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: PA-603 - Beaver County CoC

1A-2. Collaborative Applicant Name: County of Beaver

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Beaver

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	1
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	Nonexistent	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	No	
34.	Veteran Serving Organization(s)	No	
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Nonexistent	
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Nonexistent	
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.	Office on Aging	Yes	1
47.	HMIS	Yes	3

1B-2.	Open Invitation for New Members.	

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

(limit 2,500 characters)

PA-603 CoC holds an open invitation for anyone interested in addressing homelessness to join our Housing & Homeless Coalition (our CoC member coalition) at any time. The Coalition meets every month. The invitation to join is included on the monthly agenda that is emailed to a listserv of 330 entities. The invitation to join is also in our monthly minutes which are posted on our publicly accessible HMIS website. CoC Members are encouraged to invite other relevant stakeholders which is a significant source of new memberships. Current members provide education and support to those they invite. Additionally, the CoC Coordination team extends regular invitations at community meetings that they attend throughout the year.

The CoC ensures effective communication and access for all people to join our Coalition meeting by using a variety of methods including: email to our listserv of 330 people, PDF files, disability enabled websites, and face to face communication at community events. Further, we continue to offer our monthly partner meeting on Zoom (even as we also meet in person). People with hearing impairments can use the close captioning tools on Zoom. These strategies ensure a broad invitation process to join the CoC and it is a transparent and publicly accessible process.

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

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

(limit 2,500 characters)

A. Our CoC uses a variety of means to solicit input from a broad array of entities about the CoC's general performance, strategies, and priority setting. The first half of the monthly CoC partner mtgs are open to members to make suggestions, provide updates, and discuss service gaps. 40 people regularly attend this mtg. Members receive the mtg agenda via email in PDF format prior to the mtg so they are aware of the information to be shared and the chance to provide input. Opinions are sought at our quarterly Governing Board meetings which is comprised of entities with knowledge about homelessness. The CoC funded programs also meet monthly to discuss gaps and to communicate challenges to the CoC Coordinator. The CoC seeks input via surveys, public hearings, and Requests For Proposals (RFPs are posted on disability accessible websites and emailed to the listserv in PDF format). CDBG, ESG, and HOME funding opportunities are posted in our local newspaper which is published in print and online. We seek client input through surveys and via our Lived Homeless Experience (LHE) committee which meets monthly. LHE members are paid for their time and expertise. The CoC Coordination team gathers public input by attending a variety of local meetings. They gather information from homelessness experts at: Housing Alliance of PA conference, HUD trainings, and the Statewide CoC mtg.
B. The CoC provides opportunities for entities to provide input by using these communication methods: email to our listserv of 300 people, PDF files, disability enabled websites, public hearings, accessible mtg locations, and face to face communication. The monthly CoC partner meeting is also offered on Zoom so people with hearing impairments can access closed captioning tools and share input via chat if needed.
The broad array of entities providing input include: disability serving orgs, substance use and mental health treatment providers, housing specialists, landlords, law enforcement, job training partners, veteran orgs, youth serving orgs, reentry programs, local government, domestic violence serving partners, HMIS, medical partners, legal advocates, child welfare orgs, people with lived homeless experience, and shelter providers. These partners provide specialized knowledge and expertise on issues that people facing homelessness often face. This input enables the CoC to respond more impactfully to the unique challenges that the people we serve tend to face.

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

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

(limit 2,500 characters)

A. Our Request for Proposals (RFP) stated the CoC will accept applications from all eligible entities, even from those who never received CoC funding. The RFP (in PDF form) was posted on the Collaborative Applicant's (CA) and the County's websites on 6/8/26 providing ample time for new entities to apply. These are county government websites which are intended for the public and are disability accessible. Both sites are publicly known for posting funding opportunities. The CoC Competition was discussed at the monthly partner mtgs on 4/23/26, 6/18/26, 7/9/26 (in-person and on Zoom) and the RFP details were shared at the 6/18/26 mtg. These meetings are open to the public. These approaches informed the public that eligible entities who never received CoC funding were eligible to apply.
A. The RFP also included details on how the CoC would consider applications. Consideration was completed through the use of an objective scoring tool which was attached to the RFP. This tool scored for: project & applicant eligibility (based on NOFO requirements); applicant experience with both homelessness and federal grants; detailed project descriptions; eligible target population; input from people w/ lived exp; and outcomes pertaining to Sys PM. The CoC Coordination team scored the proposals. Eligible projects were selected in order of highest to lowest scoring until the Bonus amounts were reached. The RFP explained these procedures for considering applications.
B. The CoC received one application from an entity who has never received CoC funding before. This is a result of speaking early and frequently about the CoC program and specifically the CoC Competition. The CoC Coordination team provides awareness and education to potential new entities throughout the year to help fill gaps identified by the CoC.

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

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

(limit 2,500 characters)

1. The CoC developed a pilot program over the last year to fill the identified gap of high eviction rates. The Housing Alliance of Pennsylvania (HAoP) shared data that showed Beaver County with the 9th highest eviction rates in the State. Four renter households in the County face an eviction filing every day. HAoP's analysis also showed 92% of eviction cases involved past due rent. As a result, the HAoP and the CoC partnered to convene a group of stakeholders (prevention programs, housing providers, social service providers, churches, and elected officials) to review our current system, to explore the gap, and to identify an intervention point.
2. As a result of this meeting the group developed a pilot program idea to provide eviction prevention services at a school district with high eviction rates in the County along with financial support, resource navigation, and a mediation option. The homeless liaison in the school will help identify families in need. The CoC and the eviction prevention partner (TCBC) met with a similar program in Pennsylvania to learn more about their strategies. They also met with Just Mediation Pittsburgh (JMP) and plans are in place for JMP to provide mediation training to the staff who will be implementing the program. An elected official will work with the magistrate to ensure the court's cooperation with the program as well.
3. The measures that will be tracked include the housing outcomes of each household served. The expectation is that 85% of engaged households will avoid eviction.
4. The program began at the beginning of the 2026-27 school year. The mediation training and Magistrate engagement will be completed in the first quarter. A full analysis of the effectiveness of the program will be done at the end of the 2026-27 school year. The plan is to build on the success of the program at that point.
5. The program will be implemented with resources currently available i.e. ESG, State, and local funds. Recently, the United Way committed up to $1,000/month during the 2026-27 school year for eligible households served through this pilot program to help prevent the risk of eviction.
6. TCBC and CoC Coordinator will oversee the implementation of the pilot program.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	57%

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)

We are not a rural CoC.

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)

Our CoC works with treatment providers throughout the county to help individuals and families experiencing homelessness connect to the mental health (MH) and/or substance use disorder (SUD) treatment they need. The partners we work with include but are not limited to Beaver County Behavioral Health, Glade Run, Gateway, Matrix, Prevail, Drug and Alcohol Services of Beaver Valley, and ABC Associates for behavioral health and substance use services. We also work with healthcare providers, including Primary Health Network and Allegheny Health Network Beaver that provide behavioral health services. Through these partnerships, participants can be assessed and connected to the appropriate level of care based on their individual mental health and/or SUD needs. The Salvation Army also has Memorandums of Understanding between it's 3 CoC funded housing programs and Gateway Rehab for on-site substance use treatment.
These MH and SUD treatment partners provide both outpatient and inpatient services, behavioral health assessments, individual and group counseling, psychiatric services, medication management, peer support, and recovery services. CoC housing programs and case managers work with these providers to help participants get connected to treatment, stay engaged in services, and address barriers that may affect their housing stability.
The CoC programs also work with community partners when participants are experiencing a behavioral health crisis or may be at risk for suicide. The programs link participants to medical providers, the behavioral health providers named above, and the Beaver County Crisis team for assessment and intervention. The CoC housing programs continue working with these treatment providers to help participants remain connected with ongoing services.
Our CoC housing programs also link clients in need to recovery supports, including: peer support, substance use treatment, case management, transportation assistance, support meetings, healthcare connections, benefits assistance, and referrals to other community resources. These services help participants maintain their recovery status while working toward obtaining and maintaining permanent housing.
None of our projects have the sole purpose of rendering substance use treatment so these partnerships are critical for connecting participants with treatment and recovery services while also addressing the barriers that can make it difficult to obtain and maintain stable housing.

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 Beaver County CoC partners with community-based behavioral health, substance use, and recovery providers to help individuals experiencing homelessness access peer support and recovery navigation. These partnerships provide individuals with connections to people who have lived experience, Certified Recovery Specialists (CRS), Certified Peer Specialists, and other recovery supports that can help individuals work through barriers to their recovery and remain connected to recovery services.
Gateway Rehabilitation Center is an important partner in providing substance use treatment and access to Certified Recovery Specialists (CRS). CRS staff can provide peer-based support, encouragement, advocacy, and assistance navigating treatment and recovery resources. The Mental Health Association (MHA) of Beaver County also provides peer support and Certified Peer Specialist services, allowing individuals to connect with people who have lived mental health experience who can help them identify supportive resources and work toward their recovery goals. Gateway and the MHA are regular attendees at our monthly CoC Partner meetings so they are also familiar with the additional challenges that people facing homelessness may face.
The CoC also works with Glade Run/EPIC, Beaver County Behavioral Health, and Beaver County Drug and Alcohol to connect individuals to behavioral health and substance use services that support recovery. In fact, 6 of CoC funded programs have formal Memorandums of Understanding with two of these partners. TRAILS Ministries provides additional mentoring, supportive relationships, and recovery-focused assistance for individuals who may need ongoing support as they work toward stability. The partners in this section also are regular attendees at our monthly CoC partner meeting.
Through Coordinated Entry (CE), individuals are assessed based on their housing and service needs and can be connected to appropriate recovery supports. When a person identifies a need for substance use, mental health, or recovery support, the CE team will make referrals and coordinate services. This allows housing providers, case managers, behavioral health providers, and peer/recovery supports to work together and remove barriers to accessing treatment. These partnerships help connect participants with the treatment, recovery, and peer support individuals may need to obtain and maintain permanent housing.

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 with Serious Mental Illness (SMI) through several methods. 1. Coordinated Entry (CE) asks questions about mental health (MH) including if the person has a MH treatment provider and/or case manager. CE can also make informed observations to identify SMI. 2. Awareness training and observation by the outreach team and housing programs. 3. Mental health treatment providers and advocates refer people with SMI to the CoC for housing.
For people identified with SMI, the CoC programs engage the current treatment provider in the development of the housing plan which embeds mental health expertise into the plan. If the person does not have a treatment provider or case manager, the CoC program will refer to one of our mental health treatment providers so that stability can be achieved thus increasing the chance of stable housing.
Beaver County Behavioral Health (BCBH) is one of those MH providers. BCBH is the county department of behavioral health. BCBH conducts comprehensive assessments to determine the appropriate level of care – this could include outpatient treatment, case management, inpatient treatment, assertive community treatment teams, forensic treatment teams, peer support, or involuntary treatment should that level of care be warranted. BCBH will then provide a warm hand off to the appropriate provider. All CoC funded housing programs also have memorandums of understanding with mental health providers so immediate assessments can be arranged as needed.
Once a person with SMI is connected with treatment, the providers and the engaged CoC program connect. Releases are signed so that communication can be streamlined and efficient service/treatment provision can be rendered. Should a change in behaviors and/or symptoms occur the CoC programs can contact the mental health team immediately.
When a person with SMI is not interested in being connected to treatment professionals, the CoC programs will continue to offer these referrals and will explore with the person the potential consequences of not engaging in treatment including the possible loss of housing. The CoC programs will also monitor for individual and community safety issues because of a person's untreated SMI and will engage the Beaver County Crisis team should safety become potentially compromised. The Crisis team can coordinate involuntary treatment as they formally coordinate with the County Delegates in our involuntary commitment process.

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)

Beaver County Behavioral Health (BCBH) is a designated department of the County that creates and sustains a seamless system of behavioral health care. They provide: assessment & referral to mental health and substance use care, case management, oversight of the drug treatment courts, and they are the County Delegates for involuntary commitments. They have Memorandums of Understanding with all of our CoC funded housing programs. Their director also sits on our CoC Governing Board.

