Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

  - New;
  - Renewal;
  - UFA Costs;
  - CoC Planning;
  - YHPD Renewal; and
  - YHDP Replacement and Reallocation.

- Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
- Attachment Requirement

  - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

  - UFA Costs Project Listing;
  - CoC planning Project Listing;

- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Institute for Community Alliances

2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects?	Yes

Alert:
As stated in the FY 2026 CoC Program Competition NOFO:
- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)
$539,792
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)
$0
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)
$239,078

Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
TRCA HUD RRH	MN0065	PH-RRH	CoC Renewal	$283,946	Yes
WSSC Joint TH-RRH	MN0462	JOINT	DV Renewal	$76,819	Yes
Radichel Veteran ...	MN0061	PH-PSH	CoC Renewal	$191,580	No
Cherry Ridge Apar...	MN0300	PH-PSH	CoC Renewal	$64,266	No
OCHRA DV RRH	MN0569	PH-RRH	DV Renewal	$162,259	Yes

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	TRCA HUD RRH
Grant Number of Eliminated Project:	MN0065
Eliminated Project Component Type:	PH-RRH
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$283,946

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

On 9/22/26 the project applicant Three Rivers Community Action indicated intent to voluntarily reallocate and seek a transition grant to create a TH project. This choice was made in response to the waiver HUD offered on 9/18 related to management of rental assistance in TH projects. The CoC confirmed the reallocation on 9/23/26 via email as part of final application notices for all projects.

2A-3 Is the project being eliminated to create one or more transition grant applications?	Yes
How much funding will be made available for transition grants?	283946
How much funding will be made available for new Reallocation projects?	0
The Collaborative Applicant confirms the new transition grant(s) are for a new program component.	X

The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and	X
The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO	X

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	WSSC Joint TH-RRH
Grant Number of Eliminated Project:	MN0462
Eliminated Project Component Type:	JOINT
Funding Type:	DV Renewal
Eliminated Project Annual Renewal Amount:	$76,819

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

On 6/30/26 the project applicant Women's Shelter notified the CoC during the pre-application stage of its intent to voluntarily reallocate and seek a transition grant to create a TH project. The CoC accepted the applicant's intent and confirmed the reallocation on 7/17/26 when final applications were due to the CoC. Final notification of selection, rank, and funding was sent by email to all project applicants on 9/23/26.

2A-3 Is the project being eliminated to create one or more transition grant applications?	Yes

How much funding will be made available for transition grants?	76819
How much funding will be made available for new Reallocation projects?	0
The Collaborative Applicant confirms the new transition grant(s) are for a new program component.	X
The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and	X
The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO	X

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	Radichel Veteran Townhomes
Grant Number of Eliminated Project:	MN0061
Eliminated Project Component Type:	PH-PSH
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$191,580

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Following CoC policies for the Competition, the Project Performance and Review Committee scored the project application and determined to fully reallocate the project for two reasons:

1) Performance: The project scored 58.5, which is below the CoC's 60-point threshold for renewal projects, and
2) CoC priorities for other project types: The project was not selected for funding award by HUD in FY2024. The project was mistakenly awarded FY2025 funding in the auto-renewal process, but it is not a priority for CoC or HUD in this funding round.

Final notification of selection, rank, and funding/reallocation was sent by email to all project applicants on 9/23/26.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	Cherry Ridge Apartments
Grant Number of Eliminated Project:	MN0300
Eliminated Project Component Type:	PH-PSH
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$64,266

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

On 6/30/26 the project applicant Mankato EDA/SWMHP notified the CoC during the pre-application stage of its intent to voluntarily reallocate a portion and seek $40,000. The CoC accepted the applicant's intent and confirmed the reallocation on 7/17/26 when final applications were due to the CoC.

However, upon review and scoring of the project application, the CoC determined to fully reallocate the project for two reasons:

1) Performance: The project scored 48.4, which is below the CoC's 60-point threshold for renewal projects, and
2) CoC priorities for other project types: The project was not selected for funding award by HUD in FY2024. The project was mistakenly awarded FY2025 funding in the auto-renewal process, but it is not a priority for CoC or HUD in this funding round.

Final notification of selection, rank, and funding/reallocation was sent by email to all project applicants on 9/23/26.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	OCHRA DV RRH
Grant Number of Eliminated Project:	MN0569
Eliminated Project Component Type:	PH-RRH
Funding Type:	DV Renewal
Eliminated Project Annual Renewal Amount:	$162,259

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

On 6/30/26 the project applicant Olmsted County notified the CoC during the pre-application stage of its intent to voluntarily reallocate and seek a transition grant to create a TH project. The CoC accepted the applicant's intent and confirmed the reallocation on 7/17/26 when final applications were due to the CoC. Final notification of selection, rank, and funding was sent by email to all project applicants on 9/23/26.

2A-3 Is the project being eliminated to create one or more transition grant applications?	Yes
How much funding will be made available for transition grants?	162259
How much funding will be made available for new Reallocation projects?	0
The Collaborative Applicant confirms the new transition grant(s) are for a new program component.	X
The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and	X
The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO	X

2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)
$97,680
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)
$0
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)
$0

Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
TRCA HUD PSH	MN03006	CoC Renewal	$307,976	$210,296	$0	$0	$97,680	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	TRCA HUD PSH
Grant Number of Reduced Project:	MN03006
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$307,976
Amount Retained by Project:	$210,296
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$97,680

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The project applicant indicated intent to partially reallocate June 30, 2026 as part of its notice of intent to apply. The CoC accepted the project's intent on July 17 when final project applications were accepted. Final notification to all projects regarding selection, rank, reallocation, etc. was sent to all project applicants by email on September 23, 2026.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Continuum of Care (CoC) New Project Listing

Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. You may update each of the Project Listings simultaneously.

To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details.

To view the actual project application, click on the orange folder.

If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
OCHRA DV TH FY202...	2026-09-24 12:36:...	TH	Olmsted County Ho...	$70,636	1 Year	DV Bonus	No	No	D12	
OCHRA DV TH FY2026	2026-09-24 12:30:...	TH	Olmsted County Ho...	$162,231	1 Year	DV Reallocation	Yes	No	D11	

Olmsted Street Ou...	2026-09-24 09:16:...	SSO	Olmsted County Ho...	$364,724	1 Year	Bonus + Reallocation	No	No	17	
Mankato Street Ou...	2026-09-24 10:59:...	SSO	Mankato EDA	$189,174	1 Year	Reallocation	No	No	16	
HUD TH FY2026	2026-09-25 12:32:...	TH	Three Rivers Comm...	$283,946	1 Year	Reallocation	Yes		2	
Connections Socia...	2026-09-25 17:48:...	SSO	Connections Ministry	$111,540	1 Year	Bonus	No	No	19	
Hope and Harbor /...	2026-09-26 14:28:...	SSO	Hope and Harbor	$188,162	1 Year	Bonus	No	No	18	
WSSC Transitional...	2026-09-26 15:00:...	TH	Women's Shelter Inc.	$76,819	1 Year	DV Reallocation	Yes		D13	
WSSC TH 2 FY26	2026-09-26 15:07:...	TH	Women's Shelter Inc.	$169,671	1 Year	DV Bonus	No	No	D14	
RVCoC CES DV FY20...	2026-09-29 12:18:...	SSO	Institute for Com...	$64,512	1 Year	DV Bonus	No	Yes	DE20	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RRH	Consolidation Type
MN HMIS Southeast...	2026-09-21 13:47:...	1 Year	Institute for Com...	$69,747		Yes	HMIS	7			
Radichel Veteran ...	2026-09-22 16:08:...	1 Year	Minnesota Assista...	$191,580		No	PH			PSH	
The Francis FY 2026	2026-09-23 15:13:...	1 Year	Olmsted County Ho...	$327,512		Yes	PH	1		PSH	
Maxfield Place	2026-09-24 10:08:...	1 Year	The Salvation Army	$219,602		Yes	PH	6		PSH	
Gage East	2026-09-25 13:16:...	1 Year	Center City Housing	$123,080		Yes	PH	21		PSH	
Silver Creek	2026-09-25 14:08:...	1 Year	Center City Housing	$85,398		Yes	PH	22		PSH	
Progress II	2026-09-25 09:48:...	1 Year	Steele County Tra...	$305,824		Yes	PH	4		RRH	
RVCoC Rural CES a...	2026-09-25 13:36:...	1 Year	Institute for Com...	$99,170		Yes	SSO	10			
RVCoC CES DV FY2026	2026-09-25 13:26:...	1 Year	Institute for Com...	$102,449		Yes	SSO	8			
TRCA PSH FY2026	2026-09-25 13:05:...	1 Year	Three Rivers Comm...	$210,296		Yes	PH	3		PSH	

