

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: DC-500 - District of Columbia CoC

1A-2. Collaborative Applicant Name: The Community Partnership for the Prevention of Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Community Partnership for the Prevention of Homelessness

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:

- 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

1B-1.	Accountable Structure and Participation.	
-------	--	--

In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

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

16.	Local Government Staff/Official(s)	Yes	17
17.	State Government Staff/Official(s)	Nonexistent	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	5
21.	Mental Illness Advocate(s)	Yes	5
22.	Organization(s) led by and serving people with disabilities	Yes	4
23.	Other homeless subpopulation advocate(s)	Yes	4
24.	Other nonprofit homeless assistance provider(s)	Yes	10
25.	Other social service provider(s)	Yes	5
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	5
31.	Substance Abuse Advocate(s)	Yes	4
32.	Substance Abuse Service Organization(s)	Yes	4
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

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

(limit 2,500 characters)

A. The District of Columbia Interagency Council on Homelessness (DCICH) serves as the CoC's governance board; it was established in 2005 by the Homeless Services Reform Act (HSRA) and is chaired by the District of Columbia City Administrator. Local Legislation and the DCICH bylaws establish formal membership roles. These include members of the mayor's cabinet, key government agencies, and community representatives. Community representatives (including advocates, business sector partners, the Collaborative Applicant and HMIS lead, DC Council members who chair committees with oversight responsibilities, homeless service providers, and people with lived experience of homelessness). Except for the Collaborative Applicant and DC Council Members, community representatives serve alternating two-year terms so that half of the community representatives turn over each year. With half of the community terms expiring each year, the DC ICH hosts annual nominations to fill vacant and expiring seats. The nominations are open to the public, posted online, communicated through CoC listservs, and shared with stakeholder groups. DCICH convenes a group of non-conflicted CoC board & Executive Committee members to review candidate submissions and advance selections to the DC Mayor's Office of Talent and Appointments (MOTA) for confirmation and Mayoral appointment. B. Annual calls for nominations (or invitations for new members) are announced at DCICH Executive Committee meetings, all of which comply with the Open Meeting Act, and are posted on the DCICH website (ich.dc.gov). The DCICH website banner is also updated to indicate the Call for Nominations, so the information is centered on the website.

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

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

(limit 2,500 characters)

A. The District of Columbia Interagency Council on Homelessness (DCICH) is the CoC's governance board and is responsible for the development and oversight of the CoC's strategic planning efforts. The development of Homeward DC 3.0, the District's three-year strategic plan to prevent and end homelessness, followed a coordinated engagement process lasting from January to July 2026. More than 300 unique stakeholders, including people with lived experience of homelessness, service providers, advocates, the CoC's Collaborative Applicant and HMIS lead, local funders, and other government partners, participated in the strategic planning process through a survey, written comments, and facilitated breakout sessions at open, public DCICH workgroup and committee meetings. The process was launched with a day-long facilitated convening for the leadership slates of DCICH workgroups and committees. Since the first iteration of Homeward DC was adopted in 2015, The Community Partnership (TCP), which is the CoC's Collaborative Applicant and HMIS Lead, has provided the CoC with annual assessments of performance data for the CoC overall and sends providers quarterly reports on their program-level performance. Both sets of metrics are based on the HUD System Performance Measures (SPMs) and are used to track progress, assess general performance, and help set program- and system-level priorities for upcoming fiscal years or updates to the Strategic Plan. B. During Homeward 3.0's development process, the DCICH had 16 active work groups and committees, with leadership slates representing every category of the DCICH Full Council's membership. A survey was launched post-convening, and 16 workgroups and committees met in 2026 for a total of 48 meetings hosted by the DCICH. These discussions were informed by review of the 2025 Homeless Youth Census, and the 2026 Point-In-Time Count results. Input from these activities was systematically reviewed and organized, with key themes vetted by the formal DCICH Strategic Planning and Executive Committees before the strategies were finalized and adopted by the Full Council in July 2026.

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

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

(limit 2,500 characters)

A. When HUD announces CoC Program NOFOs, The Community Partnership, the CoC's Collaborative Applicant, solicits proposals through mass emails, postings on its website (community-partnership.org), and at stakeholder forums held by the DC Interagency Council on Homelessness (DCICH), the CoC's governance board. Providers already funded by the CoC Program meet with The Community Partnership to discuss what steps they should take for renewal (or reallocation). The Community Partnership also contacts provider organizations and stakeholders that do not receive HUD CoC Program funding to let them know about the NOFO. This includes provider agencies that operate programs that are locally funded, privately funded, or that are funded by other federal sources. The Community Partnership makes clear that to receive new HUD CoC Program funding, the provider must establish a brand-new program and that they are not eligible to use these dollars to support existing programs. The Community Partnership holds informational meetings with organizations interested in the NOFO so that they are clear on the parameters of a given opportunity using all materials made available by HUD about the NOFO. Throughout the process there is communication about approaching internal and funder deadlines and opportunities to meet with The Community Partnership one on one to address any questions about the NOFO. The DCICH requests that providers with renewal or new funding requests respond to a CoC-approved questionnaire about their proposed project(s), the project's congruity with the parameters set by the NOFO, and how funds would be used if awarded. Accompanying these narratives are budget requests and other information required by the opportunity (e.g., documentation of sources of match). The DCICH convenes a ranking panel of non-conflicted members to review, evaluate, and rank the proposals for the Project Priority Listing. This workgroup is comprised of individuals who are DCICH members, but who do not represent organizations requesting funding through a given NOFO. They decide which proposals will move forward for consideration by HUD. B. In 2026, the CoC solicited, received, accepted, and included in its 2026 Project Priority Listing proposals from organizations that do not currently receive HUD CoC Program funds. Five proposals from these organizations are included in the CoCs's 2026 Project Priority Listing.

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

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

(limit 2,500 characters)

In 2026, the CoC updated its Strategic Plan with an eye toward preventing homelessness when possible and ending it quickly and permanently whenever it occurs. To inform the plan, the District of Columbia Interagency Council on Homelessness (DCICH), which serves as the CoC's governance board, gathered input from more than 300 stakeholders using the following engagement strategies: in-person convening to kick off the process; virtual Committee and Workgroup meetings to confirm and review draft language for the priorities and strategies identified from the in-person convening; surveys to confirm and tailor priorities to different subpopulations; and in-person Full Council meetings to keep the Board abreast of progress and support real-time community engagement. As part of the process, Committees and Workgroups also reviewed HUD System Performance Measures, the local 2025 Homeless Youth Count, and the outcomes from the 2026 Point-In-Time Count. These provided insights into progress made, emerging system needs, and changes to the size of various subpopulations among persons experiencing homelessness locally. To keep the Strategic Plan digestible and focused, it is limited to four pages and focuses primarily on Vision, Values, Priorities, and Strategies for the CoC. The CoC also developed a Work Plan to accompany the Strategic Plan. The Work Plan calls for DCICH to do the following during FY27: monitor ongoing progress toward the HUD System Performance Metrics and establish new measures; set targets and timelines to tailor the priorities and strategies to the needs of families, unaccompanied adults, youth, and veterans. Finally, the DCICH streamlined its workgroups and committees to focus on the CoC's strategic goals. The newly adopted plan identifies how strategies will be advanced by specific workgroups.