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)

Beaver County Behavioral Health serves as the County Delegates in the involuntary treatment commitment process (302 process). They arrange the hearings at the location of treatment. The inpatient treatment providers and any case managers involved with the cases are very familiar with the work of the CoC and the housing resources available through it. Thus as the commitment cases work through the system, these entities are able to recommend a referral to CoC resources including Coordinated Entry and housing partners and to provide linkage to them. In fact, all of the CoC funded housing programs have Memorandums of Understanding with Beaver County Behavioral Health thereby streamlining such referrals.
Also, Beaver County Behavioral Health recently developed a drug treatment court for people facing criminal drug charges. It is a 18 month program to connect these identified people with stabilizing resources including a stable housing plan. Beaver County Behavioral Health has Memorandums of Understanding with all of the CoC funded housing programs thereby streamlining referrals to stable housing options.

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 works closely with the Beaver County Crisis Center (BCCC) operated by the University of Pittsburgh Medical Center. BCCC offers 24 hour phone support, walk-in hours, and mobile services. They offer crisis counseling, linking to appropriate level of treatment, and coordination of involuntary treatment as warranted. CoC programs call BCCC as needed. BCCC also refers people they serve to the CoC for their housing needs.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

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

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

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

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

(limit 500 characters)

The CoC partners with Primary Health Network (PHN) which is a Community Mental Health Center. PHN accepts a wide range of insurances and offers a sliding scale fee making their services accessible to CoC clients. They attend our monthly CoC partner meeting and regularly provide treatment at multiple partner sites.
Beaver County Behavioral Health (BCBH) has Memorandums of Understanding with 6 of our CoC funded programs. BCBH provides assessment, case management, and linkage to treatment.

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 funded program, Stone Harbour Transitional Housing, operates sober housing. They require sobriety while residing in the program. If a potential enrollee will not commit to sobriety they are excluded from the program. To help enrolled participants maintain their sobriety, Stone Harbour has staff on site 24 hours a day. They also have a 14 day adjustment period when new residents are not permitted to leave the premises without staff accompanying them to help maintain their sobriety.

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)

Because many of our substance use treatment and mental health partners attend our monthly CoC Partner meeting, they are aware of numerous resources to help prevent their patients from becoming homeless. These resources include private landlords, CoC housing programs, the Public Housing Authority, half-way houses, and affordable housing organizations. Further the treatment providers are familiar with the various case management options available throughout the County so they can refer to them for additional support for patients who may struggle with navigating the resources on their own.
Further, the Coordinated Entry team collectively review the waitlists at least monthly. This offers households who are waiting the opportunity to be reviewed by the team of housing experts not only for CoC funded programs but also for housing opportunities outside of the CoC especially if those options are available more quickly.
Finally, our treatment partners recognize that our CoC funded program staff are knowledgeable about various housing options and current vacancies so they know they can reach out for guidance on where to turn should they have a client at risk of homelessness.
These strategies and connections enable our behavioral health partners to smoothly link their homeless patients to stable housing.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$2,725,473
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.	$957,605
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	35%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$1,050,728
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).	74%

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 Coordination team (the team) regularly consults with the ESG recipient (who is also the Collaborative Applicant) when planning and allocating ESG funds. The team shares its gaps analysis with the ESG recipient to be considered when allocating ESG funds. Further the team provides input on the development of the Request for Proposals and the scoring tool in the ESG competitions. The team assists with the scoring and selection of applications to be funded with ESG funds.
The CoC requires the ESG recipient as a member of the CoC Governing Board. Also, the ESG recipient is invited to the monthly CoC Partner meeting and they do attend monthly. This enables the ESG recipient to be well informed of the CoC's efforts, gaps, and pressing/changing needs when planning and allocating the ESG funds.
The CoC Coordination team also reviews ESG data to provide input to the ESG recipient on performance. Further, the CoC developed a Data Quality Manager who reviews all HMIS data including ESG data for timeliness, completeness, and accuracy. This information is shared with the ESG recipient for problem solving as needed and/or reassurance when completing reports.
These efforts embed the CoC Coordination team into the ESG recipient's planning and allocation of funds to best address the issue of homelessness in the 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)

Our CoC has 5 shelter providers, and they refer their participants to Coordinated Entry as soon as possible. In fact, the Coordinated Entry team regularly visits the two largest shelter providers so the CE screening is ensured to be completed in a timely manner. The shelter providers aim for the shortest lengths of stay in shelter and are aware that Coordinated Entry helps to reach that goal.
Once a household is screened through Coordinated Entry, the CE team refers them to a housing program or places them on a waiting list. If the household is on a waiting list, the CE team makes referrals for the household that can help address housing barriers such as but not limited to: obtaining needed paperwork (disability certification, ID, vital documents), accessing medical and/or behavioral health treatment/supports, paying on fines, and identifying appropriate housing etc. This helps prepare the person for quicker housing when an opening becomes available – which also shortens the length of time in the shelter.
The shelter providers are very familiar with our CoC funded program staff and they work closely with them once CE makes the referral. The shelter staff can help their clients to address barriers to entry into the CoC housing program such as: making a space available for the housing staff and the household to meet; arranging transportation to go meet with landlords; and by bringing in resources to help households find employment.
The CoC programs work closely with the shelter providers to ensure a smooth and timely transition from the shelter into the housing program.

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)

Our HMIS Privacy Policy informs participants that personal identifying information may be released in specifically outlined scenarios as allowed by HUD including but not limited to reporting that does not name clients, coordination of services, and administrative purposes. When the CoC shares HMIS data for planning or analyses, it is done with aggregate or de-identified data only. The Point In Time and Housing Inventory Chart are shared with the County for their Annual Action plan and with the State when applicable. These two reports are comprised of aggregate data only. The System Performance Measures report is also comprised of aggregate data and is shared with the County, the CoC Governing Board, the CoC Partners, and the Outcomes subcommittee. These reports and other aggregated reports provide valuable information for planning, identifying gaps, and for gauging effectiveness of the homeless response system.
The CoC funded programs may also have clients complete Release forms that allow multi-disciplinary agencies to work together more effectively and provide more efficient services.

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)

Our CoC utilizes other data sources alongside HMIS to improve care. These systems include: state and county eviction data and public legal records. Eviction data helps in both systematic and individual ways. Systematic data helps us to identify trends and areas with high eviction rates. This has led to us developing a pilot program to prevent evictions before they happen. It also helps to keep high eviction rates on our planning radar as an unmet need in the County. Individually, knowing a household's eviction record does help us to understand the complexities of their unique situations – whether the eviction was a one time event, how long ago it happened, etc. This can help the housing programs scale a unique housing plan that is based on the household's level of need.
Public legal records help the CoC funded programs learn about their participants' legal barriers to housing. Understanding the scope and status of any charges helps the programs to develop appropriate housing goals - for example, paying off fines, meeting with probation offiers. This information is also helpful for identifying the best fit housing. For example, if there are restrictions on where a participant can live, the program can work with the person to find a location that is legally permitted and suitable for their needs. Depending on the charges, the program may also be able to make other referrals to help the person address the underlying causes of the crime and/or to help them navigate the expungement process thereby removing a potential housing barrier.

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 Executive Director of Job Training for Beaver County, Inc sits on our CoC Governing Board (GB). Job Training for Beaver County, Inc. provides career services for youth and adults, and helps businesses attract, train, and retain a skilled workforce. Having this organization on our GB embeds their expertise into our planning and policy development for our CoC funded programs. Increasing steady income is a goal for the CoC funded programs as it is critical to housing stability.

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)

Our Outreach services coordinate regularly with our local Police departments. Police are welcomed to visit their outreach and shelter location to meet with people who they suspect may have been involved in a crime and to serve warrants. The outreach Engagement Specialist regularly visits police stations to remind them of the services they can offer when Police encounter a homeless person or an encampment. The CoC Coordinator periodically sends messages to the Police departments through the County's Emergency Response system to remind them of our services - especially in times of inclement weather. The CoC Coordinator also periodically attends the Chiefs meetings. The Police departments have been educated over the years about the services Outreach and the CoC offer. The Police departments do regularly call for assistance when they encounter households experiencing homelessness. In turn, the Police have assisted our Outreach workers by: sharing information with them, providing a place in their stations for Outreach and the homeless person to meet, and by providing tips for safety.
The CoC also has a policy that requires CoC programs (including Outreach) to coordinate with police. This coordination includes: quickly responding when Police call for assistance; coordinating with Police around encampments if the need for a systemic response occurs; and not impeding the work of police. These efforts have been successful as evidenced by the 20% increase since 2023 in people exiting outreach to a positive destination. In fact, in the 2025 reporting year (the most recent report), 60% of people exiting outreach did so to a positive housing destination.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC has a policy that requires CoC and ESG programs to make every effort to access shelter options that keep families intact. Due to the immediate need for shelter, keeping families intact can be challenging but separation is not expected. The CoC has several shelter programs that help avoid family separation. The CoC hotel shelter program rents rooms to accommodate the family configuration. Harmony House is a shelter program with apartments for families with child welfare involvement and are working on recovery. This program helps to reunite families by providing safe homes, transportation, parenting support, linkage to behavioral health, and case management. The third program is also a child welfare shelter program ensuring families experiencing homelessness can stay together while they work to secure long term stable housing. Again the child welfare program provides case management, household resources, and linkage to needed services such as treatment, transportation etc.
The CoC Policy further requires PSH, RRH, and TH programs to only contract with housing options that keep families intact – finding housing with enough bedrooms and space, and in convenient locations for the families' needs. If families are separated when the household enrolls, the CoC programs work with the family on: arranging visitations, providing transportation, providing a safe place to meet, problem solving, maintaining a safe home, regular communication with the child welfare worker etc.

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 has a policy titled “Coordination with Law Enforcement”. It requires CoC and ESG funded programs to coordinate with police including responding quickly to their calls for assistance and attempting to relieve the police of the situation in a timely manner so the Police can resume their more pressing duties. The policy also mandates that the CoC and ESG funded programs will not impede the work of police. The policy outlines these expectations (coordinating with police and not impeding their work) explicitly in these scenarios: in the event that a systemic response is needed to address encampments; when a person is violating the law by using illegal substances; when a person is posing immediate danger to themselves or others; and when a person with sex offender charges is in violation of the terms of their parole. The CoC has worked to build relationships and trust with the Police. This has been completed over several years and includes: periodically attending their Chiefs of Police meetings; sending reminders about our services through the County’s Emergency Response System; regularly visiting the Police stations and providing flyers about our CoC services and other resources (hygiene kits, food, water) as needed and as the Police want them; alerting them ahead of time when we are doing outreach in their areas; and seeking information from them so we can tailor our outreach to where they have encountered people experiencing homelessness. The CoC is fortunate to know many of the Police officers in our County and we have a history of being able to work through complex situations together for the benefit of both the safety of the community and people experiencing homelessness.

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)

Our CoC does not have encampment areas. We do have people staying in places not meant for human habitation, but it generally is just one household in any given area. However, the CoC is aware that encampments could occur, and we do have a CoC Policy outlining our process for addressing them in coordination with the Police. The policy states that the CoC will work with the Police to establish both a deadline by which the area needs to be cleared and expectations that meet community safety standards and the needs of unsheltered people. The policy further notes that if the Police find a person in an encampment who violated the law that the CoC partners will not impede the work of the Police in addressing the person/situation.
If an encampment developed in a public space, the Dusk to Dawn ordinances for Public Parks that are found in most municipalities would enhance this coordinated effort. People staying in an encampment would be officially notified of the ordinance violation and given the opportunity to clear the area independently or with assistance (CoC, ESG, and Coordinated Entry) by the established deadline or face fines and/or arrest. This ordinance gives more weight to the assistance being offered by the CoC and the time being given by the Police.
Should an encampment develop on private property, we would use Trespassing laws in the same manner as described above. We do not have restrictive policies in place that complicate addressing encampments.
The CoC would respond to an encampment as we have done when entire apartment buildings have been condemned. We gather a team of CoC partners to work on site to complete the following tasks: make shelter arrangements including transportation; attempt to secure a storage option for items that cannot go to the shelter; and complete the Coordinated Entry screenings. The CE team will then work with the CoC and ESG programs, and other non-CoC housing programs/landlords to coordinate quick housing. Other CoC partners would also be utilized including assistance with: obtaining vital records; accessing needed treatment; enrolling in benefits; assisting with getting utilities turned on, etc.
Our efforts to respond to unsheltered homelessness have had a positive impact as evidenced by the 22% decrease in people staying in places not meant for human habitation in the last year.