Mankato Supportiv...	2026-09-25 23:00:...	1 Year	Partners for Affo...	$127,736		Yes	PH	5		PSH	
RVCoC CES FY2026	2026-09-25 14:26:...	1 Year	Institute for Com...	$226,155		Yes	SSO	9			
P4H Blue Earth-Ni...	2026-09-26 18:04:...	1 Year	Partners for Affo...	$207,713		Yes	PH	15		PSH	

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
MN-502 CoC Planni...	2026-09-28 17:39:...	1 Year	Institute for Com...	$164,301	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.	
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.	X

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	Rank	PSH/RRH	Consolidation Type
This list contains no items									

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Applicant Name	Date Submitted	Comp Type	Expansion	Budget Amount	Grant Term	Funding Type	PSH/RRH	Rank
This list contains no items									

4. Consolidation & Expansion

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

1. Is the CoC consolidating renewal projects that will expire in Calendar Year 2027?	No
2. Is the CoC expanding renewal projects that will expire in Calendar Year 2027?	Yes

Alert:

Applicants applying to Expand or Consolidate existing renewal grants will not be required to submit a combined version of the application.

Projects are prohibited from being included in a consolidation and an expansion in the same fiscal year competition.

4B. Expansion

Instructions

Project applicants can apply to expand eligible renewal projects by combining a renewal project application and up to 2 new expansion project applications. Renewal projects that are part of an expansion must have an expiration date in Calendar Year 2027 (as confirmed on the FY 2026 GIW or eLOCCS), must be the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Expansion(s).	X
The Collaborative Applicant certifies the accuracy of all the individual project applications related to this expansion request(s)	X
The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed	X

CoC must complete the following fields for each Expansion Application submitted.

	Applicant Name	Stand Alone Renewal Expansion Project Pin:	Stand Alone New Expansion Application (1) esnaps Project Number	Stand Alone New Expansion Application (2) esnaps Project Number
Expansion #1:	Institute for Community Alliances	MN0464	231384	
Expansion #2:				
Expansion #3:				
Expansion #4:				
Expansion #5:				
Expansion #6:				
Expansion #7:				
Expansion #8:				
Expansion #9:				
Expansion #10:				

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	$2,104,682
New CoC Bonus and CoC Reallocation Amount	$1,137,546
New DV Bonus Amount	$304,819
New DV Reallocation Amount	$239,050
YHDP Renewal and Replacement Amount	$0
YHDP Reallocation Amount	$0
CoC Planning Amount	$164,301
Rejected Amount	$191,580
Total Funding Request	$3,950,398

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	MN-502 Certs of C...	09/26/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: MN-502 Certs of Consistency - All

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1. Collaborative Applicant	09/29/2026
2. Reallocation	09/29/2026
2A. Grant(s) Eliminated	09/30/2026
2B. Grant(s) Reduced	09/29/2026
3A. CoC New Project Listing	09/29/2026
3B. CoC Renewal Project Listing	09/29/2026
3D. CoC Planning Project Listing	09/29/2026

3E. YHDP Renewal Project Listing	No Input Required
3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/29/2026
4B. Expansion	09/29/2026
Funding Summary	No Input Required
Attachments	09/29/2026
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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

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I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Rochester/Southeast Minnesota Continuum of Care (MN-502)

Project Name: Project list attached

Location of the Project: Locations on project list.

Name of the Federal Program to which the applicant is applying:

HUD Continuum of Care Program (14.267)

Name of Certifying Jurisdiction: State of Minnesota, Department of Human Services

Certifying Official of the Jurisdiction
Name: Eric Goetz

Title: Grant Manager

Signature: Eric Goetz Date: 09/25/2026

Project list for HUD Form 2991 - State of Minnesota

Project Applicant	Project Name	Location	Grant PIN (if renewal)
Center City Housing	Gage East	Rochester, MN	MN0332
Center City Housing	Silver Creek Corner	Rochester, MN	MN0247
Connections Ministry	Connection Social Services	Mankato, MN	
Hope & Harbor	Next Step	Red Wing, MN	
Institute for Community Alliances	CES	Des Moines, IA (Admin office)	MN0366
Institute for Community Alliances	CES DV	Des Moines, IA (Admin office)	MN0464
Institute for Community Alliances	CES DV Expansion	Des Moines, IA (Admin office)	
Institute for Community Alliances	HMIS Southeast	Des Moines, IA (Admin office)	MN0058
Institute for Community Alliances	MN-502 Planning	Des Moines, IA (Admin office)	
Institute for Community Alliances	Rural CES	Des Moines, IA (Admin office)	MN0517
Mankato EDA	Mankato Street Outreach	Mankato, MN	
Olmsted County	OCHRA DV TH	Rochester, MN	MN0569
Olmsted County	OCHRA DV TH Bonus	Rochester, MN	
Olmsted County	Olmsted Street Outreach	Rochester, MN	
Olmsted County	The Francis	Rochester, MN	MN0193
Partners for Housing	Mankato PSH	Mankato, MN	MN0570
Partners for Housing	PSH Transfer (placeholder name)	Mankato, MN	MN0192
Steele County Transitional Housing	Progress II	Owatonna, MN (Admin office)	MN0599
The Salvation Army	Maxfield Place	Mankato, MN	MN0060
Three Rivers Community Action	TRCA HUD TH	Zumbrota, MN (Admin office)	MN0065
Three Rivers Community Action	TRCA PSH	Zumbrota, MN (Admin office)	MN0306
Women's Shelter	WSSC TH 2	Rochester, MN (Admin office)	
Women's Shelter	WSSC Transitional Housing	Rochester, MN (Admin office)	MN0462

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Rochester/Southeast Minnesota Continuum of Care (MN-502)

Project Name: Project list attached

Location of the Project: Locations on project list.