1B-5a Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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

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?	18%

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

(limit 2,500 characters)

n/a

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

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

(limit 2,500 characters)

The District of Columbia Dept. of Behavioral Health (DBH) certifies a network of service provider organizations that offer detoxification services as well as both residential and outpatient treatment and recovery support services for mental health and/or substance use disorders. Residents can call these providers at any time to get information about services and referrals. DBH is a member of the DC Interagency Council on Homelessness (DCICH) which is the CoC's governance board; DCICH membership also includes representatives from service providers in DBH's network. DBH Organizations in the HUD CoC Program portfolio may also partner with or refer program participants to organizations based on the program participants' specific mental health and/or substance use treatment needs. Treatment services are based on an assessment conducted with the participant that tailors the outpatient services that they will receive to those needs and determines to which provider they will be connected to for more specialized care. In addition to the DBH network, HUD CoC Program funded providers also partner with George Washington University's Psychiatry Residency program to leverage additional mental health supports via the doctors in the university's residency training. These services contribute to the slate of services offered by the CoC's housing providers to aid the program participants stabilization and housing retention or program exit (depending on the program type in which the participant is enrolled).

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

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

(limit 2,500 characters)

The District of Columbia Department of Behavioral Health (DBH) is a member of the DC Interagency Council on Homelessness (DCICH) which is the CoC's governance board. DBH has an established network of Peer Recovery Specialists that rely on their own experiences of living with mental health or substance use concerns to provide support to persons experiencing homelessness. Some peers have either experienced homelessness themselves and/or are returning citizens. Peer Recovery Specialists are certified by DBH and leverage their expertise to help people currently experiencing homelessness move toward housing stability by connecting them, as needed, behavioral health and recovery resources and/or to resources such as shelter, health care, and housing and employment search services. Peer Recovery Specialists may also help individuals with obtaining vital documents that will aid in building self-sufficiency (such as birth certificates or state issued pieces of identification) and/or addressing immediate and basic needs such accessing food. Moreover, MyRecovery/DC, a program offered by the District of Columbia's Health Department (DC Health) (which also a member of the DCICH), is a portal that can connect people seeking recovery services to peers and other resources.

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

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

(limit 2,500 characters)

The CoC uses a common assessment tool (the SPDAT series) to help determine the service needs of individuals and families experiencing homelessness. The assessment results help connect people to the CoC's providers including those Assertive Community Treatment teams on staff. Serious Mental Illness (SMI) concerns that are previously diagnosed and/or that are expected to have long term impacts on the individual or family help route a household to a housing intervention like Permanent Supportive Housing instead of Transitional or Rapid Rehousing. This information may be disclosed by the participant to an intake worker or verified by a provider who has previously worked with the individual or family and who can attest to the presence of SMI. To promote stability for individuals or persons in families living with SMI, the CoC may connect them with an ACT team to help provide the right level of mental health support.

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

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

(limit 500 characters)

The CoC partners with Pathways to Housing DC, a HUD CoC funded provider, which operates the Urgent Care Clinic at DC Superior Court, providing same-day access to mental health and substance use treatment for people referred by the courts, CSOSA, and other court officers. Several CoC-funded agencies employ officer agents authorized to initiate FD-12 involuntary psychiatric holds, and CoC providers coordinate closely with DC DBH's Crisis Response Team and civil/outpatient commitment providers.

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)

CoC coordination with the providers named in 1C-1d is built into how participants move from court involvement to stable housing. When the Urgent Care Clinic at DC Superior Court receives a referral from the Drug/Mental Health Treatment Court, CSOSA, or another court officer, the individual is connected same-day to substance use and mental health treatment rather than waiting for an intake appointment. This immediate access increases criminal justice diversion opportunities and reduces the likelihood of a missed court date, probation violation, or return to the street. Clinic staff communicate with CoC-funded housing providers so treatment engagement and housing search or move-in happen in parallel, rather than sequentially, shortening the time between a court referral and a lease signing. For participants already housed in CoC-funded units, several agencies' officer agents can initiate an FD-12 involuntary psychiatric hold when there is an acute crisis and risk of harm to self or others. Because these officer agents work at the organizations operating the housing, hospitalization is coordinated with the housing case manager from the outset: the unit is held, the participant's case file and medication history follow them into the inpatient stay, and discharge planning includes a warm handoff back to the housing team rather than a discharge to shelter. CoC providers also maintain a direct line to DC DBH's Crisis Response Team which responds when a participant is decompensating but does not yet meet criteria for hospitalization, allowing many crises to be resolved in place without loss of housing. While the CoC does not use AOT, it maintains a long-standing civil commitment process. For participants under a civil (outpatient) commitment order for serious mental illness CoC providers that are DBH-certified behavioral health providers integrate the court's treatment conditions directly into the participant's housing-based care plan. As an example, Pathways to Housing DC, a CoC Program funded provider, serves participants on its Assertive Community Treatment teams within its HUD-funded projects who are under civil commitment orders, coordinating medication management and treatment compliance reporting with the court so that the housing placement itself functions as a stabilizing, monitored environment that supports the participant in meeting the commitment order's terms and stepping down to a less restrictive level of care and greater independence.

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

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

(limit 500 characters)

The District of Columbia Department of Behavioral Health (DBH) operates mobile crisis and outreach services for the CoC; DBH works with individuals who are experiencing homelessness and behavioral health and/or substance use crises. The District's Access Help Line toll free number is available to request support for people in crisis situations while in public spaces. The mobile crisis team connects people in need of short term case management, crisis beds, or medical detox.

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.	371

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

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
---	-----

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

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

(limit 500 characters)

The District of Columbia Dept. of Behavioral Health (DBH) is the CoC's recipient of SAMHSA Projects for Assistance in Transition from Homelessness (PATH) funds. DBH is a member of the DC Interagency Council on Homelessness (DCICH) which is the CoC's governance board. With PATH, DBH locates people experiencing homelessness and behavioral health concerns. DBH works to connect these individuals to clinical treatment for mental health and/or substance use and to housing support based on their needs.

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)

Christ House's Kairos House program is a HUD CoC Program permanent supportive housing program that operates sober housing. Each participant receives a tailored recovery plan which includes attending two weekly "12-step" (e.g. AA/NA) meetings both hosted at Christ House and in the community. Participants must also attend group support meetings, attend community events, perform community service, and meet with an addiction counselor as a part of their requirements to remain in the program.

