



As the Collaborative Applicant for the Beaver County Continuum of Care (CoC), the Community Development Program (CDP) is accepting proposals for new projects and/or project expansions to address the issue of homelessness in Beaver County. CDP is requesting proposals for Continuum of Care funds through the CoC Bonus, and the Domestic Violence Bonus. The CoC Bonus can be used for: SSO-Coordinated Entry; Homeless Management Information System; Transitional Housing; and SSO projects. CoC Bonus funds can be used to create new projects and/or to expand eligible renewal projects. The *estimated* CoC Bonus amount for Beaver County CoC is \$585,826. The DV Bonus can be used to serve survivors of DV (as defined at 24 CFR 578.3 – *Homeless*, 4.) through either: TH, or SSO-Coordinated Entry. DV Bonus funds can be used to create new projects or to expand eligible renewal projects to serve this population. The *estimated* DV Bonus amount is \$781,101. **This RFP will be updated when HUD confirms the Bonus amounts.** Descriptions of the eligible projects can be found at: <https://www.ecfr.gov/current/title-24/part578/subpart-D>

Interested applicants should read the entire HUD 2026 Notice Of Funding Opportunity (NOFO) in order to fully address the requirements of each project type (Pgs. 63-68) as well as applicant and project eligibility requirements (Section II). The NOFO can be found at: <https://www.hud.gov/hud-partners/community-coc> Applicants should inform the CoC Coordinator of their intent to apply to review basic eligibility and local need.

Additional standards for the use of CoC funds are outlined in the CoC Interim Rule (24 CFR 578) located at: <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578>. Applicants are expected to secure 25% of the requested funds in matching funds or in-kind services. Applicants will receive more points in the proposal selection and ranking processes if they have formal, documented partnerships with behavioral health partners (especially on-site), have a budget with at least



30% of Supportive Services, support self-sufficiency (as defined on page 6 in the NOFO), and include supportive services participation requirements (in line with 24 CFR 578.75(h) found here:

[https://www.ecfr.gov/current/title-24/part-578/section-578.75#p-578.75\(h\)](https://www.ecfr.gov/current/title-24/part-578/section-578.75#p-578.75(h))) in their project design.

Strong project proposals will also address the gaps and strategies on the attached *CoC Strategic Planning Tool* and use their performance data to demonstrate capacity. The Beaver County Continuum of Care FY 2025 System Performance Measures (Sys PM) can be viewed at: <https://www.bchmis.info/>. Proposals should describe how the project will enhance these outcome measures.

PROPOSAL REQUIREMENTS

Eligible projects will serve homeless individuals as defined at 24 CFR 578.3, and as dictated by project type and the NOFO. Proposals should include a detailed description of the project and at a minimum it should detail: the project type, target population, project design (intake, assessment, housing strategy, recovery strategy etc), role of lived homeless experience input, fair housing efforts, included supports, projected measurable outcomes, matching funds/in-kind services, and a budget with eligible costs. Also, the proposal should demonstrate the agency's capacity to: 1. carry out such a program including experience with homelessness as evidenced by performance data (DV providers will use a comparable database for their data) and 2. manage federal grant funded programs (including sound fiscal practices, ability to consistently meeting reporting requirements, a plan to fully expend the funds, et cetera).

Eligible entities include: nonprofit organizations, religious organizations, states and local governments, Indian Tribes, and Public Housing agencies, and are in good standing with the Beaver County government and do not owe them funds. Individuals and for-profit entities are not eligible. Additional applicant and project eligibility standards can be found in Sections II. and V. of the 2026 NOFO. CDP values a broad array of partnerships in our CoC's efforts so all interested, eligible entities



are encouraged to apply – even if they have never received CoC funding in the past. **Proposals are due no later than 12:00 pm on 7/10/2026 and should be delivered to the Community Development Program at 1013 8th Avenue Beaver Falls, PA 15010.**

SELECTION PROCESSES

Proposals will be selected using the *Proposal Selection Score Sheet* (See attached). Selected applicants will then complete an application in *e-snaps* by 12 pm on 7/24/2026. All applications (including eligible renewals) will then be prioritized for funding by the Beaver County Review & Rank Committee following the *CoC Review, Score, and Ranking Procedures* (see attached) and using the Project Rating and Ranking Tools (see attached). HUD will make the final award decisions based on the CoC Application score, project and agency criteria (as outlined in the 2026 NOF0), and the Review & Rank Committee's Priority List.