Name of the Federal Program to which the applicant is applying:

HUD Continuum of Care Program (14.267)

Name of Certifying Jurisdiction: City of Rochester, MN

Certifying Official of the Jurisdiction
Name: Brent Svenby

Title: Senior Administrative Analyst

Signature: Brent Svenby Date: 9/24/26

Project list for HUD Form 2991 - City of Rochester, MN

Project Applicant	Project Name	Location	Grant PIN (if renewal)
Center City Housing	Gage East	Rochester, MN	MN0332
Center City Housing	Silver Creek Corner	Rochester, MN	MN0247
Institute for Community Alliances	CES	Des Moines, IA (Admin office)	MN0366
Institute for Community Alliances	CES DV	Des Moines, IA (Admin office)	MN0464
Institute for Community Alliances	CES DV Expansion	Des Moines, IA (Admin office)	
Institute for Community Alliances	HMIS Southeast	Des Moines, IA (Admin office)	MN0058
Institute for Community Alliances	MN-502 Planning	Des Moines, IA (Admin office)	
Institute for Community Alliances	Rural CES	Des Moines, IA (Admin office)	MN0517
Olmsted County	OCHRA DV TH	Rochester, MN	MN0569
Olmsted County	OCHRA DV TH Bonus	Rochester, MN	
Olmsted County	Olmsted Street Outreach	Rochester, MN	
Olmsted County	The Francis	Rochester, MN	MN0193
Three Rivers Community Action	TRCA HUD TH	Zumbrota, MN (Admin office)	MN0065
Women's Shelter	WSSC TH 2	Rochester, MN (Admin office)	
Women's Shelter	WSSC Transitional Housing	Rochester, MN (Admin office)	MN0462

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Rochester/Southeast Minnesota Continuum of Care (MN-502)

Project Name: Project list attached

Location of the Project: Locations on project list.

Name of the Federal Program to which the applicant is applying:

HUD Continuum of Care Program (14.267)

Name of Certifying Jurisdiction: City of Mankato, MN

Certifying Official of the Jurisdiction
Name: Susan MH Arntz

Title: City Manager

Signature: Date: 09/24/2026

Project list for HUD Form 2991 - City of Mankato, MN

Project Applicant	Project Name	Location	Grant PIN (if renewal)
Connections Ministry	Connection Social Services	Mankato, MN	
Institute for Community Alliances	CES	Des Moines, IA (Admin office)	MN0366
Institute for Community Alliances	CES DV	Des Moines, IA (Admin office)	MN0464
Institute for Community Alliances	CES DV Expansion	Des Moines, IA (Admin office)	
Institute for Community Alliances	HMIS Southeast	Des Moines, IA (Admin office)	MN0058
Institute for Community Alliances	MN-502 Planning	Des Moines, IA (Admin office)	
Institute for Community Alliances	Rural CES	Des Moines, IA (Admin office)	MN0517
Mankato EDA	Mankato Street Outreach	Mankato, MN	
Partners for Housing	Mankato PSH	Mankato, MN	MN0570
Partners for Housing	PSH Transfer (placeholder name)	Mankato, MN	MN0192
The Salvation Army	Maxfield Place	Mankato, MN	MN0060
Three Rivers Community Action	TRCA HUD TH	Zumbrota, MN (Admin office)	MN0065

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: MN-502 - Rochester/Southeast Minnesota CoC

1A-2. Collaborative Applicant Name: Institute for Community Alliances

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	4
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	2
9.	Faith-based Organzation(s)	Yes	3
10.	Homeless or Formerly Homeless Person(s)	Yes	8
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	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	4

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	4
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	5
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	3
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	3
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	4
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	12
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Legal Services	Yes	1
47.	Data/research services	Yes	0

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)

The CoC invited new members year-round via postings on CoC website (bottom of every page) and at CoC member organizations, and via listserv each month as part of the CoC's public meeting announcements. The monthly CoC invite is also shared by CoC member organizations to county-level response teams and other local contacts who may not participant directly in CoC. A formal annual invitation to CoC membership and CoC board committees occurs in October. During the annual formal invitation, the CoC Executive Committee leads efforts by presenting the activities and goals of each committee and distributing an invitation for posting within all county-level homeless response team networks. The Committee and CoC staff also conduct outreach directly to groups and populations not well-represented within CoC decision-making during the formal request period. This year's priorities include representatives of city and county planning, including elected officials, hospitals and health systems, law enforcement, and disability services.

Information about CoC membership and member agreements, including the CoC code of conduct, can be accessed, read, and completed online by any prospective member via the CoC website, with assistance and/or alternate formats available upon request. Sign-up for CoC listserv is automatic for members to ensure access to distributed information. Meeting materials are posted on the CoC website and listserv invitations are distributed prior to meetings in accessibility-enabled PDF format, including information about requesting ADA accommodations for participation in CoC activities. Detail about accessibility for virtual CoC activities (live captioning and visible speakers) and in-person activities (site accessibility and interpretive support) is available on the website.

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

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

(limit 2,500 characters)

The CoC seeks knowledge and opinions from a broad range of persons in regular CoC activities, needs assessment, and prioritization processes. In the past 12 months, over 200 organizations and individuals participated in CoC activities. All CoC meetings are open to the public and anyone can join the email listserv. The CoC directly solicited input via survey for service providers, planning jurisdictions, and community members; focus groups for persons with lived experience; consultation with county-level Homeless Response Teams, CDBG areas, and state agency staff. The CoC conducted public meetings advertised by website, listserv, and other public meetings to discuss data, opportunities, and priorities for action. The needs assessment was updated in 2025, and a full needs assessment will occur this fall. The assessment and resulting priorities will be posted on the CoC webpage.

The CoC issues requests for comment on CoC policies, needs, and governance each year. All requests for comment are announced on the CoC website and at a Full CoC Network meeting. A meeting schedule is always publicly posted on the CoC webpage, with agendas, information on stipends for people with homeless experiende, and a description of what to expect in a CoC meeting. All Full CoC meetings were announced via CoC listserv, with links to documents. Meeting announcements also identify special topics and opportunities for input throughout the year.

All in-person CoC activities are held in physically accessible spaces and written materials are provided for attendees. Virtual meetings include live captioning and visible speakers to assist people with hearing loss. Discussion in meetings is supported by reading chat comments aloud and using visual tools to share/collect information. Meeting materials are distributed prior to the meeting in accessibility-enabled PDF format with information about requesting ADA accommodations. CoC staff reviewed all documents for clear image descriptions and appropriate reading order is for people using screen readers.

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)

Pre-competition activities:
CoC staff share information about funding opportunities as they visit with community groups and organizations throughout they year. These visits often lead to follow-up conversations with potential applicants to explore their interests in relation to regional needs and HUD CoC program requirements. Prior to the current competition, CoC staff met with 11 organizations that hadn't previously sought HUD CoC Program funds. Additionally, with HUD introducing new priorities for funding, the CoC took special care to provide early guidance for potential new applicants by offering a series of webinars in May 2026. The webinars introduced the CoC program, reviewed grantee requirements, detailed eligibility standards, described HUD and CoC priorities, outlined the local competition, and encourage early consultation with CoC support staff. Overall, 8 new applicant agencies applied, and 5 are included in the CoC's list of projects as applicants or subrecipients.

Competition activities:
In accordance with the CoC Competition Guide, the 2026 Call for New Projects was issued on 6/11/26 via CoC listserv, posting on the CoC webpage, and press releases to all local media outlets. It was also sent directly to membership groups that may have interest, including the state association of sober homes (MASH), statewide homeless coalition, and county human services directors.

The Call for Projects specifically invites applications from agencies that have not received CoC Program funding and identifies supports available for applicants. It describes competition timelines, eligibility, priorities, review proces, and e-snaps step, as well as a checklist of application materials and links to HUD and CoC guidance. The Call for Projects also invites participation in webinars for applicants, office hours with CoC staff, and virtual lab time to help with e-snaps applications. The Call was updated 9/21/26 with remaining timelines for applicant notifications and final e-snaps submissions.

To further assist new applicants, the CoC ensures that prior CoC experience is not a requirement and uses a two-step application to ensure new project proposals include eligible applicants, activities, and participants. CoC staff consulted with applicants to submit full applications to the CoC by 7/17/26. All projects submitted by that date were reviewed using the CoC’s published criteria.