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 current status of encampments in our CoC is that none exist. At times, we do have people staying in places not meant for human habitation, but these situations generally only involve one household in any given area. This information is directly from our Outreach provider who regularly canvases the CoC geographic area and who receives calls from Police about homeless situations. If police found an encampment, our CoC partners are confident that they would call for our assistance. Through our outreach efforts to regularly canvass the area and our connections with the Police, no encampments have been encountered.
However through this work, Outreach has encountered people staying in places not meant for human habitation – generally just one household in any given area, not multiple households as often found in encampments. Our HMIS data from these encounters demonstrate that the number of people staying in places not meant for human habitation has decreased by 39% since 2023.
Through analysis of this positive outcome, our CoC determined that several factors may have impacted it. First, our outreach efforts have been formalized over the last few years. 4 years ago outreach was primarily done by volunteers and on a case by case basis. We now have a full time Engagement Specialist who regularly canvasses the geographic area. Second, communication with the Police has also improved through our dedicated efforts to connect with them in honest and transparent ways. Third, we have created pathways for people exiting institutions to CoC services (with our CoC programs often connecting with the people before discharge) thereby reducing their chances of experiencing unsheltered homelessness. Finally, we see people reaching out for assistance earlier (before they become unsheltered) which we attribute to our education efforts around our prevention services. We will continue to monitor this outcome so we can consistently maintain and grow this success.

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)

g how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. Limit 2,500 characters
Our CoC Policy states that CoC program staff “encountering a person using illegal substances in public places will refer the person to substance use treatment through one of our CoC drug and alcohol treatment provider partners and to recovery support resources”. This policy further mandates that CoC programs “will not impede the police department’s work”.
The laws that establish substances as illegal give weight to the CoC programs’ approaches in these scenarios. Because the law and our CoC Policy are in place, the programs do not have to make a judgement call. If someone is using illegal substances in a public place, they will enact the referral process to treatment. The Memorandums of Understanding that 5 CoC funded housing programs have with substance use treatment providers significantly streamlines this referral process. If the person does not want such treatment, the police will not be impeded from doing their work to address the illegal behavior. We do not have restrictive policies in place that hinder efforts to decrease public use of illegal substances.
Beaver County has a Drug Coalition that is comprised of treatment providers, social service providers, emergency medical personnel, law enforcement, the CoC Coordination team, and the County’s Drug & Alcohol department. This group: monitors overdose experiences and deaths; provides education to service providers and families; provides training on life saving measures such as administering Narcan and Question Persuade Refer; and fosters coordination between the partners. The Drug Coalition has strengthened the CoC’s ability to refer people in need to treatment and to coordinate with police. As a result of the CoC Policy, improved coordination with Police, and the Drug Coalition, overdose deaths decreased from 58 deaths in 2024 to 40 deaths in 2025.

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

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

(limit 2,500 characters)

According to data collected by the Beaver County Drug Coalition, overdose deaths in our County have decreased from 58 in 2024 to 40 in 2025 – a 31% decrease. The Beaver County Drug Coalition is comprised of treatment providers, social service providers, emergency medical personnel, law enforcement, the CoC Coordination team, and the County's Drug & Alcohol department.
The decrease in overdose deaths can be attributed to the collective efforts of the Drug Coalition including: monitoring overdose experiences and deaths; providing education to service providers and families; providing training on life saving measures such as administering Narcan and Question Persuade Refer; and fostering coordination between the partners. The CoC relies heavily on these partnerships for referring people to needed treatment and recovery supports thereby reducing the number of overdoses. In fact, 6 CoC funded housing programs have Memorandums of Understanding with substance use treatment providers. These partnerships enable quick connection with treatment providers thereby streamlining the referral process to life saving treatment.

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

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

(limit 2,500 characters)

Our CoC Policy states that “individuals who pose an immediate threat to themselves or to others will be referred to Beaver County Crisis for an assessment and a determination for the appropriate level of care including up to an inpatient civil commitment as the Crisis team deems necessary”. This policy further mandates that CoC programs “will follow the instructions of the Crisis team for coordination with Police in these emergency situations”.

The involuntary commitment law gives the CoC programs standards that address homeless individuals who are a danger to themselves or others. Because this law and our CoC Policy are in place, the programs do not have to make a judgement call. If someone is a danger to themselves or others, the CoC programs can lean on our CoC Policy and the involuntary commitment law to ensure safety of the individual and those under threat. We do not have restrictive policies in place that hinder the CoC’s ability to address homeless people who are threat to themselves or others.

The CoC has a strong relationship with the Beaver County Crisis team and the County delegates. In fact, the County Delegate entity sits on our Governing Board, bringing that specialized knowledge to the meetings and decision making. Both the Crisis Team and the County Delegate attend our CoC partner meeting as they are able, so they are aware of the challenges that people experiencing homelessness tend to face. These entities have also come to rely on our CoC housing programs when they are working with people experiencing homelessness. This reciprocal relationship enables smoother transactions when a crisis does occur.

As a result of our CoC Policy, the involuntary commitment law, and the working relationship with our Crisis team, all 7 of our CoC funded housing programs (including new projects) have formal agreements with mental health treatment providers thereby streamlining the referral process to life saving treatment. Further it should be noted that our County's 302 numbers which have decreased from 416 involuntary admissions in 2024 to 376 involuntary admissions in 2025 reflecting a 10% decrease.

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)

Our CoC Policy states the CoC Programs “will work with their participants who have sex offender chargers to stay in communication with their Probation Officers and/or the local Police Department including disclosing their locations”. This policy further mandates that CoC programs “will not impede the police department’s work”.
Further, our HMIS Privacy Notice allows personal identifying information to be shared under certain circumstances including those to prevent a serious threat to health and safety and for law enforcement purposes to identify or find a fugitive.
Our CoC Policy requires the CoC programs to assist sex offenders with staying in contact with the appropriate law enforcement entities. Our HMIS Privacy Notice enables us to share HMIS information with law enforcement should the person be a fugitive and actively fleeing law enforcement. Because of these two CoC policies, the CoC Programs do not have to make a judgement call about sharing information in situations involving people with sex offender status.
Additionally, one of our CoC partners serves as the single point of contact for the county for people who have nowhere to go upon release from the jail system. They go to the jail weekly to complete intakes prior to these people being released from the jail. This enables a coordinated release into a known location. It also ensures that the housing program is aware of the housing restrictions the person may face which enables them to ensure the selected housing meets the legal requirements. These efforts reduce the issue of a sex offender being unsheltered and law enforcement losing track of their whereabouts.

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)

Our Outreach efforts cover the CoC's geographic area and it seeks to engage those who are not otherwise engaged in services. The outreach worker uses a binder to track the areas that he visited ensuring all areas are visited. The Outreach worker visits places where homeless people spend time including: laundromats, river banks, libraries, wooded areas, parks, malls, and other social services agencies. If homeless people are present, outreach engages their basic needs such as with food, water, and appropriate clothing to build trust. They can immediately transport people to shelter and conduct the Coordinated Entry screening on site expediting the process for securing housing. When outreach finds a potential homeless camp, they leave behind a bag of supplies, and information to call to access shelter. They then revisit the spot to attempt to engage the person. Outreach leaves fliers throughout the County so people can also self report. These fliers are printed in large print and simple language. Outreach is also advertised on partners' webpages and social media pages. Outreach and the CoC Coordinator speak about outreach at a variety of community meetings. The Lived Experience (LE) Committee also holds outreach events throughout the year.

Outreach also regularly visits Police stations to remind them of our services and to see if they have recently encountered any homeless people. Outreach also relies on social services partners, neighbors, libraries, healthcare workers, people with LE, churches, and the local hospital to be on alert for homeless people and to call Outreach when they encounter them.

The CoC Coordinator regularly communicates to the police to remind them about Outreach services. The police then act as our eyes and ears for homeless people throughout the County and they call Outreach when they do encounter someone. This approach brings the specialized knowledge of Outreach directly to people who are not likely to request assistance.

The CoC also conducts a county-wide outreach sweep for the annual Point In Time survey. 18 teams are sent out to canvass all areas of the CoC and to visit known areas where homeless people tend to be. Police are contacted before the PIT to alert them of our presence in their areas and to ask for any relevant information they may have.

The multifaceted efforts of Outreach enable us to cover the entire CoC area and it increases our ability to reach those who are not engaged in services yet.

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

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

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

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

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

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

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

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

(limit 2,500 characters)

The PA-603 – Operating CoC Policies & Procedures include a McKinney Vento policy. It outlines the expectation that the CoC and ESG funded programs advocate for the children's educational needs and rights per McKinney Vento. These programs ensure Households are aware of their right to attend school in their home school district. They advocate for these rights and remind the schools of their requirement to provide transportation regardless of where the household is residing. The CoC programs know that if they encounter difficulty arranging enrollment with the schools that they are to contact the Local Education Agency (LEA). The LEA works with schools to educate them on the protections mandated by McKinney-Vento. The CoC policy also states that the programs are expected to attend the McKinney Vento training provided by the LEA so they know the protections and any changes in supports and resources available to homeless youth through the LEA's office. The LEA office often provides school supplies, back packs, clothing, food etc.
The CoC also monitors the CoC programs to ensure that their Policies & Procedures include a McKinney Vento policy. And it monitors for proof that the families were informed at intake about the McKinney Vento Act and their rights it protects. The CoC programs achieve this by including the information in the program handbook that is given to families at intake. Families sign a document indicating they received and understand the handbook.
The CoC Funded programs also refer children aged 0-5 to educational services such as Early Head Start, and Life Steps (with a home visiting component). A formal agreement is in place with Head Start/Early Head Start as the CoC Coordination team serves on their Policy Council offering insight on the unique challenges of homeless families. These early education agencies also regularly attend the monthly CoC partner meeting and discuss their eligibility criteria, and the process to enroll eligible children.
Programs demonstrate their knowledge of McKinney-Vento protections during Coordinated Entry case review mtgs with the CoC Coordinator where they remind each other when McKinney-Vento protections could benefit a household.

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)

Our CoC coordinates with our local child welfare partner, Beaver County Children & Youth Services (CYS) who oversees foster care services.
CYS is a critical CoC partner as they render three programs that help youth transitioning from public systems of care. First, the Foster to Youth Initiative coordinated in partnership with the Public Housing Authority and a long time community services partner supports young adults who had previously spent time in foster care and are now facing homelessness. The program provides a voucher and on-going case management. The Coordinated Entry tool is designed to identify people who meet the criteria for this program and refer to it accordingly. This program is a true safety net for young people who have not yet learned to navigate and maintain independent housing.
CYS also operates a scattered family emergency shelter for families experiencing homelessness. The staff who operate this program refer to Coordinated Entry immediately upon enrollment. And they provide de-identified data to HMIS helping to demonstrate the full picture of homelessness in the County despite the fact that they do not receive HUD funding. CYS supports another family emergency shelter program in coordination with the Salvation Army. This program serves families with CYS involvement and substance use disorder. This program often helps families to reunite with their children who are in foster care or with other family members. This program also enters their data into HMIS despite not being required to and they too refer to Coordinated Entry.
CYS attends our monthly CoC Partner meeting and their Director sits on our CoC Governing Board so they are aware of the unique challenges that homelessness may have on a youth transition from public systems of care.

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)

Runaway Homeless Youth funding does not exist in our CoC at this time.

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

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

(limit 500 characters)

The CoC funded Safely Home DV-RRH program primarily serves families with children. It is operated by our victim service provider which directly embeds best practices for working with this population into the program such as: trauma informed care, safety practices, confidentiality, etc. They have therapists on site who can provide adult and child therapy and parenting education. They operate an emergency shelter with DV safety protections where Safely clients can stay until they find housing.

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

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

(limit 2,500 characters)

The Safely Home DV-RRH program establishes the fact that the amount of rental assistance the program will pay will taper down over time on the very first page of their participation agreement also noting the need for the household to establish financial stability.
The program completes an assessment to determine current household income, strengths, and challenges the household faces to establishing a steady income. A Housing Stability Plan is then created and if increasing income is a need to establish housing stability then it will be placed on the plan as one of the goals. The program requires households to meet with a case manager at least monthly so they can review the Housing Stability Plan and note any progress or strategize around obstacles. A quarterly budget worksheet is also completed to determine current financial capacity. Staff also work with the clients on financial empowerment.
If the goal is to increase income, the case manager will discuss various options including employment and mainstream benefits. Because long term housing stability is the goal, employment is encouraged if feasible. In this scenario, the case manager would help the person identify their current work skills and determine if they need additional training. Training could be sought through Beaver County Job Training, Inc., the local college, or apprenticeship programs. If the person does not need training but needs job search assistance they would be referred to CareerLink, the Beaver County Job Fair, or other job recruitment sites such as Indeed.