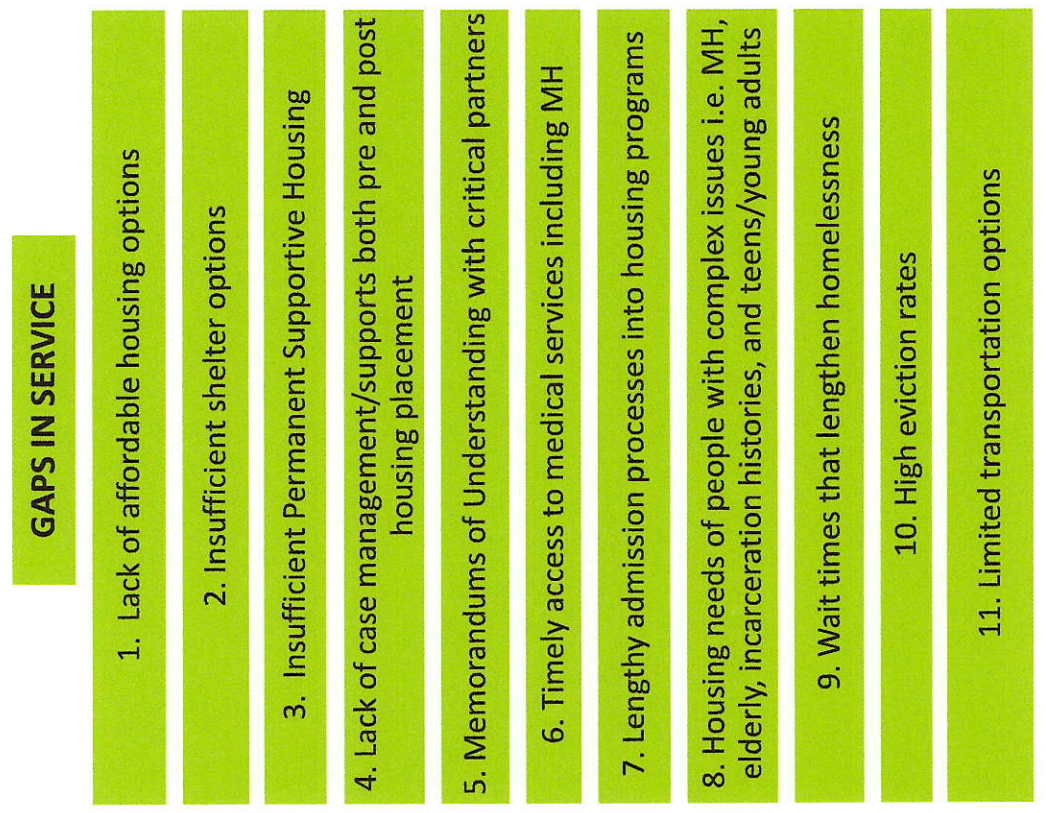
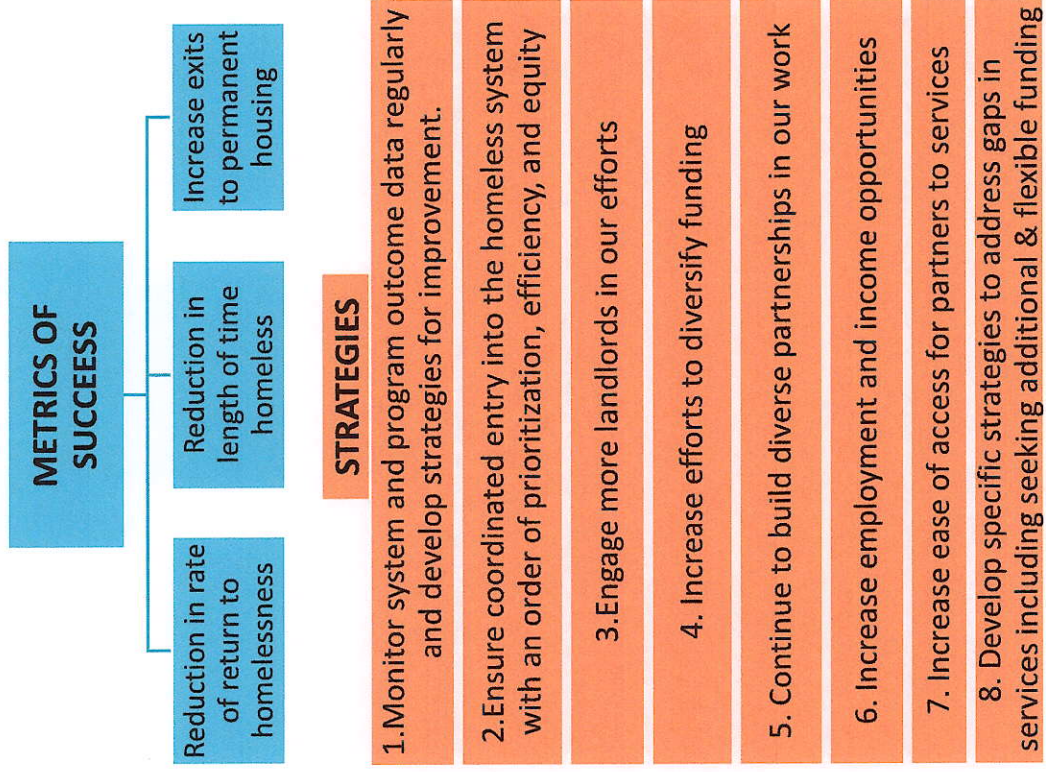
HUD will provide updates and additional informative resources throughout the competition. This information can be found at: <https://www.hud.gov/hud-partners/community-coc> Questions can be directed to the CoC Coordinator at ciabatttonidina@gmail.com or to HUD at CoCNOFO@hud.gov