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)

The CoC's annual gaps analysis uses HMIS/community data and stakeholder input. On 7/16/26, stakeholders reviewed CoC and Con Plan data, and identified three gaps:
1. Too few housing options for people exiting homelessness or PSH/RRH. Overall rental vacancy is 4-5%, but affordable-unit vacancy is 1-1.5%. In 2025, CE (Coordinated Entry) openings served only 34% of eligible households, and limited exit housing prolonged PSH stays.
2. Insufficient outreach and services addressing immediate and housing needs. Only four shelters provide one-to-one rehousing help and two integrate healthcare, although more than two-thirds of households include a person with a disability or chronic illness.
3. Limited CE housing choice for older adults, people seeking sober housing, and people exiting institutions, contributing to longer waits, denials, and poorer program outcomes.
Strategies:
1A. By 12/31/26, CoC CE Navigators will publish rental lists for every CoC county lacking one. Funding: HUD CoC and Minnesota Housing Finance Agency grants.
1B. By 3/31/27, the CoC System Improvement Manager will identify Bring It Home voucher recipients and secure at least one RRH/PSH referral MOU. Funding: HUD CoC and Minnesota Housing grants.
1C. By 6/30/27, CoC partner agencies will add at least three workforce/employment partnerships to increase income and housing access. Funding: partner sources and HUD CoC assistance.
2A. By 12/31/26, CoC partner agencies will seek funds to expand shelter navigation and outreach in at least three CoC communities. Funding: HUD CoC and Minnesota State Homeless Programs.
2B. By 3/31/27, at least two CoC outreach providers will train staff in evidence-based outreach practices. Funding: SAMHSA PATH and Minnesota State Homeless Programs.
2C. By 6/30/27, CoC outreach providers will implement at least one new partnership with healthcare or crisis providers to address immediate needs. Funding: PATH, CMS, and state health grants.
3A. By 6/30/27, CoC staff will recruit at least one sober, re-entry, or employer-affiliated housing program for the next funding round. Funds: HUD CoC and Minnesota Housing grants.
3B. By 3/31/27, the CE Committee will begin regular review and follow-up of RRH/PSH denials and provide the needed training. Funds: HUD CoC CE grant.
Oversight: The eight-member CoC Executive Committee (including committee, lived-experience, and staff representatives) will monitor all strategies, deadlines, and outcomes.

1B-5a	Confirmation of Plan Coverage.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes

3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

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)

Substance use treatment in the CoC region is available through public and private providers, in a variety of settings and using various methods. Physical access is uneven, but rural resourcefulness helps to resolve barriers. Detox is available through partners like MN Adult & Teen Challenge, Mayo Behavioral Health, and Zumbro Valley Health Center. Intensive inpatient and outpatient treatment programs have limited access, but can be arranged with notice.

As a rural CoC, access to substance use treatment is maintained through effective program design and well-trained case managers. Program design ensures that program rules make space for intensive treatment both onsite and offsite without jeopardizing the participant's housing status. Program design has also ensured that program staff are trained and understand the goals of the program, the importance of tailoring services for participants, and how creative partnerships can help participants meet their health and housing stability goals.

Case managers are the linchpin to ensuring actual access to substance use treatment for individual participants at the time its needed. Case managers in the CoC are trained to learn about all types of resources that may help clients and they provide direct assistance to facilitate real access in the moment. Key activities include researching available treatment programs, arranging for transportation, assisting with applications to treatment providers, and helping clients evaluate costs, resources, and best fit for their needs. For clients working with drug court or other probation programs, case managers tailor services to support the client in meeting conditions of their release, which may include rides to treatment, testing, or court. Case managers also make arrangements for telehealth services, and identify support group options, and locate peer recovery specialists nearby.

For site-based housing programs, case managers and program directors also assist by hosting support groups on site, providing private office space on site for treatment and services, or even arranging for in-unit services when available. For a few specialized programs, substance use treatment is built into the program services, as with Mayowood Apartments in Rochester and Solace Apartments in St. Peter. In these programs, peer support specialists and higher level behavioral health professionals assist case managers, providing direct onsite treatment, medication management, and recovery support

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

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

(limit 2,500 characters)

The CoC homeless response system includes many programs that incorporate outpatient treatment into program services.

Lutheran Social Service-Youth Services in Mankato and Rochester have embedded Mental Health Professionals in the youth services teams. These Mental Health professionals provide trauma-informed, shelter-linked mental health services to youth experiencing homelessness or sexual exploitation. Services include crisis response, individual and group therapy, skill-building, mental health case management, telehealth, and support preparing youth to engage in mental health services. Program services also support consultation, training, and education for LSS staff to strengthen trauma-informed responses. Through these services, LSS aims to increase access to mental health care, reduce barriers to treatment, address immediate behavioral health needs, strengthen coping and stability, and connect youth to ongoing community-based mental health supports.

Mayowood Apartments in Rochester offers 30 units of specialized supportive housing coordinated with the CoC and the regional Adult Mental Health Initiative called CREST, which oversees county-level funding for adult mental health services. Through this partnership, Mayowood targets services to individuals experiencing homelessness and who have mental health and/or substance use disorders, providing both onsite and community-based services, including medication management, therapy, access to intensive treatment when needed, and post-treatment supports.

Non-specialized housing projects such as Three Rivers PSH provide outpatient treatment via referral and coordinated case management. Case managers with Three Rivers research available treatment programs, arrange for transportation, assist with applications to treatment providers, and help clients evaluate costs, resources, and best fit for their needs. For clients working with drug court or other probation programs, the case managers also tailor services to support the client in meeting conditions of their release, which may include rides to treatment, testing, or court. Case managers also make arrangements for telehealth services, and identify support group options, and locate peer recovery specialists nearby.

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)

CoC leadership takes seriously the importance of peer support to interrupt the damage of substance abuse, violence, and homelessness. The CoC also values the state Certified Peer Recovery Specialist credential to identify quality referrals and hires to support participant recovery and health. To become a Certified Peer Recovery Specialist (CPRS) in Minnesota, you must complete at least 46 hours of approved training, pass an exam, and possess personal lived experience with substance use. To maintain certification, continuing education is required.

Within the CoC, providers regularly provide access to certified peer recovery specialists and other peer supports. For example, the Olmsted County integrates certified peer support into many of its housing and service programs to increase effectiveness. In one project, Olmsted County manages supportive housing at The 105, where Peer Recovery Specialists from Doc's Recovery House are contracted and on staff. The 105 houses up to 18 adults with long-term health, mental health, and substance use issues as well as long histories of homelessness. By having onsite Peer Recovery Specialists at The 105, program participants have rapid access to supports and can progressively engage in services to improve health and housing stability. Other Olmsted County PSH programs like The Francis connect participants by warm referral to Peer Recovery Specialists through Doc's Recovery Housing and Recovery is Happening. Olmsted County outreach also integrates PATH funding and has a Peer Recovery Specialist on the outreach/housing team. This position has expanded the teams knowledge of chemical health resources and services as well as built trust with people who haven't previously wanted to engage in services.

Other programs in the CoC also incorporate Peer Specialists through hiring, contract, or referral. Solace Apartments is managed by a Certified Peer Recovery Specialist. Scattered site programs like Blue Earth County Supportive Housing contract with many agencies with Certified Peer Recovery Specialists to support program participants. Those organizations include Beyond Brink, Inspire Services, and Southern MN Recovery Services, among others.

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)

Intensive mental health treatment in the CoC region is available through public and private providers, using formal program partnerships and through referrals. Intensive inpatient and outpatient treatment programs have limited access, but can be arranged with notice.

During outreach (pre-housing), both CoC providers doing street outreach in Mankato and Rochester and the local police departments include mental health professionals or have a mental health professional on call. The mental health professional can conduct assessments and recommend emergency or intensive services if needed. They also follow up on emergency services to assist in next steps for individuals after the immediate health and safety crisis is resolved.