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 Safely Home DV-RRH program establishes the fact that the amount of rental assistance the program will pay will taper down over time on the very first page of their participation agreement also noting the need for the household to establish the ability to take over 100% of the rent.
The program completes an assessment to determine current household income, strengths, and challenges the household faces to establishing a steady income. A Housing Stability Plan is then created and if increasing income is a need to establish housing stability then it will be placed on the plan as one of the goals. The program requires households to meet with a case manager at least monthly so they can review the Housing Stability Plan and note any progress or strategize around obstacles. A quarterly budget worksheet is also completed to determine current financial capacity. Staff also work with the clients on financial empowerment.
If the goal is to increase income, the case manager will discuss various options including employment and mainstream benefits. If employment is not feasible due to rearing young children, lack of employable skills, lack of transportation, or other barriers, then the case manager will explore other mainstream benefits with the household. Mainstream benefits could include: Temporary Assistance for Needy Families, Supplemental Security Income, or Social Security Disability Income. The case manager will assist the household with applying and will also help with obtaining vital records needed to apply. The case manager can also help arrange transportation should the household need to go to the benefit offices. To help stretch any one of these income sources the case manager will also assist the household with applying for SNAP, and Medicaid benefits as well as provide information on food pantries and free meals throughout the County.

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)

Service Provider (VSP). They also have child therapists on staff that can work with parents who are needing extra parenting support while they process trauma from domestic violence or substance use disorder. The Safely Home staff also refer pregnant clients to CHOICES that provides evidence-based medical information and services to women, men and families facing unexpected or unsupported pregnancies. They offer their services free of charge. Further University of Pittsburgh Medica Center's Injury Prevention department visits on site quarterly to discuss safe housing for families and provides items such as carbon monoxide detectors, smoke detectors, safe sleeping items, etc. Primary Health Network (a Federally Qualified Health Center) brings their mobile health unit to the shelter that any Safely Home client can also access.
In addition to these services, Safely Home program staff always provide advocacy to any educational or health care resource that clients need to maintain or gain stability.

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)

Our CoC partners closely with the US Department of Veteran Affairs (DVA). The CoC programs refer veterans to their VA Outpatient Clinic which is centrally located in our CoC geographic area and on a bus line making it easily accessible to veterans. The CoC also helped the DVA start the Anti-Suicide Veteran CoC subcommittee to reduce the horrific rate of suicide completed by homeless veterans. The DVA attends the monthly CoC Partner meeting and they assist with the annual Point In Time survey.

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?	No
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)

Our CoC partners with the Women's Center of Beaver County (WC), our county's victim service provider. The WC operates our CoC funded DV-RRH program and an emergency shelter for women and children, and those fleeing domestic violence. The WC attends the monthly CoC Partner meeting and their Director sits on the CoC Governing Board. They also assist with the annual Point in Time survey. The WC has been a long time partner in the effort to end homelessness in Beaver County.

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)

Our CoC partners with TRAILS Ministries which is a holistic, faith-based re-entry project assisting those impacted by the trauma of incarceration. The program helps connect returning citizens to safe, affordable housing by providing case management and financial assistance towards security deposits and rent. They also operate a program to help people experiencing homelessness obtain vital documents such as social security cards, identification cards, and/or birth certificates.

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)

Our CoC partners with Primary Health Network which is a Federally Qualified Health Center. They provide physical and mental health treatment. They accept a broad range of insurances, offer a sliding scale fee, are located on a bus line - making their services accessible to people experiencing homelessness. They visit our men's shelter twice a month for 4 hours at a time and our women's shelter periodically to bring health care to the most vulnerable people experiencing homelessness.

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)

Our CoC partners with LIFE Beaver to address the needs of aging & elderly individuals. LIFE Beaver provides comprehensive, multi-disciplinary treatment and supports to people over the age of 55 to maintain independence in the community. They provide in-home supports, medical and mental health treatment, a day center, and transportation. The treatment services are offered in the home as well as at their center. They have Memorandum of Understanding with two of our CoC funded housing programs

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 Friendship Homes Permanent Supportive Housing program prioritizes chronically homeless people. This program provides robust case management ensuring those with chronic issues are supported as they navigate several systems such as: stable housing, medical care, mental health treatment, recovery supports, Social Security and State benefit systems, transportation systems, etc. This program also supports clients to identify their life hopes and to create a path toward those personal goals.

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 Friendship Homes Permanent Supportive Housing program offers on-site behavioral healthcare through a variety of means.
Friendship Homes has Memorandums of Understanding with LIFE Beaver and Gateway Rehab. LIFE Beaver provides in-home multi-disciplinary treatment (including behavioral health treatment) and supports to people over the age of 55 to maintain independence in the community. Gateway Rehab offers mental health and substance use disorder treatment via telehealth appointments. Gateway Rehab also assesses for and arranges a certified recovery specialist as needed. Certified recovery specialists can visit in the home.
Friendship Homes also has an agreement with Community Alternatives for in-home therapy for families with child welfare involvement. And Friendship Homes refers to Glade Run for in-home behavioral treatment for children.
Friendship Homes recognizes that behavioral health needs are often present in people who have experienced chronic homelessness. And they have worked to build partnerships with these in-home treatment options to better serve their clients.

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

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

(limit 2,500 characters)

The CoC Policy titled Standards for Administering Assistance requires CoC funded programs to conduct an assessment to determine housing service needs and to make relevant referrals to address these needs. Friendship Homes does this by following their Intake Policy which requires an assessment and the development of a Housing Stability Plan. Through this process, if the program determines that the client may need a higher level of care, they reach out to LIFE Beaver for basic problem solving. If that does not resolve the instability that the program witnesses in the client, they will then arrange for an assessment at the Office On Aging to determine the client's level of need. Depending on the outcome of the assessment the program will either assist with wrapping the client with the recommended supports (i.e., a payee, Meals on Wheels, regular medical follow up appointments etc) or continue working with the Office on Aging to determine a housing situation that best fits the client's needs.
Friendship Homes recognizes that chronically homeless people are likely to have complicated issues that might warrant higher levels of care. And they have worked to develop assessment tools to help them identify these possible scenarios. They also worked to secure connections with these aging professionals to assist them in making these complex decisions.

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

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

(limit 2,500 characters)

The CoC Policy titled Standards for Administering Assistance requires CoC funded programs to conduct an assessment to determine housing service needs. Friendship Homes does this by following their Intake Policy which requires an assessment and the development of a Housing Stability Plan. The Housing Stability Plan identifies what the clients' moving on goals are and sets three goals around: safe housing, gaining stable income, an exit plan to safe housing. Action items are identified for each of the goals. Unsubsidized and permanent housing options are always aimed for.
Friendship Homes then meets with the client on a monthly basis to review the Housing Stability Plan and to determine if progress was made or if barriers need addressed. If barriers are identified Friendship Homes will refer the client accordingly (i.e. to job training, treatment, benefit navigation, etc.). These discussions are centered around the goal of the clients moving on to unsubsidized or other permanent housing options. This includes discussion of the clients' specific housing goals (what does it look like, where is it located, what amenities does it have etc), their current income and the amount of income needed for such a place, and their readiness for independent living (paying bills on time, ability to get utilities in their own name, being able to communicate with the landlord, budgeting etc). The Housing Stability Plan can be adjusted as needed to address the areas lacking for independent housing. Friendship Homes recognizes that permanent supportive housing should not last longer than necessary and it has developed a process for working along side the clients to secure the stability needed for moving on. They have amassed an army of partners to help address any barriers to that stability. In fact, Friendship Homes ended their most grant with 100% positive housing exits.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

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

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

You must enter a date in question 1D-2a.

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

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

You must enter a date in question 1D-2b.

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/07/2026

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

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

(limit 2,500 characters)

1. Our CoC Policy, CoC Funding Reallocation, Repurpose, and Project Transfer Policy, lays out our process for reallocation from lower performing projects to create new high performing projects. The CoC Coordinator prepares an analysis report of the programs performances including information from but not limited to: Annual Progress Reports; monitoring findings; performance measures; HMIS data; system-wide reports; fiscal reports, including cost effectiveness; and local needs analysis. She then shares this report, her analysis, and recommendation with the CoC Steering Committee (our CoC Governing Board) and puts the reallocation decision before them for a vote. The majority vote of the Steering Committee then makes the final decision on whether to reallocate.
2. The 2026 CoC NOFO presented the goal of a more balanced approach to CoC's program offerings. The CoC Coordinator analyzed the CoC's program composition and noted it was heavy for Permanent Housing (78.7% of our ARD) and weaker on Transitional Housing (15% of our ARD). She then prepared the 2026 analysis report (including spend down statuses, performance outcomes, cost effectiveness, unit utilization, meeting projected benchmarks, data quality error rate, and information about the CoC's unbalanced program composition). The report was sent to the Steering Committee on 7/17/26 with the recommendation to Reallocate the CARL Permanent Supportive Housing Program to Transitional Housing (through a transition grant). This would put the CoC's program composition at 51% PH and 42.8% TH thus bringing better balance to the CoC's program offerings. This reallocation could also improve the System Performance Measures of length of time homeless and exits to permanent housing. Further it would significantly expand Transitional Housing options for families. The current TH program only serves individuals. The Steering Committee provided a majority vote to approve the recommended reallocation.
3. The Steering Committee voted to reallocate one less needed project (CARL PSH) to a more impactful project type (CARL-TH).
4. Our CoC is requesting reallocation of funds in the 2026 CoC Competition.

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

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

2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	CaseWorthy

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

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

2A-3.	PIT Count–Methodology Change.	

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

(limit 2,500 characters)

1. Not Applicable. We utilized a complete census count - same as we did in 2025. We used 18 teams to cover the CoC geographic area and to visit places that people experiencing homelessness tend to be such as libraries, laundromats, soup kitchens, drop in centers etc. Surveyors were trained on how to accurately use our app for reporting – same as we did in 2025. Our survey was scheduled for 1/26/26 but a massive snow storm made it imperative to reschedule. We were able to reschedule 18 teams for two days later.
2. Not Applicable. We did not make changes to our unsheltered methodology, but we did see a change in our PIT count. In 2025 we had one unsheltered person. In 2026, we reported 3 unsheltered people. We suspect that complex needs and insufficient access to behavioral health and medical health providers are the reasons for the increase in our unsheltered count. Since then we have made progress in engaging treatment providers in unique ways (on-site, telehealth, etc) and enhanced our formal agreements with social service providers to better meet these needs.

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 selected evaluation time of July 1, 2024 – June 30, 2025, we encountered no encampments. We did encounter people staying in places not meant for human habitation, and these situations generally only involved one household in any given area. This information is directly from our Outreach provider who regularly canvases the CoC geographic area and who receives calls from Police about homeless situations. If police found an encampment, the CoC is confident that they would call Outreach for assistance. Through our outreach efforts to regularly canvass the area and our connections with the Police, no encampments were encountered during the above identified evaluation period.

We did; however, take actions to address the individual households living in places not meant for human habitation. During the period of July 1, 2024 – June 30, 2025, our new Men's Emergency Shelter came into full operation – greatly expanding our shelter capacity to serve unsheltered people. Also the relationship between the Men's Emergency Shelter and Outreach also formalized during this time which streamlined the pathway from unsheltered status in places not meant for human habitation to sheltered status. In fact, the number of households staying in places not meant for human habitation decreased during the above noted evaluation period by 22% from the previous year (from 148 households during July 1, 2023 - June 30, 2024 to 116 households during July 1, 2024 - June 30, 2025). This trend continued through June 30, 2026 (90 households) with an overall reduction of 39% from 2023 (148 households).