Attachments:

1. CoC Strategic Planning Tool (8 pgs)
2. Proposal Selection Tool (3 pages)
3. CoC Review, Score, and Ranking Procedures (1 pg)
4. Project Rating & Ranking Tool (2 pgs)



The PA-603 Continuum of Care is committed to the goal of ending homelessness in Beaver County by operating a system of partners that quickly identifies, engages, and rehuses households who face a housing crisis. The Steering Committee and Collaborative Applicant will use this tool in addition to the Consolidated Plan and Annual Action plans to guide their decision making over the course of the next 3 years (2025-2028). It will be updated as determined necessary by data and outcomes.



PURPOSE OF STRATEGIC PLANNING TOOL

The Strategic Planning Tool is meant to be used as a reference to guide planning efforts and to help make funding decisions. It is used by the CoC Governing Board, the CoC Coordination team, and the Collaborative Applicant. Entities who apply for some homeless funds are asked to structure their proposals around the needs identified in this document. The Governing Board reviews the Strategic Planning Tool annually and formally updates it every 3 years. Input is gathered from CoC and ESG funded programs, the Housing & Homeless Coalition members, the Lived Homeless Expertise committee, and through the Gaps Analysis Survey. The CoC Coordinator also provides data to inform the process.

CONTEXT OF HOMELESSNESS IN BEAVER COUNTY

PA-603 CoC is made up of partners working in coordination with various housing programs to end homelessness in Beaver County. Ending homelessness means the experience of homelessness is a rare occurrence and when it does occur it is brief and non-recurring. The Housing & Homeless Coalition is comprised of 314 distinct service and resource partners and advocates. Of these partners approximately 50 regularly attend monthly partner meetings. 15 different programs provide housing to homeless people and include: 3 Permanent Supportive Housing programs, 1 Transitional Housing program, 6 Rapid Rehousing programs, and 5 Emergency Shelters. These housing programs provide 352 beds for people who are homeless (2026 HIC). On the night of January 28, 2026, 99% of those beds were filled (349 people). This represents a decrease from last year and it slightly exceeds the pre-pandemic levels of 330 people reported on the 2020 HIC. Numbers peaked at 444 people during the height of the pandemic in 2021 as reported on that year's HIC so the 2026 HIC still demonstrates a decrease from that peak. Although the average length of time homeless this year decreased from last year, the median remains roughly the same. This could potentially be explained by a few households with more complex needs having longer than average stays but the majority of households lengths of homelessness remaining stable to last year's median length of stay (FY 2024 and 2025 System Performance Measures). This is significant given the continuing tight affordable housing market, reduction of Housing Choice Vouchers, lack of available Mainstream Vouchers, and the Housing Authority regularly being at full capacity. In fact, in 2023 the Housing Alliance of Pennsylvania estimated that Beaver County only has 68 affordable housing units for every 100 extremely low-income households. Further analysis is needed to understand how the reduction in length of time homeless occurred in this tight market.

METRICS OF SUCCESS

The PA-603 CoC has a wealth of data to determine progress toward the goal of ending homelessness in Beaver County. The Governing Board has adopted the three metrics indicated on the Tool to determine progress toward meeting that goal. These metrics further guide the CoC's planning efforts and the development of strategies to improve performance and overall progress toward the goal. The chart below demonstrates these outcomes over the last six years (2020-2025 System Performance Measures reports).

Metric of Success	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Avg length of time homeless for ES	77 days	60 days	66 days	104 days	73 days Median: 35	121 days Median: 34
Avg length of time homeless for ES and TH	125 days	74 days	70 days	111 days	82 days Median: 39	131 days Median: 36
Exits to PH from ES, TH, RRH	49% (347 people)	48% (380)	51% (395)	60% (290)	53% (255)	50.8% (168)
Exits to PH or maintenance of PH from PSH	95% (231 people)	98% (196)	91% (197)	92% (177)	91% (183)	98.5% (199)
Returns to Homelessness	16% (68 people)	16% (70)	15% (64)	11% (58)	7.7% (38)	7.23% (23)