Once someone is in housing, access to treatment for serious mental illness is maintained through effective program design and well-trained case managers. Program design ensures that program rules make space for intensive treatment both onsite and offsite without jeopardizing the participant's housing status; it also ensure staff are trained to effectively resolve crises and help participants meet their health and housing stability goals.

Case managers are the linchpin to ensuring actual access to mental health treatment for individual participants at the time its needed. Case managers in the CoC are trained to learn about all types of resources that may help clients and they provide direct assistance to facilitate real access in the moment. Key activities include researching available treatment programs, arranging for transportation, assisting with applications to treatment providers, and helping clients evaluate costs, resources, and best fit for their needs. Case managers also make arrangements for telehealth services and identify local support group through NAMI and other local providers.

In site-based housing programs, case managers also assist by hosting support groups, providing private office space for treatment and services, or even arranging for in-unit services when available. For a few specialized programs, intensive residential treatment is built into program services, as with Mayowood Apartments in Rochester. In this program, inpatient Intensive Residential Treatment or other hospital services are anticipated before and during participant stays. Higher level behavioral health professionals assist case managers, providing direct onsite treatment, medication management, and other supports.

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

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

(limit 500 characters)

The CoC program Solace Apartments in St. Peter provides housing and services to 30 households in coordination with the Fifth Judicial Court District in Nicollet County. Adults participating in drug court may be referred to Solace as an alternative to jail. The referral comes with conditions and aims to help individuals stabilize in housing, continue accessing mental health and substance use disorder services, and seek reunification with family in a safe and supportive environment.

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)

Solace Apartments participates in the CoC Coordinated Entry process, where housing referrals from drug court are processed with CoC CE Priorities to fill openings at the property. Solace Apartments also operates in alignment with CoC written standards, which set expectations for outcomes in housing stability and independence for all program types.

The Solace project has onsite staff and onsite service space where participants can meet with outside service providers as needed. Service plans are tailored to each participant to ensure they can meet their court-ordered treatment and other conditions of release as well as progress in achieving housing stability and self efficacy. Staff also conduct case conferencing with other CoC partners, including probation officers, county workers, and therapists, to provide supports in a coordinated way to enhance participant outcomes in safety, health, family connections, housing stability, and economic independence.

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

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

(limit 500 characters)

CoC provider Olmsted County Housing Stability Team integrates crisis care into outreach through on-staff therapists and on-call Mobile Crisis Services. This approach combines street outreach with behavioral health screening, crisis intervention, emotional support, and connections to heath and mental health care. For vulnerable adult cases, the provider participates in multidisciplinary case consultation with hospital, police, attorney's office, adult protection, and disability advocates.

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.	34

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 has active MOUs with the two SAMHSA PATH providers in the CoC region, one of which is also CCBHC. In the agreements, the CoC and the MOU partners, Spero (formerly South Central Human Relations Center) and Olmsted County, agree to coordinate on outreach and access to housing through Coordinated Entry, to meet at least annually in regard to program status, and to coordinate with the state Adult Behavioral Health program in program evaluation.

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)

No CoC-funded programs operate sober housing at this time. However, sober housing funded through state resources such as the Recovery Is Happening scattered-site supportive housing program operate as part of the CoC homeless response system. The program can serve 20 adults and is looking to expand in an upcoming funding round.

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

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

(limit 2,500 characters)

The CoC coordinates differently with programs depending on whether treatment and warm hand-off is occuring before, during, or after a homeless episode.

For situations where treatment occurs and places someone at risk of losing their housing, the CoC coordinates through programs that operate prevention programs like Bridges or Family Homelessness Prevention & Assistance Program (FHPAP), or through direct-to-county resources for preventing housing crises. Bridges specializes in short-term rental assistance to maintain a client's housing during their time in treatment and recovery, while FHPAP serves all populations experiencing or at risk of homelessness with one-time help or short- to medium-term rental assistance. Both ensure stable housing with support services is available to transition to/from treatment and recovery services. Both also connect with CoC Housing Problem Solving and Coordinated Entry (CE) assessment when housing referral through CE becomes necessary.

In homeless situations, the CoC coordinates through outreach teams and CE access sites.The integrated and on-call care providers in outreach make connections to immediate health services as well as to CE Access Sites, where phone, web, or in-person Housing Problem Solving and CE assessment can be completed. The CE Assessment can be held while treatment is sought if necessary, and then activated for referral when exit from treatment is imminent and other housing has not been secured. Pre-release Housing Problem Solving and CE assessment can also be initiatied from treatment if at-risk of homelessness within 14 days. Cases like this are also part of regular sub-regional CE case conferencing so that housing openings and needs can be matched up quickly.

If hand-off is needed post enrollment in a housing program, the CoC relies on housing providers to plan for treatment with the client and reserve the unit for the client for as long as needed by the client or as allowed by the funder, whichever is shorter. The housing provider case manager will also support post-treatment re-entry to housing by reconnecting on the client's goals for treatment, connecting with support groups, and identifying relevant community-based resources. A release of information with the treatment provider ensures that communication can continue and the housing provider can be prepared for client exit from treatment.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$3,181,953
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.	$2,022,967
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	64%
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.	$774,814

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).	88%

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)?	85.00%

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)

1. The CoC consulted with the one ESG recipient in the CoC region (State of Minnesota) by providing data and input on ESG allocation plans in public meetings and open comment periods. ESG funds targeted street outreach and emergency shelters, rapid rehousing services, as well as work to support victim service providers (VSPs) to submit HUD-compliant reports and develop long-term solutions for VSP data management. The CoC will seek more direct consultation again this year.

2. The CoC participated in evaluating performance of subrecipients by reviewing project applications and by coordinating on statewide HMIS Data Quality checks for subrecipients. During application, CoC reviewers provided input on performance, participation in Coordinated Entry, and match with current needs and priorities. In HMIS Data Quality checks, the CoC and ESG recipient often identify other areas where performance can be supported, which in turn affects the data reported by subrecipients. Specific to the ESG recipient, the CoC helped evaluate the direct recipient by providing comment during updates of Con Plan priorities and efforts. In the next year, the CoC will consult with the ESG recipient on updating processes for coordinating subrecipient support.

3. The CoC publicly posts its PIT and HIC data to the CoC website, as well as its most current Needs Assessment and project priorities. Then, the CoC also directly notifies the ESG recipient and Con Plan jurisdictions by email when resources are posted. Additional breakdowns of data are distributed upon request.

4) The CoC posted and will continue to post to its website all reports submitted to HUD as well as the CoC's own annual updates on needs and gaps and occasional data reports on populations of interest, such as older adults, youth, persons who are unsheltered, or adults with severe mental illness who experience homelessness. Each time a report is posted, Con Plan jurisdiction staff were notified by email. The CoC also maintains always-available access to several public dashboards via the statewide HMIS Lead Agency with information on Coordinated Entry and other data via its website for use by Con Plan jurisdictions and other partners.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC actively consults with ESG subrecipients and other emergency shelter programs in the region through an ongoing collaboration process. Shelter providers participate regularly in CoC network meetings, join CoC committees, provide input on CoC plans, and are active in the Coordinated Entry (CE) system. ESG-funded providers help inform discussions related to system performance, service gaps, emerging needs, and funding priorities, ensuring that ESG activities align with broader CoC goals. Most recently, guidance from ESG-funded providers was critical to identifying gaps and strategies for shelter-based housing navigation services as shown in question 1B-5.

