

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: OH-503 - Columbus/Franklin County CoC

1A-2. Collaborative Applicant Name: Community Shelter Board

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Community Shelter Board

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	5
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	4
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	1
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	3
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	No	
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.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Continuum of Care (CoC) maintains a transparent and inclusive process for recruiting and appointing new members, which is communicated publicly through the CoC website and outreach to community stakeholders. Each year, the CoC Lead Agency, Community Shelter Board (CSB), announces an open nomination period and invites recommendations for new or replacement CoC Membership candidates. This annual solicitation ensures that all interested stakeholders have an opportunity to participate in the governance and decision-making structure of the CoC.

Following the nomination period, all recommendations are reviewed by the CoC Board. Candidates must receive approval through a two-thirds majority vote of the Board before being advanced for further consideration. Approved candidates are then presented to the full CoC Membership for a vote. Appointment to a vacant membership seat requires a two-thirds majority approval of the CoC Membership, ensuring a fair and representative selection process. Newly appointed members officially assume their roles on July 1, unless they are filling an existing vacancy during a term.

To preserve the integrity and transparency of the membership process, the CoC Board and Lead Agency carefully evaluate all proposed members for actual, potential, or perceived conflicts of interest. Candidates and current members are required to disclose any conflicts as soon as they arise and must recuse themselves from discussions or voting on matters where a conflict exists. Additionally, all CoC Membership members are required to complete and sign an annual Conflict-of-Interest Disclosure Form. These safeguards help ensure that membership decisions are made objectively, ethically, and in the best interest of the community and individuals experiencing homelessness.

Through publicly announced nomination opportunities, clearly defined voting procedures, and robust conflict-of-interest protections, the CoC ensures that its membership recruitment and appointment process remains transparent, accountable, and accessible to the broader community on at least an annual basis.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC publicly communicates opportunities for participation through both the CoC and CSB websites, ensuring that stakeholders have access to information about planning activities, strategic initiatives, committees, workgroups, and opportunities to provide input. Public notices, meeting information, and key planning documents are made available to promote transparency and encourage meaningful community participation.

To inform its priorities and strategies, the CoC convenes strategy sessions that engage CoC members and the broader community in discussions regarding system performance, emerging needs, program effectiveness, and future planning. These sessions provide stakeholders with opportunities to share perspectives, identify gaps in services, and recommend improvements to the homeless response system. Feedback gathered through these discussions is incorporated into CoC strategic planning, performance evaluation, and priority-setting processes. In addition, the Citizens Advisory Council, composed of individuals with lived experience of homelessness, meets monthly to advise the CoC, participate in feedback sessions, attend system trainings, and evaluate new partner projects. Their input helps ensure that planning and funding decisions reflect the experiences and needs of people directly impacted by homelessness.

The CoC also relies on comprehensive data analysis and community needs assessments to guide decision-making. HMIS data, system performance measures, housing outcomes, and demographic trends are regularly reviewed to assess the effectiveness of the local homeless assistance system. Community needs assessments provide valuable qualitative and quantitative information regarding the needs of individuals and families experiencing or at risk of homelessness. Findings from these analyses are shared with stakeholders and used alongside community feedback to inform CoC goals, funding priorities, and system improvement efforts. The CoC further incorporates youth voice into planning efforts through its Youth Action Board (YAB), whose members participate in identifying needs and priorities for youth experiencing homelessness. Goals for the youth plan are updated with direct participation from the YAB to ensure strategies remain responsive to the experiences and recommendations of youth and young adults.

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

(limit 2,500 characters)

The CoC maintains a transparent and inclusive process to encourage participation from organizations that have not previously received CoC Program funding, including faith-based organizations and other eligible applicants. The CoC actively seeks to expand provider participation and foster innovation by ensuring that all eligible organizations have a fair opportunity to compete for available funding.

As part of its annual competition process, the CoC publicly announces funding opportunities and invites new project proposals from eligible entities that have not previously received CoC Program funding. Funding announcements, application materials, timelines, and requirements are posted on the CoC website, CSB's social media, and distributed to community stakeholders, service providers, local government partners, advocacy organizations, and faith-based organizations. These outreach efforts are designed to ensure broad awareness of funding opportunities and to promote participation from organizations that may be new to the CoC Program.

The CoC provides prospective applicants with access to technical assistance, informational meetings, and guidance regarding HUD funding requirements, project eligibility, and application expectations. This support helps ensure that new and previously unfunded organizations can meaningfully participate in the competition process and develop high-quality proposals that address identified community needs.

Prior to the HUD application deadline, the CoC posts all required components of the Consolidated Application on its website and notifies community members and key stakeholders of their availability. This public posting provides stakeholders with an opportunity to review the CoC's priorities, funding recommendations, and strategic direction, further promoting transparency and accountability throughout the process.

All project proposals, including those submitted by organizations that have not previously received CoC funding, are evaluated using objective criteria established by the CoC and communicated in advance of the competition. Applications are reviewed in alignment with HUD priorities, community needs, system performance goals, and the CoC's strategic plan. The review and ranking process ensures that new applicants receive fair and equitable consideration alongside existing recipients.

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

(limit 2,500 characters)

Beginning in 2023, CSB partnered with Focus Strategies to conduct a comprehensive community assessment of the homelessness response system. Funded by the City of Columbus, Franklin County, and the business community, this 18-month effort analyzed housing market conditions, population trends, PIT data, System Performance Measures, housing inventory, and other local data sources while incorporating input from elected officials, business leaders, service providers, persons with lived experience, and community stakeholders.

The assessment identified key gaps in the CoC's system, including insufficient RRH and PSH capacity, a need for expanded diversion and homelessness prevention resources, and additional interventions to address unsheltered homelessness.

In response, the CoC developed a five-year Strategic Plan aligned with the comprehensive approach outlined in 42 U.S.C. 11386b(d). The plan expands RRH, PSH, coordinated entry, diversion, homelessness prevention, street outreach, and housing-focused shelter services, while targeting resources to populations with the greatest barriers to housing stability. Specific strategies focus on families, veterans, youth and young adults, survivors of domestic violence, older adults, and individuals experiencing chronic homelessness.

To address identified gaps, the CoC is expanding diversion, RRH, and Transitional Housing opportunities for families; implementing targeted outreach, housing navigation, and housing placement strategies to reduce unsheltered homelessness along the High Street Corridor; and increasing PSH capacity for highly vulnerable households. The CoC is also strengthening partnerships with behavioral health providers, healthcare systems, workforce development agencies, and mainstream benefit programs to improve housing stability and long-term self-sufficiency.

Early results demonstrate progress. Family homelessness declined in two consecutive PIT Counts, the 2026 PIT Count reflected only a 1.2% increase in overall homelessness despite significant housing market pressures, and all major housing interventions achieved successful housing outcome targets in FY2026. By using assessment findings to drive strategic investments and targeted projects, the CoC is implementing a comprehensive, data-driven plan to reduce homelessness and improve outcomes across all populations.

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

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

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	33%

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The CoC partners have a robust network of behavioral health providers that deliver outpatient mental health and substance use disorder treatment across a continuum of care. Key partners include Southeast Healthcare, North Community Counseling Centers, Concord Counseling Services, Netcare Access, The Buckeye Ranch, Basecamp Recovery and Freedom Recovery, as well as healthcare systems such as OhioHealth and Mount Carmel Health System. These organizations provide comprehensive outpatient services, including behavioral health assessments, individual and group counseling, evidence-based psychosocial interventions, psychiatric care, medication management, medication-assisted treatment (MAT), suicide prevention and crisis intervention, recovery supports, and care coordination. Through coordinated referrals, case conferencing, and participation in CoC and community planning efforts, providers work collaboratively to ensure participants have access to the appropriate level of care.

CoC-funded and partner agencies routinely connect participants to outpatient treatment based on individualized needs and acuity, ensuring access to services ranging from routine outpatient counseling to intensive outpatient programs and specialized behavioral health treatment. Coordination with local crisis response resources, including 988, Netcare Access Crisis Services, and mobile crisis teams, supports suicide prevention and immediate behavioral health intervention. Case managers and housing service providers assist participants in navigating treatment systems, maintaining engagement in care, attending appointments, accessing medications, and overcoming barriers that may jeopardize housing stability. This integrated network of behavioral health, healthcare, and recovery service providers helps ensure that individuals experiencing homelessness receive timely access to treatment and supports necessary to achieve long-term recovery, permanent housing, and independence.

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

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

(limit 2,500 characters)

The CoC partners with organizations that provide peer recovery services and recovery navigation to help individuals experiencing homelessness engage in treatment, maintain recovery, and achieve housing stability. Key partners include The PEER Center and House of Hope, both on the Continuum of Care, which leverage lived experience to support individuals navigating recovery and rebuilding their lives. Through referrals from CoC-funded providers, outreach teams, and Coordinated Entry, participants can access peer recovery specialists and recovery navigators who assist with treatment engagement, service coordination, housing navigation, recovery planning, and connections to healthcare, employment, and community resources. Recovery navigation helps participants overcome barriers to care, sustain engagement in services, and successfully transition toward permanent housing. Peer support complements clinical treatment by fostering trust, reducing isolation, promoting self-advocacy, and encouraging long-term recovery. The CoC's collaboration with The PEER Center, House of Hope, and other recovery-oriented partners strengthens the continuum of care and helps individuals achieve both lasting recovery and housing stability.

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 identifies individuals experiencing Serious Mental Illness (SMI) through a coordinated, system-wide assessment process that begins at entry into the homeless response system and continues throughout service engagement. Through the Homeless Hotline, Coordinated Entry assessments, shelter screenings, street outreach engagement, case management, and ongoing housing stabilization planning, providers assess behavioral health needs, functional impairments, vulnerability, and barriers to housing stability. Standardized assessment tools, individualized housing stabilization plans, and ongoing case conferencing help identify individuals whose mental health needs require intensive intervention and service coordination. CoC-funded providers operate using trauma-informed, person-centered practices and maintain strong partnerships with behavioral health organizations to ensure timely identification and referral of individuals with significant mental health needs.

Once identified, individuals with SMI are connected to community-based behavioral health providers and intensive service models that promote long-term stability. Key partners include those mentioned above and other ADAMH-funded providers that offer psychiatric services, medication management, counseling, crisis intervention, and care coordination. For individuals requiring a higher level of support, providers facilitate referrals to ACT teams and similar intensive care coordination programs that combine multidisciplinary treatment, assertive outreach, psychiatric services, medication support, and community-based case management. These evidence-based models help individuals maintain engagement in treatment while successfully obtaining and retaining housing.

The CoC further supports individuals with SMI through coordinated case conferencing, cross-system collaboration, and partnerships with healthcare systems, behavioral health providers, managed care organizations, and street outreach teams. Outreach providers and shelter staff actively engage individuals who may be disconnected from care, helping them access behavioral health treatment, crisis services, benefits, and permanent housing resources. When participants present with significant mental health needs that affect housing stability, providers coordinate warm handoffs and ongoing communication with behavioral health partners to ensure continuity of care.

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 Judge Thomas and the H.A.R.T. and CATCH specialty court dockets, which serve survivors of human trafficking, veterans, and individuals with mental health and substance use disorders. Through this partnership, participants are connected to housing, treatment, recovery supports, and community resources that promote stability and reduce homelessness. Southeast Healthcare supports these efforts through referrals, operation of a large emergency shelter, and management of the PA

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)

Through this partnership, the CoC and its provider network work collaboratively with court personnel to identify participants with housing needs and connect them to emergency shelter, rapid rehousing, permanent supportive housing, behavioral health treatment, recovery services, employment supports, and other community resources.

Court-ordered participation in treatment, recovery programs, case management, and supportive services often serves as a critical engagement tool for individuals who may otherwise face barriers to accessing care. By leveraging these court orders and maintaining communication with specialty court teams, the CoC helps ensure participants remain connected to services that promote housing stability, reduce recidivism, and address the underlying causes of housing insecurity. The H.A.R.T. and CATCH dockets also provide structured accountability and regular progress monitoring, helping participants achieve treatment goals, increase self-sufficiency, and move toward permanent housing and greater independence.

This coordinated approach is particularly impactful for survivors of human trafficking, veterans, and individuals with co-occurring mental health and substance use disorders. Judge Thomas's leadership and longstanding commitment to problem-solving courts strengthen the CoC's ability to align housing interventions with treatment and recovery goals, creating pathways to stable housing, improved well-being, and sustained community integration.

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

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

(limit 500 characters)

The CoC has a MOU with Maryhaven, a provider within the local crisis system of care. This partnership supports 24/7 access to detox services for any client in need in the entire crisis response system, as well as referrals and access to inpatient and outpatient treatment programs. There is also robust coordination with crisis response services, including 988 access, mobile crisis outreach, crisis stabilization, and behavioral health interventions for individuals experiencing homelessness.

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

41

1C-1g.

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

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

Yes

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

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

(limit 500 characters)

The CoC maintains formal partnerships with Southeast Healthcare, a CCBHC/CMHC, and North Central Mental Health, a CMHC. Through MOUs and Coordinated Entry referrals, these partners provide behavioral health assessments, mental health and substance use treatment, medication management, crisis intervention, peer support, and recovery services. These partnerships ensure timely access to care, support housing stability, and improve outcomes for individuals experiencing homelessness.

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

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

(limit 500 characters)

The CoC's new Vista Village TH Program operates sober housing consistent with 24 CFR 578.93(b)(5). The site-based community provides 41 single-occupancy tiny homes for adults experiencing homelessness, including individuals in recovery from substance use disorders. Residents live in a structured, substance-free environment and receive case management, recovery support, employment services, and connections to treatment providers to promote housing stability and long-term recovery.

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

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

(limit 2,500 characters)

The CoC coordinates closely with the providers and programs identified in Questions 1C-1a through 1C-1i through its Coordinated Entry System, community case conferencing, and formal partnership agreements to ensure individuals and families are connected to stable housing before a housing crisis results in homelessness. The CoC maintains numerous Memoranda of Understanding (MOUs) and contractual partnerships that clearly define referral pathways, partner responsibilities, information-sharing protocols, and service commitments. Partner agencies conduct housing problem-solving, diversion, assessment, and stabilization activities and provide warm hand-offs through direct provider-to-provider communication, shared service planning, navigation support, and follow-up to confirm successful linkage to housing and supportive services. For high-acuity households, passive referrals are prohibited and direct connections must occur within 24-48 hours. This coordinated approach promotes continuity of care, strengthens housing stability, and prevents homelessness whenever possible.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$27,047,015
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,212,511
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	4%
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.	\$15,156,477
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).	61%

1C-3.**Participation Requirements for Supportive Services.**

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

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?

100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC and CSB, serving as the UFA, consult closely with the City of Columbus and Franklin County as the ESG recipients, in the planning, implementation, and allocation of ESG funds to ensure resources are aligned with community needs and CoC priorities. ESG-funded providers and local government recipients participate in CoC governance, planning committees, workgroups, and regular stakeholder meetings where homelessness trends, system performance, service gaps, and funding priorities are reviewed. CSB coordinates ongoing consultation with ESG recipients throughout the year by sharing HMIS, PIT, HIC, System Performance Measure, and housing inventory data to inform funding decisions and identify emerging needs. ESG recipients actively contribute to community planning efforts, including the development of coordinated strategies for street outreach, emergency shelter, homelessness prevention, rapid rehousing, and diversion. Feedback from ESG-funded providers is incorporated into system planning, performance improvement efforts, and funding recommendations.

As the CoC continues its partnership with ESG recipients, consultation will remain embedded in the annual planning process through regular CoC meetings, provider forums, strategic planning discussions, and coordinated funding reviews. The CoC will continue using data-driven analysis, stakeholder feedback, and system performance outcomes to guide ESG investment decisions, ensuring funds are targeted to interventions that advance housing stability, reduce lengths of homelessness, and support equitable access to housing and services across Columbus and Franklin County.

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 coordinates closely with shelter providers to connect individuals and families experiencing homelessness with the full range of CoC-funded housing and supportive service resources. ESG-funded emergency shelters participate in ongoing CSB-led workgroups, strategy sessions, focused case conferencing, and leadership meetings that promote consistent housing-focused practices, coordinated service delivery, and effective referrals to CoC assistance programs.

Upon entry to shelter, households complete an Individual Housing Stabilization Plan that identifies barriers to housing, establishes individualized goals, and outlines action steps to quickly exit homelessness. Households are also assessed through a standardized prioritization process to determine eligibility and need for CoC-funded interventions, including RRH and PSH. This coordinated assessment process ensures households are connected to the most appropriate level of assistance based on their needs and vulnerabilities.

Shelter providers utilize standardized policies and procedures, monitored by CSB through annual program reviews and ongoing performance management, to ensure consistent access to CoC resources across the system. Households able to secure housing with limited assistance receive housing-focused case management, landlord navigation support, and Direct Client Assistance for security deposits, first month's rent, and other housing-related expenses. Individuals and families with higher service needs are referred to Rapid Re-Housing, Transitional Housing, Permanent Supportive Housing, and other CoC- and community-based resources as appropriate.

In September 2026, the CoC launched the Housing and Income Pathway initiative to strengthen coordination between shelters, housing providers, and workforce development partners. The initiative provides enhanced tools and training to ensure all households have equitable access to housing opportunities, employment supports, and income growth strategies that promote long-term housing stability. Through coordinated assessment, standardized referral processes, ongoing case conferencing, and strong partnerships among shelters, housing providers, and service organizations, the CoC ensures individuals and families are efficiently connected to CoC assistance and the resources needed to achieve permanent housing and long-term stability.

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

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

(limit 2,500 characters)

The CoC shares PIT, HIC, HMIS, and System Performance Measure data with the City of Columbus, Franklin County, and the State of Ohio to inform planning, resource allocation, policy development, and system improvement efforts. Through the CSB, PIT and HIC data, system capacity information, utilization trends, inventory gap analyses, and projected housing and service needs are regularly provided to local and state government partners to support Consolidated Plan development and updates.

The CoC utilizes HMIS data to produce monthly, quarterly, and annual reports on housing outcomes, returns to homelessness, length of time homeless, income growth, utilization rates, and other HUD System Performance Measures. These data are reviewed collaboratively with government partners during CoC Board meetings, CoC meetings, planning sessions, and workgroups to guide strategic planning and funding decisions.

To promote transparency and community engagement, PIT, HIC, HMIS, and system performance data are regularly shared during public CoC meetings and made available through the CoC and CSB websites. The CoC also conducts PIT debriefs and system analyses to identify trends, evaluate system performance, and inform continuous quality improvement efforts. Through ongoing data sharing and collaboration, the CoC ensures that local and state partners have timely, accurate information to strengthen the homelessness response system and improve outcomes for individuals and families experiencing homelessness.