ANALYSIS OF METRICS OF SUCCESS

Comparing FY 2025 to FY 2020, PA 603 CoC has seen an increase in the average lengths of time homeless, but the median length of time has improved slightly from last year. This could be a reflection of the few households with complex needs having longer periods of homelessness due to needing more time to stabilize while the majority of households are exiting homelessness at the same rate as last year. These decreases could be explained by the Men's Emergency Shelter efficiently moving people into PH. Exits to PH from ES, TH, and RRH increased by 2% since 2020 but decreased from FY 2023 by 10%. Exits to PH (or maintenance of PH) from PSH increased by 3.5% from 2020 to 2025 and they increased by 7.5% from last year. It should be noted that 2021 has a very high exit rate to PH likely due to the introduction of Mainstream Vouchers which the Housing Authority prioritized for households exiting PSH and RRH. The metric of exits to PH needs further analysis to develop strategies to maintain the improvement and reverse the decrease of the last year.

Returns to homelessness showed significant improvement from FY 2020 with an 8.8% decrease and another slight decrease from last year. This could potentially still be attributed to the massive influx of homeless prevention funds into the County during the pandemic and the programs' efforts to exit people to more stable housing situations. Further analysis is needed to develop strategies to maintain this several year improvement on returns to homelessness.

STRATEGIES

The Strategies identified on the Strategic Planning Tool will advance the goal of ending homelessness as described below. The numbers correspond with the strategies numbered above.

1. Monitoring data enables the CoC to gauge its progress toward the goal of ending homelessness. The CoC identified the need to develop a formal process for further data analysis and for developing strategies to enhance this progress. Therefore, Data Quality and Outcomes subcommittees were created in 2024. These committees will develop strategies to improve both overall Data Quality and system and program

- outcomes. In fact, in the last year the committees have created a CoC Data Quality Plan (currently in the finalization stage) that sets benchmarks for data quality and strategies for monitoring program data against the standards.
2. Coordinated Entry helps ensure efficient and effective service delivery to all homeless households. Coordinated Entry (CE) implemented the referral system through HMIS thereby expediting access to the housing programs. The CoC updated the CE tool to reflect changing needs and to be more inclusive and respectful. The Lived Homeless Expertise committee provided valuable insight into this effort. The CE committee meets monthly to ensure efficient referrals and placement and to monitor changing needs, system inefficiencies, etc. The aim of these efforts is to continually improve the efficiency of client referral and housing.
 3. Landlords are a critical partner in quickly housing homeless households and for providing PH options both during program enrollment and upon exit. Although our programs tend to have strong partnerships with many landlords, the CoC does not have a formal process to recognize those efforts. Further, there is very limited landlord representation on the Housing & Homeless Coalition. Currently one landlord regularly attends the monthly Coalition meeting and she is also an active member of ACRE (the local landlord association). She periodically invites CoC partners to the ACRE meeting to discuss their programs. A few new partnerships have come out of those meetings. However, programs are reporting increased landlord frustration with partnering with the CoC for a variety of reasons (limits on raising the rents, perceived increased risk of damages etc). Therefore landlord engagement will continue to require attention going forward. Developing a dedicated position for engaging landlords, increasing mitigation funds, and embedding appreciation efforts into our strategies could be beneficial.
 4. Diversifying funding is a best practice for ensuring stability in programs. The CoC partners are heavily funded by HUD which limits eligible activities. For this reason, working to increase funding sources could expand service offerings across the programs. These alternative sources could include: grants (use of the Non-Profit Center through the Beaver County Library System could be effective), foundations, private donors, fee for service models (as appropriate), etc.
 5. The CoC recognizes that no two homeless situations are the same; therefore, households benefit from different combinations of supports and services to resolve their unique housing crises. To do this, we need broad partnerships of diverse services and resources, and across sectors. We currently have 314 entities represented in our Housing & Homeless Coalition with approximately 50 who regularly attend the monthly partner meeting. We have an open invitation for any new partners invested in the work to end homelessness to join the Coalition. And current partners are encouraged to invite new people as well. Since they navigate the resources daily, they often encounter new people who could play a stabilizing role in homeless situations. This enables the CoC to grow its membership every year and continue to offer the unique complement of services from which a household facing a housing crisis may benefit.
 6. The CoC recognizes stable income as a significant factor in achieving long-term housing stability and self-sufficiency. CoC partners do coordinate with job training and education resources and they have grown these partnerships over the last two years. The housing programs also screen households for other sources of income for which they may be eligible, and they work to connect the households with these resources. Our CoC funded programs increased total income by 17% for stayers in the last year (FY 2025 System Performance Measures). But the employment income decreased. These same programs saw a 9% increase in income for households who left the program during the last year but they had a significant

decrease in employment income (FY 2024 and FY 2025 System Performance Measures). The struggle with increasing employment income is a complex one that our CoC programs regularly revisit and attempt to strategize around. This issue will continue to be addressed by the programs and the CoC will continue to attempt to pull in partners to assist.