Together with shelter providers and other response system partners, the CoC reviews available data and community trends to identify unmet needs and support funding strategies that address homelessness through outreach, emergency shelter, rapid rehousing, and other housing-focused interventions. As an example, in 2023-2024, the CoC identified that many households were added to the CE priority list without assistance to evalute other housing options and access other supports. In response, over the past year, the CoC CE Committee and staff have worked with shelters, outreach programs and housing resource centers to implement comprehensive Housing Problem Solving within the CE assessment process. This change increases housing navigation services and 1:1 support for people in shelter or at risk of homelessness so they can consider all housing pathways, not just homeless-designated housing through CE.

The CoC also works closely with emergency shelter providers in case conferencing activities. Case conferencing aims to generate effective housing solutions for individuals and families on a case by case basis. At least monthly, the CoC hosts case conferencing meetings with homeless response agencies in sub-regions of the CoC. In each meeting, participating shelter staff and others share information to locate clients up for housing referral, collaborate on outreach, update household needs data for referrals, report outcomes, and celebrate successes. All agencies participating in case conferencing are allowed by client releases of information to coordinate services.

Through these coordinated efforts, shelter providers help connect households to available housing resources and CoC-funded programs as quickly as possible, supporting timely access to assistance and reducing barriers to permanent housing

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

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

(limit 2,500 characters)

The CoC's HMIS is part of a statewide system administered by one HMIS lead agency, the Institute for Community Alliances. As a statewide HMIS implementation, the CoC participates in a shared HMIS Governing Board to oversee HMIS operations, including how HMIS data can and cannot be disclosed. The HMIS Policies outline how data security is maintained through user training, log-in credentials, restrictions on making copies of data or the user interface, notification of security incidents within 24 hours, supervisor access to end-user system data use, and repercussions for violations of HMIS data security and privacy. The policies also address baseline data privacy and how statewide data sharing works within HMIS, as well as the allowed research uses and publication of HMIS data.

In cooperation with the HMIS Governing Board and HMIS lead agency, the CoC developed a Data Access and Release policy to define how data can be shared on the CoC website or with planning partners across the CoC region. The CoC's policy addresses both the need for transparency in CoC activities and outcomes and the requirement to maintain data privacy and security for people whose information is in the HMIS database. As such, the CoC publishes all standard reports submitted to HUD on its website for public access. This includes PIT, HIC, System Performance, and LSA reports. The CoC also shares other aggregate-only reports to support local agencies and planning jurisdictions in homeless response planning. No client-level data is included. Examples of published HMIS reports include Coordinated Entry inflow and outflow, monthly housing move-ins, subregional demographic and outcome reports, subpopulation specific reports, and data quality. Notification of new reports published on the CoC website is shared via the CoC email listserv.

The CoC only shares client-level data within the limits of signed client releases of information to support specific client service and housing. This type of data share occurs only within CoC Coordinated Entry processes, including housing referrals and sub-regional case conferencing. All participants in case conferencing must have the appropriate HMIS and non-HMIS releases of information in place to coordinate housing placement and services and must agree to operate within the CoC's Code of Conduct and Coordinated Entry Partner Agreement requirements.

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

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

(limit 2,500 characters)

The CoC uses data from other sources to coordinate care in several areas, with sources and uses tailored to the purpose of the project.

Education/school system data: Through the Homework Starts with Home project in Rochester, Owatonna, and Mankato, school-based case managers use both HMIS and student data to identify students in families experiencing homelessness or at imminent risk, as well as if/where they are accessing homelessness response system resources. Case managers seek releases of information to connect students and families to education services for homeless students as well as CoC Housing Problem Solving, Coordinated Entry (CE) assessment, and other community homelessness services.This has greatly increased coordination between homeless response and school staff to support students and families in resolving housing crises quickly and building greater housing stability.

Health insurance enrollment data: Within the Zumbro Valley Managed Care Pilot project, data matching identifies homeless individuals with severe mental illness or co-occuring disorders who also participate in a managed care provider program (or are eligible to do so). Individuals who qualify are prioritized for housing with services to improve mental health and decrease substance abuse through case management, medication management, and connections to other health services.

Hospital/emergency services data: In Rochester, a partnership between The Landing (day shelter) and Mayo Clinic Emergency Medicine ensures that exits from the emergency room to not endanger health and safety for people experiencing homelessness and medical conditions. Through this agreement, the partners are selecting codes to be used in ER to identify people accessing Mayo ER service who need more indept discharge planning, so that hospital social workers and staff of the The Landing can coordinate exits that avoid unsheltered homelessess.

Foster care exit data: The CoC coordinates with the State Child Welfare Unit, Lutheran Social Services, and local public housing authorities to identify youth exiting foster care in the region and who are at risk of homelessness. The data matching begins with with the Child Welfare Unit or with LSS and CoC CE assessors identify a youth who is homeless or exiting foster care and a release of information allows the partners to cross check and begin the process of requesting Fostering Youth to Independence Vouchers for eligible youth.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC partners directly with local Careerforce Centers through its board and through individual programs in the region. At the CoC board level, coordination with CareerForce is focused on onboarding and supporting participants in the CoC's lived-experience advisory group, ComPact.

During ComPact participation, all group members are educated by CoC partners about the 14 Careerforce Centers in the CoC region. These centers offer individuals the opportunity to assess skills and interests and set practical goals for personal fulfillment, market themselves with greater confidence and search thousands of new career opportunities. Many ComPact lived experience members don't have the skills employers need because of the fast-changing economy and ever-evolving technology.

CareerForce offers Pathways to Prosperity to help them close this skills gap through integrated services to help participants explore, learn, and succeed in in-demand careers, The centers also:
•Help people with criminal records find work
•Provide opportunities for current and former military members
•Offer career planning and education resources for youth and
•Help with career planning and education programs that serve priority populations.

The CoC and its member organizations further partner with workforce programs in these ways:
1. Connecting participants in CoC housing/service projects to counselors and on-demand information from DB101, which helps people with disabilities understand and explore how employment and disability services work together.
2. Integrating employment and career goals into participant service plans and coordinating with workforce Career Planners to support shared-client outcomes.
3. Jointly seeking funding to improve youth services, so that youth housing stability, career success, and connection to supportive adults is advanced.
4. Evaluating agency job postings to focus on the skills and approaches most needed in homelessness-response jobs.

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)

This is the first year that street outreach projects in the CoC have requested HUD CoC funding, but each has years of experience coordinating with first responders and law enforcement.

In Mankato, Street Outreach is supported by the City and has been a joint effort of both the Housing Department (Housing Authority) and the Department of Public Safety for nearly a decade. Both departments have hired community resource staff who do outreach together, coordinate on cases, and act as liaisons to their larger departments and other community services in complex situations. The roles of the partners are laid out so that each can do what it does best. Housing staff focus on relationship building, resource navigation, housing connections, and access to specialized social service and behavioral health providers when needed. Code Enforcement staff focus on property conditions, municipal code compliance, and related regulatory matters. Public Safety personnel remain responsible for matters involving immediate safety concerns, criminal activity, traffic or public safety issues, and enforcement of applicable laws and ordinances. Together, they have reduced police calls in downtown and moved dozens of people to housing and services that help them stabilize without additional housing barriers related to criminal history.

In Rochester, Street Outreach coordinates with Rochester Police (RPD) to resolve issues when unsheltered homelessness results in violations of local law. Coordination is overseen and supported through the Any Path Home initiative, a public-private collaborative whose leadership includes CoC homeless response providers, city and county representatives, law enforcement, and people with lived experience. A protocol for addressing camps in parks and city lands was developed to define roles between RPD and the Outreach Team. Under this protocol, RPD provides notice to violators and notifies Outreach to connect regarding housing and resource options. RPD can return at a scheduled time to remove the camp, and Outreach staff may be present to assist in immediate crisis situations, and the mobile crisis unit may be called by either partner in situations of severe behavioral health concerns. This protocol has ensured that more people are accessing available shelter beds, connecting with resources, and resolving housing situations, while maintaining community safety and health.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC encourages family and support-network reunification as a pathway to housing and greater personal and housing stability.