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's Coordinated Entry System (referred to locally as CAHP, or Coordinated Assessment and Housing Placement), relies on both a common assessment tool to match individuals and families experiencing homelessness to housing types based on their specific service needs, and on case conferencing where providers working with the households can discuss in more detail the factors that might impact stability if an inappropriate placement is made. To aid in transition from treatment to housing, the District of Columbia Department of Human Services (DHS), the primary local funder of homeless services and member of the DC Interagency Council on Homelessness (DCICHC) (the CoC's governance board), works with a network of local behavioral health providers. Case managers at the behavioral health providers, such as those named in 1C-1a through 1C-1i, work to connect the participant to their new housing provider, help to establish rapport between the two, and mitigate factors that might lead to return to homelessness, either at shelter or to unsheltered situations. Organizations funded by the HUD CoC Program are among those that comprise both the network of behavioral health providers and the permanent housing programs that receive the referrals of people in need of housing placement. Participating organizations include those mentioned in responses to questions 1C-1a through 1C-1i like the Department of Behavioral Health's PATH Team, Pathways to Housing DC, and Christ House. Another tool that has helped to stabilize individuals before housing placement is DHS's Bridge Housing initiative which offers temporary housing in a semi-private living space with support for individuals who are in the process of leasing units where they will be housed by either DHS- or HUD CoC-funded permanent housing programs. Bridge Housing includes required on-site case management, employment search assistance, and/or behavioral health support, and sets goals to aid participants in moving as quickly as possible to their housing placement while addressing stability concerns prior to move-in.

1C-2.	Supportive Services Investment.	
-------	---------------------------------	--

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$33,745,696

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.	\$13,646,626
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	40%
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.	\$5,978,507
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).	58%

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)?	72.20%
--	--------

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)

The District of Columbia Interagency Council on Homelessness (DCICH), which is the CoC's governance board, is engaged in several parts of the ESG planning and oversight process. Each year, the Mayor develops a citywide budget, which includes ESG funding, based on input from agency leaders, advisors, and public engagement sessions. Once released, and as required by DC Code § 4-752.02(c), the Mayor provides the DCICH with a detailed breakdown of agency appropriations related to CoC services. DCICH organizes its own budget engagement sessions so member agencies can present their budgets and receive feedback. The resulting comments and questions are compiled into a report submitted to relevant DC Council Committees as they finalized their budget oversight reports. Through this process, ICH members reviewed how ESG, HOPWA, and other homeless services funding streams were allocated. Beginning in FY26 and continuing for FY27, DCICH members determined that agency-specific DC Council Budget Oversight Hearings were a more effective venue for input than ICH-specific sessions. Therefore, DCICH shifted to supporting members' participation directly in Council hearings so they could provide feedback to the final decision-makers, the DC Council, as it conducted oversight and finalized the budget. The Community Partnership (TCP), which is the Collaborative Applicant and HMIS lead for the CoC, and the District of Columbia Department of Human Services (DHS), with the jurisdiction's ESG recipient, then work together implementation of the use of ESG funds. Throughout the fiscal year, TCP assists DHS and any ESG-funded providers on HMIS related documentation requirements for the funding stream. This enables the CoC to evaluate performance and DHS to meet its reporting requirements to HUD. The Community Partnership also contributes by using HMIS to conduct the jurisdiction's Point in Time Count, compile its Housing Inventory Chart, and to provide information on homelessness locally to inform the information sent to HUD for the Consolidated Plan. This informs the Consolidated Plan and the CoC on system needs and best uses for the following year's ESG allocation.

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)

The CoC operates a primarily low barrier emergency shelter system for unaccompanied individuals and provides access to emergency shelter for families through a central intake point. For Individuals, over 1,000 beds are available year-round at eight sites with capacity expanding (both in terms of the number of sites and beds) from November through March. The low barrier beds for individuals operate on a “first come, first served” basis and offer case management and meals along with the stay for the night. There are also other specialized programs for subpopulations such as unaccompanied youth that operate on the low barrier model that can provide more specialized case management to the shelter’s targeted population. For families in need of shelter placement, the District’s central intake point refers families to 11 short term family housing sites which provide apartment style shelter units to families who, while enrolled, receive case management and exit assistance to end their housing crises. The CoC coordinated with providers from all shelter types to connect individuals and families with other CoC assistance. Participants in shelter programs may receive referrals to CoC programs to help address basic needs such as food assistance or connection to resources to aid in diversion from shelter, but from shelter access points participants may also receive referrals to CoC transitional or permanent housing resources. Referrals or “matches” to the CoC housing programs are based on the individual or families service needs, as determined by a common assessment (the SPDAT series), with permanent supportive housing resources being prioritized for those experiencing chronic homelessness. Individuals and families connected to CoC transitional housing and rapid rehousing providers are assisted to increase self-sufficiency with a goal of exiting those programs to permanent housing without ongoing financial assistance. Individuals experiencing chronic homelessness are prioritized for placement in permanent supportive housing where program slots are reserved for the CoC’s most vulnerable.

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

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

(limit 2,500 characters)

The Community Partnership, which is the Collaborative Applicant and HMIS Lead for the CoC and member of the District of Columbia Interagency Council on Homelessness (DCICH), the CoC's governance board, routinely shares the aggregated results of its annual Point in Time Count, Housing Inventory Chart, and System Performance Measures with the District government the CoC partners to inform system planning and progress reporting. This is done through direct communication between The Community Partnership and the DC Department of Human Services, the CoC's primary local funder, and DCICH and its committee and workgroup structure. The Community Partnership prepares the data that informs the projects mentioned above and passes that information on to the stakeholder community through meetings, postings on its website (community-partnership.org), and by request. In accordance with the CoC's approved Standard Operating Procedures and Privacy Policy for its HMIS, The Community Partnership may also share disaggregated data when the means of data transfer, storage, parameters of the data set, and specific purpose for sharing data is governed by a data sharing agreement with another entity. This is done as needed to inform ongoing system planning or to provide support to specific individuals or families receiving services through the CoC's programs. For example, The Community Partnership has a data sharing agreement with the DC Child and Family Services Administration (CFSA) (and DCICH member) that helps to understand the overlap of youth who were previously in foster care who are now receiving services through the CoC. In turn, this helps inform who in CoC programming may be eligible for housing programming funded by CFSA. The Standard Operating Procedures and Privacy Policy are approved by the DCICH and The Community Partnership works with DCICH to make policy updates and to inform stakeholders on changes to HMIS data standards.

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)

As noted in the response to 1C-5, The Community Partnership, which is the CoC's Collaborative Applicant and HMIS Lead enters into data sharing agreements with District of Columbia government agencies that have constituencies that often experience homelessness. These data sharing agreements are permissible under the CoC's approved Standard Operating Procedures and Privacy Policy for its HMIS and include language that governs the means of data transfer, storage, parameters of the data set, and specific purpose for sharing data which must be done to help improve care. Some examples of currently active data sharing agreements in the CoC include: 1) a bi-directional data sharing agreement with the District of Columbia's State Education Agency (SEA) to assist McKinney-Vento liaisons in DC public and charter schools to identify students whose families are receiving CoC services and give the CoC information on service need for students experiencing homelessness. This also helps facilitate ongoing coordination between the CoC and school system with an eye toward improving the educational outcomes of young people in CoC programs; 2) a data sharing agreement with the local Housing Authority to identify the overlap in households experiencing homelessness who are already awaiting placement in one of the Housing Authority's properties or who are on voucher waitlists; and 3) a data sharing agreement with DC Health Care Finance to help identify individuals experiencing homelessness with frequent stays or visits in local hospitals to help better connect them with care for their physical and/or mental health concerns.