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

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

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

(limit 2,500 characters)

A. Not Applicable. Our CoC does not have encampments during the evaluation period of July 1, 2024 - June 30, 2025, but we did reduce the number of households residing in places not meant for human habitation. In fact, the number of people staying in places not meant for human habitation decreased during the above noted evaluation period by 20.5% from the previous year (from 161 people during July 1, 2023 - June 30, 2024 to 128 people during July 1, 2024 - June 30, 2025). This trend continued through June 30, 2026 (102 people) with an overall reduction of 36.6% from 2023 (161 people).
B. Our CoC does not have encampments.

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)

Our rate of first time homeless decreased in the 2025 Systems Performance Measures report by 29.5%.
Our CoC's plan to further reduce the rate of first homelessness focuses on eviction prevention. We are currently implementing an eviction prevention pilot program in one of the areas with the highest eviction rates in our County. We are partnering with a school district, where the homeless liaison will identify families at risk of eviction. The criteria include one of the following: household has missed a rental payment, household has on-going conflict with their landlord, or there has been a change in household income causing risk of missing a rental payment. Once the households are identified they will meet with our housing specialists who will determine what is needed to resolve the instability. This could include: financial support, mediation, coordination with the magistrate's office, and resource navigation. The financial support will be sought from our existing resources such as ESG, SSVF, local prevention funds, churches, etc. If the financial need is still not met, the United Way has pledged $1,000 per month toward the program remaining unmet needs once all resources have been tapped.
With this program the CoC is attempting to target assistance "up stream" before the crisis of homelessness happens. We expect this prevention of evictions will lower the rate of households becoming homeless for the first time.

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)

Our 2025 median length of homelessness decreased by 3 days. Although our 2025 average increased, that could be due to a few extended shelter stays due to complex housing needs.
Our CoC's plan to reduce the length of time homeless includes several efforts in this competition. First, we are applying to expand a RRH program which will help move people on from shelter in a more timely manner. Second, we are applying for a new Transitional Housing program which will increase our overall bed capacity available for unsheltered households and those residing in shelter. Third, we are reallocating a Permanent Supportive Housing program to Transitional Housing which will reduce the amount of time homeless due to not needing to obtain a disability certification that is required for Permanent Supportive Housing and not for Transitional Housing.
The CoC expects with the increased capacity noted above that the median length of time homeless will decrease.

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

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	40.90%

Describe how you calculated the data for this response.

(limit 2,500 characters)

This information was obtained from HMIS. We used the dates of October 1, 2024-September 30 2025 and looked for the total number of exits from TH, RRH, and PSH. That number is 247. We then sorted those exits for these unsubsidized exit destinations: staying with family permanently, staying with friends permanently, rental by client with no on-going subsidy, and owned by client with no on-going subsidy. The unsubsidized exits totaled 101. We then divided the total of unsubsidized exits by the total number of exits which gave us the percentage of 40.9% exits from TH, RRH, and PSH to unsubsidized locations.

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	66	24	90	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	12	0	12	100.00%
4. Rapid Re-Housing (RRH) beds	92	0	92	100.00%
5. Permanent Supportive Housing (PSH) beds	172	0	172	100.00%
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.	

	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)

Non applicable to our CoC as our bed coverage rates are 100%.

3A. Policy Initiatives

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

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

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

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

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

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	1C-1 List of Proj...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f List of Pro...	09/25/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Evidence of...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Local Compet...	09/25/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c Local Compe...	09/25/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b PA-603 HDX ...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1 HUD-2996 Cer...	09/25/2026
09. 3A-2a. Project List for Other Federal Statutes	No	3A-2a Project Lis...	09/25/2026
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP CoC Policy ...	09/25/2026
11. Other	No		

Attachment Details

Document Description: 1C-1 List of Projects with On-Site Substance Use Treatment

Attachment Details

Document Description: 1C-1f List of Projects that Require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Projects' Supportive Service Agreements

Attachment Details

Document Description: 1C-10 Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1 Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c Local Competition Selection Results

Attachment Details

Document Description: 2A-8b PA-603 HDX Competition Report

Attachment Details

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

Attachment Details

Document Description: 3A-2a Project List for Other Federal Statutes

Attachment Details

Document Description: 3A-DP CoC Policy to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

Beaver County, PA Continuum of Care

1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

1C-1. List of Projects with On-Site Substance Use Treatment
CoC PA-603 (Beaver County, PA)
FY 2026 CoC Program

APPLICANT NAME	PROJECT NAME	LOCATION	FEDERAL PROGRAM APPLYING TO
The Salvation Army, a New York Corporation	FY 2026 Friendship Homes Renewal	440 West Nyack Road West Nyack, New York 10994	HUD FY 2026 CoC Program
The Salvation Army, a New York Corporation	Crescent Commons Consolidation 2026	440 West Nyack Road West Nyack, New York 10994	HUD FY 2026 CoC Program
The Salvation Army, a New York Corporation	FY 2026 Rapid Rehousing Renewal	440 West Nyack Road West Nyack, New York 10994	HUD FY 2026 CoC Program
The Salvation Army, a New York Corporation	FY 2026 CARL Transitional Housing Project	440 West Nyack Road West Nyack, New York 10994	HUD FY 2026 CoC Program
The Salvation Army, a New York Corporation	FY 2026 Rapid Rehousing Expansion	440 West Nyack Road West Nyack, New York 10994	HUD FY 2026 CoC Program

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

Beaver County, PA Continuum of Care

1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

1C-1f. Projects and Number of Units that Require Substance Abuse Treatment
CoC PA-603 (Beaver County, PA)
FY 2026 CoC Program

None of our CoC funded housing programs have the sole purpose of providing substance use treatment so they are not permitted to require substance abuse treatment per 24 CFR 578.75(h).

APPLICANT NAME	PROJECT NAME	LOCATION	NUMBER OF UNITS
N/A	N/A	N/A	None

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

Beaver County, PA Continuum of Care

1C-3. Language from Projects Supportive Service Agreements

Stone Harbour

TRANSITIONAL HOUSING
Beaver County, PA

Effective Date – 11/01/2025

Subject: **Housing Stability and Progressive Engagement Policy**

Policy: Transitional Housing (TH) provides temporary, interim housing coupled with supportive services designed to assist single individuals experiencing homelessness to successfully transition into sustainable permanent housing. Stone Harbour recognizes that stability in an interim residential environment provides the foundation necessary for individual participants to recover, manage physical and behavioral health challenges, and address the root causes of their homelessness. While entry into TH should feature minimal operational barriers, TH is a dynamic, service-intensive environment focused on recovery, treatment, and self-sufficiency. The organization is committed to ensuring all participants are fully aware of their responsibilities, guidelines, and expectations. To facilitate this transparency, all participation requirements will be formally disclosed upon the distribution of the official participant handbook.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
NOTICE 24 CFR 578.75

Purpose: To establish a standardized process for compliance with applicable HUD & CoC policies, priorities, & procedures

Procedure:

- **Active Engagement Required:** Participants must participate in general supportive services as a condition of continued housing.
- **Housing Stability Plans:** Participants will work with staff to create and follow an individualized Housing Stability Plan. This includes actively working to increase income, applying for mainstream benefits, and searching for permanent housing.
- **Maximum Program Term:** Housing and services are limited to a maximum of 24 months per HUD regulations.

Protections and Exceptions

- Stone Harbour will not require participants to take part in disability-related services as a condition of remaining in the program. These voluntary services include:
    - Mental health services

- Outpatient health services
- Taking or managing medication

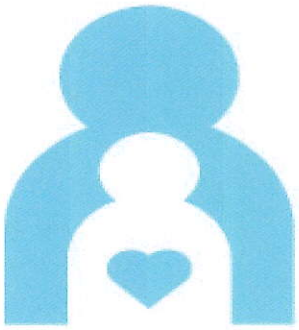
Service Non-Compliance & Termination Rules

Stone Harbour is a dedicated organization providing housing and comprehensive supportive services to assist individuals on their journey toward stability and independence. To maintain their housing status, all participants are required to actively engage in their personalized supportive services program.

Leaving the program due to non-compliance is always considered a last resort. If a participant stops engaging in their required services, staff must exhaust all supportive measures and complete the following steps before any transition or termination is considered:

The 3-Attempt Rule: Staff must make at least 3 documented attempts to contact the participant using different methods (letters, texts, phone calls, or in-person visits).

- **Clear Warnings:** Staff must clearly explain the service violation and warn the participant about what will happen if they do not re-engage.
- **Due Process:** If terminated, the individual must receive a written explanation, details on how to appeal the decision, and a direct referral to an emergency shelter.



WOMEN'S CENTER OF BEAVER COUNTY

Safely Home

Rapid Rehousing program

Handbook

Safely Home

Rapid Rehousing Program

Welcome to Safely Home Rapid Rehousing Program!

The Women's Center of Beaver County looks forward to supporting you as you work toward securing safe and stable housing. Safely Home is designed to provide temporary housing assistance and supportive services while you work toward long term housing stability.

This handbook explains important information about the program, your rights and responsibilities, and what you can expect while participating in Safely Home.

In this handbook you will find the following:

- Client Rights & Grievance Procedure
- Violence Against Women's Act Rights (VAWA)
- Outline of how your assistance through the Safely Home Rapid Rehousing Program may be terminated
- Receipt of Handbook acknowledgement

About your Assistance

Safely Home staff will review your eligibility and financial assistance regularly. Rental assistance is temporary and is intended to decrease as you become more financially stable, with a maximum assistance period of 24 months.

Throughout your participation in the program, ***you must attend meetings with staff monthly, at minimum.*** These meetings allow us to review your housing stability, discuss any changes in your circumstances, and obtain needed consents to issue rental assistance payments to your landlord.

BEAVER COUNTY CONTINUUM OF CARE SUPPORTIVE HOUSING PROGRAMS
TERMINATION OF ASSISTANCE AGREEMENT

Safely Home
190 Third St
Beaver, Pa 15009
724-775-0131

Safely Home program director may at any time terminate program assistance for a participant because of any of the following violations:

A. If a household member fails to complete and submit required documentation for program services within 30 days of request

B. If any member of the household commits drug-related or violent criminal activity

C. If any member of the household commits fraud, bribery, or any other corrupt or criminal act in connection with any Federal Housing Program

D. If the household engages in or threatens abuse or violence; harasses supportive housing personnel or other program participants, tenant management in their respective building

E. If any household member is subject to a lifetime registration requirement under the state sex offender registration program and *fails to follow through on their registration/parole/probation requirement and/or fails to notify supportive housing staff*

F. If a household member's behavior is determined by supportive housing staff to interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents

G. Fails to make consistent, monthly program participation payments

H. If a household fails to establish citizenship or eligible immigrant status and is not eligible for or does not elect continuation of assistance, pro-ration of assistance, or temporary deferral of assistance. If the supportive housing program determines that a household program determines that a household member has knowingly permitted an ineligible non-citizen to presently reside in their supportive housing unit, the household's assistance will be terminated

→ I. Fails to maintain contact with program staff/case manager

J. Brings unauthorized persons to the property or provide shelter for individuals not named on the lease/sublease/program assessment

K. Acquires a pet(s) without authorization and/or required documentation

L. Fails to pay for damages caused by the program participant or their guest(s).

Safely Home (con't)

M. Failure to notify landlord and program staff of maintenance and/or pest issues

N. Failure to submit annual review documents and/or participate in the annual re-evaluation.

O. Failure to schedule and keep annual HQS inspections.

P. Denies program staff or case manager entry into the property or unit.

Q. Disconnect smoke alarms

R. Failure to maintain a clean, sanitary, safe, habitable property or unit

S. If the household violates their local ordinance related to number of police calls to property or unit

T. Fails to maintain timely payment of utility bills for property or unit

U. Disregards the landlord's instructions concerning maintaining locked and secure premises

>>

Safely Home staff will exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination. You, as a participant, have the right and responsibility to file a grievance if in disagreement with termination.

□ ***I read and understand this form. I agree to abide by the program requirements.***

Name: ______________________________________ Date: __________

Safely Home Rapid Rehousing Program
Program Participation Agreement

This Program Participation Agreement is entered into an agreement between the **Safely Home Rapid Rehousing Program (SHRRP)**, operated by The Women's Center of Beaver County, and the participant identified below.

