirements, timely reports submission, full expenditure of grant funds, and attainment of contract deliverables? Have their grants been successfully renewed? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		25	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			
Applicant has demonstrated that services are committed to the budget.		4	
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor
At least 30% of the proposed budget is for services.		2	
Budget Form	This factor is scored according to Budget Form. (Services in budget are 30%+ of budget = 2 points, Services <30% = 0 pts)		Objective scoring factor
Project has a reasonable cost per household served.		2	
Budget Form and Q23	Does the budget description provide a plausible explanation of cost-effectiveness? Do costs appear reasonable and appropriate for the proposed activities? (Strong = 2 pts, Average = 1 pt, Weak = 0 pts)		
Project leverages mainstream resources.		2	
Match/Leverage Letters	This factor is scored according to attached letters. (Leverage or match letters demonstrate mainstream resources = 2 points, No leverage or mainstream services match = 0 pts)		Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		10	0

TOTAL PROJECT SCORE	80	5	
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Applicant	
Project Name	
Project Type	

TRANSITION GRANT SCORING TOOL - PSH - TH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Transition Grant (PSH to TH)	10	10
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		5	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will help participants to maintain or increase income.		5	
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		4	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will require service participation.		2	
Q7	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 2 pts, No/N/A = 0 pts)		
Program will offer substance use treatment onsite.		2	
Q8	This question awards points if substance use treatment is provided onsite. Does the narrative describe the onsite substance use services? If those services are provided by a partner, is the partner named? (Yes = 2 pts, No/N/A = 0 pts)		
Program will provide individualized services of at least 20 hours per week		2	

Q9	This question awards points if the program will provide at least 20 hours of individualized services per week for each participant. (Yes = 2 pts, No = 0 pts)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Housing Stability		15	
Report	This factor is scored according to CY25 program performance. (95% and above = 15 pts, 85% to 94.99% = 10 pts, 75% to 84.99% = 5 pts, 74.99% and below = 0 pts)		Objective scoring factor
Exits to homelessness		7	
Report	This factor is scored according to CY25 program performance. (10% and below = 7, 10.01% to 14% = 4, 14.01% to 18% = 1, 18.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Income		7	
Report	This factor is scored according to CY25 program performance. (45% and above = 7 pts, 35% to 44.99% = 4 pts, 25% to 34.99% = 1 pt, 24.99% and below = 0 pts)		Objective scoring factor
TOTAL PERFORMANCE POINTS		29	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Pre-app Q 8 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor

Organization participates in CoC/regional efforts.		3		
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor	
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0	
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE				
Applicant has demonstrated that services are committed to the budget.		4		
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor	
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0	
TOTAL PROJECT SCORE		85	10	

Applicant	
Project Name	
Project Type	

TRANSITION GRANT SCORING TOOL - RRH to TH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Transition Grant (RRH to TH)	15	15
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		5	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will help participants to maintain or increase income.		5	
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		4	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will require service participation.		2	
Q7	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 2 pts, No/N/A = 0 pts)		
Program will offer substance use treatment onsite.		2	
Q8	This question awards points if substance use treatment is provided onsite. Does the narrative describe the onsite substance use services? If those services are provided by a partner, is the partner named? (Yes = 2 pts, No/N/A = 0 pts)		
Program will provide individualized services of at least 20 hours per week		2	

Q9	This question awards points if the program will provide at least 20 hours of individualized services per week for each participant. (Yes = 2 pts, No = 0 pts)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		15	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 80% and above = 15 pts, 70% to 79.99% = 10 pts, 60% to 69.99% = 5 pts, 59.99% and below = 0 pts. YOUTH PROGRAMS: 75% and above = 15 pts, 65% to 74.99% = 10 pts, 55% to 64.99% = 5 pts, 54.99% and below = 0 pts)		Objective scoring factor
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (12% and below = 7, 12.01% to 16% = 4, 16.01% to 20% = 1, 20.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Employment Income		7	
Report	This factor is scored according to CY25 program performance. NON-YOUTH PROGRAMS: 55% and above = 7 pts, 45% to 54.99% = 4 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts). YOUTH PROGRAMS: 50% and above = 7 pts, 40% to 49.99% = 4 pts, 30% to 39.99% = 1 pt, 39.99% and below = 0 pts)		Objective scoring factor
TOTAL PERFORMANCE POINTS		29	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Pre-app Q 8 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has recent audited financials with no unresolved findings.		4	

Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			
Applicant has demonstrated that services are committed to the budget.		4	
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0
TOTAL PROJECT SCORE		90	15

Applicant	
Project Name	
Project Type	

TRANSITION GRANT SCORING TOOL - SSO to SSO-OUTREACH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Transition Grant (SSO to SSO-Outreach)	5	5
			Objective scoring factor
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		5	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will help participants to maintain or increase income.		5	
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		4	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will serve unsheltered and hard-to-engage individuals.		3	
Q10	Does the narrative describe how the program will serve unsheltered and hard-to engage individuals, including a description of common challenges among these individuals and how engagement will overcome those challenges and connect participants to services, housing, and other resources? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
Program will partner with first responders and law enforcement.		3	