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)

DC Interagency Council on Homelessness (DCICH), the CoC's governance board, includes the Department of Employment Services (DOES), the city's primary workforce agency. DOES administers Project Empowerment, which provides District residents with histories of homelessness opportunities to increase their self-sufficiency through employment services, and the Senior Community Services Employment Program which offers job training for persons currently experiencing homelessness or at risk of it. DOES also identifies local organizations that provide job training, work experience, and placement services to District residents who are or have experienced homelessness. Entities receiving support from DOES offer these services assist participants with developing soft skills and work experience that enhance the likelihood of obtaining and maintaining employment. DOES also has an active presence in the CoC's day centers where persons experiencing homelessness may visit to address immediate needs and can work with DOES to receive information about employment opportunities and career counseling. The Lab at DC, an applied research team within the District government that evaluates the city's programs, found that persons experiencing homelessness who had engaged with DOES and its employment and workforce development programs had higher employment rates and income than those who did not.

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 District of Columbia Dept. of Human Services, which is the primary local funder of homeless services and member of the DC Interagency Council on Homelessness, the CoC's governance board, administers the Coordinated Street Outreach Network (CSON). CSON is the CoC's primary street outreach initiative with catchment areas that cover the entire geography of District with work divided by three providers. While outreach traditionally engages persons experiencing unsheltered homelessness in case management efforts and light-touch engagements (distributing information, providing warming/cooling items, etc.) at times they must also respond to acute and challenging issues which may involve first responders and law enforcement. In those circumstances CSON can work collaboratively with District's Emergency Medical Services Department (EMS) and/or the Metropolitan Police Department (MPD). As an example, this includes an engagement where an unsheltered individual has overdosed and is unresponsive and is need of immediate care. The outreach teams would contact EMS and then administer Narcan to reverse the overdose. CSON would remain with the individual until EMS arrives and then provide information and background to aid EMS in supporting the individual. Another example of collaboration with law enforcement includes teaming MPD to engage individuals collaboratively in an area where safety may be a concern, like an area of high gang activity. MPD would provide safe passage for staff to engage the individuals in the area experiencing homelessness and the outreach team's area are able to provide the care and connection needed. The CSON teams also routinely collaborate with these partners as well as others, including the National Parks Service, US Secret Service, the Deputy Mayor's Office of Health and Human Services, and the DC Department of Behavioral Health.

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)

The District of Columbia Dept. of Human Services, which is the primary local funder of homeless services and member of the DC Interagency Council on Homelessness, the CoC's governance board, administers the Coordinated Street Outreach Network (CSON), the CoC's primary street outreach initiative, and the Virginia Williams Family Resource Center (VWFRC), the central intake point for the families in need of homeless services. When CSON engages a family experiencing unsheltered homelessness, they will work with the household members to immediately get them to a safe place to stay. This may involve arranging transportation to VWFRC so the family can be supported appropriately either through diversion assistance, shelter placement, or other CoC resources. DHS may also connect families at risk of homelessness to the CoC's diversion program, Project Reconnect. Project Reconnect helps support identified family members who might be willing to house relatives in exchange for support with household costs like groceries, utility bills, or other charges that might benefit the family while mitigating the housing crisis. If eligible, this support can stabilize an individual for up to 6 months and allow families to attempt to resolve their needs during that time. CoC programs also work to ensure that families placed together can stay together and/or for family members living outside of the household to be able to join the rest of their family once a housing placement is solidified. Programs serving unaccompanied youth also work, when appropriate, to reunify minors and transition aged youth with their family members to aid in their exit from CoC services.

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

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

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

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

(limit 2,500 characters)

The District of Columbia Dept. of Human Services (DHS), which is the primary local funder of homeless services and member of the DC Interagency Council on Homelessness, the CoC's governance board, works with individuals at encampment sites once a location has been slated for clearing. This includes ensuring that people there are aware of what is happening, when it is taking place, and working with the individuals at a site on a relocation plan. On an ongoing basis, the CoC's outreach teams inform individuals at encampments of the possibility of clearing and encourage them to seek housing or other accommodation instead of staying at encampment sites. If the outreach team is unsuccessful in getting the individual(s) to relocate prior to the clearing, the outreach teams participate the day of the clearing to support the individuals in relocating, aiding with identifying items to store if necessary, and learn where the individual is relocating to ensure continued engagement and support. For those at encampments with behavioral health concerns, DHS works collaboratively with the DC Dept. of Behavioral Health (DBH) to connect people to their resources as well. Outreach teams routinely urge individuals to seek treatment options, connect them to substance abuse supports, and collaborate with other providers to aid in ending their housing crisis. Additionally, the DHS outreach teams work with the Metropolitan Police Department (MPD) and Fire and Emergency Management Services as needed. When warranted, DHS outreach teams work collaboratively with DBH to administer FD-12s, the District's involuntary care process, and if DHS outreach providers observe and individual in distress who appears unable to care for themselves or are putting others in harm's way, they contact DBH crisis teams, MPD, or EMS to aid in response to ensure the individual's well-being. As appropriate, the DHS outreach teams will share appropriate information with any outside provider assuming the proper paperwork, including releases of information, are completed or provided. Moreover, since 25 percent of land within District of Columbia is federal property under the management of the National Park Service or other federal agencies, the City routinely works with federal partners including during the efforts mentioned above.

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)

The District of Columbia Protocol outlines the District's encampment policy and practices. Among the applicable laws and regulations are found in the CoC's protocol (attached to the NOFO), the two most salient are: Code of the District of Columbia § 22-1307(a): It is unlawful for a person, alone or in concert with others to crowd, obstruct, or incommode: (A) The use of any street, avenue, alley, road, highway, or sidewalk; (B) The entrance of any public or private building or enclosure; (C) The use of or passage through any public building or public conveyance; or (D) The passage through or within any park or reservation; and (2) To continue or resume the crowding, obstructing, or incommoding after being instructed by a law enforcement officer to cease the crowding, obstructing, or incommoding; and 24 DCMR § 121.1: No person shall set up, maintain, or establish any camp or any temporary place of abode in any tent, wagon, van, automobile, truck, or house trailer, of any description, or in any combination, on public or private property, without the consent of the Mayor. While the Protocol includes the limitation that the District must provide a minimum of seven-days' notice for a cleanup, where necessary, an immediate cleanup can happen right away. And, the 7-days' notice allows the District to leverage the resources of the CoC, specifically the Department of Human Services' Contracted Outreach Providers and the Department of Behavioral Health, Homeless outreach teams to connect encampment residents to shelter, bridge housing, behavioral health services, and public benefits as needed prior to their dislocation as a result of the cleanup. In addition, this limitation is mitigated by the allowance in the Encampment Policy that cleanup can happen without notice when necessary. The effectiveness of this approach can be seen in the steady and significant decrease in encampments and the number of residents living in encampments since the end of the pandemic. In mid-2022, there were over 300 residents living in encampments. Most recent data from July 2026 shows a total number of encampments down to 54 sites and 93 individual encampment residents.