Participant Identifier: _____
Date of Entry into Program: _____
Case Manager/Staff Contact: _____

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1. Program Overview

The **Safely Home Rapid Rehousing Program (SHRRP)** is a federally funded program under the Continuum of Care (CoC) initiative. It is designed to provide short- to medium-term rental assistance and supportive services to help individuals and families experiencing homelessness obtain and maintain permanent housing.

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2. Program Services

Participants may receive the following services based on individual needs:

- Housing search and placement assistance
- Time-limited rental assistance
- Utility deposit and payment assistance
- Case management and housing stabilization services
- Life skills, employment assistance, or referrals
- Connection to mainstream resources (SNAP, Medicaid, etc.)

---

3. Participant Responsibilities

By signing this agreement, the participant agrees to:

- Work with Safely Home staff to develop and follow an individualized Housing Stability Plan.
- Provide accurate and complete information regarding income, household composition, and other eligibility factors.
- Notify SHRRP staff of any changes to income, employment, or household composition.

- Participate in scheduled case management meetings.
- Use the housing assistance solely for the intended purpose and not engage in fraudulent activity.
- Maintain lease compliance and be a good neighbor in the housing unit.

---

4. Program Rules

Participants must:

- Not engage in illegal activity while participating in the program.
- Not allow unauthorized persons to reside in the assisted unit.
- Follow the lease terms as agreed with the property owner.
- Cooperate with program staff in providing required documentation and attending appointments.

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5. Termination of Assistance

SHRRP may terminate assistance if:

- The participant refuses to comply with case management services without reasonable cause.
- The participant commits fraud, misrepresentation, or violates program eligibility rules.
- The participant is evicted for lease violations related to criminal activity or other serious offenses.

Participants will receive written notice of termination and have the right to appeal within 30 days of notification.

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6. Confidentiality

All personal information will be kept confidential and only shared as required for eligibility verification, service coordination, or as mandated by law.

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7. Grievance and Appeal Process

Participants have the right to file a grievance or appeal a program decision. To initiate an appeal, submit a written request to Safely Home, Raquel Stran.

By signing below, I acknowledge that I have read, understood, and agree to abide by the terms outlined in this agreement.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Agency Name: _____
Address: _____
Phone: _____

Beaver County Continuum of Care Permanent Housing Programs

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

- ☐ **The Salvation Army's Crescent Commons Program**
  300 State Street Beaver, PA 15009 (telephone & fax) 724-630-2019
- ☐ **The Salvation Army's Community Assisted Residential Living Program**
  1217 Seventh Avenue Beaver Falls, PA 15010 (t) 724-846-6400 (f) 724-846-6406
- ☐ **The Salvation Army's Friendship Homes Program**
  414 16th Street Beaver Falls, PA 15010 (724) 846-1089 (f) 724-846-9551
- ☐ **The Salvation Army's Rapid Rehousing Program**
  414 16th Street Beaver Falls, PA 15010 (724) 846-1089 (f) 724-846-9551

Beaver County, PA Continuum of Care 603
Occupancy Agreement

Household	Occupancy Agreement Address	Occupancy Dates

1. Pay your monthly occupancy charge, which is 30% of your gross household income minus any utility allowance, in full & by the 15th of each month.
2. Maintain contact with your Salvation Army Case Manager at least every 30 days, as outlined in the participant handbook.
3. Permit The Salvation Army and its agents' free access to the residence at reasonable hours for inspection or to make repairs.
4. Active participation in action steps and plan outlined in your housing stability plan.
5. Agree to weekly home-visits and apartment inspections. The unit should only show normal wear and tear. Housekeeping should be enough to maintain the home in a decent, safe, sanitary condition. Destruction of property, defacement, or removal of any part of the premises is a violation of this agreement.
6. Notify the landlord of any maintenance or pest issues. Your landlord is _____ And can be reached at _____. Once the landlord is notified, inform your case manager so the issue(s) can be discussed with the landlord.
7. You may not paint the unit or alter the unit.
8. Overnight guests/unauthorized visitors are not permitted.
9. Refrain from criminal activity on or off the premises.
10. Illicit drugs and drug paraphernalia is not permitted in the unit.
11. Failure to turn in required paperwork is a violation of this agreement.
12. If any member of the household or their guest(s) threatens, harasses or intimidates Salvation Army personnel and/or interferes with the right to a peaceful living environment, it is a violation of this agreement.
13. Should a formal termination of services become necessary, I understand and give consent for my name, date of birth and termination of services details to be given to the magistrate for my rental district.
14. Smoke detectors must always be in working order.
15. Failure to comply with any of the above conditions or other signed paperwork will be considered a violation of this agreement and termination of services may begin. This occupancy agreement is contingent upon receiving HUD permanent supportive housing grant. I waive notice to vacate in the event of a violation and/or termination.

Client Signature _____ Date_____

Staff Signature _____ Date_____

Trade Up! Transitional Housing Program

1. Participation Required.

Participation in supportive services is a condition of residency in the Trade Up! Transitional Housing Program, as authorized by 24 CFR 578.75(h). By signing this Agreement, Participant agrees to take part in the supportive services identified in Participant's Individualized Housing and Self-Sufficiency Plan ("Service Plan"), developed with Participant at intake and reviewed and updated at least monthly.

2. Required Services and Activities.

Required participation includes: (a) case management sessions — at least weekly during the first 90 days of residency and at least twice monthly thereafter; (b) engagement in employment or employment programming, which may include paid on-the-job training, job training and placement services, job search, or verified employment; and (c) monthly financial capability and housing counseling sessions with HOI's HUD-certified housing counselors. Together, Participant's required services, activities, and employment shall total at least 20 hours per week, as assembled individually in the Service Plan. Additional services identified in the Service Plan shall be attended as scheduled.

3. How This Requirement Is Communicated and Assessed.

This requirement is explained to Participant in plain language at intake, before signing. Participant's service needs, required participation, and weekly engagement hours are assessed at intake and reassessed at each monthly Service Plan review, documented in Participant's file and in HMIS.

4. Exemptions and Disability-Related Services.

The 20-hour weekly engagement requirement does not apply to a Participant over age 62 or to an individual with a disability as defined in 24 CFR 8.3 or a developmental disability as defined in 24 CFR 578.3, although such Participants continue to receive services under their Service Plan. Services that address a Participant's disability-related needs are never a condition of residency. Reasonable accommodations to this requirement will be provided upon request.

5. Consequences for Non-Participation.

If Participant does not take part in required services, the Program follows a graduated process: (a) a re-engagement meeting with Participant's case manager to identify and resolve barriers to participation; (b) a revised Service Plan with a 30-day period to resume participation; and (c) if Participant repeatedly refuses to participate after these steps, termination of program participation, only in accordance with the due process requirements of 24 CFR 578.91, including written notice, an opportunity to respond, and review. A mental health or substance use crisis is addressed through increased engagement and support and is not, by itself, grounds for termination.

Participant Acknowledgment.

I have had this requirement explained to me in plain language, I understand that participation in supportive services is a condition of the program, and I agree to participate as set out in my Service Plan.

Participant signature: _____ Date: _____

Case Manager signature: _____ Date: _____

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

Beaver County, PA Continuum of Care

1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Coordination with Law Enforcement Policy

From the PA-603 Continuum of Care Operating Policies & Procedures

The Continuum of Care expects the CoC and ESG funded programs to cooperate with law enforcement as needed to address homelessness. This entails educating police departments about the services available through the Continuum of Care for people they may encounter who are homeless. It also means the CoC Coordination team regularly provides updates to the Chiefs of Police through our Emergency Services Center. The Continuum of Care recognizes that police are often the first to contact a person living in conditions not meant for human habitation. Thus, it is also the CoC's goal to quickly respond when the police call our CoC programs to report such situations – taking the lead on supporting the household and freeing the police to resume their other duties.

Homeless encampments are not prevalent in Beaver County. As such, our CoC programs generally are able to respond to people staying in camps, vehicles, or other places not meant for human habitation on individual bases using such strategies as progressive engagement, trauma informed care, resource navigation, and case management. Systemic responses have not been historically needed for encampment sweeps. Should the need for a systemic response occur, the CoC funded programs will work along with the Police to establish deadlines and expectations that meet community safety standards as well as the needs of the unsheltered people. Should the police find unsheltered individuals in violation of the law prior to our CoC programs being able to relocate them, the programs will not impede the police department's work.

The CoC Programs encountering a person using illegal substances in public places will refer the person to substance use treatment through one of our CoC drug and alcohol treatment provider partners and to recovery support resources. Should police find program participants in violation of the law, the programs will not impede the police department's work.

Individuals who pose an immediate threat to themselves or to others will be referred to Beaver County Crisis for an assessment and a determination for the appropriate level of care including up to an inpatient civil commitment as the Crisis team deems necessary. The CoC Programs will follow the instructions of the Crisis team for coordination with Police in these emergency situations.

The CoC Programs will work with their participants who have sex offender chargers to stay in communication with their Probation Officer and/or the local Police Department including

Coordination with Law Enforcement Policy (continued)

disclosing their location. Should police find program participants who have sex offender chargers in violation of the expectation to share their location, the programs will not impede the police department's work.

The CoC Programs are expected to approach their work with the Police as partners in the work to end homelessness. Both entities bring unique skills to these situations and the CoC Programs will not impede the work of the Police. In turn the CoC is committed to responding to Police referrals in the most timely manner possible.

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

Beaver County, PA Continuum of Care

1D-1. Local Competition Scoring Tool

2026 PA-603 Continuum of Care Program Competition
PSH, RRH, and TH Renewal Rating & Ranking Tool

Program Name: _____ **PSH:** _____ **RRH:**_____ **TH:** _____

Measure & Data Source	Point Structure	Pts Given & Comments

ADDRESSING PARTICIPANTS NEEDS

1. Evidence of addressing severe needs of participants (Renewal 3B and 5B)	2 points for serving people with at least 2 of these housing barriers: - low or no income - substance abuse - mental health - history of victimization - criminal histories - chronic homeless status - poor rental history	
2. Type of Population Served (Renewal 3B, 5B)	2 points for serving at least 2 of these locally prioritized populations: - chronically homeless - disabled - victims of domestic violence - families - HHs with CYS involvement - HHs with a pregnant member - Youth (under 25) - Over 60 years old - veterans	
3. Project provides robust wrap around services as evidenced by 30% of the budget dedicated to Supportive Services. (6E, Budget) *When calculating this, do not use Match in total budget.*	2 points for 30% or higher 1 point for 20-29% 0 points for less than 20%	
4. Project supports recovery efforts by providing on-site behavioral health treatment. (Renewal 3B, Attachments)	Yes – 2 points No – 0 points	

2 obj.

2026 PA-603 Continuum of Care Program Competition
PSH, RRH, and TH Renewal Rating & Ranking Tool

5. Project addresses the goal of self-sufficiency in a measurable way as defined in the 2026 NOFO[1]. (Renewal 3B)	Yes – 2 points Addresses self-sufficiency but is not measurable – 1pt No – 0 points	
6. Does the application include supportive services participation requirements? (Renewal 3B)	Yes – 2 points No – 0 points	

RENEWAL APPLICATION DETAILS

7. Provides a clear and concise description of the scope of the project. (Renewal 3B)	Give 1 pt each for mentioning: - target population - projected outcomes - coordination with partners - how CoC funding will be used - plan for addressing housing & service needs - details participation requirements & implementation		
8. Mentions only accepting referrals from Coordinated Entry (Renewal 3B)	Yes – 1 point No – 0 points		1 obj.
9. Does application include specific and measurable methods to increase employment income in the program? (Renewal 3B)	Yes – 2 points No – 0 points		2 SysPM and 2 obj.
10. Does application include outcomes that are specific and measurable about reducing returns to homelessness ? (Renewal 3B)	Yes – 2 points No – 0 points		2 SysPM and 2 obj.

CAPACITY

11. Was project's most recently submitted APR submitted on time? (CoC Summary Report, Table 2, Renewal: Recipient Performance)	Yes – 2 points No – 0 points		2 obj.
12. Did project demonstrate sound fiscal practices? (CoC Summary Report, Table1 - *Fiscal*)	1 points for 90% or higher .5 point for 85-89% 0 points for less than 84%		1 obj.
13. Did project fully expend its last grant? (CoC Summary Report, Table 4, Renewal: Recpt Perform.)	Yes – 1 point No – 0 points		1 obj.