7. The Systems Gaps Analysis indicated that partners experience some difficulty accessing Outreach, Shelter, Coordinated Entry, and Prevention programs. It is unclear whether this is because the services are difficult to access or if there just is not enough of the services to meet the needs. Further analysis is needed.

8. The Systems Gaps Analysis identified several gaps in vital services. These include: limited shelter options, limited transportation options, limited access to timely mental health services, long wait times for affordable housing, and lack of affordable housing. The System Gaps Analysis also revealed that partners found accessing these programs to be a little difficult: Outreach, shelter, Coordinated Entry, and Prevention programs. The CoC is committed to developing strategies and funding to address these gaps and difficulties. Requests for Proposals for homeless funds require proposals to address the Strategic Plan. This ensures that new funding is being directed at the identified gaps. Further strategies include identifying relevant partners and experts to address the gaps, considering reallocation of funds as needs change, securing new funds, securing flexible funds, and learning best practices for addressing the gaps.

GAPS IN SERVICE

The Systems Gaps Analysis, CoC Coordination team, CoC partners, and the Governing Board identified these 12 gaps in services as having a negative impact on ending homelessness in Beaver County. Each is detailed below according to the number of the gap as listed on page 1.

1. Beaver County only has 68 affordable housing units for every 100 extremely low-income households. This shortage impacts how long homeless households remain homeless while looking for housing. It also lengthens the time in a program while a household looks for affordable housing when ready for exit. In fact the rate of exits to PH decreased by 2.2% (2025 Sys PM) which occurred after an 7% increase the year before. And finally, as a household may need to move or is evicted, the lack of affordable housing makes it more likely that the household will become homeless again.

2. The Systems Gaps Analysis identified shelter options as limited. Currently the CoC has a Men's Shelter, Women's Shelter, 2 shelter options for families with Child Welfare involvement, and hotels as needed. There is not a dedicated family shelter (for families without Child Welfare involvement) nor are there shelter or housing options for youth. Although the CoC strives to provide access to permanent housing as efficiently as possible, shelter options remain a vital resource for households to: rest, begin gathering important documents, securing income (through employment or benefits), access needed medical care etc. Although no household is expected to accomplish all of these tasks while in shelter, emergency shelter does provide the space, resources, and support to begin many of these critical tasks while providing for basic human needs, protection from the elements, and safety.

3. Again in the past year, our PSH programs (in total 3 programs comprised of 172 beds) were primarily at full capacity. This led to significantly longer wait times and households being placed in available programs that did not best meet their needs. It has also placed increased demand on the RRH programs. These programs have been so full that for the second year since the advent of Coordinated Entry (2017) not all households are receiving immediate referrals due to no openings. These households will be referred as the programs indicate openings but this is a significant shift for the CoC. Additionally, The System Gaps Analysis identified Permanent Supportive Housing and Rapid Rehousing as the top two greatest needed housing program types.
4. Partners have identified the need for more case management support after a homeless household is housed. The CoC recognizes that challenges to housing do not disappear with housing alone. For long term housing stability ongoing case management support is increasingly needed – even if only as a safety net to prevent returns to homelessness. Partners have also highlighted the need for case management for people without behavioral health challenges as this population is often not eligible for traditional case management services.
5. PA-603 is a stand alone CoC within the geographical boundaries of Beaver County, PA. Beaver County is a small county where many partners have worked on the issue of homelessness for extended periods of time. This means that partnering is often seamless and non-contractual. However, CoC partners recognize the value in formalizing these partnerships so that consistent service is rendered. There is also value in being able to point to these formal partnerships when applying for funding and when demonstrating the cohesion within our CoC partnerships. Examples include, MOUs, specific agreements to render services to programs' housing clients, tracking services rendered to housing clients and using that as leverage, sitting on partner agencies boards or subcommittees, formally collaborating on a joint project, etc.
6. Unhoused people often face complicated medical and behavioral health challenges. However, they often have difficulty accessing much needed medical care outside of emergency settings. This delay can result in conditions becoming chronic (and therefore more difficult to treat) and increased vulnerability due to weakened immunity. Furthermore, the PSH programs require that eligible households have a documented disability. With complicated access to medical care, this lack of documentation often delays their housing. A dedicated medical mobile outreach team could bring critical care directly to people where they are and streamline the documentation process to establish PSH eligibility. Progress has been made in closing this gap with one shelter provider partnering with a mobile medical provider to visit the site on a regular basis.
7. The Systems Gap Analysis identified long waits for affordable housing as a barrier to ending homelessness. Also our Lived Expertise Group shared that programs with lengthy admission processes can often lead to households disregarding those housing options. Although the limited supply of affordable housing plays a significant role in these long waits, CoC partners are also encouraged to review their processes to ensure the most efficient and streamlined enrollment procedures.
8. CoC partners report households are presenting with increasingly complex situations – such households include teen/young adult, previously incarcerated, elderly, and/or those with mentally illness. Children under 18 years of age do not have the option for emancipation in Beaver County. This means that unaccompanied children are still viewed as part of a family unit by our Child Welfare partner. Landlords are not likely to rent to persons under the age of 18. And those aged 18-21 often struggle with maintaining independent living initially. We work to address this with supportive services, but programs tailored to meet the needs of unaccompanied children and young adults are needed to better meet their unique