When people experience homelessness and connect with a CoC provider or Coordinated Entry access site, Housing Problem Solving is a first step. Housing Problem Solving is an interactive and strengths-based conversation to help people identify all possible ways to resolve their housing crisis, including exploration of whether there are safe and supportive people in their lives who can help. Whether the help is available just for a few nights or has no end-date, reconnecting with family or other supports is a key resource to explore. Staff engaging in Housing Problem Solving assist by writing up a 1-3 step action plan with the individual, make calls or participate in calls with support network members, and arrange for assistance with travel or a short-term shelter until a family member can pick them up. In addition, the desire to reunify with family members can be identified in the Coordinated Entry assessment so that appropriate housing for the household together can be prioritized.

Within housing programs, family and support network reunification is prioritized across providers in the CoC. In the Jeremiah Program, mothers with young children, low income, and experiencing homelessness receive supports to resolve health and safety issues that prevent having their children with them, to increase income through employment and education, and to build community relationships that support them and their children over time. The Gage East project serves both families with children and unaccompanied youth in different parts of their building. Like in the Jeremiah Program, many families at Gage East have been separated by single-sex shelters and or unsafe home conditions, and seek to stabilize in housing as a step toward reuniting with children, parents, and partners. Staff in these programs provide case management, help identifying child care, space for supervised visits and meetings with child welfare agency staff, and identifying other community and family connections that could help the family. Case managers also coordinate with CoC navigators to secure travel, moving, and other assistance when a move is necessary for reunification.

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 coordinates closely with law enforcement to ensure all people in our region have safe and healthy places to live, and connect with resources that support health and safety for all.

Clearing encampments: As indicated in 1C-7, outreach teams and local law enforcement (LE) have developed standard practices that both clear unsafe encampments and help people to access better housing options. In Mankato and Rochester, the teams work together when encampments are identifed so that LE and public facilities workers can maintain community safety, resolve immediate crises, and make public spaces available for all community members. Outreach teams focus on connecting people to resources, immediate health services, and housing options.

Decreasing public use of illicit drugs: Drug enforcement as a whole is well beyond CoC scope, but the CoC plays a role by setting project standards that support recovery and treatment options and avoid practices that result in public illicit drug use (CoC Statement attched). The CoC also works cooperatively with community leaders and considers community complaints if issues emerge to mediate if necessary.

Utilizing standards to address danger to self or others: Case managers in the CoC are trained to follow the law and professional practice standards to access crisis assistance when someone is a danger to themselves or others. By submitting an Interested Persons report or reuesting a professional assessment, case managers provide pathways to crisis assistance including involntary commitment when needed.

Sharing information in accordance with SORNA: Agencies and staff in the CoC are trained to be aware of protecting the health and safety of the people they serve. Case managers comply with all applicable laws regarding reporting sex offender location and communicating with police for victim and community safety. Case managers also protect client information and only share when allowed by law.

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)

Large encampments do not exist in the project area, and small temporary camping sites are identified and addressed relatively quickly. As a result CoC action related to clearing tents and encampments will be primarily a prevention strategy.

Large Cities: The Cities of Rochester and Mankato each have local ordinances that prohibit public camping and blocking community access to public spaces. These ordinances were carefully considered and emphasize a cooperative response including outreach teams, shelter vouchers, and mobile crisis reponse assistance so that law enforcement and public parks workers can do their jobs. Since the ordinances led to effective local protocols, the CoC has measured (in one year) a 63% reducion in encampments reported by local law enforcement and a 58% reduction in people in those ecampments.

Smaller cities and rural areas: No local laws exist specific to encampments. Public practice in some counties is that unsheltered homelessness is dealt with through transportation to the county line. This approach is highly ineffective as access to CoC navigation (with shelter and transportation assistance) is available in all rural counties of the region. The CoC seeks to change this practice through education and support.

Working across the region, the CoC and partner agencies will continue to prioritize collaboration with first responders and law enforcement as a primary strategy to respond to encampments, including clear identification and definition of "encampments." Regardless of local ordinances, relationships and response protocols support positive outcomes for people experiencing homelessness and their neighbors. As such, when a city or county pursues an ordinance specific to encampments, the CoC will support use three approaches already used in the region: 1) Removals/enforcement actions only when shelter beds are available, and 2) Use of administrative (not criminal) violations in enforcement actions, and 3) Adoption of protocols between law enforcement and CoC outreach teams. These approaches respect limited local resources, encourage greater cooperation between homelessness response programs and law enforcement, and ensure that minor charges do not prevent encampment residents from accessing housing in the future.

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)

Large encampments do not exist in the CoC region, and small temporary camping sites are identified and addressed relatively quickly. Except for three cities in the project area, cities and counties do not define or track encampments per se. Instead, they use other local ordinances, such as unlawful camping or public nuisance accumulation to address and track unsafe conditions that may arise. This approach makes it hard to track encampments in most areas.

Based on recent data from the largest city in the region, Rochester Police Department reported 140 known camps (with at least one person) in 2023 and 92 in 2024, a 34% decrease in part due to increased coordination with service agencies in the community.

The CoC and partner agencies will continue to prioritize collaboration with first responders and law enforcement as a primary strategy to respond to encampments, including clear identification and definition of "encampments." Regardless of local ordinances, relationships and response protocols support positive outcomes for people experiencing homelessness and their neighbors.

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)

Several state and local policies help. Drug possession remains a crime under Minn. Stat. ch. 152, and Minn. Stat. 152.0263, subd. 5 lets local governments make public cannabis use a petty misdemeanor. The Good Samaritan law (Minn. Stat. 604A.05) shields people who call 911 during an overdose from certain drug charges. County crisis teams offer assessment, and some treatment is available on sliding scale fees to increase access. Other policies hinder. A 2023 state law made possession of drug paraphernalia no longer a crime, removing a contact that once led to intervention. Withdrawal management and treatment beds are limited, and the state closed its Anoka CARE treatment center in May 2026, with a replacement not due until fall 2027.

The CoC's plan builds on what helps and offsets what hinders. In 2027, every CoC-funded project will adopt a written rule banning illegal drug use in common areas and on grounds, enforced through the lease and paired with a treatment referral. Outreach will work with police enforcing public-use ordinances so each contact include a treatment and housing assistance offer. Staff will carry naloxone, train participants and staff to reverse overdoses, and explain Good Samaritan protections. To offset the paraphernalia change, outreach and shelter staff will refer anyone seen using drugs in public for a substance use assessment and connection to treatment services. To ease the bed shortage, the CoC will ask the counties in the CoC to direct opioid settlement funds to withdrawal management and recovery housing. Referrals and outcomes will be tracked in HMIS and reviewed quarterly. Quantitative and qualitative data support this plan. State health data show overdose deaths among residents of the CoC fell 32% between 2021 and 2025. Need remains high: a 2025 study linking Minnesota's HMIS to health records found opioid use disorder in 13.9% of adults with recent homelessness, ten times the rate for all adults.