Q11	Does the narrative explain how the program will partner with first responders and law enforcement to increase positive interactions, increase housing/service engagement, and promote use of CoC services (including shelter, treatment, housing, and other resources)? Does the narrative note that the program will not interfere with the enforcement of public camping and drug use laws and how it will help first responders to engage with individuals experiencing homelessness? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		15	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 30% and above = 15 pts, 20% to 29.99% = 10 pts, 10% to 19.99% = 5 pts, 9.99% and below = 0 pts. OTHER SSO PROGRAMS: 50% and above = 15 pts, 40% to 49.99% = 10 pts, 30% to 39.99% = 5 pts, 29.99% and below = 0 pts)		Objective scoring factor
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 50% or below = 7 pts, 50.01 - 60% = 4 pts, 60.01 - 70% = 1 pt, 70.01% or higher = 0 pts. OTHER SSO PROGRAMS: 20% or lower = 7 pts, 20.01% - 25% = 4 pts, 25.01% - 30% = 1 pt, 30.01% or higher = 0 pts)		Objective scoring factor
Sustaining/Increasing Employment Income		7	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 5% and above = 7 pts, 4 - 4.99% = 4 pts, 3 - 3.99% = 1 pts, 2.99% and below = 0 pts. OTHER SSO PROGRAMS: 30% and above = 7 pts, 25% to 29.99% = 4 pts, 20 - 24.99%% = 1 pts, 19.99% and below = 0 pts.		Objective scoring factor
TOTAL PERFORMANCE POINTS		29	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Pre-app Q 8 if	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has recent audited financials with no unresolved findings.		4	

Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			
Applicant has demonstrated that services are committed to the budget.		4	
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0
TOTAL PROJECT SCORE		80	5

Applicant	
Project Name	
Project Type	

TRANSITION GRANT SCORING TOOL - SSO to SSO-STANDALONE PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Transition Grant (SSO to SSO-Standalone)	5	5
			Objective scoring factor
PROGRAM DESIGN/QUALITY			
Program will assist participants to obtain/maintain shelter and housing.		5	
Q4	Does the narrative describe clearly the measures that are taken to support people to access housing, shelter, and other resources that will help them remain housed? Do they name specific partners, interventions, and resources to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will help participants to maintain or increase income.		5	
Q5	Does the narrative in describe clearly the measures that are taken to support people to maintain or increase employment income? Do they name specific employment/workforce development partners to which participants will be connected? (Strong = 4-5 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will regularly assess participants needs.		7	
Q6	Does the narrative explain how the program will assess the service needs of participants, including how often service needs are assessed, how assessments inform treatment/service plans, and how service plans are individualized by the household? (Strong = 4 pts, Average = 2-3 pts, Weak = 0-1 pt)		
Program will serve unsheltered and hard-to-engage individuals.		3	
Q10	Does the narrative describe how the program will serve unsheltered and hard-to engage individuals, including a description of common challenges among these individuals and how engagement will overcome those challenges and connect participants to services, housing, and other resources? (Strong = 3 pts, Average = 2 pts, Weak = 0-1 pt)		
TOTAL PROGRAM DESIGN/QUALITY POINTS		20	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		15	

Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 30% and above = 15 pts, 20% to 29.99% = 10 pts, 10% to 19.99% = 5 pts, 9.99% and below = 0 pts. OTHER SSO PROGRAMS: 50% and above = 15 pts, 40% to 49.99% = 10 pts, 30% to 39.99% = 5 pts, 29.99% and below = 0 pts))		Objective scoring factor
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 50% or below = 7 pts, 50.01 - 60% = 4 pts, 60.01 - 70% = 1 pt, 70.01% or higher = 0 pts. OTHER SSO PROGRAMS: 20% or lower = 7 pts, 20.01% - 25% = 4 pts, 25.01% - 30% = 1 pt, 30.01% or higher = 0 pts))		Objective scoring factor
Sustaining/Increasing Employment Income		7	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 5% and above = 7 pts, 4 - 4.99% = 4 pts, 3 - 3.99% = 1 pts, 2.99% and below = 0 pts. OTHER SSO PROGRAMS: 30% and above = 7 pts, 25% to 29.99% = 4 pts, 20 - 24.99%% = 1 pts, 19.99% and below = 0 pts.)		Objective scoring factor
TOTAL PERFORMANCE POINTS		29	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts))		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Pre-app Q 8 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts))		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts))		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts))		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.))		Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0

PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE				
Applicant has demonstrated that services are committed to the budget.		4		
Budget Form or Match/Leverage Letters	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in budget or leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)			Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0	
TOTAL PROJECT SCORE		80	5	

Applicant	
Project Name	
Project Type	

RENEWAL GRANT SCORING TOOL - PSH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Renewal Project (PSH)	20	20
PROGRAM DESIGN/QUALITY			
Program will require service participation.		5	
Q8	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
Program will offer substance use treatment onsite.		5	
Q9/10	This question awards points if substance use treatment is provided onsite. If those services are provided by a partner, is the partner named? (Yes = 5 pts, No/N/A = 0 pts)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		10	0
PROGRAM PERFORMANCE			
Housing Stability		15	
Monitoring Report	This factor is scored according to CY25 program performance. (95% and above = 15 pts, 85% to 94.99% = 10 pts, 75% to 84.99% = 5 pts, 74.99% and below = 0 pts)		Objective scoring factor
Exits to homelessness		7	
Monitoring Report	This factor is scored according to CY25 program performance. (10% and below = 7, 10.01% to 14% = 4, 14.01% to 18% = 1, 18.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Income		7	
Monitoring Report	This factor is scored according to CY25 program performance. (45% and above = 7 pts, 35% to 44.99% = 4 pts, 25% to 34.99% = 1 pt, 24.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Non-Cash Benefits		5	
Monitoring Report	This factor is scored according to CY25 program performance. (85% and above = 5 pts, 75% to 84.99% = 3 pts, 65% to 74.99% = 1 pt, 64.99% and below = 0 pts)		Objective scoring factor