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)

As of July 2026, there were 54 encampment sites with 93 individuals and 43 tents within the boundaries of the District of Columbia CoC. Seventy-six (76) percent of current sites have just a single individual at the site; 17 percent have two to four individuals at the site, and finally 7 percent have five or more individuals at the site.

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)

While the District of Columbia has decriminalized consumption of marijuana by an individual 21 years or older “within the interior of a house or rental unit that constitutes such person’s principal residence” private consumption by an individual under the age of 21 and public consumption is illegal in the District, and possession or use is prohibited on federal lands (including the National Mall, Rock Creek Park, and areas around federal buildings). Specifically, the Code of the District of Columbia § 48–904.01 (Prohibited acts A; penalties) provides that it is unlawful for any person knowingly or intentionally to manufacture, distribute, or possess, with intent to manufacture or distribute, a controlled substance. The District of Columbia primarily leverages EMS and pre-hospital data to identify and respond to areas of heightened drug-related morbidity. Using real-time data from DC’s Fire and Emergency Medical Services (DC FEMS) patient encounters, the Departments of Health and Behavioral Health can track drug-related activity and use this information for optimal deployment of prevention resources, response planning and emergency response. The city also partners with community providers to provide wraparound services, including overdose mitigation, ancillary services and linkage to care/treatment for drug users and vulnerable residents. Resources are primarily deployed to areas with disparate or heightened numbers of overdoses or drug-related issues, equipping areas to respond to overdoses and providing resources to increase access to treatment.

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)

Per the District of Columbia Department of Behavioral Health (DBH), which is a member of the DC Interagency Council on Homelessness, the CoC’s governance board, half of overdoses within the jurisdiction occur within private residences. DBH aggressively tracks and responds to overdoses in public spaces in tandem with community partners and other District agencies. These efforts focus on illicit drug activity occurring in public locations such as parks, the street, and known hotspots within the CoC’s geographic area. In addition to DBH’s robust data collection strategy, which is centered on real-time patient and location data, DBH’s response leverages relationships with overdose responders for qualitative assessment of drug use by area, especially when there is an abnormal amount of drug-related morbidity. The response also encompasses the availability of drugs and drug sales to target outreach and services for our most vulnerable residents.

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)

The Code of the District of Columbia § 21-521 permits emergency psychiatric evaluation when an authorized professional (a Department of Behavioral Health-certified Officer Agent) has reason to believe that an individual has a mental illness and, because of that illness, is likely to injure themselves or others if not immediately detained. The detainment is technically submitting the person for psychiatric evaluation at a hospital or institute capable of conducting a psychiatric evaluation or an FD-12. Under 21-521, accredited Officer Agents (i.e., trained social workers, doctors, police, etc.) may initiate the emergency hospitalization (the FD-12). Following this initial evaluation (typically conducted at one of DC's hospitals or DBH Comprehensive Psychiatric Emergency Program (CPEP) or Psychiatric Institute of Washington (PIW), a qualified clinician (a psychiatrist, psych nurse practitioner or psychologist employed at the facility in which the client was taken for the FD-12) must independently determine whether the individual meets the statutory standard for a continued hold (beyond the FD-12) and whether hospitalization or another form of detention is the least restrictive available intervention. These provisions benefit the CoC by establishing a lawful mechanism for response when an unsheltered individual presents as an acute danger to themselves or others. As a result, CoC providers can coordinate with these resources (DBH CPEP, PIW, hospitals, law enforcement) to have an individual assessed for an FD-12 when there is likelihood to injure. The FD-12 must include a distinct and clear "likelihood to injure" and the individual can also not be under the influence of substances at the time of evaluation, even if also experiencing a clear mental health crisis; thus, this may limit intervention for unsheltered individuals when their presentation does not establish a sufficiently immediate likelihood of injury (the Officer Agent cannot go off of past behaviors or collateral reports alone. Also, individuals may be discharged after evaluation when they no longer meet the emergency standard, even though significant behavioral health needs remain. Further, repeated FD-12s can disrupt trust and established rapport with our providers, especially where there is no follow-up from our behavioral health case system towards the client.

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

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

(limit 2,500 characters)

The DC Sex Offender Registry Act (SORA) of 1999 established the District's sex offender registration program. Among other provisions, the Act authorizes the Court Services and Offender Supervision Agency for DC to create and maintain DC's sex offender registry; requires the Superior Court to issue orders to certify a person who is a sex offender; authorizes the Agency to adopt procedures and requirements for the registration of sex offenders, the verification of offender registration information, the reporting of sex offender change of address and other information to certain agencies, and the maintenance and release of sex offender information; authorizes the Metropolitan Police Department (MPD) to release sex offender information and notify certain agencies and persons of the location of sex offenders in the District; provides for interagency coordination of information on sex offenders; and imposes reporting and registration requirements on sex offenders. Nothing in DC SORA Law prevents the applicant from assisting the homeless population in DC with registering; MPD's Sex Offender Registry Unit can partner and communicate with the applicant regarding general registration requirements for DC. DC's Sex Offender Registry is public and most registrants experiencing homelessness are identified as having "no fixed address." Specific information about registrants is available through Freedom of Information Act (FOIA) requests.

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)

The District of Columbia Dept. of Human Services, the primary local funder of homeless services and member of the DC Interagency Council on Homelessness, the CoC's governance board, administers the Coordinated Street Outreach Network (CSON), the CoC's primary street outreach initiative. CSON providers routinely engage areas they have identified as "hot spots" as well as their assigned service areas throughout each week. As client concerns are raised by the public, partners, or other District agencies, the outreach providers work to engage those individuals. In circumstances of extreme heat or cold, the teams shift away from case management services to a more acute response posture to ensure they engage as many individuals as possible as they attempt to distribute cold/warm weather supplies, provide information about the upcoming weather concerns, and continue to encourage individuals to seek shelter and/or housing options. In addition to their standard efforts the providers work with other outreach providers, District partners, and federal partners to ensure clients are engaged. This may include working with The Metropolitan Police Department, the DC Department of Behavioral Health, the National Park Service, the United States Park Police, the United States Secret Service, other outreach providers, and community members to identify and support any individual, family, or youth experiencing homelessness. If any individual is identified as someone who has not been previously engaged, our teams will attempt engagement typically within 24 hours and then routinely follow-up until the appropriate trust and rapport has been established to aid the individual and provide supportive services and care coordination. Persons engaged with are routed when possible to shelter or other services to help address any immediate needs. From those touchpoints they may begin working with broader CoC services that can help mitigate their housing crisis with the goal of ending it permanently.