needs. The CoC team and the Child Welfare partner recently developed a Youth Advisory Board to help guide these efforts and the CoC Coordination team is looking into ways to further develop these efforts.

People leaving jail face many challenges to secure housing including a criminal history that often serves as a barrier to housing. We currently have an agency who connects with people in jail who are readying for release. This enables the incarcerated person to start working on housing before they are out in the community with no money and limited supports. This population could benefit from expanding this program and/or developing additional programs similar to it.

Elderly households face many challenges to secure housing including but not limited to low incomes and the need for in-home supports to live safely and healthfully. Partnering with our Office on Aging and other elderly focused service partners enables the CoC to bring specialized supports to these households but there continues to be a gap for those elderly adults with complex medical and behavioral health needs.

Our CoC continues to struggle with a small segment of the population who does not meet the criteria for institutional residential settings but who face many emotional and behavioral challenges to living safely, healthfully, and independently in the community. The CoC works very closely with Beaver County Behavioral Health and numerous other behavioral health treatment providers, but stably housing households with complex behavioral health needs remains a very real challenge in the CoC. Landlords are hesitant to rent to people who they think may cause damage and/or disruption. Histories of evictions make finding a landlord to partner with even more challenging. In addition to the challenges of securing appropriately supported housing for people with emotional and behavioral challenges, securing shelter is also a challenge. Some people are uncomfortable in congregate settings, while others need more support than a hotel alone can offer. Again, the CoC continually strives to enhance services and supports for people with these challenges, but their movement through the CoC programs remains complex – lengthening their time homeless, and in some cases adding to their poor rental histories. Recently, two new behavioral health professionals joined the Housing & Homeless Coalition, and one partners with one of our housing agencies. These developments are promising.

People face homelessness for a vast variety of reasons making their situations complex in unique ways. However, the majority of the funding CoC partners receive to provide housing are highly regulated and for very specific costs. These funds make it difficult to meet the complex and unique circumstances of every unhoused household. Continuing to grow our partnerships can help meet these needs as can securing flexible sources of funding.

9. Many factors impact the length of time a household remains homeless - limited affordable housing options, insufficient case management support, insufficient PH supply, inconsistent coordination between partners etc. Lack of affordable housing continues to impact the length of time homelessness in two ways. The first way is the length of time it takes the program to find affordable housing for the household. The second way is upon exit when the household seeks affordable housing to which they will exit. Long lengths of homelessness not only increase the negative consequences that households experience, but it also causes the homeless system to “back up”. When the programs have limited housing capacity because households are unable to move on, then the currently waiting homeless people remain unsheltered or in emergency shelter for longer periods of time which is not a best practice. Expanding affordable housing as well as the capacity of the permanent housing programs would help shorten this length of time. The goal of the CoC is to make homelessness a rare and BRIEF experience when it happens. In fact, the length of time

homeless is one of the Metrics of Success in this report and it did increase in 2025. But the median time remained stable which suggests the few outliers continue to struggle with finding housing in a timely manner. Further analysis is needed to understand what contributed to this improvement.

10. An analysis conducted by the Housing Alliance of PA (“After the Pause”) compared eviction rates prior to the pandemic to those after the pandemic (2024) and Beaver County’s eviction rate increased by 104%. Beaver County has the 9th highest eviction rates in the State. It is likely that the loss of ERAP at the midpoint of 2024 had an influence on this outcome. In the last year, the CoC has partnered with the Housing Alliance of PA to work on strategies to reduce our higher than State average eviction rate. Together we held the first ever Eviction Prevention Incubator meeting in Beaver County. We brought together a broad range of stakeholders to envision an efficient and effective eviction prevention strategy. We are currently working on implementing an eviction prevention program for households facing the first signs of hardship in a local school district. The broad representation at the meeting helped ensure the strategy will benefit households at risk of evictions, landlords facing lost income and costs as a result of eviction, and courts that are burdened with a high rate of eviction cases.