Sustaining/Increasing Health Insurance		4		
Monitoring Report	This factor is scored according to CY25 program performance. (90% and above = 4 pts, 85% to 89.99% = 3 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pt)			Objective scoring factor
HMIS Data Quality		3		
Monitoring Report	This factor is scored according to CY25 program performance. (3% and below = 3 pts, 3.01% to 4.99% = 2 pts, 5% to 5.99% = 6% and above = 0 pts)			Objective scoring factor
Bed/Unit Utilization		3		
Monitoring Report	This factor is scored according to CY25 program performance. (90% and above = 3 pts, 85% to 89.99% = 2 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pts)			Objective scoring factor
TOTAL PERFORMANCE POINTS		44	0	
GRANTS MANAGEMENT				
Quarterly eLOCCS draws		5		
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)			Objective scoring factor
Grant Expenditure		5		
Attached Screenshots, Q13 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)			Objective scoring factor
Timely APR Submission		5		
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)			Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0	
ORGANIZATIONAL EXPERIENCE/CAPACITY				
Organization has recent audited financials with no unresolved findings.		4		
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)			Objective scoring factor
Organization participates in CoC/regional efforts.		3		
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)			Objective scoring factor
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0	

PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE				
Applicant has demonstrated that services are committed to the budget.		4		
Q12/Budget +Match/Leverage	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in GIW leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)			Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0	
TOTAL PROJECT SCORE		100	20	

Applicant	
Project Name	
Project Type	

RENEWAL GRANT SCORING TOOL - RRH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Renewal Project (RRH)	15	15
PROGRAM DESIGN/QUALITY			
Program will require service participation.		5	
Q8	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
Program will offer substance use treatment onsite.		5	
Q9/10	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		10	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		12	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 80% and above = 12 pts, 70% to 79.99% = 8 pts, 60% to 69.99% = 4 pts, 59.99% and below = 0 pts. YOUTH PROGRAMS: 75% and above = 12 pts, 65% to 74.99% = 8 pts, 55% to 64.99% = 4 pts, 54.99% and below = 0 pts)		Objective scoring factor
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (12% and below = 7, 12.01% to 16% = 4, 16.01% to 20% = 1, 20.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Income		3	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 65% and above = 3 pts, 55% to 64.99% = 2 pts, 45% to 54.99% = 1 pt, 44.99% and below = 0 pts. YOUTH PROGRAMS: 55% and above = 3 pts, 45% to 54.99% = 2 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Employment Income		7	

Report	This factor is scored according to CY25 program performance. NON-YOUTH PROGRAMS: 55% and above = 7 pts, 45% to 54.99% = 4 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts). YOUTH PROGRAMS: 50% and above = 7 pts, 40% to 49.99% = 4 pts, 30% to 39.99% = 1 pt, 29.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Non-Cash Benefits		5	
Report	This factor is scored according to CY25 program performance. NON-YOUTH PROGRAMS: 80% and above = 5 pts, 70% to 79.99% = 3 pts, 60% to 69.99% = 1 pt, 59.99% and below = 0 pts. YOUTH PROGRAMS: 65% and above = 5 pts, 55% to 64.99% = 3 pts, 45% to 54.99% = 1 pt, 44.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Health Insurance		4	
Report	This factor is scored according to CY25 program performance. (90% and above = 4 pts, 85% to 89.99% = 3 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pt)		Objective scoring factor
HMIS Data Quality		3	
Report	This factor is scored according to CY25 program performance. (3% and below = 3 pts, 3.01% to 4.99% = 2 pts, 5.01% to 6.99% = 1 pt, 7% and above = 0 pts.)		Objective scoring factor
Bed/Unit Utilization		3	
Report	This factor is scored according to CY25 program performance. (90% and above = 3 pts, 85% to 89.99% = 2 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pts)		Objective scoring factor
TOTAL PERFORMANCE POINTS		44	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Q13 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has recent audited financials with no unresolved findings.		4	

Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)	Objective scoring factor	
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)	Objective scoring factor	
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE			
Applicant has demonstrated that services are committed to the budget.		4	
Q12/Budget +Match/Leverage	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in GIW leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)	Objective scoring factor	
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0
TOTAL PROJECT SCORE		95	15

Applicant	
Project Name	
Project Type	

RENEWAL GRANT SCORING TOOL - TH-RRH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Renewal Project (TH-RRH)	10	10
PROGRAM DESIGN/QUALITY			
Program will require service participation.		5	
Q8	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
Program will offer substance use treatment onsite.		5	
Q9/10	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		10	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		12	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 80% and above = 12 pts, 70% to 79.99% = 8 pts, 60% to 69.99% = 4 pts, 59.99% and below = 0 pts. YOUTH PROGRAMS: 75% and above = 12 pts, 65% to 74.99% = 8 pts, 55% to 64.99% = 4 pts, 54.99% and below = 0 pts)		Objective scoring factor
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (12% and below = 7, 12.01% to 16% = 4, 16.01% to 20% = 1, 20.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Income		3	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 65% and above = 3 pts, 55% to 64.99% = 2 pts, 45% to 54.99% = 1 pt, 44.99% and below = 0 pts. YOUTH PROGRAMS: 55% and above = 3 pts, 45% to 54.99% = 2 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Employment Income		7	