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

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

(limit 2,500 characters)

The CoC utilizes multiple data sources alongside HMIS to better understand community needs, identify service gaps, coordinate care, and improve outcomes for individuals and families experiencing homelessness. CSB, the CoC's UFA, integrates HMIS data with local government data, healthcare and behavioral health information, law enforcement data, housing market analyses, and community needs assessments to support data-driven planning and service delivery.

The CoC analyzes PIT Count and HIC data to evaluate system performance and identify emerging needs. These data are supplemented by City of Columbus and Franklin County demographic and socioeconomic data, Consolidated Plan needs assessments, community health assessments, housing market indicators, NLIHC Gap Reports, and Out of Reach Reports to better understand housing affordability challenges, resource gaps, and factors contributing to homelessness and housing instability. The CoC also utilizes HealthMap analyses and geographic data to identify areas with elevated vulnerability, health disparities, unsheltered homelessness, and service needs, helping guide outreach efforts, resource deployment, and strategic planning. To strengthen cross-system coordination, the CoC works closely with the City Attorney's Office and local law enforcement agencies to monitor police calls at shelters and PSH sites, identify trends, and implement proactive interventions when concerns arise. The CoC is also collaborating with the region's four major hospital systems to establish a standardized process for tracking admissions of individuals experiencing homelessness, improving care coordination and enabling more timely housing and service responses.

Partnerships with Franklin County Justice Policy and criminal justice stakeholders support jail diversion efforts, data sharing, and coordinated discharge planning. Through participation in jail population review processes, the CoC is working to identify individuals experiencing chronic homelessness upon jail entry so housing interventions can be initiated earlier and placements expedited upon release. Justice partners also provide data regarding alternative housing placements arranged at discharge to support diversion from shelter whenever possible. Additionally, the CoC is beginning to leverage PADmission data to analyze service utilization, frequency of system engagement, and housing outcomes, informing more targeted and effective rehousing strategies.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC maintains a formal workforce development partnership with Aspyr Workforce Innovations, an active CoC member and Central Ohio's workforce development leader overseeing the Local Workforce Development Board and American Job Centers, through a MOU with Community Shelter Board (CSB), the CoC's UFA and system administrator. This partnership strengthens coordination between the homeless response system and workforce development network to help individuals experiencing homelessness increase income, obtain employment, and achieve long-term housing stability.

Under the MOU, CoC-funded providers and Homeless Crisis Response System (HCRS) partners are connected to workforce development opportunities, employment services, training resources, and career pathways available through Aspyr Workforce Innovations and its workforce development partners. The agreement establishes clear referral and follow-up processes to ensure participants successfully access workforce services and employment supports. Aspyr Workforce Innovations provides training to HCRS partners on referral procedures, workforce system navigation, labor market trends, and available workforce opportunities throughout Columbus and Franklin County.

The partnership promotes ongoing cross-system collaboration through participation in CoC meetings, workgroups, case conferencing, trainings, and workforce innovation partner sessions. As an active CoC stakeholder, Aspyr Workforce Innovations helps inform strategies that connect housing stability with economic mobility.

Through this formal partnership, the CoC integrates employment and workforce development into housing stabilization efforts by connecting program participants to job readiness services, workforce training, career advancement opportunities, and employment resources that support increased income and self-sufficiency. This coordinated approach recognizes that sustainable employment is a key component of long-term housing stability and helps individuals and families experiencing homelessness achieve successful exits from homelessness and maintain permanent housing.

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 CoC has significantly improved street outreach outcomes through targeted engagement, strategic use of PSH and RRH resources, and the reduction of housing barriers. Housing exits increased from 31.4% in FY2023 to 53% during the first three quarters of FY2026, exceeding the national FY2024 average of 32.3%.

CSB-funded Street Outreach (Mount Carmel), PATH, law enforcement, and City partners coordinate to identify, engage, and connect individuals experiencing unsheltered homelessness to shelter, housing, treatment, and supportive services. Outreach staff maintain a housing-focused approach, continuing engagement with individuals who decline shelter while addressing barriers to permanent housing.

The City of Columbus Homeless Liaison and outreach providers regularly coordinate on encampments, referrals, and housing placements. When encampments require remediation due to health or safety concerns, outreach teams conduct intensive engagement before, during, and after remediation to connect individuals with housing and services.

In 2025, the City launched a specialized outreach team receiving referrals from police, fire/EMS, and 311 services, focusing on individuals with high utilization of crisis and justice systems. Outreach staff also work with the City Attorney's Office to address legal barriers that impede housing placements. CSB participates in cross-system coordination meetings with public safety and community partners, while Police Community Liaisons build trust with unsheltered individuals and connect them to housing and service resources. The CoC's FY2026 HUD application further expands this successful model through a dedicated Street Outreach project aimed at reducing unsheltered homelessness.

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)

Partner agencies serving adults and families in crisis have a variety of methods to reconnect these households to their family or friend support networks whenever possible. These conversations begin and continue throughout a household's engagement in the system since someone's circumstances and resources can change at any time. Partner agency staff are trained in Housing Problem Solving with a focus on examining any types of support that the household in crisis may be able to contact and leverage for assistance. This assistance could involve staying with a friend or family member in lieu of shelter or obtaining financial assistance to move into housing or another safe location. All programs have the opportunity to reconnect households with their support systems, in the region, in the state or elsewhere in the country. If the Case Manager is able to confirm a permanent address and knows the household will have a stable place to live when moving, they will purchase a bus ticket or provide them with gas cards to go to their safe destination and avoid homelessness. In the Family System there is a multi-step diversion process that begins at Coordinated Entry to help families identify other safe options and the Diversion program is highly trained and skilled at enrolling a family in a prevention program after helping them secure a temporary location with friends or family. The prevention program then helps them obtain a stable home. Another resource available for families is the Direct Cash Transfer program where families can utilize financial resources to self-resolve their episode of homelessness and use resources to stay with support networks until they find a permanent home or to relocate on their own with these resources. This program has been highly effective with over 90% of DCT recipients never returning to shelter. Community Shelter Board will begin a Bridge Housing program in 2026 wherein households that otherwise would matriculate into shelter will use resources to stay with support networks whenever possible. This program will provide a diversion from shelter and also allow household to enroll in prevention for a more permanent solution. Veterans have additional access to resources in the system, CSB is following-up with the local housing authority regarding vouchers for youth to prevent homelessness when aging out of the system and to encourage them to connect with any support networks they have while utilizing these vouchers.

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

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

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

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

(limit 2,500 characters)

The CoC actively supports local efforts to address unsheltered homelessness through strong partnerships with the City of Columbus, law enforcement, fire/EMS, outreach providers, and other stakeholders. The CoC promotes a coordinated, housing-focused approach that balances public safety, community concerns, and the needs of individuals experiencing homelessness.

Street Outreach and PATH teams conduct ongoing engagement to build trust, assess needs, and connect individuals to shelter, treatment, and permanent housing. The City Homeless Liaison, outreach providers, and first responders regularly coordinate responses to emerging concerns and high-need situations. CSB leadership also participates in monthly meetings with the City Attorney's Office, Police, Fire, and Code Enforcement to align housing and public safety strategies.

The City's CORE outreach team further supports first responders by accepting referrals from police, fire, EMS, and other city systems. The team focuses on individuals with complex needs, including chronic homelessness, serious mental illness, substance use disorders, and frequent interactions with crisis and justice systems, helping connect them to treatment and housing.

While the CoC prioritizes engagement and voluntary housing interventions, law enforcement may be involved when necessary to address criminal activity or immediate safety concerns. Outreach providers continue to coordinate with first responders to offer housing and treatment options that support long-term stability and reduce recurring public safety issues.

The CoC also supports first responders through specialized training for outreach staff on behavioral health crises, involuntary hospitalization processes, mental health probate procedures, and de-escalation techniques. Netcare's Coordinated Point of Access helps connect individuals to appropriate resources while ensuring compliance with shelter requirements. CSB has additionally convened a community task force focused on improving housing access for individuals with sex offense histories who face significant barriers to housing and heightened risk of unsheltered homelessness.

Collectively, these efforts have strengthened coordination among housing, behavioral health, and public safety systems, improved outreach outcomes, and supported reductions in unsheltered homelessness and community impacts.

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 CoC works closely with the City's Encampment Remediation Process to ensure outreach and housing interventions occur before, during, and after encampment closures. Prior to remediation, the City Homeless Liaison and law enforcement engage individuals residing in encampments and connect them with street outreach, shelter, housing, behavioral health treatment, and supportive services. Local strengths include coordinated street outreach, CSB's centralized access system, and strong partnerships among local government, service providers, shelters, and housing programs. These practices support timely engagement, coordinated referrals, and connections to housing and services. Challenges include limited affordable and supportive housing inventory, shelter capacity constraints, and the complex needs of some unsheltered individuals, which can delay housing placements. Some individuals also require ongoing engagement before accepting assistance. To leverage beneficial policies and mitigate barriers, the CoC will continue coordinating outreach and housing interventions before encampment closures, using coordinated entry and list data to prioritize unsheltered households, and strengthening partnerships with housing, shelter, and behavioral health providers. The CoC will provide repeated offers of assistance, warm handoffs to service providers, and rapid connections to available resources. While the CoC cannot independently resolve housing supply shortages, it will continue advocating for increased housing resources and expanding system coordination to reduce the negative impacts of these constraints and improve housing outcomes for individuals experiencing unsheltered homelessness.

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)

The CoC continues to experience significant challenges related to unsheltered homelessness and encampments. The 2026 Point-in-Time (PIT) Count identified 2,587 individuals experiencing homelessness, including 651 individuals experiencing unsheltered homelessness, a 43% increase from 2025. Local data indicate that more individuals are residing in encampments, vehicles, and other places not meant for human habitation, reflecting ongoing pressures from the shortage of affordable housing, limited permanent supportive housing capacity, and increasing behavioral health needs.

The growth in unsheltered homelessness has been accompanied by increases in chronic homelessness (+16.4%), severe mental illness (+42%), and chronic substance use (+53%) among individuals experiencing homelessness, further contributing to the complexity of serving people residing in encampments. Community assessments project that unsheltered homelessness could continue to increase without additional investments in diversion, rapid rehousing, and permanent supportive housing resources.

The CoC works closely with the City of Columbus's Encampment Remediation Process to ensure outreach and housing interventions occur before, during, and after encampment closures. Prior to remediation, the City's Homeless Liaison, street outreach teams, and law enforcement engage individuals residing in encampments and connect them to shelter, housing, healthcare, behavioral health treatment, and supportive services. Through coordinated outreach, by-name list management, and coordinated entry, the CoC prioritizes engagement of unsheltered households and connections to available housing resources.

While encampments remain a visible indicator of the community's housing challenges, the CoC continues to strengthen housing-focused outreach efforts and cross-system partnerships to reduce unsheltered homelessness and support movement from encampments into safe, stable housing.

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

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

(limit 2,500 characters)

The CoC leverages strong partnerships among outreach providers, behavioral health agencies, healthcare systems, law enforcement, and local government to quickly engage individuals using illicit drugs in public and connect them to appropriate services. Outreach teams utilize housing-focused, harm-reduction practices to connect individuals with treatment, crisis services, peer recovery supports, shelter, and permanent housing.

Barriers include limited treatment capacity, housing shortages, and the complex needs of individuals experiencing homelessness and substance use disorders. Some individuals also require repeated engagement before accepting services.

To address these challenges, the CoC coordinates with ADAMH, The PEER Center, healthcare providers, law enforcement, and behavioral health partners to facilitate warm handoffs to treatment, recovery supports, crisis services, and housing programs. The CoC uses coordinated entry and by-name list data to prioritize engagement and service connections. While the CoC cannot independently address treatment and housing resource shortages, it will continue strengthening partnerships, expanding service coordination, and advocating for additional treatment, recovery, and housing resources to reduce public drug use and improve long-term housing stability.

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)

Columbus and Franklin County continue to experience significant impacts from substance use disorders and overdose-related harms, particularly those involving fentanyl and polysubstance use. While local data indicate that overdose deaths have declined from peak levels observed during the COVID-19 pandemic, overdose fatalities and non-fatal overdoses remain a critical public health concern. Fentanyl continues to be the primary driver of overdose deaths, often in combination with substances such as cocaine and methamphetamine, increasing both risk and complexity of intervention efforts.

Public use of illicit drugs remains a challenge in areas where individuals experience unsheltered homelessness, including encampments and other public spaces. Individuals experiencing homelessness often face co-occurring mental health and substance use disorders, creating barriers to housing stability, treatment engagement, and recovery.

In response, the CoC collaborates with ADAMH, healthcare systems, behavioral health providers, outreach teams, law enforcement, and recovery organizations to rapidly connect individuals to treatment, crisis services, peer recovery support, shelter, and permanent housing. Through coordinated outreach, harm-reduction strategies, and housing-focused interventions, the CoC helps reduce overdose risk and promote long-term recovery and housing stability. Community-wide efforts continue to expand access to treatment, recovery supports, and overdose prevention resources while strengthening coordination among service systems.

Although overdose trends are improving, fentanyl-related overdoses, polysubstance use, and public drug use remain ongoing challenges. Continued investment in housing, behavioral health treatment, peer recovery supports, and cross-system collaboration is essential to sustaining progress and improving outcomes for individuals experiencing homelessness and substance use disorders.

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 Columbus and Franklin County CoC operates within Ohio laws and policies that permit emergency intervention when an individual presents a danger to themselves or others due to a mental illness or behavioral health crisis. These provisions, along with strong partnerships among crisis response providers, hospitals, behavioral health agencies, law enforcement, and outreach teams, help facilitate timely assessment, stabilization, and connection to appropriate treatment and supportive services. The CoC also benefits from coordination with the local crisis system, including 988, mobile crisis response teams, and behavioral health providers funded through ADAMH.

However, several factors can hinder the CoC's ability to intervene. Involuntary commitment standards are appropriately limited by legal due process requirements and clinical criteria, meaning not all individuals experiencing homelessness, severe mental illness, or substance use disorders meet the threshold for involuntary intervention. In addition, behavioral health workforce shortages, limited inpatient psychiatric capacity, housing shortages, and gaps in long-term treatment resources can delay access to care and stable housing following a crisis episode.

To leverage beneficial policies and mitigate barriers, the CoC maintains strong partnerships with ADAMH, crisis response providers, hospitals, law enforcement, outreach teams, and behavioral health agencies to ensure individuals presenting a risk to themselves or others are quickly connected to crisis assessment, stabilization, treatment, and housing resources. CoC-funded and partner outreach teams utilize coordinated outreach, warm handoffs, and established referral pathways to connect individuals to emergency services, behavioral health treatment, peer support, shelter, permanent supportive housing, and other community resources.

While the CoC cannot modify state commitment laws or independently expand psychiatric treatment capacity, it will continue strengthening cross-system coordination, improving crisis response partnerships, expanding connections to behavioral health and supportive housing resources, and advocating for increased treatment capacity. These efforts help ensure individuals experiencing behavioral health crises receive the appropriate level of care while supporting long-term housing stability and community safety.

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)

CoC benefits from federal, state, and local policies that support information sharing related to registered sex offenders. Ohio's implementation of the Sex Offender Registration and Notification Act (SORNA) provides publicly available registry information that allows service providers, local governments, law enforcement, and housing providers to identify registration requirements, residency restrictions, and supervision conditions that may impact housing placement and service delivery. Strong partnerships among the CoC, law enforcement agencies, housing providers, and community partners help ensure registry information is accessed and utilized appropriately when making housing and service referrals.

At the same time, SORNA-related requirements and housing restrictions can create barriers to housing stability for some individuals. Residency restrictions, landlord screening practices, limited housing options, and community opposition may reduce available housing opportunities and increase the risk of homelessness or prolonged shelter stays for individuals subject to registration requirements. Privacy and confidentiality requirements also appropriately limit the extent to which certain personal information can be shared beyond what is authorized by law.

To leverage beneficial policies and mitigate barriers, the CoC works closely with housing providers, law enforcement, and service partners to ensure accurate and lawful use of registry information when assessing housing options and service needs. Providers are trained to utilize publicly available registry information, understand applicable restrictions, and identify housing resources that can legally accommodate individuals subject to registration requirements. The CoC also promotes coordinated case planning, warm handoffs, and collaboration among housing, behavioral health, employment, and supportive service providers to reduce barriers to stable housing.

While the CoC cannot modify SORNA requirements, residency restrictions, or private landlord screening practices, it can strengthen coordination among partners, educate providers on applicable regulations, and expand identification of housing and supportive service options that comply with legal requirements. These efforts help balance community safety, legal compliance, and housing stability while reducing the risk of homelessness among individuals impacted by SORNA-related restrictions.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC employs a comprehensive, system-wide outreach strategy designed to identify, engage, and connect all individuals and families experiencing homelessness across Columbus and Franklin County to shelter, housing, and supportive services. The CoC's Street Outreach system serves as a designated Coordinated Entry access point and utilizes a housing-focused, trauma-informed, and person-centered approach to engage individuals experiencing unsheltered homelessness in encampments, vehicles, parks, abandoned buildings, transit stations, libraries, meal sites, and other locations where people experiencing homelessness are known to gather. Outreach providers proactively conduct field-based engagement, assess housing needs, verify homelessness status, and connect individuals to emergency shelter, permanent housing opportunities, healthcare, behavioral health services, income supports, and other community resources.

The CoC's outreach efforts are coordinated through the Homeless Hotline, Coordinated Entry System, emergency shelter providers, healthcare systems, behavioral health providers, law enforcement, first responders, and community-based organizations. Specialized access and outreach strategies are utilized for populations with unique needs, including survivors of domestic violence, veterans, transition-age youth, families with children, pregnant women, and individuals with serious mental illness or substance use disorders. Youth-focused outreach is conducted through the CARR Team, while survivors are connected through the Domestic Violence Coordinated Entry system and victim service providers.

The CoC continuously analyzes HMIS, PIT, HIC, and Coordinated Entry data to identify geographic areas and populations with the greatest unmet needs, allowing outreach efforts to be adjusted as conditions change. Outreach teams work collaboratively with shelter and housing providers to ensure individuals are rapidly assessed, prioritized, and connected to the most appropriate housing intervention, including RRH, PSH, TH, and emergency shelter. Regular case conferencing, information sharing, and coordinated referral processes support warm hand-offs and continuity of care across the homeless response system.