11. Transportation was a leading explanation given in the 2025 Gaps Analysis Survey as a barrier for people experiencing homelessness. Public transportation has limited hours and destinations. This is challenging for people residing in places where the bus does not travel and for people who need transport outside of public transport hours (i.e. for employment). Further some people experiencing homelessness do have vehicles but they often do not have funds to maintain or fuel the vehicle. Also, some households do not have funds for the required vehicle inspections which could lead to a summary offence — further adding to the household’s barriers. Beaver County has limited areas that are walkable or that have bike lanes so even those modes of transportation are limited in the County. We did invite Beaver County Transit Authority to one of our Coalition meetings last year where our partners learned about several flexible and affordable transportation options.

CONCLUSION

The Strategic Plan is meant to guide the CoC’s efforts toward the goal of ending homelessness in Beaver County. It identifies the measures that are used to gauge progress toward that goal and provides data to demonstrate that progress. It explores gaps in services that slow that progress, and it outlines strategies to fill those gaps. The Strategic Plan is formally updated every 3 years by the Governing Board and reviewed annually (by the Governing Board, the Housing & Homeless Coalition, the CoC Coordination team, and the Lived Homeless Expert committee) and updated as needed. The CoC Coordinator amasses input from partners throughout the year and pulls data to further inform the process for updating the plan. Additionally, data from the following sources are used throughout the report: 2025 Gaps Analysis Survey, 2026 Point in Time report, 2026 Housing Inventory Chart, 2025 System Performance Measures, and the 2025 Longitudinal Systems Analysis. Anyone with input or questions on the Strategic Plan may reach out at any time to the CoC Coordinator, Dina Ciabattoni, at ciabattonicina@gmail.com or 724.987.0714.



FY 2026 CoC Funding Competition CoC & DV Bonuses: Proposal SELECTION Score Sheet

Agency: _____ Project Name: _____

Funds applying for: CoC Bonus: _____ DV Bonus: _____ Project Type: _____

Requested Amount: \$ _____ (Available amounts: CoC Bonus - TBD; DV Bonus - TBD)

Determine which measures are met below and provide points and comments accordingly.

Measure	Points Awarded & Comments
1. The proposing agency is in good standing with the County and not delinquent on payments or invoices due to the County. (Yes or No)	
2. Proposal details how the project will address a CoC need as indicated on the Strategic Plan. (2 pts)	
3. Proposal is an eligible project under the indicated fund type (NOFO pgs 12-18) and applicant is an eligible applicant (NOFO pg 9 and Section V). (2 pts: 1 for each)	
4. Proposal meets the criteria for the proposed project type outlined in NOFO Section V.A.4 (pgs 63-68). (2 pts)	
5. Project addresses supportive services participation requirements in the program design including: how the requirement will be implemented and communicated, assessment process to determine need and specific required participation, consequences for not participating. (2 pts) <i>Does not apply to HMIS.</i>	

	<p>6. Proposal details how the project will incorporate input from people with lived experience. (2 pts)</p>
	<p>7. Project design addresses the goal of self-sufficiency in a measurable way as defined on page 6 of the NOFO (2 pts)</p>
	<p>8. Project serves eligible homeless populations (per the 2026 NOFO) AND targets prioritized populations – see <i>CoC Prioritized Populations**</i> listed below. (2 pts – 1 point each) DOES NOT APPLY TO HMIS PROJECTS</p>
	<p>9. Project design includes strategies for increasing employment income of participants and includes a measurable target for this goal. (3 pts)</p>
	<p>10. Proposal describes the project design in detail (i.e. intake process, assessment, housing strategy, recovery strategy etc) (2 pt)</p>
	<p>11. Proposal includes robust wrap around supports and are <i>Best Practices***</i> for addressing the target population’s needs. (2 pts) DOES NOT APPLY TO HMIS PROJECTS</p>
	<p>12. Project identifies reducing returns to homelessness as one of its outcomes. (3 pts) An additional point if other System Performance Measures are used. (1 pt)</p>
	<p>13. A plan for securing 25% Match is presented and commitments are documented. (2 pt)</p>
	<p>14. Proposal includes a detailed budget with HUD eligible costs, is cost effective, and Supportive Services make up 30% of the budget (2 pts) TH Average Costs**** listed below</p>



	15. Demonstrates capacity to manage federal grants including timely withdrawals, history of full expenditures, timely reports, and tracking systems for outcomes and expenditures. (2 pts)
	16. Demonstrates experience with addressing homelessness using their performance data (DV providers will use a comparable database for their data). (2 pts) Additional 3 points if System Performance measures are used.
	17. Includes formal, documented partnerships with behavioral health treatment providers (could include substance abuse and/or mental health) and treatment is available on site. (2 pts)
	18. FOR DV PROPOSALS ONLY, details experience serving the unique needs of people with DV status and the implementation of client centered and trauma informed practices. (2 pts)

Reviewer: _____ Score: _____ out of _____

Do you recommend this proposal to be included in the Beaver County CoC Application (Yes or No)? _____
 If yes, which and how much funding do you recommend? _____

****CoC Prioritized Populations per the CoC P&P:** Chronically Homeless, people who are pregnant, veterans, families with 4 or more dependent children, families with CYS involvement, people over the age of 60 years old, Head of Household is under the age of 24 years old and with a child under the age of 5 years, Head of Household is aged 18-22 years old and transitioned out of foster care, People with DV status, and unaccompanied youth.