Report	This factor is scored according to CY25 program performance. NON-YOUTH PROGRAMS: 55% and above = 7 pts, 45% to 54.99% = 4 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts). YOUTH PROGRAMS: 50% and above = 7 pts, 40% to 49.99% = 4 pts, 30% to 39.99% = 1 pt, 29.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Non-Cash Benefits		5	
Report	This factor is scored according to CY25 program performance. NON-YOUTH PROGRAMS: 80% and above = 5 pts, 70% to 79.99% = 3 pts, 60% to 69.99% = 1 pt, 59.99% and below = 0 pts. YOUTH PROGRAMS: 65% and above = 5 pts, 55% to 64.99% = 3 pts, 45% to 54.99% = 1 pt, 44.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Health Insurance		4	
Report	This factor is scored according to CY25 program performance. (90% and above = 4 pts, 85% to 89.99% = 3 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pt)		Objective scoring factor
HMIS Data Quality		3	
Report	This factor is scored according to CY25 program performance. (3% and below = 3 pts, 3.01% to 4.99% = 2 pts, 5.01% to 6.99% = 1 pt, 7% and above = 0 pts.)		Objective scoring factor
Bed/Unit Utilization		3	
Report	This factor is scored according to CY25 program performance. (90% and above = 3 pts, 85% to 89.99% = 2 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pts)		Objective scoring factor
TOTAL PERFORMANCE POINTS		44	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to CY25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Q13 if applicable	This factor is scored according to CY25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to CY25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			

Organization has recent audited financials with no unresolved findings.		4		
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor	
Organization participates in CoC/regional efforts.		3		
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor	
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0	
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE				
Applicant has demonstrated that services are committed to the budget.		4		
Q12/Budget +Match/Leverage	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in GIW leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor	
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0	
TOTAL PROJECT SCORE		90	10	

Applicant	
Project Name	
Project Type	

RENEWAL GRANT SCORING TOOL - TH PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Renewal Project (TH)	10	10
PROGRAM DESIGN/QUALITY			
Program will require service participation.		5	
Q8	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
Program will offer substance use treatment onsite.		5	
Q9/10	This question awards points if services are mandatory. Did the applicant include language from a program agreement, lease, or other document that describes the mandatory services? (Yes = 5 pts, No/N/A = 0 pt)		Objective scoring factor
TOTAL PROGRAM DESIGN/QUALITY POINTS		10	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		12	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 80% and above = 12 pts, 70% to 79.99% = 8 pts, 60% to 69.99% = 4 pts, 59.99% and below = 0 pts. YOUTH PROGRAMS: 75% and above = 12 pts, 65% to 74.99% = 8 pts, 55% to 64.99% = 4 pts, 54.99% and below = 0 pts)		Objective scoring factor
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (12% and below = 7, 12.01% to 16% = 4, 16.01% to 20% = 1, 20.01% and above = 0)		Objective scoring factor
Sustaining/Increasing Income		3	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 65% and above = 3 pts, 55% to 64.99% = 2 pts, 45% to 54.99% = 1 pt, 44.99% and below = 0 pts. YOUTH PROGRAMS: 55% and above = 3 pts, 45% to 54.99% = 2 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Employment Income		7	

Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 55% and above = 7 pts, 45% to 54.99% = 4 pts, 35% to 44.99% = 1 pt, 34.99% and below = 0 pts. YOUTH PROGRAMS: 50% and above = 7 pts, 40% to 49.99% = 4 pts, 30% to 39.99% = 1 pt, 29.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Non-Cash Benefits		5	
Report	This factor is scored according to CY25 program performance. (NON-YOUTH PROGRAMS: 80% and above = 5 pts, 70% to 79.99% = 3 pts, 60% to 69.99% = 1 pt, 59.99% and below = 0 pts. YOUTH PROGRAMS: 65% and above = 5 pts, 55% to 64.99% = 3 pts, 45% to 54.99% = 1 pt, 44.99% and below = 0 pts)		Objective scoring factor
Sustaining/Increasing Health Insurance		4	
Report	This factor is scored according to CY25 program performance. (90% and above = 4 pts, 85% to 89.99% = 3 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pt)		Objective scoring factor
HMIS Data Quality		3	
Report	This factor is scored according to CY25 program performance. (3% and below = 3 pts, 3.01% to 4.99% = 2 pts, 5.01% to 6.99% = 1 pt, 7% and above = 0 pts.)		Objective scoring factor
Bed/Unit Utilization		3	
Report	This factor is scored according to CY25 program performance. (90% and above = 3 pts, 85% to 89.99% = 2 pts, 80% to 84.99% = 1 pt, 79.99% and below = 0 pts)		Objective scoring factor
TOTAL PERFORMANCE POINTS		44	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Q13 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			

Organization has recent audited financials with no unresolved findings.		4		
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor	
Organization participates in CoC/regional efforts.		3		
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor	
TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0	
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE				
Applicant has demonstrated that services are committed to the budget.		4		
Q12/Budget +Match/Leverage	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in GIW leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)		Objective scoring factor	
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0	
TOTAL PROJECT SCORE		90	10	