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

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

8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

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

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

(limit 2,500 characters)

The CoC maintains written policies and procedures to ensure that all children, youth, and families experiencing homelessness are informed of and connected to educational services for which they may be eligible. Consistent with federal homeless assistance and education requirements, all CoC-funded providers are required to assess household composition during intake, identify school-aged children and youth, and provide information regarding educational rights, school stability, enrollment assistance, transportation resources, and available supports.

As outlined in the CoC's policies and procedures, providers conduct comprehensive assessments through Coordinated Entry, outreach, shelter, rapid rehousing, and permanent supportive housing programs to identify educational needs and barriers. Households with children are informed of their rights to remain in their school of origin when appropriate, receive assistance with immediate school enrollment, and access early childhood education programs, including preschool and Head Start services. Providers also screen for the needs of unaccompanied youth and connect them with age-appropriate educational supports.

The CoC's written procedures require collaboration with local educational representatives, including McKinney-Vento liaisons, school districts, early childhood education providers, and youth-serving organizations. Through these partnerships, providers facilitate referrals, coordinate documentation requirements, and support families in accessing educational services without unnecessary delays. Staff are trained to make warm handoffs and assist households in navigating enrollment processes, obtaining school records, and addressing transportation or attendance barriers.

To promote ongoing access to education, the CoC incorporates educational needs into service planning and case management. Providers routinely monitor progress, coordinate with schools and educational partners as permitted, and connect families to additional resources that support academic success and school engagement. Information regarding educational rights and available services is communicated through client interactions, program orientation materials, resource guides, and referrals, ensuring that individuals and families experiencing homelessness are consistently informed of their eligibility for educational services and connected to appropriate supports.

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

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

(limit 2,500 characters)

The CoC's written policies and procedures establish a coordinated approach for partnering with foster care and child welfare agencies to support youth transitioning from public systems of care and to prevent homelessness. Through Coordinated Entry, street outreach, emergency shelter, rapid rehousing, and permanent supportive housing programs, providers assess housing stability, service needs, and transition plans for youth exiting foster care, juvenile justice, and other public systems.

The CoC maintains strong partnerships with local child welfare agencies, including Franklin County Children Services and youth-serving organizations, to facilitate early identification of youth at risk of homelessness and timely referrals to housing and supportive services. Written procedures promote collaboration and information sharing, as permitted by law, to support transition planning before youth exit care.

The CoC's policies require providers to prioritize warm handoffs and streamlined referrals for eligible youth. Through Coordinated Entry, youth are connected to appropriate housing interventions based on vulnerability and service needs, including rapid rehousing, transitional housing, permanent supportive housing, and mainstream resources. Providers work closely with child welfare partners to reduce service gaps and ensure continuity of care during critical transition periods.

The CoC coordinates with schools, workforce development organizations, behavioral health providers, and other community partners to address barriers contributing to housing instability. Youth are connected to educational supports, employment training, health care, mental health services, and other resources that promote long-term self-sufficiency.

The CoC's written procedures emphasize ongoing communication, defined referral pathways, and formal partnership agreements that outline partner roles and responsibilities. Through these collaborative efforts, the CoC ensures that youth transitioning from foster care and other public systems receive coordinated, trauma-informed support, timely access to housing resources, and services designed to promote successful transitions to independent living and long-term housing stability.

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's written policies and procedures establish coordination with Runaway and Homeless Youth (RHY)-funded providers, including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes, to ensure youth and young families experiencing homelessness have timely access to housing, supportive services, and permanent housing opportunities. Through Coordinated Entry and established referral protocols, RHY providers are integrated into the broader homeless response system and are recognized as key partners in identifying and serving vulnerable youth.

The CoC promotes active collaboration between RHY-funded providers, outreach teams, emergency shelters, housing providers, behavioral health organizations, schools, and mainstream service systems. Written procedures encourage regular communication, case conferencing, and coordinated service planning to ensure youth receive individualized, developmentally appropriate supports. Providers work together to address the unique needs of runaway and homeless youth, including housing stability, education, employment, health care, family reunification when appropriate, and life-skills development.

The CoC's policies require providers to prioritize warm handoffs and streamlined referrals between RHY programs and CoC-funded housing resources. Youth identified through RHY-funded Street Outreach Programs, Basic Center Programs, Transitional Living Programs, or Maternity Group Homes are assessed for housing and service needs and connected to the most appropriate interventions through Coordinated Entry. Referral processes are designed to reduce service gaps and ensure continuity of care as youth move between systems and programs.

The CoC also supports partnerships and formal agreements that clearly define referral pathways, service commitments, and coordination expectations among providers. Information sharing, as permitted by law, helps ensure that youth do not have to repeatedly navigate multiple systems or recount their experiences to access needed services.

Through these written policies and procedures, the CoC ensures that RHY-funded providers are fully integrated into the community's homeless response system, promoting coordinated service delivery, improved access to housing resources, and positive outcomes for youth and young families experiencing homelessness.

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)

Multiple RRH projects within the CoC primarily serve families with children experiencing homelessness, including Homes for Families Jobs 2 Housing, YMCA Domestic Violence RRH, and VOA RRH. Referrals occur through Coordinated Entry, shelters, and outreach. Families receive housing assistance, individualized service planning, employment and income supports, healthcare connections, and ongoing case management to promote long-term housing stability and successful exits to 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)

RRH provider assists the family into moving into a new home while they continue to work with them on increasing income and maintaining employment that will support their long-term housing stability. If job training is needed, they will connect them to this resource, or if they are already working or ready to apply for work, they will connect them to job opportunities through their employer networks or through the Workforce Development Board in Franklin County. The focus is on achieving stability through employment. In addition, based on the needs of the family, RRH Case Managers will help them apply for TANF and/or SNAP benefits to help them secure enough food for their home.

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 project(s) identified in 1C-13 leverage funding from mainstream family service systems, including TANF and Supplemental Nutrition Assistance Program (SNAP) to promote housing stability and increase household income for families experiencing or at risk of homelessness. Through coordinated partnerships with Franklin County Department of Job and Family Services and other community-based providers, eligible households are connected to TANF-funded cash assistance, employment and training services, child care assistance, transportation supports, food assistance and emergency benefits that help address barriers to maintaining permanent housing.

Project staff utilize the Coordinated Entry and case management processes to screen families for mainstream benefit eligibility and facilitate referrals to TANF and related benefit programs. These resources complement CoC-funded housing assistance by helping participants increase income, meet basic needs, secure employment and permanent housing, and reduce the likelihood of returns to homelessness. In addition, projects coordinate with workforce development, public assistance, and family stabilization programs to ensure participants receive the full range of available supports while CoC resources remain focused on housing interventions. This braided funding approach maximizes community resources, strengthens long-term housing outcomes, and promotes economic self-sufficiency for families served through the project(s).

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)

Early education and support is also crucial-Case Managers will refer to Head Start and any other early childhood education resources. Referrals to healthcare for children, pre and post-natal services and healthcare for the mother are also services that this program provides. If there are additional needs related to achieving healthy birth outcomes, the program will assist with these needs. The Homes for Families Jobs 2 Housing Program has been successful in housing and stabilizing pregnant mothers and providing rental assistance for a duration of time that allows for the baby to be stable and for the mother to continue on with employment and economic mobility goals. The program works with neighborhood health clinics as well as the major hospital in Columbus, including Nationwide Children's Hospital, to ensure for the best outcomes possible. NCH also has a Mobile Response Stabilization program that can intervene in active situations that need a mental health specialist.

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 strong partnerships with Volunteers of America Veterans Programs, Veterans Service Commission and Department of Veteran Affairs. Volunteers of America operates a CoC-funded PSH Program and the Veterans Service Commission and Department of Veterans have representatives that sit on the CoC Membership and Governing Board.

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 CoC maintains strong partnerships with LSS Choices for Victims of Domestic Violence, the Ohio Alliance to End Sexual Violence, and anti-trafficking and victim service providers. Through Coordinated Entry, emergency shelter, and referral protocols, these partners provide safe shelter, rapid rehousing, trauma-informed services, advocacy, and safety planning for individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, and human trafficking.

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

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

(limit 500 characters)

The CoC partners with the ARCH Reentry Project to prevent homelessness among individuals transitioning from prisons, jails, and court-ordered programs. Through coordinated discharge planning, housing navigation, case management, workforce supports, and connections to mainstream benefits, ARCH helps participants secure stable housing and reduce returns to homelessness.

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

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

(limit 500 characters)

The CoC partners with organizations that provide specialized supportive services for individuals experiencing homelessness with complex medical needs, including LSS Faith Mission Medical Respite, Health Center at Faith Mission, and Southeast Healthcare. These partners deliver recuperative care, primary and behavioral healthcare, medical case management, outreach, and care coordination for medically vulnerable individuals, supporting recovery, housing stability, and reduced hospital utilization.

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)

The CoC partners with the Central Ohio Area Agency on Aging and Columbus Public Health/Franklin County Public Health to serve older adults experiencing homelessness. Through coordinated referrals, aging and elderly individuals are connected to home visiting nurses, in-home supports, long-term care services, assisted living resources, and medical respite when appropriate.

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

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

(limit 500 characters)

The CoC prioritizes individuals experiencing chronic homelessness through YMCA 2026 McKinley Manor PSH, YMCA 2026 Touchstone Field PSH, and VOA 2026 Permanent Supportive Housing for Families. Using Coordinated Entry and Housing First practices, these PSH projects prioritize households with the longest histories of homelessness and highest service needs, providing permanent housing and intensive supportive services that promote stability, improve outcomes, and reduce returns to homelessness.

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

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

(limit 2,500 characters)

The projects identified in 1C-19 provide comprehensive on-site behavioral healthcare through partnerships with medical providers, behavioral health professionals, and mobile crisis teams. Sound Family Practice visits shelter locations weekly and offers open psychiatric hours, ensuring residents have regular access to mental health assessment, medication management, and psychiatric support. Central Ohio Primary Care provides on-site psychiatric and physical healthcare services, increasing access to integrated, low-barrier care.

Residents also have access to ongoing therapeutic services with licensed therapists providing individual counseling, behavioral health assessments, and treatment planning. Additionally, a Federally Qualified Health Center (FQHC) delivers psychiatric services and behavioral health support for shelter residents who need or request care, helping connect individuals to ongoing treatment and recovery services.

To address behavioral health crises, all shelters and PSH projects across the CoC have access to the Netcare Mobile Crisis Response Team. Netcare provides on-site intervention for residents experiencing psychiatric distress, mental health emergencies, or substance use-related crises. The team can also provide trauma-informed counseling and support to residents and staff following critical or traumatic incidents.

Youth and families have access to specialized crisis services through Nationwide Children's Hospital Mobile Crisis Response. This team responds directly to family shelters and family PSH sites when children or youth age 18 and younger experience a behavioral health crisis or traumatic event. Together, these partnerships ensure residents have access to prevention, intervention, treatment, and crisis response services that support housing stability and overall well-being.

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 RRH and TH projects identified in 1C-19 maintain written policies and procedures for assessing whether participants require a higher level of care, including assisted living, residential treatment, inpatient behavioral health services, medical respite, or other specialized settings. Through ongoing case management, staff regularly assess participants' physical health, behavioral health needs, substance use disorders, functional limitations, activities of daily living, safety concerns, and ability to maintain housing independently.

Assessments occur at program entry and throughout participation as circumstances change. Case managers monitor for indicators that a participant's needs exceed the level of support available through RRH or TH and collaborate with healthcare providers, behavioral health professionals, hospitals, ADAMH-funded providers, and other community partners to determine the most appropriate care setting. When a higher level of care is identified, staff facilitate referrals, coordinate warm handoffs, assist with applications and documentation, and support transitions to the appropriate program or facility.

Participants remain actively involved in decision-making, and assessments are conducted using a trauma-informed, person-centered approach. This process helps ensure individuals receive the level of care necessary to address health and behavioral health needs while promoting housing stability, safety, and long-term well-being.

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 RRH and TH projects identified in 1C-19 maintain written policies and procedures to assess participant readiness for transition to unsubsidized or other permanent housing. Readiness is evaluated through an ongoing, participant-centered process rather than a single assessment. Case managers meet regularly with households to review progress toward individualized housing stability goals and assess factors such as income and employment, access to mainstream benefits, budgeting and financial management, lease compliance, housing retention skills, childcare and education needs, connection to healthcare and behavioral health services, transportation, and overall household stability.

Throughout program participation, case managers use individualized service plans to monitor progress and identify barriers that could affect long-term housing success. As participants approach program exit, staff conduct a comprehensive review of housing stability indicators, including the household's ability to meet ongoing housing expenses, maintain employment or income sources, manage tenancy responsibilities, and access community-based supports. Families are actively engaged in evaluating their own readiness and identifying any additional resources needed to sustain permanent housing.

When gaps or risks are identified, providers adjust service strategies and connect participants to employment services, benefits assistance, healthcare, childcare resources, financial counseling, legal services, or other community supports. Prior to exit, participants receive transition planning and referrals to appropriate mainstream and community resources to ensure continued support after assistance ends. This approach helps households achieve and maintain permanent housing, promotes self-sufficiency, and reduces the likelihood of returns to 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.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The CoC maintains a formal reallocation process that uses project performance and spending data to identify lower-performing or less-needed projects and redirect resources to higher-impact interventions. At least quarterly, the CoC reviews HUD System Performance Measures, project-level outcomes, HMIS data quality, housing placement and retention rates, returns to homelessness, utilization rates, cost effectiveness, and grant expenditure history. Projects with persistent underperformance, low utilization, unmet benchmarks, or a pattern of underspending are evaluated as potential candidates for reallocation.

The CoC also considers system needs and gaps when assessing whether a project remains necessary. Performance results are analyzed alongside community priorities, housing inventory, feedback from stakeholders, and identified unmet needs. Projects demonstrating stronger outcomes, efficient use of funds, and alignment with CoC strategic goals are prioritized for continued investment.

Through the annual ranking and review process, the CoC may reallocate funds from lower-performing or less-needed projects to create new projects or expand existing high-performing projects. Reallocated resources are directed toward evidence-based interventions that address current community needs, improve housing outcomes, and advance the CoC's goals of reducing homelessness, increasing system efficiency, and improving equitable access to housing and services. Through conversations between CoC project applicants we determined that 7 projects needed eliminated or transitioned and reallocated because of low performance, project viability under new NOFO requirements and community needs.

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

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

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

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

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

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

(limit 2,500 characters)

Between the 2025 and 2026 PIT counts, the CoC strengthened its unsheltered count methodology by expanding volunteer recruitment and training, increasing geographic coverage, and enhancing coordination with outreach teams and community partners. Additional volunteers allowed the CoC to cover more locations, including areas identified through outreach, encampment mapping, and community referrals. The CoC also improved data quality through enhanced surveyor training, standardized data collection procedures, and expanded real-time quality assurance efforts. These changes increased the CoC's ability to identify and engage individuals experiencing unsheltered homelessness, resulting in a more comprehensive and accurate count. While methodological improvements contributed to identifying more unsheltered individuals, the results also reflected ongoing housing affordability challenges and continued demand for housing and supportive services.

FY2026 CoC Application	Page 46	09/30/2026
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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)

During the evaluation period, the CoC implemented a coordinated encampment response strategy focused on housing placement, service engagement, and resource coordination. Street outreach providers conducted regular visits to known encampments, built relationships with unsheltered individuals, completed Coordinated Entry assessments, and connected participants to shelter, healthcare, behavioral health, and housing resources. Outreach teams used encampment data, PIT count information, community reports, and local partner referrals to identify emerging encampments and prioritize areas with the highest need.

To improve engagement and outcomes, the CoC convened regular cross-system coordination meetings involving outreach providers, local governments, healthcare partners, law enforcement, and housing providers to share information and coordinate responses. During the PIT count and throughout the year, outreach teams distributed resource guides, transportation assistance, food, hygiene supplies, donated personal care items, blankets, tents, sleeping bags, winter clothing, and other weather-appropriate items while providing information on available shelter, diversion, rapid re-housing, and permanent supportive housing opportunities. Shared resource information ensured unsheltered individuals were connected to the same up-to-date housing and service options regardless of which outreach team engaged them.

The CoC prioritized people residing in encampments for housing interventions through Coordinated Entry, leveraging PSH, RRH, and other housing resources as units became available. Outreach teams also assisted with obtaining identification documents, enrolling in benefits, securing income supports, and completing housing applications. These coordinated efforts reduced barriers to housing, increased service engagement, and supported the movement of individuals from encampments into shelter and permanent housing.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	84
2. Enter the reduction in the number of encampments during your evaluation period.	46

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	245
2. Enter the reduction in the number of people in encampments during your evaluation period.	330

&nbsp;nbsp;

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Although the number of encampments decreased the estimated number of people in the encampments shows an increase in the beginning and during your evaluation period. This is because last year's PIT count was completed during a Polar Vortex and an additional 200+ unsheltered people where in hotels. In addition, there were an additional 120 more volunteers that supported the PIT count this year versus last year. The CoC believes that because of these factors the actual number of individuals living in encampments did not actually increase

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 strategy to decrease the number of individuals and families becoming homeless for the first time focus on the need to move upstream in the support, interventions and resources that are provided in the system. Beginning with a Best Practice three-step diversion process that includes linkage to a Targeted Homelessness Prevention Program, families are connected with resources through diversion and prevention to reduce the likelihood of having to enter into homelessness. Alongside this practice, the CoC partners with the City of Columbus in the Resilient Housing Initiative (RHI), a diversion and upstream prevention program created post-ERA to serve single adults, transition-age-youth and families with housing stability and preventing homelessness. RHI works within the framework of the Homelessness Prevention Network, which includes non-profit agencies and Access Points (schools, courts, community partners) that can refer at-risk community members to prevention services. All of this coordination has enabled the CoC to reduce family homelessness for two consecutive Point-in-Time Counts. The CoC also has a comprehensive prevention program for pregnant women that accepts referrals from community partners connected with moms-to-be who are at risk of experiencing homelessness. Last, the VA provides comprehensive prevention services for veterans and families through the Supportive Services for Veterans and Families program. Community Shelter Board (CSB) completed a Strategic Plan in 2025 with a key focus being diversion and prevention for all populations engaging the crisis system. CSB is focused on expanding diversion opportunities for single adults and upstream diversion for Transition-Age-Youth to compliment the success of the family diversion and prevention program. CSB has also hosted Housing Problem Solving trainings, trained youth and adults with lived experience of homelessness to guide and support those in need with HPS conversations to divert from homelessness and connect with resources. Additional HPS trainings will be held for system partners, community partners and members of the faith community through the re-launch of the Faith Roundtable in October, 2026. The CoC and CSB have identified strategies toward this goal that have been effective in the system goal of reducing the family census as well as program level outcomes for prevention programs being extremely successful.