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

****** Average Costs:** National TH \$19,620 (calculated on an average 12 month stay using Urban Institute’s RRH data)

The FY 2026 CoC NOFO can be found at: <https://www.hud.gov/hud-partners/community-coc>



CoC Application Review, Score, and Ranking Procedures

Below are the procedures that the Beaver County Continuum of Care (CoC) follows in the annual CoC Funding Competition to review, score, and rank accepted project applications.

- The CoC Coordinator assembles a subcommittee comprised of broad representation of our CoC partners including those with lived homeless experience. Selected members regularly attend the Housing & Homeless Coalition meetings, so they are familiar with the CoC funded programs, needs, and gaps in our services offerings. Additionally, the CoC Coordinator selects a few members with program management experience which gives them valuable knowledge for assessing the viability of new programs. Entities with projects in the Competition are not eligible for this subcommittee.
- Objective, standardized tools are used to review and score the programs. Various tools may be used to evaluate different program types to accurately assess their unique characteristics and objectives. Tools are updated annually to reflect both local and HUD priorities. The objective data used in the tools include: cost effectiveness, performance outcomes (i.e. exits to PH, return to homelessness rate, length of time homeless, increasing income etc.), commitment to serving vulnerable and marginalized populations, commitment to requiring participation in supportive services, history with addressing homelessness, and whether the program fills/will fill a unique CoC need. See attached for a Rating & Ranking Tool.
- The CoC Coordinator sets a date that all projects are due in e-snaps which complies with the deadlines established in the current Notice of Funding Opportunity (NOFO). She reviews the project applications to ensure completeness and accuracy. Then she assembles packets for the subcommittee consisting of: the updated scoring tools, the project applications, detailed instructions, and a CoC Summary report which provides information on program participation in CoC activities, and outcome data from a variety of data sources which may include Annual Progress Reports, Program Monitoring scores, and System Performance Measures. Subcommittee members have 1 week to review and score the applications.
- The subcommittee then meets to review their score sheets for each project application. Members ask clarifying questions, and the CoC Coordinator provides program specific information as well as local context. Then subcommittee members have the opportunity to correct their score sheets if there was any misinterpretation in their initial review and they can adjust their scores accordingly. The final scores are then tallied to create the final priority list.
- The CoC Coordinator then informs all applicants outside of e-snaps about the status of their applications and their priority ranking. Additionally, the priority ranking list is shared publicly. These actions are completed within the deadlines established in the NOFO.
- These procedures are reviewed on an annual basis to ensure they are in compliance with the current NOFO and can be adjusted with the approval of the Beaver County Steering Committee as needed.

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
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NEW PROJECT APPLICATION DETAILS

1. Project proposes serving eligible homeless populations as defined by HUD? ¹ (Application 3B)	Yes – 2 points No – 0 points	
2. Does the application describe sound fiscal practices <u>and</u> a plan to fully expend the funds? (Application 2B)	Yes – 2 points No – 0 points	
3. 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	
5. Does the project provide robust wrap around services as evidenced by Supportive Services making up 30% of the Budget? (Application 6I and attachments)	Yes – 2 points No – 0 points	
6. Does the project include supportive service participation requirements? (App 3B, 4A)	Yes – 2 points No – 0 points	
8. 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	
9. 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	
10. Does the project indicate formalized partnership with behavioral health treatment providers?	Yes – 2 point No – 0 points	
11. Does the project provide on-site behavioral health treatment?	Yes – 2 point No – 0 points	
12. Does the proposal present as cost effective – consider the cost per household? (App 6J, 11 / number of households)	Yes – 2 points No – 0 points	
13. Does the project mention only accepting referrals from Coordinated Entry? <i>Does not apply to HMIS or SSO projects.</i>	Yes – 2 points No – 0 points	
14. Does the project describe a process for referring households to Mainstream Resources? (App 3B)	Yes – 3 points No – 0 points	

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PERFORMANCE OUTCOMES

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

CoC PARTICIPATION

19. Attended majority of monthly Coalition meetings (CoC Summary Report, Table 12)	Attended 50% or more – 2 points Attended 40-49% – 1 point Attended less than 40% - 0 points	
20. Does the agency regularly participate in any CoC committees such as Lived Exp, PIT, homeless memorial, CE, Data Quality, Outcomes etc? (Application 3B, CoC Summary Report)	- 2 points for attending 2 or more committees - 1 point for attending 1 committee - 0 points for not attending committees	

Total Points Available: 44

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):

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\(Homeless\)](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