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

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
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.	
---------	---	--

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)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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

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

(limit 2,500 characters)

The Office of the State Superintendent for Education (OSSE) is the CoC's State Education Agency (SEA) and is the home of DC's Homeless Education Program (HEP). HEP ensures that every child and youth experiencing homelessness receives educational opportunities, provides training and support to schools and CoC providers, and increases awareness about the issues experienced by children, youth and families experiencing homelessness. The Dept. of Human Services (DHS) is the primary local funder of homeless services, including services for minors and youth. Both OSSE and DHS are members of the DC Interagency Council on Homelessness, which is the CoC governance Board, and have coordinated on policies and procedures for informing households experiencing homelessness on their eligibility for educational services. This policy is formalized in the intake procedures for the CoC's central intake point for families, the Virginia Williams Family Resource Center, which is managed by DHS. DHS informs families of their rights to educational services and, if families are connected to shelter, case managers at family shelters track students' attendance through a secure OSSE system and assist families in transportation and other support. Per the Virginia William intake procedures, DHS staff must ensure that children are enrolled in school and/or with the McKinney-Vento program and facilitate warm handoffs to OSSE, as necessary. Additionally, OSSE and The Community Partnership, the CoC's Collaborative Applicant and HMIS Lead, have a bi-directional data sharing MOU which is used to match the CoC's record of students experiencing homelessness (via HMIS) with OSSE's list of students who are receiving McKinney-Vento educational services. McKinney-Vento liaisons at each school within DCPS and the charter system have access to the list of students enrolled in their school and currently residing in a CoC program, assisting them to identify any student eligible, but not yet enrolled, in educational supports. OSSE also operates the DC ReEngagement Center (REC), a "single door" through which youth who are not enrolled in school can reconnect to educational opportunities and other critical services to obtain a high school diploma or GED. The DC REC, through their case management team, creates educational plans for youth that support the reenrollment process and provides ongoing support for at least one year once re-enrolled.

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 District of Columbia Child and Family Services Agency (CFSA), which is CoC's child welfare agency, is member of the DC Interagency Council on Homelessness, the CoC's governance board. CFSA's Office of Youth Empowerment offers transition planning for youth in foster care who are between the ages of 15 and 21. At six-month intervals youth begin planning for their transition from foster care and set associated housing, education, and career goals to sustain independent living. Youth may remain in care until 21 and continue to receive aftercare services until they are 23 to aid in their stabilization after foster care exit. CFSA's Rapid Housing Assistance Program (RHAP) program provides time-limited housing vouchers for youth exiting foster care to help prevent homelessness and youth are eligible to receive financial assistance upon age-out to help them as they begin living on their own. Depending on need, youth may also be eligible to receive Family Unification Program (FUP) vouchers which are administered locally by the DC Housing Authority and CFSA and provide long-term rental assistance. There is further collaboration between CFSA and The Community Partnership, the CoC's Collaborative Applicant and HMIS lead to identify youth who have exited foster care for the homeless services system and to help identify level of need and appropriate housing resources for youth who experience homelessness after CFSA involvement.

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 CoC coordinates with providers that receive RHY funding in a variety of ways. The CoC's Coordinated Assessment and Housing Placement team, which manages the CoC's coordinated entry system, matches youth in shelter to RHY programs as well as other youth programming funded locally by the District of Columbia Department of Human Services (DHS), the primary local funder for homeless services programming. The Latin American Youth Center receives RHY funding for outreach and has supported CoC activities such as the annual Point in Time Count and Homeless Youth Count which help determine the size and scope of the youth population experiencing homelessness while living in the District. Sasha Bruce Youthwork receives RHY Transitional Living Program funding in addition to funding from DHS and the HUD CoC Program that support several transitional housing programs for youth operating throughout the District. (Sasha Bruce is also a HUD CoC and YHDP funded provider.) Representatives from these and other youth-serving agencies have participated in the CoC's governance board, the District of Columbia Interagency Council on Homelessness and youth participants from the programs at these agencies have participated in the CoC's Youth Action Board.

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)

The CoC's portfolio of rapid rehousing includes the Family Re-Housing Stabilization Program (FRSP), which provides time-limited assistance with rent in scattered site housing and case management through a network of six providers serving approximately 800 families at a given time. It is the CoC's primary means of exit assistance from family emergency shelter with the goal of ending the family's housing crisis as they transition to maintaining permanent housing.

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

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

(limit 2,500 characters)

The six providers in the Family Re-Housing Stabilization Program (FRSP) network support families in increasing income and strengthening their ability to maintain housing after rental assistance ends. Families are connected to employment, workforce development, education, training, and public benefit resources based on their individual needs. Unemployed participants are referred to and engaged with the Temporary Assistance for Needy Families Employment Program (TEP), when applicable, to support employment readiness, job placement, career advancement, and increased earned income. FRSP providers also work with families to identify barriers to employment and connect them to appropriate supportive services, with the goal of increasing household income and promoting long-term housing stability. For participants who are unemployed or underemployed, FRSP coordinates with the District's Temporary Assistance for Needy Families (TANF) Employment Program (TEP), when applicable. Through TEP and other workforce development resources, families may access employment assessments, job-readiness activities, career planning, training and credentialing opportunities, and job placement assistance. Participants may also pursue education or trade programs that improve employment opportunities and long-term earning potential. Throughout program participation, FRSP providers monitor progress toward employment and income goals, identify barriers that may impact employment or housing stability, and connect families to appropriate supportive services. Families are also assisted with accessing eligible public benefits and community resources that can supplement household income. By integrating housing assistance with individualized case management, workforce development, employment and training resources, and benefits coordination, FRSP helps families increase income, progressively assume responsibility for housing costs, and strengthen their ability to maintain permanent housing after FRSP assistance ends.

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)

The Family Re-Housing Stabilization Program (FRSP) provides supportive services designed to increase household income and strengthen families' ability to pay rent and maintain permanent housing after time-limited rental assistance ends. FRSP providers assess each family's employment, income, education, benefits, and supportive service needs and connect families to resources that address barriers to employment and economic stability. Services include employment readiness, job search and placement assistance, workforce development, education, vocational and job training, and credentialing opportunities based on each family's individual needs and goals. For unemployed or underemployed participants, FRSP coordinates with the District's Temporary Assistance for Needy Families (TANF) Employment Program (TEP), when applicable. Through TEP and other workforce resources, families may receive employment assessments, career planning, job-readiness services, training, and job placement assistance to obtain employment, increase earned income, and improve long-term earning potential. FRSP providers monitor progress toward employment and income goals throughout program participation and connect families to eligible public benefits and other community resources that can supplement household income. By integrating rental assistance with individualized case management, employment and training resources, and benefits coordination, FRSP helps families increase income and progressively assume responsibility for rental costs, supporting long-term housing stability after FRSP assistance ends.

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

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

(limit 2,500 characters)

The Family Re-Housing Stabilization Program (FRSP) combines time-limited rental assistance with supportive services designed to strengthen parents' ability to achieve and maintain family and housing stability. FRSP providers work with participating families to identify barriers that may affect housing stability and connect parents to individualized support based on their needs and goals. These supports may include employment and workforce development services, education and vocational training, childcare resources, public benefits, healthcare and behavioral health services, and other community-based resources that promote family well-being and economic stability. Case management supports parents in addressing challenges that may interfere with their ability to obtain employment, increase household income, maintain housing, or meet the needs of their children. Providers also assist families in navigating and coordinating services across systems and connecting to resources that support children's educational and developmental needs. FRSP recognizes that access to childcare, healthcare, education, and parental supports can directly affect a family's ability to achieve and sustain housing stability. FRSP case managers work with families to identify needs and facilitate connections to District agencies and community-based organizations. Parents may be linked to childcare and early childhood programs that allow them to pursue employment, training, education, and other activities that support family stability. Families are also connected to parenting resources and other support that strengthen their ability to meet the needs of their children. When healthcare needs are identified, FRSP providers assist families with connecting to appropriate prenatal and pregnancy-related care, pediatric services, behavioral health resources, and other healthcare supports for parents and children. These connections help families address health-related barriers that could affect their housing or overall well-being. FRSP also supports educational stability and advancement. Providers assist families with connections to school and educational resources for children and help parents access postsecondary education, vocational programs, job training, and other opportunities that can strengthen their economic prospects.