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 strategy to decrease the number of individuals and families becoming homeless for the first time focus on the need to move upstream in the support, interventions and resources that are provided in the system. Beginning with a Best Practice three-step diversion process that includes linkage to a Targeted Homelessness Prevention Program, families are connected with resources through diversion and prevention to reduce the likelihood of having to enter into homelessness. Alongside this practice, the CoC partners with the City of Columbus in the Resilient Housing Initiative (RHI), a diversion and upstream prevention program created post-ERA to serve single adults, transition-age-youth and families with housing stability and preventing homelessness. RHI works within the framework of the Homelessness Prevention Network, which includes non-profit agencies and Access Points (schools, courts, community partners) that can refer at-risk community members to prevention services. All of this coordination has enabled the CoC to reduce family homelessness for two consecutive Point-in-Time Counts. The CoC also has a comprehensive prevention program for pregnant women that accepts referrals from community partners connected with moms-to-be who are at risk of experiencing homelessness. Last, the VA provides comprehensive prevention services for veterans and families through the Supportive Services for Veterans and Families program. Community Shelter Board (CSB) completed a Strategic Plan in 2025 with a key focus being diversion and prevention for all populations engaging the crisis system. CSB is focused on expanding diversion opportunities for single adults and upstream diversion for Transition-Age-Youth to compliment the success of the family diversion and prevention program. CSB has also hosted Housing Problem Solving trainings, trained youth and adults with lived experience of homelessness to guide and support those in need with HPS conversations to divert from homelessness and connect with resources. Additional HPS trainings will be held for system partners, community partners and members of the faith community through the re-launch of the Faith Roundtable in October, 2026. The CoC and CSB have identified strategies toward this goal that have been effective in the system goal of reducing the family census as well as program level outcomes for prevention programs being extremely successful.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?

33.80%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Data was pulled from the 2026 HDX Competition Report.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/21/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,212	1,212	1,212	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	139	139	139	100.00%
4. Rapid Re-Housing (RRH) beds	858	858	858	100.00%
5. Permanent Supportive Housing (PSH) beds	3,085	3,577	3,085	86.25%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

N/A

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	On-Site Treatment...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Required Treatmen...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Project Supportiv...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Application Scor...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Finalized Priorit...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	CoC's Policy Lang...	09/30/2026
11. Other	No	Support Letters a...	09/30/2026

Attachment Details

Document Description: On-Site Treatment List

Attachment Details

Document Description: Required Treatment Units

Attachment Details

Document Description: Project Supportive Service Agreement Examples

Attachment Details

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

Attachment Details

Document Description: Application Scoring Tools

Attachment Details

Document Description: Finalized Prioritization Listing

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification of Opportunity Zones

Attachment Details

Document Description:

Attachment Details

Document Description: CoC's Policy Language to Advance Recovery

Attachment Details

Document Description: Support Letters and MOUs

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	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

Columbus and Franklin County CoC

On-Site Substance Use Treatment List

	Project	Project Type	Substance Use Disorder (SUD) Services Available
1.	CHN Cassady	PSH	Southeast REACT SUD Education
2.	CHN Terrace	PSH	Southeast REACT SUD Education, Concord SUD Therapy
3.	CHN Briggsdale	PSH	Southeast REACT SUD Education, Concord SUD Therapy
4.	CHN Parsons	PSH	Southeast REACT SUD Education, Concord SUD Therapy
5.	CHN Poplar Fen	PSH	Southeast REACT SUD Education, Concord SUD Therapy
6.	CHN East 5th	PSH	Southeast REACT SUD Education
7.	NCR Youth PSH	PSH	Southeast REACT 1:1 and group SUD Sessions, SUD Peer Support
8.	NCR Commons at Grant	PSH	Southeast REACT 1:1 and group SUD Sessions, SUD Peer Support
9.	NCR Commons at Third	PSH	Southeast REACT 1:1 and group SUD Sessions, SUD Peer Support
10.	NCR Commons at Buckingham	PSH	Southeast REACT 1:1 and group SUD Sessions, SUD Peer Support
11.	NCR Van Buren Village	PSH	Southeast REACT 1:1 and group SUD Sessions, SUD Peer Support
12.	NCR Berwyn	PSH	AA Meetings
13.	Huckleberry House Transitional Living Program	TH	Southeast REACT 1:1 and group SUD Sessions

Columbus and Franklin County CoC

Required Substance Use Treatment List

	Project	Project Type	Units
1.	Vista Village	TH	41

Service Participation Agreement

Project Name: HFF – DV Transitional Housing Program

Participant Name: _____

Unit/Room: _____ Effective Date: _____

1. Purpose

This Service Participation Agreement outlines the supportive service expectations for participants residing in the project. These services are designed to help you obtain and maintain housing stability, increase income, improve health and well-being, and successfully exit to permanent housing. This agreement complies with Housing and Urban Development (HUD) 24 CFR 578.75(h) and subsequent Notice of Funding Opportunity requirements under which this program is funded. The purpose of this agreement is to explain what you agree to do while in the program and what the program agrees to do to support your housing stability, safety, and progress toward your goals. Our goal is to help you stay safely housed, improve your well-being, and connect you with services that support long-term stability.

2. Participant Responsibilities: What You Agree to Do*

A. Meet with Your Case Manager

You agree to meet with your case manager on a regular schedule. These meetings help you:

- Work on your goals
- Solve problems early
- Understand your housing responsibilities and
- Keep your housing stable

Your case manager will also help with referrals, benefits, employment services, and other supports that fit your needs.

B. Work on Your Housing Stability Plan

You and your case manager will create a Housing Stability Plan. You agree to:

- Set and take steps toward your goals (housing stability, improved health and wellness, increased employment income leading to financial stability and self-sufficiency, etc)
- Discuss strategies for achieving set goals and target dates for achievement
- Discuss the services available to you, when and how often they are provided and by whom
- Select the service types you are interested in and preferences to attend (in-person, virtual, self-directed, etc.)
- Follow a weekly schedule reflecting up to 20 hours of options (or prorated hours if you are employed)
- Follow up on referrals and attend appointments
- Engage in housing retention activities, if necessary
- Turn in paperwork needed for recertification or income updates and
- Tell staff when you need help or your situation changes

C. Use Supportive Services

To the best of your ability, you agree to take part in supportive services that you or the program identifies as necessary to help you remain successful in housing, including but not limited to:

- Employment or income support
- Life skills or budgeting help and
- Health or behavioral health referrals

You will not be required to participate in disability-related services unless the purpose of the program is to provide substance use treatment, as allowed under federal regulations.

3. Program Responsibilities: What the Program Agrees To Do

A. Provide Customized Support and Case Management

The program will:

- Assign you a case manager
- Help you understand your lease, if applicable
- Support you in creating and following your Housing Stability Plan
- Connect you with the services you want or need
- Provide 20 hours per week of customized supportive services
- Services may include project-based, partner-delivered, or participant self-directed activities, and will be delivered on-site, off-site, or virtually
- Tailor services for you based on your need
- Maintain a weekly service availability schedule
- Document availability of services and customization through the Housing Stability Plan

What Customized Services means: A flexible bundle of project or partner provided services, supports, and activities selected in collaboration with each participant, based on their goals, strengths, needs, and readiness. Customized services may include any combination of:

- Case management, service coordination, housing stability planning
- Employment and education services, job readiness, training, or skill development
- Life skills, budgeting, nutrition, household management
- Health & behavioral health treatment services, including arranged appointments, care coordination, wellness groups
- SUD treatment or recovery supports, when appropriate and voluntary unless required by program design and compliant with 24 CFR 578.75(h)
- Peer support, mentoring, or recovery coaching
- Benefits enrollment, financial or other counseling, or income-support navigation
- Community integration activities, recreational or therapeutic programming
- Self-directed activities, such as online classes, job search activities, community-based support group participation, volunteering, community-building activities, and work-therapy

B. Communicate Clearly

The program will explain rules and expectations in clear language and provide written copies of program policies.

C. Respect Your Rights

The program will:

- Treat you with respect
- Keep your information private as required by law and
- Provide a fair and accessible grievance and appeals process

4. Non-Participation in Required Services

If you do not participate in services required by the program:

- Staff will talk with you about the concern and try to understand barriers
- Staff will work with you to re-engage in a supportive way
- You will be offered the chance to request a reasonable accommodation if you qualify
- Staff will create corrective action plans before considering discharge

If you continue to not participate in required services, **you may lose program assistance**, following all due process, notice, appeal, and client rights procedures included in the program's policies.

This agreement **does not** replace your lease. Lease violations follow the legal process required by the landlord and local law.

5. Your Rights

Throughout your program participation you have the right to:

- Access services in a trauma-informed manner
- Reasonable accommodations
- Accept or decline disability-related services.
- Non-discrimination
- Ability to file grievances without retaliation
- Request an exemption from or proration of service participation requirements if you are employed, over the age of 62 and/or have a qualifying disability under 24 CFR 8.3 or developmental disability under 24 CFR 578.3

6. Termination & Appeals

Terminations follow 24 CFR 578.91 with due process.

7. Agreement and Acknowledgement

I have read (or had explained to me) this **Service Participation Agreement**. I understand my responsibilities and the responsibilities of the program and that I may ask questions at any time.

Signatures:

Participant: _____

Date: _____

Staff: _____

Date: _____

*Except where required participation is prohibited under VAWA, VOCA, FVPSA and other applicable laws, including for individuals and families who are fleeing or attempting to flee from domestic violence, stalking, sexual assault, or human trafficking.

CARR Team Supportive Services Agreement

The following agreement outlines the partnership between Huckleberry House's CARR Team (Coordinated Access and Rapid Resolution) and the participant. The purpose of CARR services is to support participants in identifying barriers, accessing resources, and working toward safe and stable housing.

By participating in CARR services, I understand that staff will work collaboratively with me to support my housing goals and connect me with resources that may assist with achieving housing stability. Services are individualized and based on my needs, goals, strengths, preferences, and current circumstances.

As a CARR participant, I agree to:

- Maintain regular communication with my CARR Team staff and participate in weekly check-ins and scheduled meetings.
- Work collaboratively with staff to identify housing goals, barriers, and steps needed to move toward housing stability.
- Participate in housing-related activities identified with my CARR Team, which may include completing housing applications, gathering required documentation, communicating with housing providers, attending appointments, and following up on referrals.
- Share information with staff about changes in my situation that may impact my housing goals, including changes in contact information, employment, income, benefits, or housing status.
- Participate in connecting with community resources and supports that may assist with my identified goals, including housing, employment, education, healthcare, benefits, and other supportive services.
- Communicate with my CARR Team if I experience challenges completing agreed-upon activities so that we can identify barriers and adjust the plan as needed.

CARR Team Commitment

The CARR Team agrees to:

- Provide respectful, trauma-informed, and participant-centered services.
- Work with me to identify goals and develop practical steps toward housing stability.
- Assist with identifying and addressing barriers to housing.
- Provide referrals, resources, and connections to community supports based on my needs and preferences.
- Support me in navigating housing processes, completing required tasks, and preparing for successful housing placement.
- Communicate clearly and work collaboratively to problem-solve challenges that may arise.

Communication and Continued Engagement

I understand that progress toward housing stability is a collaborative process and that regular communication helps my CARR Team provide timely support and assist me in achieving my housing goals. If barriers prevent me from participating as planned, I agree to communicate those barriers with staff so we can work together to identify solutions.

If I become difficult to reach or stop responding to outreach attempts, the CARR Team will make reasonable efforts to reconnect with me using available contact methods and previously identified communication preferences. If staff are unable to reach me after multiple attempts, active services may be suspended until I reconnect with the CARR Team. I understand that I may contact the CARR Team at any time to re-engage in services and continue working toward my housing goals.

Participant Name: _____

Participant Signature: _____

Date: _____

CARR Staff Name: _____

CARR Staff Signature: _____

Date: _____

Project Name: _____ Participant Name: _____

Unit/Room: _____ Effective Date: _____

1. Purpose

This Service Participation Agreement outlines the supportive service expectations for participants residing in the project. These services are designed to help you obtain and maintain housing stability, increase income, improve health and well-being, and successfully exit to permanent housing. This agreement complies with Housing and Urban Development (HUD) 24 CFR 578.75(h) and subsequent Notice of Funding Opportunity requirements under which this program is funded. The purpose of this agreement is to explain what you agree to do while in the program and what the program agrees to do to support your housing stability, safety, and progress toward your goals. Our goal is to help you stay safely housed, improve your well-being, and connect you with services that support long-term stability.

2. Participant Responsibilities: What You Agree to Do*

*Except where required participation is prohibited under VAWA, VOCA, FVPSA and other applicable laws, including for individuals and families who are fleeing or attempting to flee from domestic violence, stalking, sexual assault, or human trafficking.

A. Meet with Your Case Manager

You agree to meet with your case manager on a regular schedule. These meetings help you:

- Work on your goals
- Solve problems early
- Understand your housing responsibilities and
- Keep your housing stable

Your case manager will also help with referrals, benefits, employment services, and other supports that fit your needs.

B. Work on Your Housing Stability Plan

You and your case manager will create a Housing Stability Plan. You agree to:

- Set and take steps toward your goals (housing stability, improved health and wellness, increased employment income leading to financial stability and self-sufficiency, etc)
- Discuss strategies for achieving set goals and target dates for achievement
- Discuss the services available to you, when and how often they are provided and by whom
- Select the service types you are interested in and preferences to attend (in-person, virtual, self-directed, etc.)
- Follow a weekly schedule reflecting up to 20 hours of options (or prorated hours if you are employed)
- Follow up on referrals and attend appointments
- Engage in housing retention activities, if necessary
- Turn in paperwork needed for recertification or income updates and
- Tell staff when you need help or your situation changes

C. Use Supportive Services

To the best of your ability, you agree to take part in supportive services that you or the program identifies as necessary to help you remain successful in housing, for at least 20h/week, including but not limited to:

- Employment or income support
- Life skills or budgeting help and
- Health or behavioral health referrals

You will not be required to participate in disability-related services unless the purpose of the program is to provide substance use treatment, as allowed under federal regulations.

3. Program Responsibilities: What the Program Agrees To Do

A. Provide Customized Support and Case Management

The program will:

- Assign you a case manager
- Help you understand your lease, if applicable
- Support you in creating and following your Housing Stability Plan
- Connect you with the services you want or need
- Provide options for 20 hours per week of customized supportive services
- Services may include project-based, partner-delivered, or participant self-directed activities, and will be delivered on-site, off-site, or virtually
- Tailor services for you based on your need
- Maintain a weekly service availability schedule
- Document availability of services and customization through the Housing Stability Plan

What Customized Services means: A flexible bundle of project or partner provided services, supports, and activities selected in collaboration with each participant, based on their goals, strengths, needs, and readiness. Customized services may include any combination of:

- Case management, service coordination, housing stability planning
- Employment and education services, job readiness, training, or skill development
- Life skills, budgeting, nutrition, household management
- Health & behavioral health treatment services, including arranged appointments, care coordination, wellness groups
- SUD treatment or recovery supports, when appropriate and voluntary unless required by program design and compliant with 24 CFR 578.75(h)
- Peer support, mentoring, or recovery coaching
- Benefits enrollment, financial or other counseling, or income-support navigation
- Community integration activities, recreational or therapeutic programming
- Self-directed activities, such as online classes, job search activities, community-based support group participation, volunteering, community-building activities, and work-therapy

B. Communicate Clearly

The program will explain rules and expectations in clear language and provide written copies of program policies.

C. Respect Your Rights

The program will:

- Treat you with respect
- Keep your information private as required by law and
- Provide a fair and accessible grievance and appeals process

4. Non-Participation in Required Services

If you do not participate in services required by the program:

- Staff will talk with you about the concern and try to understand barriers
- Staff will work with you to re-engage in a supportive way
- You will be offered the chance to request a reasonable accommodation if you qualify
- Staff will create corrective action plans before considering discharge

If you continue to not participate in required services, **you may lose program assistance**, following all due process, notice, appeal, and client rights procedures included in the program’s policies.

This agreement **does not** replace your lease. Lease violations follow the legal process required by the landlord and local law.

5. Your Rights

Throughout your program participation you have the right to:

- Access services in a trauma-informed manner
- Reasonable accommodations
- Accept or decline disability-related services.
- Non-discrimination
- Ability to file grievances without retaliation
- Request an exemption from or proration of service participation requirements if you are employed, over the age of 62 and/or have a qualifying disability under 24 CFR 8.3 or developmental disability under 24 CFR 578.3

6. Termination and Appeals

Terminations follow 24 CFR 578.91 with due process.

7. Agreement and Acknowledgement

I have read (or had explained to me) this **Service Participation Agreement**. I understand my responsibilities and the responsibilities of the program and that I may ask questions at any time.

Signatures:

Participant: _____

Date: _____

Staff: _____

Date: _____

Service Participation Agreement

Working Together to Support Your Housing Success

Our Commitment

Welcome! We are committed to partnering with you to help you maintain stable housing and achieve your personal goals. This agreement explains how we will work together while you participate in our Permanent Supportive Housing (PSH) program.

Our services are guided by the principles of trauma-informed care, and person-centered services. We recognize your strengths and are committed to treating you with dignity, respect, and compassion.

Your Participation

Participation in supportive services is a required part of this program and is intended to help you successfully maintain your housing and achieve your goals.

As a program participant, you agree to:

- Meet regularly with your assigned case manager.
- Actively participate in developing and updating your Housing Stability Plan.
- Participate in supportive services identified as necessary to support your housing stability.
- Complete paperwork needed to maintain your eligibility and housing assistance.
- Inform your case manager of significant changes in your circumstances that may affect your housing or services.

We understand that life circumstances, health concerns, trauma, transportation, work, or other challenges may sometimes make participation difficult. If this happens, please let us know. We will work with you to understand any barriers, identify solutions, and provide reasonable accommodation when appropriate so you can continue participating successfully.

Our Commitment to You

We will:

- Treat you with dignity, respect, and compassion.
- Listen to your concerns and value your input.
- Partner with you to support your housing stability and personal goals.
- Help you understand your housing responsibilities and program expectations.
- Connect you with services and community resources that support your success.
- Protect your privacy and confidentiality as required by law.
- Provide information about your rights, including the grievance and appeal process.

When Challenges Arise

Our goal is to help you remain successfully housed. If participation in required services becomes difficult, we will first work with you to understand the reasons, address barriers, and develop a plan together to support your continued participation.

If, after reasonable efforts to resolve barriers, you choose not to participate in required services, the program may begin the process of reviewing your continued eligibility for program assistance. Any action will be taken only in accordance with applicable HUD regulations, program policies, due process requirements, and your right to appeal.