14. Unit Utilization Rate (CoC Summary Report, Table 3)	- 2 points for 90% or higher - 1 point if 80-89% - 0 points for below 80%		2 obj.
15. Cost Effectiveness. (CoC Summary, Table 5; Renewal 5A, 6E)	*For PSH:* 2 points if equal or less than $12,567 (CoC PSH Avg) *For PSH:* 1 point if within $1,500 of CoC PSH Avg. *For PSH:* Zero if underspent *For RRH*: 2 points if equal or less than $5,466 (CoC RRH Avg) *For RRH:* 1 point if within $1,500 of the CoC RRH Avg *For RRH:* Zero if underspent *For TH:* 2 points if equal or less than $27,000[3] *For TH*: 1 point if $28,500 or less *For TH:* Zero if underspent		2 obj.
16. Does the agency have a policy regarding participation of people with lived homeless experience with demonstration of policy implementation? (CoC Summary, Table 1, #6)	100% – 1 point 75% - .5 pt 50% or lower – 0 pt		
17. Did the project receive any formal, documented public complaints? (CoC Summary, Table 9)	Yes: 0 No: +1		

PERFORMANCE OUTCOMES

18. Access to mainstream resources (Renewal, 3B, 4A)	Yes - 2 points No – 0 points		2 obj.

2026 PA-603 Continuum of Care Program Competition
PSH, RRH, and TH Renewal Rating & Ranking Tool

19. Exited households move onto positive housing destinations (CoC Summary Report, Table 6a)	For PSH: 2 points if equal to or above 98% (2025 Sys PM) For PSH: 1 point if 88%-97% For PSH: .5 point if 78%-87% *Pt. structure continues on next page* For TH & RRH: 2 points if equal to or above 50% (2025 Sys PM) For TH & RRH: 1 pt if 40%-49% For TH &RRH: .5 pt if 30-39% *Add an additional point if any project is serving people with housing barriers listed in question #1.*	**2 points total available for this question!**	2 Sys PM and 2 obj.
20. Rate that households moved onto unsubsidized housing (CoC Summary, Table 6b)	1 point for 80%-100% .5 point for 70%-79%		1 obj.
21. Rate of return to homelessness within 2 years of exit to PH (CoC Summary Report, Table 7) **This question does not apply to Safely Home (DV-RRH) due to confidentiality restrictions.**	For PSH & RRH: 3 points for 6.36% or less rate (2025 Sys PM) For PSH & RRH: 2 pts for 6.37-10% For TH: 3 points for 16.67% or less (2025 Sys PM) For TH: 2 points if 16.68-20% *Add an additional point if any project type is serving people with housing barriers listed in question #1.*	**3 points total available for this question!**	3 Sys PM and 3 obj.
22. Increased employment income (CoC Summary Report, Table 8)	- 3 points if equal to or higher than 23% (2025 Sys PM avg) - 2 pts if within 15%-22% *Add an additional point if the project is serving people with housing barriers listed in question #1.*	**3 points total available for this question!**	3 Sys PM and 3 obj.
23. Data Quality: Percentage of data entered into HMIS on or after 11 days. (CoC Summary Report, Table 10)	- 2 points if equal or less than 7.2% (CoC Average). - 1 point if 7.3%-10%		2 obj.
24. Application describes the program's positive impact on System Performance Measures? (Renewal 3B)	Yes – 2 points No – 0 points		2 Sys PM and 2 obj.

2026 PA-603 Continuum of Care Program Competition
PSH, RRH, and TH Renewal Rating & Ranking Tool

CoC PARTICIPATION

25. Attended majority of monthly Coalition meetings attended (CoC Summary Report, Table 11)	Yes – 1 point No – 0 points		1 obj.
26. Participated in at least 1 subcommittee meeting (CoC Summary, Table 12)	Yes – 1 point No – 0 points		1 obj.

→ **Total Points Available: 50** **Total Points Awarded:**

Reviewer's Comments & Questions for Rank & Review meeting (5 points can be adjusted to accommodate for any misunderstanding after the discussion portion of the ranking meeting – not to exceed 50 points total prior to adding any bonus points):

Reviewer: _____ Date: _____

Data Sources

1 2026 NOFO definition of self sufficiency: The ability to meet basic needs, including a place to live, without public or private assistance.

* This value was calculated by the Urban Institute using an average 12 month stay in TH.

2. CoC Summary Report includes data from: HMIS; FY 2025 Systems Performance Measures Report; program's most recent Annual Progress Reports; 2025 Technical Assistance & Review monitoring; and 2025-2026 meeting sign-in sheets

3. TH Average Cost: $27,000 (estimate from Vanderburgh Sober Living at https://www.vanderburghhouse.com/is-sober-living-profitable-in-pennsylvania-startup-costs-revenue-and-break-even-explained/)

Note:

System Performance Measures include: Length of Homelessness, Returns to Homelessness, Increased Income, Number of First Time Homeless, Exits to Positive/Permanent Housing

Objective criteria required = 50% .50 x 50 = 25 Actual = 32

Sys PM criteria required = 25% .25 x 50 = 12.5 Actual = 14

PA-603 Continuum of Care Program competition
2026 CoC and DV Bonus New Project Rating & Ranking Tool

If the project is an expansion of a renewal, the renewal application may be considered here too.

Measure & Data Source	Point Structure	Pts Given
Project Eligibility		
1. Does the project score sufficiently according to the project type's supplemental scoring tool? (attached)	Yes – 6 pts for TH, 4 pts for RRH, 3 pts for PSH No – 0 points	
NEW PROJECT APPLICATION DETAILS		
2. Project proposes serving eligible homeless populations as defined by HUD?[1] (Application 3B)	Yes – 2 points No – 0 points	
3.Does the application describe sound fiscal practices and a plan to fully expend the funds? (Application 2B)	Yes – 2 points No – 0 points	
4. Provides a clear and concise description of the scope of the project. (Application 3B)	Give 1 point each for mentioning: - target population - projected outcomes - coordination with partners - how will CoC funds be used - plan for addressing housing & service needs - For RRH: describe service participation requirements and implementation plan - For RRH: describe how will the project achieve participant self-sufficiency[3] within 2 years	**Total points available for TH & PSH is 5. For RRH it is 7.**
5. Does the project provide robust wrap around services as evidenced by Supportive Services making up 30% of the Budget? (Application 6J – Budget Summary)	Yes – 2 points No – 0 points	
6. Does the project include supportive service participation requirements? (App 3B, 4A)	Yes – 2 points No – 0 points	
7. If a DV project, does the application address the unique needs of DV survivors and use best practices[2]? (App 3B, 4A)	Yes – 2 points No – 0 points	
8. Does the project address the goal of self-sufficiency[3] in a measurable way as defined in the 2026 NOFO? (App 3B, 4A)	Yes – 2 points No – 0 points	
9. Does the project indicate formalized partnership with behavioral health treatment providers? (App, 3B and Attachments)	Yes – 2 point No – 0 points	

2 obj.

2 obj.

2 obj.

PA-603 Continuum of Care Program competition
2026 CoC and DV Bonus New Project Rating & Ranking Tool

10. Does the project provide on-site behavioral health treatment? (App 3B and Attachments)	Yes – 3 points No – 0 points	
11. Does the proposal present as cost effective – consider the cost per household? (App 6J / number of households) See footnote for comparison[5]. *Do not include match in budget total.*	Yes – 2 points No – 0 points	
12. Does the project mention only accepting referrals from Coordinated Entry? (App 3B, 4)	Yes – 2 points No – 0 points	
13. Does the project describe a process for referring households to Mainstream Resources? (App 3B, 4A)	Yes – 2 points No – 0 points	

3 obj.
2 obj.
2 obj.
2 Sys PM and 2 obj.

PERFORMANCE OUTCOMES

14. Does the application describe a projected and/or demonstrated reduction in return to homelessness rate as one of its outcomes? (App 3B, 4A)	Yes – 3 points No – 0 points	
15. Does the application describe a projected and/or demonstrated increase in employment income as one of its outcomes? (App 3B, 4A)	Yes – 3 points No – 0 points	
16. Does the project describe a process for exiting households to permanent housing? (App 3B, 4A)	Yes – 3 points No – 0 points *1 bonus pt if strategy includes unsubsidized housing.*	**4 points possible for this question!**
17. Does the application use a system performance measure[4] as a project goal? (App 3B, 4A)	Yes – 2 point No – 0 points	

3 Sys PM and 3 obj.
3 Sys PM and 3 obj.
4 Sys PM and 4 obj.
2 Sys PM and 2 obj.

CoC PARTICIPATION

18. Attended majority of monthly Coalition meetings (CoC Summary Report, Table 11)	Attended 50% or more – 2 points Attended 40-49% – 1 point Attended less than 40% - 0 points	
19. Does the agency regularly participate in any CoC subcommittees such as Lived Exp, PIT, homeless memorial, CE, Data Quality, Outcomes etc? (CoC Summary Report, Table 12)	Yes – 2 No - 0	

2 obj.
2 obj.

Total Points Available for RRH, TH: 50 **Total Points Available for PSH: 48** **Total Points Awarded:**

Reviewer's Comments and Questions for Rank & Review meeting (4.5 points can be adjusted to accommodate for any misunderstanding after the discussion portion of the ranking meeting – not to exceed total available points for this project type):

PA-603 Continuum of Care Program competition
2026 CoC and DV Bonus New Project Rating & Ranking Tool

Reviewer: _____ Date: _____

Data Sources

CoC Summary Report includes data from: HMIS; FY 2025 Systems Performance Measures Report; program's most recent Annual Progress Reports; 2025 Technical Assistance & Review monitoring; and 2025- 2026 meeting sign-ins

1 – HUD Homeless Definition can be found here: https://www.ecfr.gov/current/title-24/part-578/section-578.3#p-578.3(Homeless)

2 - Best Practices may include: assessment, linkage to support services, client centered practices, connection with mainstream resources, trauma informed care approaches, etcetera

3 – HUD self sufficiency: The ability to meet basic needs, including a place to live, without public or private assistance.

4 - System Performance Measures: Length of time homeless, Returns to homelessness, Increased Income, First Time Homeless, and Exits to Positive Housing

5 – Cost comparisons: PSH $12,567/household (local average)
RRH $5,466/household (local average)
TH $27,000 (estimate from Vanderburgh Sober Living at https://www.vanderburghhouse.com/is-sober-living-profitable-in-pennsylvania-startup-costs-revenue-and-break-even-explained/)

RRH + TH

objective criteria required = 50% .5 x 50 = 25 Actual = 31
Sys PM criteria required = 25% .25 x 50 = 12.5 Actual = 14

PSH

objective criteria required = 50% .5 x 48 = 24 Actual = 31
Sys PM criteria required = 25% .25 x 48 = 12 Actual = 14

2026 New CoC and DV Rating Ranking

Supplemental Tool - TH

New Project Application Rating Factors	Available Points	Criteria
New Transitional Housing projects must receive at least 6 out of 8 points available for this project type. New TH projects that do not receive least 6 points will be rejected.	2	Demonstrate that the project will provide and/or partners with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc).
	1	The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.
	1	The appliant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of partipants exit with employment income as reflected in HMIS or another data system used by the applicant.
	1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
	2	Describe how the proposed project will: * assess the service needs of program participants, and * provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities, or employment for all program participants, except for a program participant over the age of 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work, therapy, education, job training, community building activities, etc). Employment may contribute to the 20 hours per week of enagegement. The project description provided here does not constitute a reporting or documentation requirement. Indicate that the proposed project will create service plans for each program participant that include: * the services to be provided, when and how often services will be provided, by whom all services will be provided and * program participant goals, strategies for acheiving those goals, and target dates for acheivement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self sufficiency.
	1	Demonstrate the average cost per houshehold served for the project is reasonable per 2 CFR 200.404

SCORED ENOUGH PTS Yes ___ No ___

2026 New CoC and DV Rating Ranking
Supplemental Tool - RRH

New Project Application Rating Factors	Available Points	Criteria
New PH-Rapid Rehousing projects must receive at least 4 out of 6 points available for this project type. New RRH projects that do not receive least 4 points will be rejected.	1	The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.
	2	The type of supportive services and assistance that will be offered to program particpants (e.g., case management, substance use treatment, mental health treatment, and employment assitance) will ensure that the participant is able to to successfully obtain self-sufficiency and exit homelessness.
	1	The appliant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of partipants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.
	1	Demonstrate the average cost per houshehold served for the project is reasonable per 2 CFR 200.404
	1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