Applicant	
Project Name	
Project Type	

RENEWAL GRANT SCORING TOOL - SSO PROGRAMS			
Instructions: Please use the form below to score each application. This form includes the elements that you (the SRT member) are responsible for scoring along with other objective factors that were scored by the facilitation team. Those objective factor scores (in the gray boxes) for your information only and cannot be adjusted. Please only modify the green cells. To score each factor, refer to the ZoomGrants questions noted to the left of the question. Please stay within the point limits noted and record your score in the small green box. Feel free to add notes or comments in the blank box on the right.			
PROJECT TYPE		Max	Score
	Project Type = Renewal Project (SSO)	5	5
PROGRAM DESIGN/QUALITY			
Program will serve unsheltered and hard-to-engage individuals		10	
Q7	This question awards points if the program reports serving unsheltered and hard-to-engage participants. (Yes = 10 pts, No = 0 pts)		
TOTAL PROGRAM DESIGN/QUALITY POINTS		10	0
PROGRAM PERFORMANCE			
Exits to Positive Housing Outcomes		15	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 30% and above = 15 pts, 20% to 29.99% = 10 pts, 10% to 19.99% = 5 pts, 9.99% and below = 0 pts. OTHER SSO PROGRAMS: 50% and above = 15 pts, 40% to 49.99% = 10 pts, 30% to 39.99% = 5 pts, 29.99% and below = 0 pts)		
Exits to Homelessness		7	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 50% or below = 7 pts, 50.01 - 60% = 4 pts, 60.01 - 70% = 1 pt, 70.01% or higher = 0 pts. OTHER SSO PROGRAMS: 20% or lower = 7 pts, 20.01% - 25% = 4 pts, 25.01% - 30% = 1 pt, 30.01% or higher = 0 pts)		
Sustaining/Increasing Income		3	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 30% and above = 3 pts, 25% to 29.99% = 2 pts, 20 - 24.99%% = 1 pts, 19.99% and below = 0 pts. OTHER SSO PROGRAMS: 60% and above = 3 pts, 50% to 59.99% = 2 pts, 40% to 49.99% = 1 pts, 39.99% and below = 0 pts)		
Sustaining/Increasing Employment Income		7	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 5% and above = 7 pts, 4 - 4.99% = 4 pts, 3 - 3.99% = 1 pts, 2.99% and below = 0 pts. OTHER SSO PROGRAMS: 30% and above = 7 pts, 25% to 29.99% = 4 pts, 20 - 24.99%% = 1 pts, 19.99% and below = 0 pts.		
Sustaining/Increasing Non-Cash Benefits		5	

Report	This factor is scored according to CY25 program performance. (65% or higher = 5 pts, 55-64.99% = 3 pts, 45-54.99% = 1 pt, 44.99 or lower = 0 pts.)		Objective scoring factor
Sustaining/Increasing Health Insurance		4	
Report	This factor is scored according to CY25 program performance. (80% and above = 4 pts, 75% to 79.99% = 3 pts, 70-74.99% = 1 pt, 69.99% and below = 0 pt)		Objective scoring factor
HMIS Data Quality		3	
Report	This factor is scored according to CY25 program performance. (OUTREACH PROGRAMS: 5% and below = 3 pts, 5.01 - 9% = 2 pts, 9.01 - 13% = 1 pt, 13.01% or above = 0 pts. OTHER SSO PROGRAMS: 3% and below = 3 pts, 3.01% to 4.99% = 2 pts, 5.01% to 6.99% = 1 pt, 7% and above = 0 pts.)		Objective scoring factor
TOTAL PERFORMANCE POINTS		44	0
GRANTS MANAGEMENT			
Quarterly eLOCCS draws		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (Quarterly Submissions = 5 pts, 4+ draws submitted, but not quarterly = 3 pts, 3 draws or fewer = 0 pts)		Objective scoring factor
Grant Expenditure		5	
Attached Screenshots, Q13 if applicable	This factor is scored according to Contract Year 25 program performance. (100% spent = 5 pts, Not fully expended but reallocating appropriate portion = 3 pts, 85-94% spent = 1 pt, Less than 85% spent = 0 pts)		Objective scoring factor
Timely APR Submission		5	
Attached Screenshots	This factor is scored according to Contract Year 25 program performance. (On time = 5 pts, Less than 30 days late = 3 pts, More than 30 days late = 0 pts)		Objective scoring factor
TOTAL GRANTS MANAGEMENT POINTS		15	0
ORGANIZATIONAL EXPERIENCE/CAPACITY			
Organization has recent audited financials with no unresolved findings.		4	
Audit	This factor is scored according to the contents of the audited financials. (Audit w/o findings for a FYE 12/31/24 or more recent = 4 pts, Audit w/o findings for a FYE no later than 12/31/23 = 2 pts, Timely audit w/ findings being addressed = 1 pt, No audit or audit older than 12/31/23 or with unaddressed findings = 0 pts)		Objective scoring factor
Organization participates in CoC/regional efforts.		3	
	This factor is scored according to organization participation in key CoC/regional meetings and activities. (1 pt per type of participation: CoC member =1 + Involvement in PIT =1 + Agency represented in CoC committees or working groups to include Coordinated Entry, YHDP, etc. = 1; up to 3 pts.)		Objective scoring factor