This agreement does not replace your lease. Lease violations will be addressed separately through the lease and applicable landlord-tenant laws.

Acknowledgement

By signing below, we acknowledge our shared commitment to working together to support your housing stability and long-term success.

I have read this agreement, or it has been explained to me in a way that I understand. I have had the opportunity to ask questions and understand my rights, responsibilities, and the expectations of this program.

Participant Name: _____

Participant Signature: _____ Date: _____

Staff Name & Title: _____

Staff Signature: _____ Date: _____

YWCA WINGS Permanent Supportive Housing Service Participation Agreement

Project Name: _____ Participant Name: _____

Unit/Room: _____ Effective Date: _____

1. Purpose

This Service Participation Agreement outlines the supportive service expectations for participants residing in the YWCA WINGS Permanent Supportive Housing program. These services are designed to help you maintain housing stability, increase income, improve health and well-being, and self-sufficiency. This agreement complies with Housing and Urban Development (HUD) 24 CFR 578.75(h) and subsequent Notice of Funding Opportunity requirements under which this program is funded. The purpose of this agreement is to explain what you agree to do while in the program and what the program agrees to do to support your housing stability, safety, and progress toward your goals. Our goal is to help you stay safely housed, improve your well-being, and connect you with services that support long-term stability.

2. Participant Responsibilities: What You Agree to Do*

A. Meet with Your Service Coordinator

You agree to meet with your service coordinator on a regular schedule. These meetings help you:

- Work on your goals
- Solve problems early
- Understand your housing responsibilities and
- Keep your housing stable

Your service coordinator will also help with referrals, benefits, employment services, and other supports that fit your needs.

B. Work on Your Housing Stability Plan

You and your service coordinator will create a Housing Stability Plan. You agree to:

- Set and take steps toward your goals (housing stability, improved health and wellness, increased employment income leading to financial stability and self-sufficiency, etc.)
- Discuss strategies for achieving set goals and target dates for achievement
- Discuss the services available to you, when and how often they are provided and by whom
- Select the service types you are interested in and preferences to attend (in-person, virtual, self-directed, etc.)
- Follow up on referrals and attend appointments

- Engage in housing retention activities, if necessary
- Turn in paperwork needed for recertification or income updates and
- Tell staff when you need help or your situation changes

C. Use Supportive Services

To the best of your ability, you agree to take part in supportive services that you or the program identifies as necessary to help you remain successful in housing, including but not limited to:

- Employment or income support
- Life skills or budgeting help and
- Health or behavioral health referrals

3. Program Responsibilities: What the Program Agrees to Do

A. Provide Customized Support and Service Coordination

The program will:

- Assign you a service coordinator
- Help you understand your lease
- Support you in creating and following your Housing Stability Plan
- Connect you with the services you want or need
- Offer customized services that may include project-based, partner-delivered, or participant self-directed activities, and will be delivered on-site, off-site, or virtually
- Tailor services for you based on your need
- Maintain a monthly service availability schedule
- Document availability of services and customization through the Housing Stability Plan

What Customized Services means: A flexible bundle of project or partner provided services, supports, and activities selected in collaboration with each participant, based on their goals, strengths, needs, and readiness. Customized services may include any combination of:

- Case management, service coordination, housing stability planning
- Employment and education services, job readiness, training, or skill development
- Life skills, budgeting, nutrition, household management
- Health & behavioral health treatment services, including arranged appointments, care coordination, wellness groups
- SUD treatment or recovery supports, when appropriate and voluntary and compliant with 24 CFR 578.75(h)
- Peer support, mentoring, or recovery coaching
- Benefits enrollment, financial or other counseling, or income-support navigation
- Community integration activities, recreational or therapeutic programming

- Self-directed activities, such as online classes, job search activities, community-based support group participation, volunteering, community-building activities, and work-therapy

B. Communicate Clearly

The program will explain rules and expectations in clear language and provide written copies of program policies.

C. Respect Your Rights

The program will:

- Treat you with respect
- Keep your information private as required by law and
- Provide a fair and accessible grievance and appeals process
- Provide reasonable accommodations when required by law, and
- Not require disability-related services except as allowed by 24 CFR 578.75(h).

4. Non-Participation in Required Services

If you do not participate in services required by the program:

- Staff will talk with you about the concern and try to understand barriers
- Staff will work with you to re-engage in a supportive way and explore choices
- Staff will help ensure your rights are protected and help you remain stably housed
- You will be offered the chance to request a reasonable accommodation if you qualify
- Staff will create corrective action plans before considering discharge

If you continue to not participate in required services, **you may lose program assistance**, following all due process, notice, appeal, and client rights procedures included in the program's policies. The program must first make reasonable efforts to understand and address barriers to participation and consider alternatives to termination whenever feasible.

This agreement **does not** replace your lease. Lease violations follow the legal process required by the landlord and local law.

5. Your Rights

Throughout your program participation you have the right to:

- Access services in a trauma-informed manner
- Reasonable accommodations
- Accept or decline disability-related services.
- Non-discrimination
- Ability to file grievances without retaliation

6. Termination & Appeals

Terminations follow 24 CFR 578.91 with due process.

7. Agreement and Acknowledgement

I have read (or had explained to me) this **Service Participation Agreement**. I understand my responsibilities and the responsibilities of the program and that I may ask questions at any time.

Signatures:

Participant: _____

Date: _____

Staff: _____

Date: _____

*Except where required participation is prohibited under VAWA, VOCA, FVPSA and other applicable laws, including for individuals and families who are fleeing or attempting to flee from domestic violence, stalking, sexual assault, or human trafficking.

HOMELESS COLLABORATIVE NOTIFICATION PROCESS

HOMELESS COLLABORATIVE NOTIFICATION PROCESS

SUBJECT: Immediate Notification/Communication regarding Homeless Encampments

SCOPE: City of Columbus

TOTAL NUMBER OF PAGES: 10

REVIEW FREQUENCY: ANNUALLY

ORIGINAL DATE ADOPTED:

LATEST EFFECTIVE DATE:

REVIEW/REVISION DATE(S): 9/29/2026 DRAFT

RECORD OF CHANGES TO THE OOSNP

12/06/19	First Drafting	E. Hernandez-Parra
01/02/2020	Second Drafting	E. Hernandez-Parra
01/06/2020	Third Drafting	E. Hernandez-Parra
01/14/2020	Fourth Drafting	T. Albanese, CSB
02/07/2020	Fifth Drafting	E. Hernandez-Parra
06/02/2020	Sixth Drafting	E. Hernandez-Parra
1/31/2023	Seventh Drafting	M. Johnson
5/16/25	Eighth Drafting	M. Johnson
9/29/2026	Ninth Drafting	M. Johnson

PURPOSE

This document establishes a standardized, multi-agency, trauma-informed framework for how the City of Columbus identifies, assesses, and coordinates actions regarding unsheltered encampments on city-owned, maintained, or managed parcels. Aligned with municipal best practices and U.S. Interagency Council on Homelessness (USICH) guidelines, this process ensures that critical health, safety, and environmental issues are remediated through an intensive, service-led model. The primary goal is to minimize the trauma of displacement by providing comprehensive case management, connection to treatment and healthcare, work to address barriers, and low-barrier shelter linkages, with the ultimate objective of helping affected residents secure permanent housing.

To reach the City's hardest-to-reach and engage residents, the City developed and launched the CORE Team initiative, which exemplifies a shared community commitment to inclusive civic care, uniting the City of Columbus, Southeast Healthcare, and Maryhaven in a collaborative model to increase street-level intervention working in conjunction with the existing street outreach team. Focused on the most at risk unsheltered residents, the program leverages the structural resources of the City alongside the specialized substance use and psychiatric expertise of its partner networks. Through persistent, empathetic engagement, the CORE Team works to successfully transition vulnerable residents away from recurring emergency service cycles and ultimately into structured environments (stable housing).

In urgent or immediate emergency situations involving acute safety hazards, the City will utilize a streamlined variation of this process. A foundational requirement of this protocol is creating a comprehensive encampment census and cross-agency collection of individualized data for ongoing case management. All collected personal identifiable information (PII) shall be strictly safeguarded in compliance with municipal, state, and federal privacy guidelines. The City of Columbus, the Community Shelter Board (CSB), and authorized partner agencies may use this data to make data-driven decisions about regional resource allocation, targeted outreach planning, and housing placement.

A list of partner agencies and organizations is provided below.

BACKGROUND

Unsheltered homelessness and the management of City of Columbus-owned and maintained parcels involve multiple City divisions and nonprofit service providers, each with distinct legal and operational responsibilities. This document provides a coordinated operational manual for a collective, dignified approach to encampment remediations, including both planned and urgent interventions. By formalizing communication channels, notice requirements, and property protection standards, the City aims to increase permanent housing outcomes for people experiencing homelessness while protecting the environmental integrity and safety of shared public infrastructure.

GLOSSARY OF TERMS

City: City of Columbus

CODE: Department Building and Zoning Services (BZS), Code Enforcement Division

CORE: Columbus Outreach Resource and Engagement Team

LB: Department of Development, Land Redevelopment Division (Land Bank)

CCH: Columbus Coalition for the Homeless

CPH: Columbus Public Health

CRPD: Columbus Recreation and Parks Department

CSB: Community Shelter Board

Encampment: One or more tents, tarps, lean-tos, semi-permanent or improvised structures, and other structures utilized for living/congregating in an area not specifically designed for human habitation.

HAL: The Homeless Advocacy Liaison, positioned within the Department of Development, Housing Stability Division, serving as the central administrative moderator for this notification process.

Initiating Agency: The agency/entity initiating the notification process

Metro: Metro Parks System

MCSM: Mount Carmel Street Medicine.

ODOT: Ohio Department of Transportation

Permanent Housing: Housing with a standard lease term and provisions, inclusive of permanent supportive housing

Remediation: The removal of trash and abandoned solid waste from a parcel, returning the location to its previous condition.

RREACT: Rapid Response Emergency Addiction and Crisis Team

SHOC: Mt. Carmel Street to Housing Outreach Collaborative

PROCEDURES & STANDARD OPERATING GUIDELINES

Initial Identification, Assessment, and Partner Notification Process

1. Encampments may be initially identified via a community complaint to the city's 311 service, CPD, and/or other means. If an urgent/immediate, life-threatening emergency presents itself on site, personnel must immediately contact emergency dispatchers via 911, or contact CPD communications at 614-645-4545 for urgent safety concerns.
2. Each HOMELESS COLLABORATIVE NOTIFICATION PROCESS location shall be entered into 311 and assigned a case number, except for Land Bank properties.
 - The threshold for homeless encampment remediation includes but is not limited to the following:
 - i. A significant number of health (biohazards, hazardous materials, etc.) and safety issues, nuisance issues, or overall size of the encampment. Further detail will be captured on **Attachment C** of this document. Please include all supporting documentation when completing this form.
3. The Homeless Advocacy Liaison will notify partners within two business days of initial notification by a partner or city-initiated matter and will schedule a call with partners for further review and next-step decision-making within four business days of initial notification.
4. When an Initiating Agency recognizes the need for an encampment remediation or health/safety notification, said agency will make an initial assessment of the situation, as feasible, before the initial partner call or as soon as possible that includes:
 - The health/safety matter to address on the call OR
 - The critical indicator and/or trigger for initiating an encampment remediation and possible timeframe for the event AND

-
- Encampment census: the actual or estimated number of people regularly camping at the identified location, including their characteristics and needs
 - The conditions at the location, and how many individuals are working with outreach, public health, environmental, or public safety matters requiring remediation AND
 - Other information relevant to the health or safety of people affected.
5. The goals of the Conference Call are to:
- Establish the purpose of notification activation IE. Public Health Related Matters, Inclement Weather, Encampment Remediation, etc.
 - Share the facts regarding the location(s)
 - Establish a timeline for outreach engagement and communication process
 - Establish future updates for the notification process in progress
 - Determine the immediate impact on our community; and
 - Establish a short-term plan for the process, including follow-up calls/meetings.
 - Determine the target date for final remediation, if applicable.
6. The mass notification message from the City of Columbus will begin the formal notification process for affected campers. Each notification will include the encampment location, the number of individuals residing there, the proposed remediation deadline, and other relevant information, if available. All partners will be concurrently included in the mass notification via electronic communications.
7. The City of Columbus Homeless Advocacy Liaison for the conference call will facilitate/moderate the call using **Attachment A**.

Notification for urgent situations will include the following agencies:

- City of Columbus Mayor's Office
- #Columbus City Attorney's Office
- #Columbus Coalition for the Homeless
- #Columbus CORE
- #Columbus Department of Neighborhoods
- Columbus Division of Police (CPD)
- Columbus Public Health
- *Columbus Public Service
- *Columbus Public Utilities
- *Columbus Recreation and Parks Department
- Mt. Carmel Housing Outreach
- #Community Shelter Board
- *YMCA
- #Mount Carmel Street Medicine
- *Metro Parks
- *RREACT
- *Ohio Department of Transportation (ODOT)
- #Southeast, Inc. PATH Program
- *Volunteers of America
- *Veterans Affairs, Homeless Outreach
- *Huckleberry House
- *Star House
- *Franklin County

*As needed, based on encampment population and locations
#Priority Members for each call

Trespass Notice to Leave Notification:

Encampment remediation notifications will include both verbal and official written documentation. This documentation will outline the nature of the code violation, the deadline for vacating the area, the notification date, and how to access services. Notifications will be posted in several visible locations both in and around the encampment. Columbus Police Department Community Liaison Officers (CLO) will be notified of the posting and remediation dates to ensure officers are available to be onsite to provide assistance.

Community Notification:

Department of Neighborhoods Neighborhood Liaisons will be notified of upcoming remediations, and communications on behalf of the City of Columbus will be coordinated through each neighborhood's respective Neighborhood Liaison.

After-Action Reports and Updates:

Debriefings, after-action reports, and other wrap-up discussions will be held during regularly scheduled City 311 Ticket Review Meetings.

See Sample Attached, Attachment E

After-Action Report:

An after-action report shall be completed for each notification activation. The City of Columbus Homeless Advocacy Liaison will update the 311 ticket by adding statements and photos in the notes section and a general statement in the comments section to provide an update for the complainant in 311 Oneview, compile the information provided by stakeholders, and issue a report. The information shall include demographic information from outreach and census efforts. Upon completion, the report shall be released to partner agencies participating in the remediation.

DOCUMENT POINT OF CONTACT

All agencies listed above provided initial input to the authorship of this document.

This document is reviewed quarterly, and changes sent to HAL Jim Rose, JJRose@columbus.gov, 614 616-4815

ATTACHMENTS

Attachment A: Conference Call Agenda and Essential Elements of Information

Attachment B: Points of Contact

Attachment C: Cause for Initiation

Attachment D: After-action Report

Attachment E: Sample Notice of Trespass

Attachment A: Conference Call Agenda and Essential Elements of Information

Agenda: *Conference Call to be facilitated by the Initiating Agency*

1. Participants
 - Columbus Mayor's Office
 - Housing Stability Division, Dept of Development
 - Community Shelter Board
 - Mt. Carmel Housing Outreach
 - Southeast Healthcare, Inc.
 - Columbus City Attorney's Office
 - Columbus CORE
 - *Columbus Department of Neighborhoods
 - *YMCA
 - *Columbus Division of Police (CPD)
 - *Columbus Public Health (CPH)
 - Maryhaven Stabilization Center
 - *Star House
 - *Huckleberry House
 - *PrimaryOne
 - *RREACT
 - *Veterans Administration
 - *Volunteers of America
2. Initiating Agency Situation Report
 - a. Roll Call
 - b. Verification of parcel location, property ownership, and formal jurisdiction.
 - c. Presentation of conditions and reasons for initiating the alert.
 - d. Detailed analysis of the site's immediate impact on the occupants and the surrounding community (See Attachment C).
 - e. Definition of the specific timeline required for outreach teams to execute census and conduct intensive engagement.
 - f. Establishment of a tentative remediation timeframe, subject to shelter capacity verification.
3. Entity Report-Out: see below for reportable essential elements of information (EEI)
4. Public Relations and Communications (Initiating Agency PIO is the lead)
5. Next Steps
 - a. Are Follow-up conference calls needed?
 - b. Meeting needed?
 - c. Situation Report via email

ESSENTIAL ELEMENTS OF INFORMATION (EEI)

Essential Elements of Information (EEI) are response-specific details that each agency can access and share with partners to form a common operating picture and provide situational awareness.

Utilize this information to gather and create a census for each encampment before remediation. This census shall include, but is not limited to, name, basic biographical background information, and any other essential information needed for referrals to assisting organizations.

Do Not Share Without Permission

Attachment B: Points of Contact

Housing Stability Division, Department of Development

Marcus Johnson, Homeless Intervention Coordinator
James (Jim) Rose, Homeless Advocacy Liaison (HAL)

Columbus City, Department of Neighborhoods

Neighborhood Liaison Assigned to the Community (varies)

Columbus City Attorney's Office

Dr. Janee Lee, Community Relations Director

Columbus Division of Police (CPD)

Lt. Kyle Kincaid, Community Liaison Officers
Sgt. Edward Daniher, Community Liaison Officers
Community Liaison Officer assigned to the area precinct (varies)

Community Shelter Board (CSB)

Twila Wellmaker

Columbus Public Health (CPH)

Sueellen Bennet, Administrator, Addiction Services Division
Luke Jacobs, Administrator, Population Health Division

Columbus Coalition for the Homeless (CCH)

Ben Sears, Executive Director

Mt. Carmel Health

Katie Farabee, Manager of Social Care, Community Health & Well-Being
Ryan Jefferson, Supervisor, Safer Downtown and Housing Outreach Teams

Southeast Healthcare, Inc.

Christina Bournique, Director of Homeless Services
James Alexander, CORE Supervisor

Maryhaven, Inc.

Jennifer Gulley, CORE Supervisor

Southeast PATH

Matthew Dershaw, Team Lead - PATH

RREACT

CPD Lt. Michael Voorhis
CFD Lt. Isaac Toliver

YMCA, Housing

TBD

Public Information Officers:

Christine Reedy, Department of Development

Do Not Share Without Permission

Attachment C: Cause for Initiating*

Date: _____

File No: _09-2026_____

Public Health/Safety Communication

- ☐--Public Health/Vaccination Outreach
- ☐--Severe Weather
- ☐--Public and Individual Safety
- ☐--Remediation
- ☐--Other (please provide)

Issues Identified for Remediation

- ☐-- Health and Safety
 - Waste
 - Trash
 - Biohazard
- ☐-- Criminal Justice/Public Safety
 - Homicide
 - Drugs
 - Thief
 - Known Violent Offenders
 - Weapons
 - Pattern of Illegal Activity
- ☐--311/4545 Complaints
 - Near playgrounds
 - Recurring Location
 - Destruction of property
 - Camps in shelters and rental properties
- ☐-- Size

Public Property ☐

Private Property ☐

Location: Multiple locations, see above_____

*Please include any supporting documentation when completing this form.