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 CoC has a long-standing working relationship with the Department of Veteran Affairs Medical Center Homeless Outreach, VASH, SSVF, and GPD programs. Coordinated Entry staff meet weekly with VA outreach social workers, collaborate on the VAMC by-name-list process, host monthly outreach case coordination meetings with SSVF, and facilitate matching to VASH and other housing programs for Veterans. As a result, the number of Veterans experiencing homelessness has reduced significantly since 2018.

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)

The DC Coalition Against Domestic Violence (DCADV), the state DV coalition, partners with the CoC in several ways. DCADV has worked with The Community Partnership, the CoC's Collaborative applicant and HMIS lead, to ensure participation among DV providers in HMIS comparable databases, has participated in the CoC's ranking committee to determine the HUD CoC Program Project Priority Listing, and served on the DC Interagency Council on Homelessness (DCICH), the CoC's governance board.

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

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

(limit 500 characters)

The DC Department of Human Services, the primary local funder for homelessness services and member of the CoC's governance board, offers prevention and diversion programs to mitigate housing crises and the Mayor's Office on Returning Citizen Affairs coordinates reentry programs. Additionally, the DC Department of Corrections' READY Center coordinates with persons prior to and after corrections release to help them obtain vital documents, behavioral health resources, and case management.

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)

Christ House's Kairos House program is a HUD CoC Program permanent supportive housing program that serves individuals with high medical needs. The health issues among Kairos House participants are typically acute and chronic, often co-occur with behavioral health concerns, and are the qualifying disabling condition, along with lengthy or repeated episodes of homelessness, that make Kairos House participants eligible for the PSH program.

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)

New Endeavors by Women's HUD CoC Program funded New Journeys 2 permanent supportive housing program serves 15 senior and elderly women who were experiencing chronic homelessness at the time they entered housing. New Journeys 2 has on-site nursing staff who provide health screenings, nutritional information, and safe movement resources.

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

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

(limit 500 characters)

All the Permanent Supportive Housing projects in the CoC's HUD CoC Program portfolio prioritize individuals experiencing chronic homelessness. Some examples include: Catholic Charities' Chronic Homeless Initiative 5 and Mt. Carmel House, House of Ruth's New Foundations, Christ House's Kairos House, Pathways to Housing's Streets to Homes, and The DC Department of Human Services Shelter Plus Care program.

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

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

(limit 2,500 characters)

The Christ House Kairos House HUD CoC Program funded permanent supportive housing program provides on-site behavioral health care through its provision of sober living requirements and activities for residents that will aid in their recovery. Most Kairos House participants also have histories of mental and physical health concerns and treatment is offered on site for these as well.

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)

The CoC's process for assessing program participants' needs for a higher level of care involves the CoC's Coordinated Entry System (locally referred to as the Coordinated Assessment and Housing Placement or CAHP) which is staffed by The Community Partnership, the CoC's Collaborative Applicant and HMIS Lead. CAHP's procedures are informed by a process involving the membership of the District of Columbia Interagency Council on Homelessness (DCICH) which is the CoC's governance board. Individuals and families experiencing homelessness work with the CoC's provider community where they receive an assessment (the SPDAT series) to determine the housing resource type that best meets their needs. While someone receiving an assessment score that showed that they would need a higher level of care than the CoC's resources provide would likely be connected to assisted living or treatment instead of enrollment in a project mentioned in 1C-19, the case management staff from those agencies could bring a participants' information back to the CAHP team for case conferencing if it was determined that he or she needed more support than the housing program provides. In those instances, the next steps may involve matching or transferring the individual or family to a locally funded assisted living or treatment resource or the provider representatives could leverage the CAHP process to identify external, non-CoC housing or treatment options. All the projects mentioned in 1C-19 participate in CAHP and the CoC requires that they participate in CAHP processes to obtain matches to their programs and/or to work through CAHP to initiate transfers out of their programs as needed.

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)

The CoC's process for readiness to move on to unsubsidized or other permanent housing involves the provider with whom the participant is housed (those named in 1C-19) and the CoC's Coordinated Entry System (locally referred to as the Coordinated Assessment and Housing Placement or CAHP) which is staffed by The Community Partnership, the CoC's Collaborative Applicant and HMIS Lead. CAHP's procedures are informed by a process involving the membership of the District of Columbia Interagency Council on Homelessness (DCICH) which is the CoC's governance board. When an individual or family is determined to no longer need the services of their permanent supportive housing placement, the next steps are determined by whether the household still needs financial or affordable housing support (instead of that paired with case management) or if they are able to live independently and move on from PSH. Although the participant would have been assessed to need PSH at the time of their placement, participants are assessed by case management staff throughout their time in programming and the determination may be made that the level of support provided by PSH may no longer be needed. When financial needs remain, a participant may be matched by CAHP from their PSH placement to targeted affordable housing, a locally funded initiative that provides rental subsidies and optional "light touch" case management. If the participant is able to live independently, their PSH provider may assist with housing search and/or other "step down" processes prior to their program exit and/or may provide after care assessment (with non-CoC resources) that are aimed at mitigating factors that may lead to the participant reexperiencing homelessness.

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

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
--------	--	--

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
--	---	------------

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
--	---	------------

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
--	---	-----

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/04/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/04/2026
--	---	------------

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

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

(limit 2,500 characters)

1. The District of Columbia Interagency Council on Homelessness (DCICH) is the CoC's governance board and assembles a group of non-conflicted stakeholders to review, approve, and rank the projects submitting proposals for renewal and new HUD CoC Program funding. This group, the CoC's Ranking Committee, reviewed project performance data from existing programs to determine whether any existing project requesting to renew should not be included in the CoC's Project Priority Listing and should be reallocated to establish a new program. This including reviewing HMIS-based performance data on participants' rates of increasing income from employment, returning to the CoC after program exit, and housing retention along with program slot utilization rates and other qualitative criteria such as the projects uniqueness within the CoC, how participant feedback is leveraged, and adoption of service requirements. 2. Projects whose scores placed them toward the bottom of the ranking were in consideration to be reallocated. This level of review involved looking to see if projects had ranked near the bottom in past competitions and/or whether their score was below a set threshold where the CoC would reject it as a renewal. 3/4. No programs fell below that threshold, but the CoC did have two programs that voluntarily chose to reallocate to create transitional housing projects. These were not due to low performance but rather to use the funds in a way to improve outcomes for the CoC at large.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
--	--	----

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)	Wellsky
--	---	---------

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

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

2A-3.	PIT Count—Methodology Change.	
-------	-------------------------------	--

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

(limit 2,500 characters)