SCORED ENOUGH PTS Yes ___ No ___

2026 New CoC and DV Rating Ranking
Supplemental Tool - PSH

New Project Application Rating Factors	Available Points	Criteria
New PH-Permanent Supportive Housing projects must receive at least 3 out of 5 points available for this project type. New PSH projects that do not receive least 3 points will be rejected.	1	The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.
	1	The type of supportive services and assistance that will be offered to program particpants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an exititng PH project, it must demonstrate how they are expaning supportive services to program participants, including where appropriate, on-site supportive services.
	1	The project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.3(a)(1)(i).
	1	Demonstrate the average cost per houshehold served for the project is reasonable per 2 CFR 200.404
	1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

SCORED ENOUGH PTS Yes ___ No ___

2026 PA-603 Continuum of Care Program competition
Coordinated Entry Rating & Ranking Tool

Measure & Data Source	Point Structure	Pts Given

SEVERITY OF NEED

1. Provides a clear and concise description of the scope of the project. (Application 3B, 1)	Give 1 point each for mentioning: - target population - projected outcomes - coordination with partners - How CoC funding will be used - plan for addressing housing and services needs	
2. Does CE prioritize those with highest barriers? (Application 3B, 3)	Yes – 2 points No – 0 points	
3. Does this project cover CoC's entire geographical area? (Application, 3B, 3)	Yes – 2 points No – 0 points	

RENEWAL APPLICATION DETAILS

4. Budget includes 25% match & commitment letter (Application 6D and Attachments)	Yes – 2 points No – 0 points	
5. Does CE make an effort to be accessible to those who may not reach out for help? (Application, 3B)	Yes – 2 points No – 0 points	
6. Does CE have a process for linking HHs to services? (Application, 3B: 1, 3e)	Yes – 2 points No – 0 points	
7. Does the CE screening account for returns to homelessness? (Application 3B, 1)	Yes – 2 points No – 0 points	

2 obj.

2 Sys PM and 2 obj.

PAST PERFORMANCE & OUTCOMES

7. Did project fully expend their funds? (CoC Summary Report, Table 4)	No – 0 point Yes – 1 points	
8. Does the CE grant present as cost Effective? (CoC Summary Report, Table 5, 3B, 6A)	Yes – 2 points No – 0 points	
9. Did majority of screened households receive a permanent housing referral thereby having a	Yes – 3 points No – 0 points	

1 obj.

2 obj.

3 Sys PM and 3 obj.

2026 PA-603 Continuum of Care Program competition
Coordinated Entry Rating & Ranking Tool

positive impact on System Performance (CoC Summary Report, Table 13)			
10. Data Quality: The program's Data Quality Error rate is reasonable and minimizes negative impact on the system performance measures. (CoC Summary Report, Table 13)	3 pts for equal or less than 10% 2 points if 11%-14% 0 points if higher than 14%		35 sys PM and 3 obj.

CoC PARTICIPATION

11. Attended majority of monthly Coalition meetings (CoC Summary Report, Table 11)	Yes – 2 points No – 0 points		2 obj
12. Participated in at least 1 subcommittee (CoC Summary Report, Table 12)	Yes – 2 points No – 0 points		2 obj.

Total Points Available: 30 **Total Points Awarded:**

Reviewer's Comments and Questions for Rank & Review meeting:

Reviewer: _____ Date:_____

Data Sources

CoC Summary Report includes data from: HMIS; 2024-25 Systems Performance Measures Report; program's most recent Annual Progress Reports; 2025 Technical Assistance & Review monitoring; and June 2025- May 2026 meeting sign-ins

Objective Criteria required = 50% .5 x 30 = 15 Actual = 17

Sys PM Criteria required = 25% .25 x 30 = 7.5 Actual = 8

2026 PA-603 Continuum of Care Program competition

Homeless Management Information System Rating & Ranking Tool

Measure & Data Source	Point Structure	Pts Given

RENEWAL APPLICATION DETAILS

1. Provides a clear and concise description of the scope of the project. (Renewal 3B)	Give 1 point each for mentioning: - community needs - design and implementation of the HMIS system - project outcomes - coordination with other organizations - how the CoC Program funding will be used		
2. Budget includes 25% match & commitment letter (Application 6D and Attachments)	Yes – 2 points No – 0 points		2 obj.
3. Does HMIS collect all Universal Data Elements? (Application 4A, 1)	Yes – 3 points No – 0 points		3 obj.
4. Does HMIS produce all HUD reports (including Sys PM) and data as needed for HUD reporting? (Application 4A, 2)	Yes – 2 points No – 0 points		2 Sys PM and 2 obj.
5. Does HMIS produce an unduplicated count of clients receiving CoC services? (Application 4A, 4)	Yes – 2 points No – 0 points		2 obj.
6. Does the application detail procedures for ensuring security and privacy standards are met (Renewal 4A, 6 & 8)	Yes – 2 points No – 0 points		

PAST PERFORMANCE

8. Did the project fully expend their funds (CoC Summary Report, Table 4)	No – 2 points Yes – 0 points		2 obj.
9. Does the HMIS grant present as cost Effective? (CoC Summary Report, Table 5, Renewal: 3B, 6E)	Yes – 2 points No – 0 points		
10. Does the HMIS system accurate record employment income? (CoC Summary Report, Table 15c)	Yes – 2 points No – 0 points		2 Sys PM and 2 obj.

2026 PA-603 Continuum of Care Program competition
Homeless Management Information System Rating & Ranking Tool

11. Because deduplicated data can negatively impact data quality (DQ) and producing reliable Sys PM reports, did the HMIS DQ Error Rate improve from last year? (CoC Summary Report, Table 15 a.)	Yes – 3 points No, but overall DQ Error Rate is 10% or lower, 2 points No, DQ is more than 90%, 0 pts		3 Sys PM and 3 obj.
12. Because destination errors negatively impact Sys PM reports, has there been a decrease in these errors? (CoC Summary, Table 15 b.)	• If decreased in three or more categories – 3 points • If decreased in two categories – 2 points • If decreased in less than two categories – 0 points		3 Sys Pm and 3 obj.

CoC PARTICIPATION

13. The program staff attend the majority of the monthly Coalition meetings (CoC Summary Report, Table 11)	Yes – 2 points No – 0 points		2 obj.

→ **Total Points Available: 30** **Total Points Awarded:**

Reviewer's Comments and Questions for Rank & Review Meeting:

Reviewer: _____ Date: _____

Data Sources

CoC Summary Report includes data from: HMIS; 2024 & 2025 Systems Performance Measures Report; program's most recent Annual Progress Reports; 2025 Technical Assistance & Review monitoring; and June. 2025- May 2026 meeting sign-ins

objective criteria required = 50% .5 x 30 = 15 Actual = 21

Sys PM criteria required = 25% .25 x 30 = 7.5 Actual = 10

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

Beaver County, PA Continuum of Care

1D-2c. Local Competition Selection Results

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2026 Local Competition Results

Annual Renewal Demand: $2,725,473 **CoC Bonus:** $638,336 **DV Bonus:** $851,115 **Tier 1 Amount:** $1,635,284

Ranking: All projects below have been accepted in the 2026 CoC funding Competition and are listed according to rank. Projects were ranked using objective score sheets and according to the *CoC Application Review, Score, and Ranking Procedures.*

PROJECT RANK *Tier 1*	APPLICANT NAME	PROJECT NAME	PROJECT SCORE	STATUS	PROJECT TYPE	COMPONENT TYPE	REQUESTED FUNDING AMOUNT FROM HUD	REALLOCATED FUNDS
1	Community Development Program of Beaver County	HMIS 2026	100%	Accepted	RENEWAL	HMIS	$112,296	
2	Women's Center of Beaver County	Safely Home 2026 Renewal	95.7%	Accepted	RENEWAL	PH-RRH	$314,286	
3	The Salvation Army, a New York Corporation	FY 2026 Friendship Homes Renewal	93.8%	Accepted	RENEWAL	PH-PSH	$359,274	
4	The Cornerstone of Beaver County	2026 CoC Coordinated Entry Renewal	90%	Accepted	RENEWAL	SSO/COORD. ENTRY	$55,307	
5	The Salvation Army, a New York Corporation	Crescent Commons Consolidation 2026	89.6%	Accepted	RENEWAL	PH-PSH	$301,337	
6	The Salvation Army, a New York Corporation	FY 2026 Rapid Rehousing Renewal	88.6%	Accepted	RENEWAL	PH-RRH	$415,798	
7	Zachewicz Enterprises	CRS Stone Harbour	82.8%	Accepted	RENEWAL	TH	$76,986	
Tier 2							$335,919	
8	The Salvation Army, a New York Corporation	FY 2026 CARL Transitional Housing Project	96%	Fully Reallocated	NEW-REALLOCATION	TH	$754,270 reallocated/ not new funds	$754,270
9	The Salvation Army, a New York Corporation	FY 2026 Rapid Rehousing Expansion	93.3%	Accepted	NEW CoC BONUS* Expansion	PH-RRH	$154,095	
10	Housing Opportunities Inc	Trade Up!	88.9%	Accepted	NEW CoC BONUS*	TH	$276,000	
N/A	The Salvation Army, a New York Corporation	CARL PSH	N/A	Fully Reallocated	EXPIRING	PSH	$0.00	($754,270)
Not Ranked	County of Beaver	CoC Planning Grant FY 2026	N/A	Accepted	NEW	Planning	$203,213	

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

2026 Local Competition Results

** The Collaborative Applicant put out a Request for Proposals for the CoC and DV Bonuses.

PROPOSING AGENCY	PROJECT	STATUS
Housing Opportunities, Inc.	Trade Up!	Accepted
The Salvation Army, a New York Corporation	RRH Expansion	Accepted

No rejections or reductions took place in the 2026 CoC local Competition.

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Beaver County, PA Continuum of Care

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

PA-603 Continuum of Care
Working toward the goal of ending homelessness in Beaver County.

HUD-2996 Certification for Opportunity Zone Preference Points

Although PA-603 CoC expects to serve people in Opportunity Zones, we do not expect to use at least 50% of the proposed activities in Opportunity Zones.

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Beaver County, PA Continuum of Care

3A-2a. Project List for Other Federal Statutes

Project List of Other Federal Statutes

PA-603 does not propose to serve people experiencing homelessness as defined by other federal statutes.

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Beaver County, PA Continuum of Care

3A-DP. Our CoC's Policy to Advance Recovery

Advancing Recovery by Prohibiting Drug Enablement

From the PA-603 Continuum of Care Operating Policies & Procedures

CoC funded housing programs are prohibited from operating drug injection sites or safe consumption sites, knowingly distributing drug paraphernalia on or off of property under their control, knowingly permitting the use of distribution of federally illicit drugs on property under their control, or conducting any of these activities under the pretext of harm reduction. It should be noted that life saving measures (such as CPR, naloxone, and other supplies supported by SAMHSA) are not considered harm reduction and are permitted (SAMHSA's Dear Colleague Letter dated 4/24/2026 found at: https://www.samhsa.gov/sites/default/files/dear-colleague-letter-upated-hr-funding-guidance.pdf).

CoC funded housing programs that violate this policy will be expected to stop the prohibited behavior immediately and to produce detailed improvement plans within 10 days of being informed of the violation. These plans at a minimum should include: an analysis of how the violation occurred, updates to policies and procedures as needed, formal communications to clients about the policy and its consequences, training of staff, and development of a process for internal monitoring to ensure on-going compliance. Should the CoC Coordination team deem the plan sufficient for continued compliance, no further action will be taken outside of periodic monitoring to confirm compliance is occurring. Should the program not sufficiently meet the above-described corrective actions and not take further action to do so, and/or not exhibit on-going compliance with this policy, then the CoC will begin reallocation procedures.

CoC funded housing programs will inform participants at intake that they are not permitted to use illegal substances (as defined by the federal government) on properties under the programs' control. The Programs' communications should also include the consequences that could occur should participants violate the rule including the encouragement of substance use disorder treatment, and if appropriate, recovery housing. Documentation that participants have been informed of this policy and its' consequences should be kept in the participants' file.

It should be noted that this policy does not require that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement. Neither does it restrict nor prohibit CoC funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.