Attachment D: Sample Notification



Trespassing Notice to Leave

You are hereby notified by the City of Columbus, in accordance with the OHIO REVISED CODE §2911.21, you are considered a trespasser on the City of Columbus property, **xxx**.

This notice serves as written, direct, and/or constructive notification that you are in violation of the Ohio Revised Code and this violation may result in an immediate arrest. You are advised to seek alternate shelter within **xx** days of this notice. If you remain on the above-described property beyond **xxx**, you may be arrested and shall be prosecuted. Any additional persons trespassing on the designated property after the posting of this original notification will be considered retroactively subject to this notice. The City of Columbus will begin remediating this site and removing all personal items and non-City owned structures. As such, please remove belongings and/or vacate the above-described property. Prohibited behavior at the above-described location includes, but is not limited to, parking, camping, building fires, sleeping, or otherwise entering or remaining on the property in violation of the Columbus and/or Ohio Revised Code.

City Representative – Printed Name

City Representative - Signature

For assistance finding an available shelter, call the Homeless Hotline **614-274-7000**

For help with available services including housing, medical services, and shelter
Please call: **614-512-2483** (Mt. Carmel Housing Outreach)

To contact the City of Columbus, call **614-645-3111**



FY2026 NOFO CoC RENEWAL PROJECT SCORING RUBRIC

Threshold Compliance (Pass/Fail)

Criterion	Points	Scoring Guidance
Applicant Eligibility and Application Completeness	Pass/Fail	Applicant is eligible to apply, all required application materials have been submitted, and all threshold requirements have been satisfied.
Project Eligibility and Match Requirement	Pass/Fail	Project is eligible under 24 C.F.R. Part 578 and demonstrates the required 25 percent match.

Project Design (30 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Coordinated Entry	0–10	Demonstrates a clear, compliant process for Coordinated Entry referrals, prioritization, and vacancy management that aligns with CoC policies.	0: Response is missing, incomplete, or does not demonstrate compliance. 5: Response demonstrates basic compliance but provides limited detail or documentation.

			10: Response clearly demonstrates full compliance, well-defined procedures, and effective coordination with the CoC.
Population Targeting	0-10	Clearly identifies the population served and demonstrates alignment with CoC priorities and project eligibility requirements.	0: Population is not identified or is inconsistent with project eligibility. 5: Population is identified but alignment with CoC priorities is only partially demonstrated. 10: Population is clearly defined, justified, and fully aligned with CoC priorities and project design.
Trauma-Informed Approach	0-10	Demonstrates implementation of trauma-informed practices through staff training, organizational policies, and participant-centered service delivery.	0: No trauma-informed practices are described. 5: Trauma-informed practices are described but implementation is limited or informal. 10: Trauma-informed practices are fully integrated into policies, staff training, and service delivery.

System Performance (25 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Housing Stability and Returns to Homelessness	0–5	Demonstrates strategies that promote permanent housing stability and reduce returns to homelessness.	0: No strategy is described. 3: Strategy is described but lacks detail or evidence of effectiveness. 5: Strategy is comprehensive, evidence-informed, and supported by outcomes or performance data.

Employment and Income	0–5	Describes strategies to improve participant employment and income outcomes, as applicable to the project population.	0: No strategy is described. 3: Basic services or strategies are described. 5: Comprehensive strategies are described and supported by measurable outcomes or performance data.
Supportive Services	0–5	Supportive services are appropriate, allowable, responsive to participant needs, and clearly described, where applicable.	0: Services are not described or are inconsistent with project needs. 3: Services are described but lack sufficient detail or coordination. 5: Services are comprehensive, coordinated, and clearly support housing stability and participant outcomes.
Performance History and Continuous Improvement	0–10	Demonstrates achievement of performance outcomes and implementation of continuous quality improvement strategies, including corrective actions when needed.	0: Performance concerns are identified with no improvement strategy. 5: Performance is mixed or improving with some evidence of corrective action. 10: Performance consistently meets or exceeds expectations, or demonstrates measurable improvement supported by effective quality improvement efforts.

Agency Capacity (20 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Staffing and Quality Assurance	0–10	Demonstrates sufficient staffing capacity, supervisory structure, and quality assurance processes to successfully implement and monitor the project.	0: Staffing structure or quality assurance processes are not adequately described. 5: Basic staffing and oversight processes are described.

			10: Staffing structure, supervision, and quality assurance processes are comprehensive and well documented.
HMIS Data Quality	0–10	Demonstrates processes that ensure HMIS data are accurate, timely, complete, and consistent with CoC data quality standards.	0: No data quality process is described. 5: Basic data quality procedures are described. 10: Comprehensive data quality controls, monitoring, and corrective procedures are clearly described.

Budget & Cost Effectiveness (25 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Cost Reasonableness	0–10	Budgeted costs are reasonable, necessary, adequately justified, and consistent with project design.	0: Costs are unsupported or unreasonable. 5: Costs are generally justified but supporting information is limited. 10: Costs are fully justified, reasonable, and clearly support project implementation.
Budget Accuracy	0–10	Budget is complete, internally consistent, mathematically accurate, and free of material errors.	0: Budget contains significant errors or omissions. 5: Budget contains minor errors or inconsistencies. 10: Budget is complete, accurate, and internally consistent throughout the application.
Match Documentation	0–5	Required match is clearly documented and complies with applicable CoC Program requirements.	0: Required documentation is missing or noncompliant. 3: Documentation is partially complete or requires clarification.



			5: Documentation is complete, clearly supports the required match, and complies with program requirements.
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Maximum Points: 100



FY2026 CoC NEW AND TRANSITION PROJECT SCORING RUBRIC

Threshold Compliance (Pass/Fail)

Criterion	Points	Scoring Guidance
Applicant eligibility & completeness	Pass/Fail	All threshold requirements completed, signed, and responsive
Organizational eligibility	Pass/Fail	UEI, SAM, nonprofit status (if applicable), and required certifications complete
Project eligibility	Pass/Fail	Eligible CoC component, eligible population, eligible activities, and compliance with 24 CFR 578
Match & leveraging requirements	Pass/Fail	Required documentation demonstrates compliance with applicable match and leveraging requirements
Coordinated Entry & HMIS participation	Pass/Fail	Applicant confirms participation and compliance requirements

Project Design and Community Impact (35 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Coordinated Entry Implementation	0–10	Demonstrates a clear, compliant process for Coordinated Entry referrals, prioritization, vacancy management, and integration with the CoC coordinated entry process.	0: Response is missing or does not demonstrate compliance. 5: Response demonstrates a basic process with limited detail or documentation. 10: Response clearly demonstrates full compliance through comprehensive policies, procedures, and coordination with the CoC.
Target Population and CoC Priorities	0–10	Clearly identifies the proposed population and demonstrates alignment with documented community need, project eligibility, and CoC priorities.	0: Target population is not identified or is inconsistent with project eligibility. 5: Target population is identified with partial alignment to CoC priorities. 10: Target population is clearly defined and fully aligned with documented community need and CoC priorities.
Project Design and Implementation Readiness	0–10	Demonstrates a feasible project design, implementation plan, staffing approach, housing or service model, and readiness to begin operations.	0: Response lacks sufficient detail to evaluate implementation. 5: Project design is generally complete but contains minor gaps. 10: Project design is comprehensive and demonstrates clear readiness for implementation.
Trauma-Informed and Participant-Centered Practices	0–5	Demonstrates trauma-informed, participant-centered practices integrated throughout policies, staff training, and service delivery.	0: Trauma-informed practices are not described. 3: Basic practices are described but implementation is limited. 5: Trauma-informed practices are fully integrated into organizational policies, staff training, and service delivery.

System Performance (25 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Housing Stability and Returns to Homelessness	0–10	Demonstrates strategies that promote housing stability, reduce returns to homelessness, and support participant re-engagement, as appropriate.	0: No strategy is described. 3: Strategy is described but lacks detail or evidence of effectiveness. 5: Strategy is comprehensive, evidence-informed, and supported by outcomes or performance data.
Employment and Earned Income Outcomes	0–5	Describes strategies to improve employment and earned income outcomes, as appropriate for the target population.	0: Employment and earned income strategies are not described. 3: Response demonstrates basic employment and earned income strategies with limited detail, coordination, or performance monitoring. 5: Response demonstrates comprehensive employment and earned income strategies supported by coordinated partnerships, measurable outcomes, and ongoing performance monitoring.
Mainstream Benefits and Total Income Growth	0–5	Describes strategies to connect participants to mainstream benefits and increase overall household income.	0: Strategies to connect participants to mainstream benefits or increase household income are not described. 3: Response demonstrates a basic approach to connecting participants to benefits or income supports with limited detail or outcome monitoring. 5: Response demonstrates comprehensive strategies to maximize access to mainstream benefits and increase household income through coordinated service delivery and ongoing outcome tracking.
Supportive Services and Self-Sufficiency	0–5	Supportive services are appropriate, coordinated, and designed to promote	0: Supportive services are not described or are inconsistent with participant needs. 3: Response demonstrates basic supportive services with limited



		housing stability, recovery, employment, and long-term self-sufficiency.	coordination or connection to participant outcomes. 5: Response demonstrates a comprehensive, well-coordinated package of supportive services that promotes housing stability, recovery, employment, and long-term self-sufficiency.
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Equity, Lived Expertise & Partnership (10 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Engagement of Persons with Lived Expertise	0–5	Demonstrates meaningful involvement of persons with lived expertise in planning, implementation, evaluation, governance, employment, or volunteer opportunities.	0: Engagement of persons with lived expertise is not described. 3: Response demonstrates limited or periodic engagement of persons with lived expertise in one or more aspects of the project. 5: Response demonstrates meaningful, ongoing engagement of persons with lived expertise across multiple aspects of project planning, implementation, evaluation, governance, employment, or volunteer opportunities.
Community Partnerships and Resource Coordination	0–5	Demonstrates partnerships that support coordinated access to housing, healthcare, employment, education, and supportive services.	0: Community partnerships are not described or do not demonstrate meaningful coordination. 3: Response demonstrates basic partnerships with limited coordination or documentation of partner roles. 5: Response demonstrates a comprehensive network of coordinated community partnerships supported by clearly defined partner roles, documented commitments, and resource coordination that strengthens participant outcomes.

Agency Capacity (10 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Organizational Experience and Performance	0–5	Demonstrates successful experience operating comparable projects and serving households experiencing homelessness.	0: Organizational experience operating comparable projects is not described or does not demonstrate the capacity to implement the proposed project. 3: Response demonstrates relevant organizational experience operating similar projects but provides limited information regarding project performance or outcomes. 5: Response demonstrates extensive, successful experience operating comparable projects supported by documented performance outcomes and organizational capacity to effectively administer the proposed project.
Staffing, Management, and Financial Capacity	0–5	Demonstrates sufficient staffing, supervision, grant management, internal controls, and financial systems to administer the project.	0: Staffing, management, or financial capacity is not described or does not demonstrate the ability to administer the project. 3: Response demonstrates basic staffing, management, and financial systems with limited detail regarding oversight or internal controls. 5: Response demonstrates comprehensive staffing, supervisory, grant management, internal control, and financial systems that support successful project implementation and ongoing compliance.

Budget & Cost Effectiveness (15 pts)

Criterion	Points	Scoring Guidance	Point Anchors
Cost Reasonableness	0–5	Budgeted costs are reasonable, necessary, adequately justified, and consistent with project design.	0: Budgeted costs are not justified, are inconsistent with the proposed project, or include ineligible or unsupported expenses. 3: Response demonstrates generally reasonable and necessary costs but provides limited justification or supporting detail. 5: Response demonstrates that all budgeted costs are reasonable, necessary, fully justified, and directly support successful implementation of the proposed project.
Budget Accuracy and Completeness	0–5	Budget is complete, internally consistent, mathematically accurate, and free of material errors.	0: Budget contains significant errors, omissions, inconsistencies, or incomplete information. 3: Budget is generally complete but contains minor errors, inconsistencies, or areas requiring clarification. 5: Budget is complete, internally consistent, mathematically accurate, and fully supports the proposed project narrative and eligible activities.
Leveraging and Match Documentation	0–5	Required match and leveraging commitments are clearly documented and support project implementation.	0: Required match or leveraging documentation is missing, incomplete, or does not demonstrate compliance with program requirements. 3: Response demonstrates partial match or leveraging documentation with limited supporting detail or documentation. 5: Response demonstrates complete, well-documented match and leveraging commitments that comply with program requirements and support successful project implementation.



Bonus Considerations (Up to 5 pts)

Criterion	Points	Scoring Guidance
YHDP Alignment (if applicable)	0-2	Demonstrates strong alignment with youth homelessness priorities
DV Bonus Alignment (if applicable)	0-3	Demonstrates strong survivor-centered practices, safety planning, and survivor involvement

Maximum Points: 100

Field Office:	Columbus
CoC Number:	OH-503
CoC Name:	Columbus/Franklin County CoC
CA Name:	Community Shelter Board
DV ARD:	\$4,241,562
YHDP ARD:	\$3,687,482
FY26 Funding Request:	\$32,915,561
Funding Request > ARD:	\$4,082,034

Restriction	Amount	
COC Bonus Cap:	\$ 4,057,052.00	
COC Bonus Requested:	\$ 2,545,846.00	\$ (1,511,206.00)
DV Bonus Cap:	\$ 2,525,266.00	
DV Bonus Requested:	\$ 986,000.40	\$ (1,539,265.60)
FY26 Tier 1 Cap:	\$ 16,228,209.00	
Supp. Services %:	36.84%	

Row Labels	Sum of Award
ARD	\$ 27,047,015.00
COC Bonus	\$ 2,545,846.00
DV Bonus	\$ 986,000.40
Planning	\$ 1,116,570.00
UFA Costs	\$ 669,942.00
Grand Total	\$ 32,365,373.40