1. Due to inclement weather in the jurisdiction at the end of January 2026, The Community Partnership, the Collaborative Applicant and HMIS Lead for the CoC, obtained approval from HUD to move the Point in Time Count to February 4, 2026. However, lingering cold temperatures and difficult road conditions in the District of Columbia meant that some modified operations for the unsheltered portion of PIT were still necessary. Historically the CoC has worked with teams of outreach professionals and volunteers to canvass the District to engage with unsheltered people on the night of PIT. This has been augmented by surveys conducted the day after PIT in meal programs and drop-in centers where participants are asked about where they spent the previous night. 2. Because of the weather and road conditions the canvassing effort had to be limited to certain areas and to key staff from provider organizations. However, The Community Partnership was able to produce an estimated citywide unsheltered count using information throughout the day and night of February 4th and the following morning, and by employing an autoregressive integrated moving average (ARIMA) that used unsheltered Point in Time data dating back to 2020. ARIMA is a moving average that emphasizes more recent data in the time series to predict the next total in a series, meaning that information on the number of people counted during previous PIT Counts helped inform the 2026 number. The Community Partnership determined that there were 718 unsheltered persons in the District of Columbia on February 4th. This estimate was in line with an unsheltered count conducted in summer 2025 which found 764 unsheltered persons in the District. Demographic counts of unsheltered persons were predicted using a multinomial regression model to achieve predicted proportions within each demographic category. These proportions were then held to the predicted total of 718 to produce the final counts. The methodology for the sheltered portion of the Point in Time Count was unchanged from previous years.

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)

Using the evaluation period of December 2024 to December 2025 the number of encampment sites decreased from 83 sites to 62 sites, from 183 individuals at those sites to 88, and from 163 tents at those sites to 53. Multiple factors contributed to the reduction of these numbers. The most significant impact was the surge of federal troops into the District and actions taken to remove encampments when this occurred. Encampment closures occurred frequently and our unsheltered encamped population quickly learned that the same could occur to them and made decisions to relocate. Additionally, in response to the federal surge the District worked to create opportunities for individuals to access non-congregate Bridge housing, additional shelter options, and utilize diversion resources to support individuals in relocating to safer situations. The District outreach teams also continued to work with individuals who had housing resources to push those processes forward and encouraged individuals to explore every possible resource available to avoid the impacts of the potential encampment closures.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	83
2. Enter the reduction in the number of encampments during your evaluation period.	21

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	183
2. Enter the reduction in the number of people in encampments during your evaluation period.	95

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

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

(limit 2,500 characters)

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 works to address housing insecurity and to prevent individuals and families from becoming homeless for the first time with prevention and diversion resources targeted to specifically to single adults, families, youth, and veterans. The District Dept. of Human Services (DHS) which is the CoC's primary local funder of homeless services administers prevention and diversion programs. These programs provide help with rent arrearages, eviction fees, security deposits, and first month's rent to help with either keeping individuals and families in their homes or help them move to more affordable housing. There are also prevention and diversion resources available for persons exiting justice, foster care, and behavioral health systems and DHS's Project Reconnect program provides diversion resources for those at risk of homelessness, those newly presenting to the shelter system, as well as households that are returning to shelter after a previous stay. Additionally, DHS's Homeless Prevention Program offers financial assistance, landlord-tenant mediation, and case management for households in housing crises. Whenever possible prevention and diversion assistance is provided unless the housing situation for the household is such that they are in need of shelter to address immediate needs. The Community Partnership, the CoC's Collaborative Applicant and HMIS Lead, also directly administers a direct cash transfer program for youth who are facing housing insecurity and a flex fund that helps veterans pay rent arrearages, move-in costs, and other expenses that impact their housing stability. Additionally, The DC Dept. of Housing and Community Development (DHCD) also offers tenant-based rental assistance using HOME funds to prevent homelessness and provide housing stability, and DHCD uses local and federal funding to create, preserve, and protect affordable housing through the District's Housing Production Trust Fund. These resources collectively to help the CoC prevent homelessness and are key in a high-cost jurisdiction such as the District of Columbia. Performance on this metric is tracked in HMIS by the Community Partnership and shared with the CoC on a quarterly basis to help understand program effectiveness and impact on CoC involvement by new individuals and families.

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

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

(limit 2,500 characters)

The CoC works to reduce the length of time households experience by leveraging prevention and diversion resources, as-needed modifications to prioritization framework for its coordinated entry system (CES), and by quarterly reviews of program level performance data on how long individuals and families are remaining in CoC programs. The CoC's Coordinated Assessment and Housing Placement (CAHP) team, which is the CoC's CES, use HMIS to identify households whose lengths of time experiencing homelessness are the longest and use that as part of their criteria to determine their priority in the matching process. This process adapts as new resources become available so that the CAHP team is ready to match to lower service need resources like rapid rehousing or when program slots are available for permanent supportive housing and they need to identify persons with long or repeated episodes of homelessness. The CoC uses its HMIS to track and understand the extent to which households have used the system over time and to determine their households' length of time experiencing homelessness in their current episode along with their service needs. The CoC's HMIS has been in use for nearly 25 years so there is comprehensive data on individuals and families who have participated in homeless services programming during that time. Coordinated entry staff use HMIS to aggregate the days of all street outreach, supportive service, and coordinated entry engagements along with shelter and transitional housing stays for everyone served by the CoC. This helps identify who has the longest lengths of time experiencing homelessness and is used to match individuals with the appropriate housing intervention. When there are gaps in HMIS, the CoC has encouraged outreach staff to work with participants to understand their housing histories and self-attest to the time they've experienced homelessness. Length of stay data is reviewed quarterly with both providers and the CoC to understand changes and make operational changes to help keep lengths of stay as low as possible.

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?	33.70%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Between January 1 and December 31, 2025, a total of 16,572 persons in 7,439 households exited the CoC's Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing programs collectively. This includes all programs represented in the CoC's HMIS regardless of funding source. Of those exiting program participants, per HMIS, 5,581 persons in 2,507 households exited to the following destinations: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; and owned by client, no ongoing housing subsidy. In comparing persons exiting to those named destinations to persons exiting the rate of exit to unsubsidized housing is 33.7 percent (and that figure is the same when comparing households exiting to the named destinations to all households exiting). Data from the HMIS's Exit Date, Exit Destination, and Relationship to Head of Household field were used to perform the calculation. Data was pulled from HMIS for persons served between January 1 and December 31, 2025.

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/04/2026
--	---	------------

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

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

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
--	---	-----

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

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

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

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	3,219	211	3,250	94.75%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	1,057	261	1,216	92.26%
4. Rapid Re-Housing (RRH) beds	2,511	50	2,561	100.00%
5. Permanent Supportive Housing (PSH) beds	19,300	0	19,180	99.38%
6. Other Permanent Housing (OPH) beds	3,692	0	3,681	99.70%

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

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable. The CoC does not have any Safe Haven beds therefore none are in HMIS. If any new Safe Haven beds are funded FY27, the CoC will ensure that they are represented in HMIS and the provider is equipped to meet all HMIS related reporting requirements for those beds.

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.
------	---

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

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
Submission Summary	No Input Required