TOTAL ORGANIZATIONAL EXPERIENCE/CAPACITY POINTS		7	0	
PROJECT BUDGET/COST EFFECTIVENESS/LEVERAGE				
Applicant has demonstrated that services are committed to the budget.		4		
Q12/Budget +Match/Leverage	This factor is scored according to GIW or attached leverage or match letters. ("YES" + Services in GIW leverage or match attached = 4 pts, "YES" + no evidence or "NO" = 0 pts)			Objective scoring factor
TOTAL BUDGET/COST EFFECTIVENESS/LEVERAGE POINTS		4	0	
TOTAL PROJECT SCORE		85	5	

NV-500										
1D-2c. Attachment: Local Competition Selection Results										
Rank	Applicant Name	Project Name	Renewal/New/Transition	Project Type	Score	Status	GIW Amount	Requested Funding Amount	Reallocated Funds	Bonus Request
Not Ranked	Clark County	CoC Planning Grant	New	Planning		Accepted		\$ 1,281,136		
1	Clark County	HMIS Southern Nevada 2024	Renewal	HMIS	100	Accepted	\$ 1,099,981	\$ 1,099,981	\$ -	
2	HELP of Southern Nevada	SN CE Matching	Renewal	SSO-CE	100	Accepted	\$ 225,238	\$ 225,238	\$ -	
3	Clark County	HMIS Southern Nevada 2022 Unsheltered	Renewal	HMIS	100	Accepted	\$ 128,400	\$ 128,400	\$ -	
4	Clark County	STAR PSH	Renewal	PH-PSH	92	Accepted	\$ 1,386,458	\$ 1,386,458	\$ -	
5	Clark County	STAR RRH	Renewal	PH-RRH	91	Accepted	\$ 2,164,318	\$ 2,164,318	\$ -	
6	Clark County	New Beginnings	Renewal	PH-PSH	86	Accepted Reduced Reallocated	\$ 2,129,260	\$ 2,045,085	\$ (84,175)	
7	HELP of Southern Nevada	A New Start	Renewal	PH-PSH	85	Accepted	\$ 908,580	\$ 908,580	\$ -	
8	HELP of Southern Nevada	HELP Them Home Combined	Renewal	PH-PSH	84	Accepted	\$ 1,777,480	\$ 1,777,480	\$ -	
9	US Vets	PH 2019	Renewal	PH-PSH	82	Accepted	\$ 2,066,522	\$ 2,066,522	\$ -	
10	HopeLink of Southern Nevada	HomeLink Consolidation 2024	Renewal	PH-RRH	79	Accepted Reduced Reallocated	\$ 1,580,705	\$ 1,425,722	\$ (154,983)	
11	Safe Nest: Temporary Assistance to Domestic Crisis, Inc.	Hope for Survivors FY2024	Renewal	PH-RRH	100	Accepted	\$ 756,499	\$ 756,499	\$ -	
12	HELP of Southern Nevada	Healthy Living Anthem	Renewal	PH-PSH	100	Accepted	\$ 649,499	\$ 649,499	\$ -	
13	HELP of Southern Nevada	Healthy Living HPN	Renewal	PH-PSH	100	Accepted	\$ 558,993	\$ 558,993	\$ -	
14	HELP of Southern Nevada	Healthy Living FFS	Renewal	PH-PSH	100	Accepted Reduced Reallocated	\$ 371,383	\$ 180,857	\$ (190,526)	
15	St. Jude's	Crossings TH-RRH	Transition	Transition TH-RRH to TH	77.7	Accepted		\$ 620,104	\$ 620,104	
16	Clark County Social Services	Clark County Social Services Transitional Housing	New	New TH	77.4	Accepted		\$ 1,029,135		\$ 1,029,135
17	St. Jude's	New Crossings	Transition	Transition RRH to TH	77	Accepted		\$ 484,604	\$ 484,604	
18	NPHY	NPHY Independent Living Program	Renewal	TH	77	Accepted	\$ 247,512	\$ 247,512	\$ -	
19	St. Jude's	A Place Called Home	Transition	Transition RRH to TH	76.6	Accepted		\$ 536,590	\$ 536,590	
20	Family Promise	New TH	New	New TH	75	Accepted		\$ 402,600	\$ 402,600	
21	City of North Las Vegas	New Tier II	New	New SSO-Outreach	73.3	Accepted		\$ 1,500,000		\$ 1,500,000
22	City of Henderson	City of Henderson	New	New SSO-Outreach	73.1	Accepted		\$ 1,028,847	\$ 1,028,847	
23	St. Jude's	Phoenix Rising	Transition	Transition RRH to TH	72.9	Accepted		\$ 788,780	\$ 788,780	
24	HELP of Southern Nevada	HELP-SWHYC SSO	New	New SSO-Standalone	72.7	Accepted		\$ 1,145,814	\$ 1,145,814	
25	Nevada Homeless Alliance	Street Outreach	Transition	Transition SSO Other to SSO Outreach	72.6	Accepted		\$ 912,850	\$ 912,850	
26	Jewish Family Services	Second Step	Renewal	PH-RRH	72	Accepted Reduced Reallocated	\$ 751,213	\$ 738,444	\$ (12,769)	
27	HELP of Southern Nevada	HELP HRT Street Outreach	New	New SSO-Outreach	70	Accepted		\$ 877,434	\$ 516,396	\$ 361,038
28	HELP of Southern Nevada	HELP-SN CE Match Expansion	New	New SSO-CE	69.6	Accepted		\$ 217,894	\$ 217,894	
29	City of Las Vegas Neighborhood Services	RCC Expansion	New SSO-Standalone	New SSO Standalone	68	Accepted		\$ 468,050	\$ 468,050	
30	Clark County Social Services	Clark County Social Services Street Medicine	New	New SSO-Outreach	64	Accepted		\$ 561,338	\$ 561,338	
31	United States Veterans Initiative	New TH	New	New TH	62.4	Accepted		\$ 300,000	\$ 300,000	
32	Catholic Charities	Renewing Hope	New	New SSO-Standalone	60.1	Accepted		\$ 874,467	\$ 874,467	
33	City of Las Vegas Neighborhood Services	City of Las Vegas MORE Team - Downtown Neon	New	New SSO-Outreach	51.4	Accepted		\$ 404,800	\$ 404,800	
Not Ranked	Nevada Homeless Alliance	Street Outreach	Renewal	SSO Other	75	Fully Reallocated	\$ 912,894	\$ -	\$ (912,894)	
Not Ranked	Family Promise of Las Vegas	Navigation Center Case Manager Salaries	Renewal	SSO Other	75	Fully Reallocated	\$ 256,506	\$ -	\$ (256,506)	