Columbus and Franklin County Continuum of Care (OH-503) 2026 NOFO Priority Listing															
Applicant Name	Agency Name	Tier Position	Project Name	Priority Category	Scoring	FY26 Cumulative Funding Request	Requested Funding Amount	Reallocated Funds	Status	Grant Number	Operational	Scattered Site	Component	Restriction	Status2
Community Shelter Board	Community Shelter Board	1	CSB 2026 HMIS	1.1		\$ 288,610.00	\$ 288,610.00		Accepted	OH0087U5E032518	Yes	No	HMIS		Renewal
Community Shelter Board	Huckleberry House	2	YHDP 2026 CARR Team	1.2	95.3	\$ 535,621.00	\$ 247,011.00		Accepted	OH0692U5E032504	No	No	SSO	YHDP	Renewal
Community Shelter Board	Nationwide Childrens's Hospital Foundation	3	RI-NCH 2026 DV SSO-CE	1.2	74.7	\$ 752,720.00	\$ 217,099.00		Accepted	OH0729U5E032503	No	No	SSO	DV	Renewal
Community Shelter Board	Huckleberry House	4	Huckleberry House 2026 Transitional Living Program	1.3	99.5	\$ 984,855.00	\$ 232,135.00		Accepted	OH0099U5E032518	No	No	TH		Renewal
Community Shelter Board	Home For Families	5	YHDP HFF 2026 TAY Transition to Home	1.3	93.5	\$ 2,911,869.00	\$ 1,927,014.00		Accepted	OH0694U5E032504	No	No	TH	YHDP	Renewal
Community Shelter Board	YWCA	6	YWCA 2026 WINGS I	1.4.1	97.3	\$ 3,197,777.00	\$ 285,908.00		Accepted	OH0102U5E032518	Yes	No	PH		Renewal
Community Shelter Board	Volunteers of America	7	VOA 2026 Permanent Supportive Housing for Families	1.4.1	95.6	\$ 3,957,084.00	\$ 759,307.00		Accepted	OH0094U5E032518	Yes	Yes	PH		Renewal
Community Shelter Board	Community Housing Network	8	CHN 2026 Parsons Avenue Apartments	1.4.1	94.5	\$ 4,323,768.00	\$ 366,684.00		Accepted	OH0093U5E032518	Yes	No	PH		Renewal
Community Shelter Board	Maryhaven	9	Maryhaven 2026 Supportive Housing Project	1.4.1	92.5	\$ 4,526,311.00	\$ 202,543.00		Accepted	OH0090U5E032518	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	10	CHN 2026 Marsh Brook Place	1.4.1	91.3	\$ 4,807,067.00	\$ 280,756.00		Accepted	OH0630U5E032507	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	11	CHN 2026 Safe Haven	1.4.1	89.5	\$ 5,015,985.00	\$ 208,918.00		Accepted	OH0097U5E032518	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	12	CHN 2026 Poplar Fen	1.4.1	89.5	\$ 5,294,538.00	\$ 278,553.00		Accepted	OH0728U5E032502	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	13	CHN 2026 East Fifth Avenue Apartments	1.4.1	89.4	\$ 5,552,050.00	\$ 257,512.00		Accepted	OH0088U5E032518	Yes	No	PH		Renewal
Community Shelter Board	National Church Residences	14	NCR 2026 Van Buren Village	1.4.1	88	\$ 5,623,505.00	\$ 71,455.00		Accepted	OH0470U5E032509	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	15	CHN 2026 Family Homes	1.4.1	87.7	\$ 5,638,221.00	\$ 14,716.00		Accepted	OH0082U5E032518	Yes	Yes	PH		Renewal
Community Shelter Board	YMCA	16	YMCA 2026 Touchstone Field	1.4.1	87.7	\$ 5,901,411.00	\$ 263,190.00		Accepted	OH0445U5E032513	Yes	No	PH		Renewal
Community Shelter Board	YMCA	17	YMCA 2026 McKinley Manor	1.4.1	87.4	\$ 6,190,863.00	\$ 289,452.00		Accepted	OH0760U5E032502	Yes	No	PH		Renewal
Community Shelter Board	National Church Residences	18	NCR 2026 Commons at Buckingham	1.4.1	87	\$ 6,382,717.00	\$ 191,854.00		Accepted	OH0394U5E032515	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	19	CHN 2026 Briggsdale Apartments	1.4.1	86.8	\$ 6,588,021.00	\$ 205,304.00		Accepted	OH0078U5E032518	Yes	No	PH		Renewal
Community Shelter Board	National Church Residences	20	NCR 2026 Commons at Third	1.4.1	86	\$ 6,779,875.00	\$ 191,854.00		Accepted	OH0372U5E032514	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	21	CHN 2026 Inglewood Court	1.4.1	85.5	\$ 6,846,484.00	\$ 66,609.00		Accepted	OH0410U5E032513	Yes	No	PH		Renewal
Community Shelter Board	National Church Residences	22	NCR 2026 Berwyn East	1.4.1	83	\$ 7,223,383.00	\$ 376,899.00		Accepted	OH0727U5E032503	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	23	YHDP CHN 2026 Youth PSH	1.4.1	82	\$ 7,371,579.00	\$ 148,196.00		Accepted	OH0693U5E032504	Yes	No	PH	YHDP	Renewal
Community Shelter Board	Community Housing Network	24	CHN 2026 Southpoint Place Apartments	1.4.1	80	\$ 7,607,836.00	\$ 236,257.00		Accepted	OH0281U5E032517	Yes	No	PH		Renewal
Community Shelter Board	National Church Residences	25	NCR 2026 Commons at Grant	1.4.1	80	\$ 7,799,691.00	\$ 191,855.00		Accepted	OH0085U5E032518	Yes	No	PH		Renewal
Community Shelter Board	Community Housing Network	26	CHN 2026 Wilson Apartments	1.4.1	79.5	\$ 7,872,969.00	\$ 73,278.00		Accepted	OH0101U5E032518	Yes	No	PH		Renewal
Community Shelter Board	National Church Residences	27	YHDP NCR 2026 Youth PSH	1.4.1	79.4	\$ 8,109,240.00	\$ 236,271.00		Accepted	OH0779U5E032504	Yes	No	PH	YHDP	Renewal
Community Shelter Board	Community Housing Network	28	CHN 2026 Terrace Place Apartments	1.4.1	79	\$ 8,259,104.00	\$ 149,864.00		Accepted	OH0092U5E032518	Yes	No	PH		Renewal
Community Shelter Board	Homefull	29	Homefull 2026 SRA	1.4.3	82	\$ 9,803,221.00	\$ 1,544,117.00		Accepted	OH0083U5E032518	Yes	Yes	PH		Renewal
Community Shelter Board	Homefull	30	Homefull 2026 TRA	1.4.3	76	\$ 13,743,904.00	\$ 3,940,683.00		Accepted	OH0084U5E032518	Yes	Yes	PH		Renewal
Community Shelter Board	YMCA	31	YMCA 2026 Cobblestone PSH	1.5	94	\$ 14,052,809.30	\$ 308,905.30	\$ 308,905.30	Accepted				PH		New
Community Shelter Board	Homefull	32	Homefull 2026 1289 PSH	1.5	87	\$ 15,169,309.30	\$ 1,116,500.00	\$ 1,116,500.00	Accepted				PH		New
Community Shelter Board	YMCA	33	YMCA 2026 Nelson Park PSH	1.5	80.3	\$ 15,358,386.39	\$ 189,077.09	\$ 189,077.09	Accepted				PH		New
Community Shelter Board	Homefull	34	Homefull 2026 Isaiah PSH	1.6	71.5	\$ 16,228,209.00	\$ 869,822.61	\$ (2,109,171.39)	Reduced Reallocated	OH0075U5E032515	Yes	Yes	PH		Renewal
Community Shelter Board	Nationwide Childrens's Hospital Foundation	35	RI-NCH 2026 DV SSO Expansion	2.1	89	\$ 17,214,209.40	\$ 986,000.40		Accepted				SSO	DV	New
Community Shelter Board	Home For Families	36	YHDP HFF 2026 TAY TH	2.2	92.4	\$ 18,343,199.40	\$ 1,128,990.00	\$ 1,128,990.00	Accepted	OH0695U5E032504	Yes	No	TH	YHDP	New
Community Shelter Board	Lutheran Social Services	37	LSS CHOICES 2026 TH Transition	2.2	92.3	\$ 19,477,864.40	\$ 1,134,665.00	\$ 1,134,665.00	Accepted	OH0761U5E032502	No	No	TH	DV	New
Community Shelter Board	Home For Families	38	HFF 2026 DV TH	2.2	91.3	\$ 21,381,662.40	\$ 1,903,798.00	\$ 1,903,798.00	Accepted	OH0617U5E032507	Yes	No	TH	DV	New
Community Shelter Board	Home For Families	39	HFF 2026 TH Transition - HFF 2026 Job2Housing	2.2	85	\$ 21,807,712.40	\$ 426,050.00	\$ 426,050.00	Accepted	OH0074U5E032514	Yes	No	TH		New
Community Shelter Board	Homefull	40	HFL 2026 Leasing TH	2.2	83.3	\$ 24,190,909.40	\$ 2,383,197.00	\$ 2,383,197.00	Accepted	OH0312U5E032514	Yes	Yes	TH		New
Community Shelter Board	Homefull	41	HFL 2026 Isaiah TH	2.2	83.3	\$ 26,300,080.79	\$ 2,109,171.39	\$ 2,109,171.39	Accepted				TH		New
Community Shelter Board	Community Shelter Board	42	CSB 2026 Reach SSO	2.2	74	\$ 28,033,015.40	\$ 1,732,934.61	\$ 1,732,934.61	Accepted		No	No	TH		New
Community Shelter Board	Vista Village	43	Vista Village 2026 Economic Mobility Project	2.3	80.6	\$ 28,199,515.40	\$ 166,500.00		Accepted				TH		New
Community Shelter Board	YMCA	44	YMCA 2026 Employment SSO	2.3	80.5	\$ 29,352,207.40	\$ 1,152,692.00		Accepted				SSO		New
Community Shelter Board	Mount Carmel	45	Mt Carmel 2026 HEART SSO	2.3	80	\$ 30,578,861.40	\$ 1,226,654.00		Accepted				SSO		New
Community Shelter Board	Community Shelter Board	Not Ranked	CoC Planning			\$ 31,695,431.40	\$ 1,116,570.00		Accepted				Planning		
Community Shelter Board	Community Shelter Board	Not Ranked	UFA Costs			\$ 32,365,373.40	\$ 669,942.00		Accepted				UFA		
Community Shelter Board	Community Housing Network	Not Ranked	CHN 2023 Deer Hill Place				\$ 260,666.00	\$ (260,666.00)	Fully Reallocated	OH0758U5E032300			PH		Renewal
Community Shelter Board	Community Housing Network	Not Ranked	CHN 2024 Deer Hill Place					\$ (573,465.00)	Fully Reallocated	OH0812U5E032501			PH		Renewal
Community Shelter Board	Community Housing Network	Not Ranked	CHN 2024 Knoll View Place				\$ 289,522.00	\$ (289,522.00)	Fully Reallocated	OH0759U5E032401			PH		Renewal
Community Shelter Board	Equitas	Not Ranked	Equitas Health 2024 PSH				\$ -	\$ (1,264,191.00)	Fully Reallocated	OH0080U5E032417			PH		Renewal
Community Shelter Board	Home For Families	Not Ranked	HFF 2024 Job2Housing				\$ -	\$ (426,050.00)	Fully Reallocated	OH0074U5E032413			PH		Renewal
Community Shelter Board	Homefull	Not Ranked	Homefull 2024 Leasing				\$ -	\$ (2,383,197.00)	Fully Reallocated	OH0312U5E032413			PH		Renewal
Community Shelter Board	Homefull	Not Ranked	Homefull 2024 TRA Mainstream/EHV				\$ -	\$ (959,573.00)	Fully Reallocated	OH0076U5E032417			PH		Renewal
Community Shelter Board	Lutheran Social Services	Not Ranked	LSS CHOICES 2024 DV Joint TH-RRH				\$ -	\$ (1,134,665.00)	Fully Reallocated	OH0761U5E032401			Joint TH & PH-RRH	DV	Renewal
Community Shelter Board	Home For Families	Not Ranked	YHDP HFF 2024 TAY RRH				\$ -	\$ (1,128,990.00)	Fully Reallocated	OH0695U5E032403			PH	YHDP	Renewal
Community Shelter Board	YMCA	Not Ranked	YMCA 2024 DV RRH Combined				\$ -	\$ (1,903,798.00)	Fully Reallocated	OH0617U5E032406			PH	DV	Renewal

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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

Type or clearly print the following information.

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

Applicant Organization: Community Shelter Board

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

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

14.267 Continuum of Care

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

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

39049005100, 39049009900, 39049002300, 39049001700, 39049008811, 39049004302, 39049009498, 39049007511, 39049006100

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

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

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

Estimated Funding Allocations

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

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

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

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

Community Shelter Board's COC Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and Transitional Housing (TH) programs support investment in Opportunity Zones and other economically distressed areas by reducing homelessness, increasing housing stability, and connecting residents to employment, education, healthcare, and mainstream resources. PSH provides long-term housing and supportive services that promote stability and community well-being. RRH helps households quickly secure permanent housing and increase income through employment and workforce supports. TH offers temporary housing and services that build self-sufficiency and prepare participants for permanent housing. Together, these programs leverage public and private partnerships to expand economic opportunity, strengthen neighborhoods, support workforce participation, and ensure that vulnerable residents can benefit from ongoing community revitalization and investment efforts.

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

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

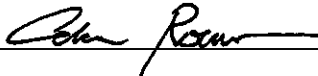
Certification of Authorized Representative for the Applicant:

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

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

Prefix: _____ First Name: Adam _____ Middle Initial: _____ Last Name: Rowan _____ Suffix: _____

Title: Chief Compliance + Operating Officer _____ Organization: Community Shelter Board _____

Signature:  _____ Date: 9/30/2026 _____

- Disruption of operations that poses an immediate health or safety threat.

Up to a 60-day shelter ban

- Property damage below \$5,000
- Selling drugs/alcohol within the shelter or on shelter property
- Harassment/threats that involve an immediate safety issue.

Up to a 90-day shelter ban

- Property damage more than \$5,000
- Assault
- Theft of significant property
- Weapons (non-firearm) on property

Greater than 90-day shelter ban (must specify duration and rationale and include a formal criminal report and/or no-trespass notice unless there is a compelling reason this cannot be provided)

- Property damage more than \$10,000
- Assault involving a weapon or severe bodily injury
- Firearm on shelter property

11.14 Involuntary Discharge

An involuntary discharge is a program-initiated, forced removal of a resident. It occurs when a program mandates a participant's departure from the program, typically due to rule violations, behavioral issues, or the program's inability to meet a participant's specialized needs. Also, if the participant is no longer eligible for the program but does not agree to or participate in a program exit plan.

- Participants have the right to written notice and an opportunity to appeal the program's termination.
- Staff must maintain open communication with participants to resolve conflicts before they escalate.

11.15 Advancing Recovery & Prohibiting Illicit Drug Use

CoC-funded housing projects may not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off property under their control in violation of applicable law, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction."

If the CoC determines that a CoC-funded housing project is in violation of this policy, the CoC may require corrective action, technical assistance, written assurances of future compliance, modification of project policies or practices, staff training, enhanced monitoring, referral to the recipient or funder for enforcement action, reduction in local competition score, reallocation review, or other remedies permitted under CoC policy, HUD requirements, grant agreements, and applicable law.

The CoC encourages CoC-funded housing projects and community partners to provide or connect participants to substance use disorder treatment, recovery supports, recovery housing, peer support, behavioral health services, detoxification, inpatient or outpatient treatment, medication-assisted treatment, and other clinically appropriate services within or outside the CoC geographic area.

This policy does not restrict or prohibit CoC-funded housing projects from requiring sobriety or participation in treatment as a condition of assistance when such requirements are permitted by 24 CFR 578.75(h), other applicable CoC Program requirements, civil rights laws, participant rights protections, and written project policies. This policy also does not require sobriety as a condition of assistance, mandatory treatment participation except where permitted by 24 CFR 578.75(h), or automatic termination for a first-time drug-related program or lease violation.

Documentation Standards

- Maintain current written policies and procedures
- Eligibility Documentation
- Homelessness and Chronic Homelessness Verification
- Complete reports as soon as possible.
- Submit reports through the CSB reporting process.
- Maintain supporting documentation in the participant file and in participant HMIS record.
 - Supportive services intended to prevent program termination.
 - Services provided.
 - Housing decisions.
 - Appeals submitted
 - Efforts to identify safe alternatives to shelter when appropriate.
 - Risk factors and need for assistance
 - Approved assessment tools
 - Current disability documentation completed by a qualified professional (when required).
- Cooperate with follow-up requests from CSB.

Communication Protocols

- Programs must communicate policies to staff and participants.
- Participant coordination requires timely information sharing among partners.
- Major Unusual Incidents must be escalated and reported to CSB using the online submission form found on www.csb.org.

Monitoring and Compliance

Please refer to the CSB UFA Monitoring Handbook for Standards of Monitoring and Compliance.



**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 29, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Scott Scharlach
Chief Operating Officer
Columbus Metropolitan Housing Authority
880 East 11th Avenue
Columbus, Ohio 43211

Re: Proposed Columbus/Franklin County Continuum of Care Projects

Dear Mr. Wilkos, Ms. Isom, and Columbus and Franklin County Continuum of Care,

On behalf of Columbus Metropolitan Housing Authority (CMHA), I am confirming my agency's partnership in the Columbus and Franklin County Continuum of Care and the work to end homelessness in our community. The local goal is to open new permanent supportive housing (PSH) projects with the support of the Housing Choice Voucher (HCV) program. CMHA has had a longstanding partnership with the Continuum of Care and Community Shelter Board, the CoC's collaborative applicant.

Participants in CoC funded programs have opportunities to transition from system Transitional Housing, Rapid Rehousing and Permanent Supportive Housing to HUD-assisted housing in the community. CSB Housing Department staff meet weekly with CMHA staff for system coordination and communication. CMHA remains committed to any other opportunities to strengthen this crucial partnership.

Should you have any questions regarding this letter, please contact me directly at 614-421-6000.

Sincerely,

Scott Scharlach
Chief Operating Officer
Columbus Metropolitan Housing Authority

September 23, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects Providing
Educational Supports and Services for Children

Dear Mr. Wilkos and Ms. Isom:

On behalf of the YWCA Columbus, I confirm my agency's partnership in the Columbus and Franklin County Continuum of Care to provide licensed childcare access to families experiencing homelessness enrolled in Columbus and Franklin County Continuum of Care's YWCA Family Center. Families referred by Columbus and Franklin County Continuum of Care receive priority intake, expedited waitlist placement and Publicly Funded Child Care (PFCC) enrollment assistance, enabling parents to pursue employment, education, or housing stability activities without childcare as a barrier. This is an active, ongoing partnership between our organizations.

Should you have any questions regarding this letter, please contact me directly at 614-253-3913.

A handwritten signature in black ink that reads "Carrie Derr". The signature is fluid and cursive, with the first name "Carrie" being more prominent than the last name "Derr".

Carrie Derr
Director
YWCA Family Center
900 Harvey Court
Columbus, Ohio 43219

September 27, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects

Dear Mr. Wilkos, Ms. Isom, and Columbus and Franklin County Continuum of Care,

On behalf of Franklin County Public Health, I confirm my agency's partnership with the Columbus and Franklin County Continuum of Care and the Homeless Crisis Response System led by Community Shelter Board to address the needs of community members experiencing homelessness or housing instability in our community. Franklin County Public Health partners with the CoC and CSB in the following ways:

- Developed an Emergency Response Plan for unsheltered individuals in events of environmental emergencies.
- Work collectively in responding to threats of infectious disease as it relates to community members experiencing homelessness.
- CSB has representation on the Overdose Fatality Review Committee.

In addition, CSB has been a partner in the Franklin County Community Health Improvement Plan (CHIP) supporting goals addressing social drivers of health with a focus on housing. Healthy and safe housing is vital to public health because it protects individuals from environmental hazards and injury risks. Housing insecurity and homelessness contribute to disease, infectious illness, injury, and chronic stress, disproportionately affecting low-income and marginalized populations. Ensuring safe housing improves physical and mental health, reduces healthcare costs and promotes health across communities. As a part of the 2026-2030 CHIP, with the support of the Franklin County Board of Commissioners and Office of Justice Policy and Programs, FCPH coordinates a transitional housing program for Franklin County residents. This program connects individuals in need to temporary housing options while utilizing our

care coordination team to connect them to support resources including assistance to permanent housing options.

Another key area of collaboration is ensuring that infant safe sleep and mortality services are available to community members experiencing homelessness. Franklin County Public Health (FCPH) collaborates closely with CelebrateOne across several major initiatives. FCPH is a core member of the CelebrateOne convened Infant Mortality Reduction Steering Committee, alongside Columbus Public Health, Nationwide Children's Hospital and the Central Ohio Hospital Council. Together, these agencies provide leadership and coordinated direction for much of Franklin County's infant and maternal health work.

In addition, FCPH serves as an active partner in the CelebrateOne Impact Network (COIN). Within this network, more than 30 community organizations work collectively to strengthen the health and social systems that shape family well-being. This collaboration emphasizes shared data, continuous learning, and aligned measurement to improve the everyday experiences of families and their children.

Finally, FCPH participates in the CelebrateOne coordinated Home Visiting Network as a home visiting provider through our Beautiful Beginnings program which supports pregnant or postpartum women until their infant turns 3 years old. Beautiful Beginnings provides personalized 1-on-1 support, connection to community resources and regular home visits and contact from an assigned Public Health Nurse or Community Health Worker. Through this network, agencies across Franklin County share best practices, coordinate services, and strengthen program delivery to better support families.

On behalf of my colleagues at Franklin County Public Health, we fully commit to continuing our partnership with the Columbus and Franklin County Continuum of Care and the Homeless Crisis Response System led by Community Shelter Board. Should you have any questions regarding this letter, please contact me directly at 614-493-1411.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joe Mazzola', with a stylized flourish at the end.

Joe Mazzola
Health Commissioner
Franklin County Public Health

COLUMBUS STATE

COMMUNITY COLLEGE

September 28, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: 2026 HUD Continuum of Care Competition and Projects

Dear Mr. Wilkos and Ms. Isom:

On behalf of Columbus State Community College, I am pleased to confirm that Columbus State is a partner in the Columbus and Franklin County Continuum of Care and that I represent the College in this work. As the region's community college, Columbus State supports the CoC's efforts to connect people experiencing homelessness or housing instability with postsecondary education, workforce training, and the services that help them persist toward completion.

Columbus State provides coordinated support through the Student Wellbeing Resource Center, Enrollment Services, Financial Aid, and Military & Veterans Services. Students can receive help with enrollment, financial aid and veterans education benefits, and referrals to campus and community resources. The Student Wellbeing Resource Center connects students with resources related to housing, food, childcare, transportation, technology, mental health, and financial education. Together, these services help reduce barriers that can interrupt enrollment, persistence, and completion.

Columbus State has worked with partners across the Homeless Crisis Response System through Success Bridge. The program provided eligible students experiencing housing insecurity with rental assistance, housing stability services, student support, career development, and employment counseling so they could remain focused on their academic goals.

Columbus State supports the CoC's application and proposed projects serving veterans. We welcome continued opportunities to work with CoC partners to connect eligible participants with education, training, and student support services. Should you have questions regarding this letter, please contact me directly at 614-287-2060.

Sincerely,



Desiree Polk-Bland
Senior Vice President for Student Success
Columbus State Community College

STUDENT SUCCESS



September 25, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects serving Veterans

Dear Mr. Wilkos and Ms. Isom

On behalf of Volunteers of America, Ohio & Indiana, I confirm my agency's partnership in the Columbus and Franklin County Continuum of Care to serve Veterans experiencing homelessness in Columbus and Franklin County. VOA provides services to Veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance; Coordinate the provision of emergency shelter, outreach, supportive services, and housing. Ensure access to a full spectrum of employment and career pathways opportunities; Share data with the Department of Veterans Affairs as appropriate and identify and fill service gaps for Veterans.

This partnership ensures that Veterans experiencing or at risk of homelessness have coordinated access to both VA and mainstream homeless system resources, ensure access to a full spectrum of employment and career pathways opportunities; Share data with the Department of Veterans Affairs as appropriate and identify and fill service gaps for Veterans. While avoiding duplication of benefits and ensuring warm hand-offs between systems. This is an active, ongoing arrangement expected to continue throughout the project period.

Should you have any questions regarding this letter, please contact me directly at 440-613-1113

Thank you,

LaRaun Clayton, MBA, LSW
Vice President, Veterans & Housing
Volunteers of America Ohio & Indiana

Ohio
215 North Front Street, Suite 510
Columbus, Ohio 43215
O: 614.253.6100

Indiana
4181 East 96th Street, Suite 120
Indianapolis, Indiana 46240
O: 844.980.1862

voahin.org

**Healthy
Communities
For All**

Please remember us in your estate plans.



1105 Schrock Rd., Ste. 100
Columbus, Ohio 43229

Phone 614-228-5200

LSSnetworkofhope.org

September 24, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects serving survivors of Domestic Violence

Dear Mr. Wilkos and Ms. Isom:

Lutheran Social Services of Central Ohio (LSS) is pleased to confirm the ongoing partnership between LSS CHOICES for Victims of Domestic Violence, the Community Shelter Board (CSB), and the Franklin County Continuum of Care (CoC) in support of a coordinated community response to homelessness and housing instability.

LSS CHOICES provides specialized services for survivors of domestic violence, including emergency shelter, safety planning, supportive services, advocacy, and transitional housing and other housing-related assistance. Through its partnership with CSB and the Franklin County CoC, CHOICES helps ensure that survivors experiencing homelessness or housing instability have access to appropriate shelter, housing, and supportive services while maintaining the specialized protections required for survivors of domestic violence.

This partnership is structured to protect survivor privacy and confidentiality consistent with the requirements of the Violence Against Women Act (VAWA) and applicable HUD requirements. Survivors seeking domestic violence-specific shelter or housing assistance are not required to disclose information regarding their domestic violence circumstances through the community's standard coordinated entry process. Instead, referrals to CHOICES emergency shelter and CHOICES-operated housing programs flow through the community's domestic violence-specific coordinated access point. This approach allows survivors to access coordinated services while minimizing unnecessary disclosure of personally identifying or sensitive information.

LSS FAITH MISSION

Homeless Shelter & Services

LSS FOOD PANTRIES

Hunger Relief & Family Services

LSS CHOICES

For Victims of Domestic Violence

**LSS FAITH MISSION
OF FAIRFIELD COUNTY**

Homeless Shelter & Services

LSS 211 CENTRAL OHIO

Information & Referral Services

LSS HEALTH CENTER



A United Way Agency



1105 Schrock Rd., Ste. 100
Columbus, Ohio 43229

Phone 614-228-5200

LSSnetworkofhope.org

CHOICES also maintains participant information in a HUD-compliant comparable database rather than the community Homeless Management Information System (HMIS). Use of the comparable database allows CHOICES to meet applicable HUD data collection, reporting, and performance-monitoring requirements while protecting survivor information from entry into HMIS and maintaining confidentiality in accordance with federal requirements governing victim service providers.

LSS CHOICES values its partnership with CSB and the Franklin County Continuum of Care and remains committed to supporting a coordinated, survivor-centered homelessness response that provides meaningful access to shelter, housing, and supportive services while preserving the safety, privacy, and confidentiality of survivors.

Please consider this letter confirmation of CHOICES' continued partnership with CSB and the Franklin County Continuum of Care for purposes of CSB's HUD Notice of Funding Opportunity submission.

Sincerely,

Lauren Wilson
Vice President of Programs
Lutheran Social Services of Central Ohio

LSS FAITH MISSION

Homeless Shelter & Services

LSS FOOD PANTRIES

Hunger Relief & Family Services

LSS CHOICES

For Victims of Domestic Violence

**LSS FAITH MISSION
OF FAIRFIELD COUNTY**

Homeless Shelter & Services

LSS 211 CENTRAL OHIO

Information & Referral Services

LSS HEALTH CENTER





245 N Grant Avenue
Columbus, Ohio 43215

Phone 614-224-6617 option 3
Fax 855-208-4527

lssnetworkofhope.org

September 23, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects providing specialized supportive services for homeless individuals with a high level of medical needs.

Dear Mr. Wilkos and Ms. Isom,

On behalf of Lutheran Social Service's Medical Respite Program, I confirm my agency's partnership in the Columbus and Franklin County Continuum of Care to serve individuals experiencing homelessness who frequently use hospital and emergency department services. Medical Respite provides a safe, clinically supported recovery setting for unhoused individuals discharged from OhioHealth hospitals who are too medically fragile for shelter but do not require inpatient hospitalization, with direct referral pathways to and from Lutheran Social Service's Faith Mission shelter for longer-term housing placement following medical stabilization.

Medical Respite accepts clients from any OhioHealth in-patient facility, and clients average a 40-day stay before transitioning to other housing options. Services include medical and housing case management, referral management, transportation assistance, as well as medical, dental, vision, and behavioral health services through the Federally Qualified Health Center. This partnership reduces avoidable hospital readmissions and connects high-need individuals to permanent housing. Feel free to reach out with any questions.

Sincerely,

Alyssa Huddleston
Executive Director - LSS Medical Respite & Health Center
ahuddleston@lssnetworkofhope.org

*A Health Resources and
Services Administration
approved Community
Health Center*

COMMUNITY SHELTER BOARD & COLUMBUS & FRANKLIN COUNTY CONTINUUM OF CARE MEMORANDUM OF UNDERSTANDING

I. INTRODUCTION

- A. Background & Purpose. **COMMUNITY SHELTER BOARD** ("CSB") is the System Leader, Unified Funding Agency (UFA) and Regional Catalyst for organizing the response to preventing and ending homelessness in Franklin County and the Central Ohio Region. CSB is responsible for convening and providing administrative support for the Columbus & Franklin County Continuum of Care ("CoC"). CSB further serves as the fiscal agent of the CoC. However, the CoC is otherwise an independent body responsible for approval of system financial and performance outcomes as well as system policies. CSB contracts with sixteen (16) independent community agencies that comprise the Homeless Crisis Response System (HCRS) in Franklin County. The program areas that these agencies service include coordinated entry, diversion and prevention, street outreach, emergency shelter, rapid rehousing, transitional and permanent supportive housing.

The agencies contracted to provide programs and services within the system are The Center for Family Safety and Healing, Community Housing Network, Equitas Health, Gladden Community House, Home for Families, Homefull, Huckleberry House, Lutheran Social Services of Central Ohio, Maryhaven, Mount Carmel Health System, National Church Residences, Netcare, Southeast Healthcare, Volunteers of America — Ohio & Indiana, YMCA of Central Ohio, and YWCA Columbus (the "HCRS Partners").

This Memorandum of Understanding ("MOU") will serve as a coordination agreement between CSB and Aspyr. Aspyr leads Central Ohio's workforce development through information, resources and services. This MOU will be in place between CSB and Aspyr for provision of services in alignment with the operational capacity of all parties. Unless otherwise specified, this MOU does not prioritize services to the HCRS Partners but makes available the same community services and resources available to anyone requesting services from Aspyr.

- B. Effective Dates of this Agreement. This MOU shall become effective on the date of the last signature affixed hereto ("Effective Date") and shall remain in effect for an initial term of one (1) year.
- C. Confidentiality of Information. The Parties acknowledge that, in the course of performing activities under this Memorandum of Understanding ("MOU"), they may receive, access, or otherwise be exposed to confidential information, including but not limited to Homeless Management Information System (HMIS) data, personally identifiable information (PII), and other information relating to individuals or households experiencing homelessness ("Confidential Information").

Only information necessary to facilitate the goals of this MOU and subject to release under federal and state law shall be released to each respective party. Specific Releases of Information ("ROI") will be completed as appropriate or necessary between HCRS partner agencies and Aspyr for purposes of coordination of service needs.

- D. Amendment. Unless otherwise provided in this MoU or a Master Partnership Agreement between the Parties, this MoU may be amended or modified only by a written document executed by authorized representatives of the parties hereto.
- E. Renewal. Upon expiration of the initial term, this MOU shall automatically renew for successive one-year terms unless either Party provides written notice of non-renewal to the other Party at least 30 days prior to the end of the then-current term.

Automatic renewal is contingent upon continued compliance with applicable federal, state, and local laws, regulations, and funding requirements, including HUD and HMIS requirements.

- F. Termination. Either party may terminate this MOU at any time upon thirty (30) days written notice.

In the event applicable law, regulation, or HUD guidance changes in a manner that materially affects the activities governed by this MOU, either Party may terminate this MOU upon written notice notwithstanding automatic renewal.

II. COMMUNITY SHELTER BOARD RESPONSIBILITIES:

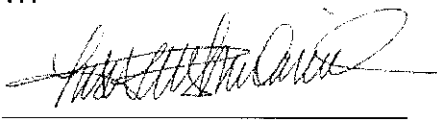
- A. Adhere to the clear referral procedures between HCRS Partners and Aspyr, as directed and designed by Aspyr.
- B. Provide Aspyr and other workforce development partners with information and invitation to CSB-sponsored work groups and system case conferences for purposes of communication, coordination and collaboration with HCRS Partners toward goal of providing coordinated service to clients mutually served by Aspyr and HCRS Partners.
- C. Provide Aspyr and workforce development system partners with notification and invitation to HCRS trainings and meetings that will be beneficial to this MOU and partnership.
- D. Provide representation at Aspyr's re-occurring Workforce Innovation partner meetings.
- E. Other responsibilities that CSB or Aspyr mutually agree would be beneficial to the execution of this MOU.

III. ASPYR RESPONSIBILITIES:

- A. To introduce CSB and HCRS partners the workforce development opportunities with Aspyr through the identified referral process.
- B. Provide training to HCRS partners on the referral and follow-up processes through the referral process provided by Aspyr.
- C. In addition to referral process training, Aspyr will provide education to HCRS partners regarding workforce development system partners and services available; training may also include trends and update on the state of jobs and workforce in the Central Ohio Region.
- D. Provide invitation to CSB to have representative at the re-occurring Aspyr partner meetings.
- E. Other responsibilities that CSB or Aspyr mutually agree would be beneficial to the execution of this MOU.

IN WITNESS THEREOF, the parties hereunto execute this Agreement on the dates indicated below.

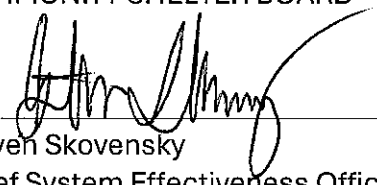
ASPYP

By: 

Lisa Patt McDaniel
Chief Executive Officer

Date: 8.5.2026

COMMUNITY SHELTER BOARD

By: 

Steven Skovensky
Chief System Effectiveness Officer

Date: 8/5/26

COMMUNITY SHELTER BOARD & COLUMBUS & FRANKLIN COUNTY CONTINUUM OF CARE MEMORANDUM OF UNDERSTANDING

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This Memorandum of Understanding ("MOU") will serve as a coordination agreement between CSB and Maryhaven for provision of services in alignment with the operational capacity of all parties. Unless otherwise specified, this MOU does not prioritize services to the HCRS Partners but makes available the same community services and resources available to anyone requesting services from Maryhaven.

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D. Amendment. Unless otherwise provided in this MoU or a Master Partnership Agreement between the Parties, this MoU may be amended or modified only by a written document executed by authorized representatives of the parties hereto.

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In the event applicable law, regulation, or HUD guidance changes in a manner that materially affects the activities governed by this MOU, either Party may terminate this MOU upon written notice notwithstanding automatic renewal.

II. COMMUNITY SHELTER BOARD RESPONSIBILITIES:

A. Follow established referral procedures between HCRS Partners and Maryhaven:

a. South High Street location: 24/7 walk-in for detox and triage services.

b. Alum Creek location: Walk-in hours Monday through Friday, 9am to 1 pm, for Outpatient Treatment and Substance Use Disorder residential admissions.

B. Provide Maryhaven information and invitation to CSB-sponsored work groups and system case conferences for purposes of communication, coordination and collaboration with HCRS Partners toward goal of providing coordinated service to clients mutually served by Maryhaven and HCRS Partners.

C. Provide Maryhaven with notification and invitation to HCRS trainings and meetings that will be beneficial to this MOU and partnership.

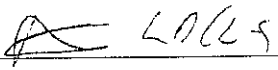
D. Other responsibilities that CSB or Maryhaven mutually agree would be beneficial to the execution of this MOU.

III. MARYHAVEN RESPONSIBILITIES:

- A. 24/7 access to S. High Treatment Center for detox and triage services for community members being served by HCRS partners. Maryhaven will notify CSB when and if the detox program is on divert.
- B. Access to the Alum Creek location from 9 am to 1 pm, Monday through Friday, for clients seeking outpatient or residential treatment.
- C. Other responsibilities that Maryhaven or CSB mutually agree would be beneficial to the execution of this MOU.

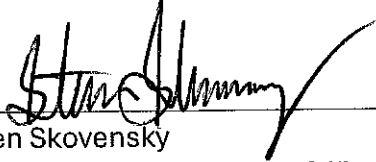
IN WITNESS THEREOF, the parties hereunto execute this Agreement on the dates indicated below.

Maryhaven

By: 
Ryan Pickut-LPCC-S
VP of Alum Creek Services

Date: 7/9/26

COMMUNITY SHELTER BOARD

By: 
Steven Skovensky
Chief System Effectiveness Officer

Date: 7/9/2026



Columbus City Schools- Project Connect
Office of Whole Child Supports
430 Cleveland Avenue
Columbus, Ohio 43215
Phone: 614-365-4011

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

September 24, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects Providing Educational Supports and Services for Children

Dear Mr. Wilkos and Ms. Isom,

On behalf of the Columbus City Schools' ProjectConnect, I confirm my agency's partnership in the Columbus and Franklin County Continuum of Care to protect the educational stability of children experiencing homelessness. Under this arrangement, authorized by the McKinney-Vento Homeless Assistance Act, Members of the Columbus and Franklin County Continuum of Care notify Project Connect immediately when a family with school-age children enters emergency shelter or is in a housing crisis.

ProjectConnect coordinates daily school bus transportation to and from the YMCA Family Shelter and YWCA Family Center, allowing children to remain enrolled at their school of origin rather than experiencing a disruptive school transfer during a housing crisis. This partnership reflects a community-wide, streamlined referral protocol adopted across the Columbus/Franklin County Continuum of Care to ensure no child's education is interrupted due to family homelessness.

Should you have any questions regarding this letter, please contact me directly at 380-997-7400.

Kevin P. Boehm
McKinney-Vento Liaison
Columbus City Schools
430 Cleveland Ave.
Columbus, OH 43215

September 24, 2026



(614) 294-5476
info@godmanguild.org
555 S. Front Street
Columbus, OH 43215



Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care

Dear Mr. Wilkos, Ms. Isom, and Columbus and Franklin County Continuum of Care,

On behalf of the Godman Guild Association, I confirm our partnership with the Columbus and Franklin County Continuum of Care to provide GED preparation, adult basic education, and work readiness training to individuals experiencing homelessness who are enrolled in shelter or housing programs. Godman Guild provides free GED coursework, testing support, work readiness training, and connections to subsequent workforce training, with referrals coordinated directly between our organizations. This partnership helps address foundational barriers to employment and long-term housing stability for adults without a high school credential.

Should you have any questions regarding this letter, please contact me directly at (614) 254-3161.

Sincerely,

A handwritten signature in black ink, appearing to read "Toni Cunningham", with a large, stylized flourish at the end.

Toni Cunningham
President & CEO
Godman Guild Association



Your Aging and Disability Resource Network

3776 South High Street
Columbus, Ohio 43207-4012
www.coaaa.org/ email: coaaa@coaaa.org

(614) 645-7250
1-800-589-7277
(614) 645-6200 TTY/TDD

September 29, 2026

Mr. Michael Wilkos
Board Chair
Columbus & Franklin County Continuum of Care
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-56

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, Ohio 43235-5616

Re: Proposed Columbus/Franklin County Continuum of Care Projects

Dear Mr. Wilkos, Ms. Isom, and Columbus and Franklin County Continuum of Care,

On behalf of Central Ohio Area Agency on Aging (COAAA), I confirm my agency's partnership with the Columbus and Franklin County Continuum of Care and the Homeless Crisis Response System led by Community Shelter Board to address the needs of community members experiencing homelessness or housing instability in our community. COAAA partners with the CoC and CSB in the following ways:

- A. Provide trainings to HCRS partner staff on the assessment and placement process for nursing home/skilled nursing facility entry.
- B. Follow referral processes for clients in housing programs to be assessed for home and community-based services (HCBS) and case management programs

COAAA, established in 1974, coordinates HCBS to help individuals with activities of daily living such as homemaking, transportation, home delivered meals, personal care, and more. The agency manages services for 15,000 people, funds services for another 25,000, and is a leader in reducing housing instability and homelessness prevention in eight counties across Central Ohio. We look forward to partnering to strengthen housing and related services for older adults and people with disabilities.

Thank you for your consideration of this important application.

A handwritten signature in blue ink, appearing to read "Katie M. White".

Katie M. White

Regional Council of Governments for the Central Ohio Area Agency on Aging • Katie M. White, Executive Director

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