NV-500 1D-2c. Attachment: Local Competition Selection Results										
Not Ranked	FirstMed Health and Wellness	FirstMed Unsheltered Homeless Program	Renewal	SSO Other	43	Fully Reallocated	\$ 640,418	\$ -	\$ (640,418)	
Not Ranked	HELP of Southern Nevada	Healthy Living Silver Summit	Renewal	PH-PSH	N/A	Withdrew Fully Reallocated	\$ 278,669	\$ -	\$ (278,669)	
Not Ranked	HELP of Southern Nevada	Shannon West Homeless Youth Center	Renewal	TH	59	Fully Reallocated	\$ 221,673	\$ -	\$ (221,673)	
Not Ranked	Nevada Health Centers	LVOC CoC	Renewal	SSO Other	41	Fully Reallocated	\$ 889,390	\$ -	\$ (889,390)	
Not Ranked	Next Step	Street Outreach	Renewal	SSO Outreach	N/A	Rejected - Fully Reallocated	\$ 356,503	\$ -	\$ (356,503)	
Not Ranked	SafeNest	Operation Fresh Start	Renewal	PH-RRH	56	Fully Reallocated	\$ 434,908	\$ -	\$ (434,908)	
Not Ranked	Southern NV Adult Mental Health	Stepping Stones	Renewal	PH-PSH	N/A	Rejected-Fully Reallocated	\$ 85,883	\$ -	\$ (85,883)	
Not Ranked	St. Jude's	A Place Called Home	Renewal	PH-RRH	63	Fully Reallocated	\$ 536,590	\$ -	\$ (536,590)	
Not Ranked	St. Jude's	Crossings TH-RRH	Renewal	Joint TH/PH-RRH	71	Fully Reallocated	\$ 620,104	\$ -	\$ (620,104)	
Not Ranked	St. Jude's	New Crossings	Renewal	PH-RRH	69	Fully Reallocated	\$ 484,604	\$ -	\$ (484,604)	
Not Ranked	St. Jude's	Phoenix Rising	Renewal	PH-RRH	67	Fully Reallocated	\$ 788,780	\$ -	\$ (788,780)	
Not Ranked	The Just One Project	Community Connect	Renewal	PH-RRH	47	Fully Reallocated	\$ 797,778	\$ -	\$ (797,778)	
Not Ranked	Salvation Army	Housing the Homeless 1	Renewal	PH-RRH	58	Fully Reallocated	\$ 493,036	\$ -	\$ (493,036)	
Not Ranked	Salvation Army	Housing the Homeless 2	Renewal	PH-RRH	56	Fully Reallocated	\$ 473,912	\$ -	\$ (473,912)	
Not Ranked	City of Las Vegas	RCC	Renewal	SSO Other	67	Fully Reallocated	\$ 222,403	\$ -	\$ (222,403)	
Not Ranked	City of Las Vegas, Municipal Court	New SSO-Standalone	New	New SSO-Standalone	49.6	Rejected		\$ -	\$ -	
Not Ranked	CPLC	New TH	New	New TH	50.4	Rejected		\$ -	\$ -	
Not Ranked	FirstMed Health and Wellness	New TH	New	New TH		Rejected		\$ -	\$ -	
Not Ranked	US Vets	VIP 2019	Renewal	TH	N/A	Fully Reallocated	\$ 133,047	\$ -	\$ (133,047)	
Not Ranked	City of North Las Vegas	City of North Las Vegas Homeless Initiative	Renewal	SSO	N/A	Fully Reallocated	\$ 193,583	\$ -	\$ (193,583)	

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

NV-500 - Las Vegas/Clark County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	15,467	86.1	42.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	16,961	97.8	50.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	15,867	489.1	164.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	17,524	538.9	184.0

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	639	180	28.2%	30	4.7%	38	6.0%	248	38.8%
Exit was from ES	1,750	234	13.4%	84	4.8%	117	6.7%	435	24.9%
Exit was from TH	628	93	14.8%	53	8.4%	62	9.9%	208	33.1%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	1,621	115	7.1%	129	8.0%	119	7.3%	363	22.4%
TOTAL Returns to Homelessness	4,638	622	13.4%	296	6.4%	336	7.2%	1,254	27.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	17,235
Emergency Shelter Total	15,702
Safe Haven Total	0
Transitional Housing Total	2,425

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	330
Number of adults with increased earned income	35
Percentage of adults who increased earned income	10.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	330
Number of adults with increased non-employment cash income	77
Percentage of adults who increased non-employment cash income	23.3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	330
Number of adults with increased total income	110
Percentage of adults who increased total income	33.3%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	846
Number of adults who exited with increased earned income	129
Percentage of adults who increased earned income	15.3%

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	846
Number of adults who exited with increased non-employment cash income	119
Percentage of adults who increased non-employment cash income	14.1%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	846
Number of adults who exited with increased total income	238
Percentage of adults who increased total income	28.1%

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	15,528
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	4,997
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	10,531

2025 HDX Competition Report

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	17,253
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	5,759
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	11,494

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	4,354
Of persons above, those who exited to temporary & some institutional destinations	1,280
Of the persons above, those who exited to permanent housing destinations	216
% Successful exits	34.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	14,174
Of the persons above, those who exited to permanent housing destinations	3,283
% Successful exits	23.2%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	1,857
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,806
% Successful exits/retention	97.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	16,163	2,435	1,998	4,173	14,815
Total Leavers (HMIS)	12,827	1,932	314	2,106	4,170
Destination of Don't Know, Refused, or Missing (HMIS)	3,705	66	6	53	207
Destination Error Rate (Calculated)	28.9%	3.4%	1.9%	2.5%	5.0%

2026 Competition Report - SPM Notes

NV-500 - Las Vegas/Clark County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NV-500 - Las Vegas/Clark County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	3,814	3,576	3,576	0	3,576	100.0%
SH	0	0	0	0	0	NA
TH	645	645	645	0	645	100.0%
RRH	1,702	1,665	1,665	0	1,665	100.0%
PSH	2,237	2,237	2,237	0	2,237	100.0%
OPH	834	149	834	685	149	100.0%
Total	9,232	8,272	8,957	685	8,272	100.0%

2025 HDX Competition Report

2026 Competition Report

NV-500 - Las Vegas/Clark Cou

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	3,814	238	238	0	238	100.00%
SH	0	0	0	0	0	NA
TH	645	0	0	0	0	NA
RRH	1,702	37	37	0	37	100.00%
PSH	2,237	0	0	0	0	NA
OPH	834	0	0	0	0	NA
Total	9,232	275	275	0	275	100.00%

2025 HDX Competition Report

2026 Competition Report

NV-500 - Las Vegas/Clark Cou

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	3,814	3,814	3,814	100.00%
SH	0	0	0	NA
TH	645	645	645	100.00%
RRH	1,702	1,702	1,702	100.00%
PSH	2,237	2,237	2,237	100.00%
OPH	834	149	149	100.00%
Total	9,232	8,547	8,547	100.00%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NV-500 - Las Vegas/Clark County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

NV-500 - Las Vegas/Clark County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/29/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	3,163	2,885	3,293
Safe Haven Total	0	0	0
Transitional Housing Total	541	654	549
Total Sheltered Count	3,704	3,539	3,842
Total Unsheltered Count	4,202	NA	5,017
Total Sheltered and Unsheltered Count*	7,906	3,539	8,859

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Total Sheltered Count	725	677	651
Total Unsheltered Count	1,984	0	1,423
Total	2,709	677	2,074

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:

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).

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."

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."

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: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Title: _____ Organization: _____

Signature: Jamie Sorenson Date: _____

BOARD REPORT

To: Southern Nevada Homeless Continuum of Care (SNHCoC) Board
From: Clark County Social Services, CoC Collaborative Applicant
Date: Presented and Affirmed at the September 23, 2026, Board meeting
Re: **Advancing Recovery by Prohibiting Illicit Drug Enablement**

Currently In Effect:

The Southern Nevada Homeless Continuum of Care has historically advanced recovery and prohibited illicit drug enablement through the following means:

- CoC applicants and grantees must certify that they comply with Drug Free Workplace requirements to be considered for funding
- For the 2026 Local Competition applicants had to also attest, “that its renewal/new project does not operate drug injection sites or safe consumption sites or knowingly distribute drug paraphernalia on or off of property under its control.”
- Leases for units subsidized with CoC funds contain language prohibiting the use, distribution, and sale of illegal drugs on the property.
- Services to people experiencing homelessness throughout the CoC, including participants in CoC funded projects, offer recovery supports from drop-in, peer lead groups, to clinical services and residential recovery. The case manager and participant work together to determine the right menu of recovery services for that individual, and the case manager helps participant to access them.

Under Development:

Updating the CoC Written Standards is in the Collaborative Applicant’s 2026-2027 work plan. Those standards will include the requirement to advance recovery by prohibiting illicit drug enablement, including the following prohibition:

Projects may not knowingly distribute drug paraphernalia on or off property under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of “harm reduction.”

Standards will encourage the provision of substance use disorder treatment onsite at CoC-funded programs, and allow for participation requirements.

The updated standards will be incorporated into the monitoring protocol and will continue to be a threshold requirement for all CoC applicants. The protocol will address the remedies that will be taken if projects are found to be in violation of this prohibition.

The updated standards will come to the SNHCoC for a vote in early 2027. Projects will be oriented to the updated standards. They will be incorporated into the 2027 project monitoring.