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)

Public use of illicit drugs by youth and adults remains a problem in the CoC and across the country, but improvements are now occurring in communities across the region. Amphetamines/Methamphetamines are the most common illicit drug, accounting for 49% of drug arrests and overdoses. For youth under age 25, the most common illicit drug was opioids (70% of arrests). Over a six year period (2021-2025), the CoC region experienced 7,308 drug arrests and 869 overdoses, which corresponds to rates of 1,218 arrests and 145 overdoses per year. The highest levels of overdoses and arrests occurred in 2021-mid 2023, followed by significant decreases in 2024 and 2025. In 2025, 853 drug arrests were made and 21 overdoses occurred, a decrease of 30% in arrests and 86% in overdoses from the six year average. The decreasing trend is continuing in 2026.

This CoC and the region as a whole are supported in efforts to reduce dangerous illicit drug use by opioid epidemic settlement agreements and state appropriations to cities and counties. These locally crafted responses involve health, housing/homelessness, law enforcement, education, faith-based agencies, etc., with activities and outcomes reported on a statewide dashboard.

Effective local responses include adding Peer Recovery Specialists to outreach and service teams, substance use prevention and response training for community members, school and shelter-based mental health services, posttreatment and post-detention mentoring, and police-assisted recovery beds. CoC and partner agencies will continue to support and participate in these local efforts to further reduce drug arrests and overdoses in the region.

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)

In extreme cases, and when it is in the best interest of a youth or adult experiencing homelessness, the CoC and local partners follow established statewide protocols to assess needs and report dangerous situations to local government entities, typically the county attorney's office, for evaluation and next steps. Minnesota's Commitment and Treatment Act allows court-ordered inpatient or outpatient treatment when a person has a qualifying condition and poses a substantial likelihood of physical harm to self or others. According to a March 2026 report on involuntary commitments in the state, an average of 297 involuntary commitment cases are opened each year and 170 (59%) lead to orders for commitment. Over half of commitment cases were due to mental illness alone, about 25% of cases involved chemical dependency and mental illness, and 15% were related to chemical depedency alone.

Locally, the state's Commitment and Treatment Act will be leveraged through strong coordination among outreach teams, law enforcement, crisis responders, county attorneys, and service providers. Emergency holds will be requested when immediate danger is present, followed by investigation, screening, and consideration of voluntary options before any court petition. For example, if outreach staff identify a person in an encampment or shelter setting whose behavior suggests an immediate risk of harm, partners will use a pre-established protocol to contact mobile crisis or law enforcement, document observed safety concerns, coordinate with the county attorney as appropriate, and develop a housing or treatment referral plan once the immediate risk is stabilized. These safeguards will allow communities to mitigate serious safety risks while limiting unnecessary intervention and preserving access to homelessness services.

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

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

(limit 2,500 characters)

The CoC is located in Minnesota, one of 32 states that have not substantially implemented SORNA. A May 2025 SMART Office report found Minnesota meets 14 of 19 SORNA requirements. Remaining gaps relate mainly to public notification scope and Minnesota's use of risk-based, rather than offense-based, registration periods. State law makes direct public notification and online database access generally available for high-risk Level 3 offenders, while Level 1 and 2 information is shared more selectively by law enforcement to protect victims, witnesses, and people at higher risk.

Local police and sheriff's offices follow these state rules to register, track, and update information for offenders who live, work, or attend school in their jurisdictions. Because the CoC and partner agencies cannot independently access Level 1 and 2 offender information, they have limited ability to directly mitigate the impact of noncompliant state statutes through project screening or disclosure practices.

The CoC will seek to mitigate the policy impact locally by strengthening relationships with law enforcement and first responders, clarifying referral and safety protocols, and using targeted information-sharing where legally permitted to protect people experiencing homelessness and the broader community.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC has tailored outreach strategies to reach 3 key groups who experience the most unsheltered homelessness. The immediate impact has been an increase in households identified in unsheltered locations, but the longer-term goal impact will be more robust and rapid connections to housing and resources for all people without shelter.

a) Outreach for single adults with substance use or serious health conditions is focused in two communities where emergency services use and law enforcement encounters are highest. Outreach is coordinated between staff of day shelters, human services, mental health providers, law enforcement or corrections/probation, and street medicine teams. Weekly, they meet to coordinate contact efforts, identify new people, and share resources. The main contact meets with individuals wherever they are to offer shelter and housing connections and facilitate access to treatment as needed. This effort began as a lived experience co-design process with Mayo Clinic to connect individuals with serious health needs to safe recovery options. In 2025, it adopted a Built for Zero coordinated case management model, with tapered services upon housing move-in.

b) Outreach for youth and families with young children also uses a multidisciplinary team model. However, because this population is more mobile from night to night, the team incorporates a trusted partners/safe spaces approach so that housing assistance is brought into schools, job programs, juvenile probation, etc. where they are already active. A joint team of school liaisons, youth programs, and human services share resources so youth or families work with the contact they most trust. Contact occurs daily or weekly to develop and work a plan to stabilize housing and maintain connections to school, work, or others.

c) Rural outreach is tailored to add housing navigator capacity and visibility in rural counties without shelters. Navigators are based with local agencies to provide 1:1 access, housing problem solving, and connections to shelter or housing. Community providers can refer anyone who is unsheltered, and navigators make contact within 24 hours. Services include transportation and short hotel stays as part of a housing problem solving plan. To increase access, navigators participate in local homeless response meetings to share service information with libraries, healthcare providers, food shelves, and faith groups where they exist.

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

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

		Written Agreement
1.	**Child Care (including Child Care and Development Fund)**	No
2.	**Early Childhood Providers**	Yes
3.	**Early Head Start**	Yes

4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
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)	No
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 CoC adopted an Education for Children & Youth Policy in September 2017 with revisions as needed. The policy of the CoC is to ensure that households with children, including unaccompanied youth, are identified, informed of available educational rights and resources, and supported to access educational services available to them. The policy applies to housing projects as well as to outreach and Coordinated Entry access points, with higher expectations for housing projects with long-term engagement with children and youth.

As such, programs that serve households with children (including unaccompanied youth), must ensure and document that they:
1) Collaborate with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services.
2) Consider the educational needs of children when families are placed in emergency or transitional shelter and, to the maximum extent practicable, place families with children as close to possible to their school of origin so as not to disrupt the children's education.
3) Establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.
4) Designate a lead staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney- Vento education services.
5) Measure and document outcomes in education access and participation for children, youth and families in the housing program. Housing projects must document collaboration with local education agencies in Memorandums of Understanding (MOUs) or Community Partner Agreements. The CoC, HUD, SEA, or LEAs may monitor projects for compliance with this requirement. Projects seeking CoC funding are required to provide documentation on K-12 and early childhood education access for review before project rating and ranking.

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

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

(limit 2,500 characters)

The CoC coordinates with state and local partners to assist youth transitioning from foster care. The Minnesota Department of Human Services, through its Child Safety and Permanency Division, has awarded funding to Lutheran Social Service of MN (LSS) to provide regional independent living skills to eligible current and former foster youth to support successful transitions to adulthood, and operate local youth leadership councils. For youth still in care, the county or tribal agency retains case-management responsibility while LSS delivers group-based independent living education and, during the final three months of agency case management, enters into a mutual agreement with the public agency to coordinate services identified in the youth's transition plan. This overlap supports a planned handoff and helps prevent gaps in assistance.

This overlap also coordinates with local Housing Authorities, including Mankato EDA and Olmsted County HRA, to secure Foster Youth to Independence (FYI) Vouchers for eligibile youth as they exit care and seek to stabilize in housing. Over 100 youth have now used the temporary FYI Vouchers to successfully exit care and avoid experiencing homelessness.

For youth ages 18–22 who have exited care, LSS completes a comprehensive assessment, develops an individualized Independent Living Skills Plan with the youth, and reviews progress at least monthly. Plans clarify the responsibilities of the youth, LSS, child welfare partners, and other involved supports. Through coordinated referrals and community partnerships, youth are connected to education and training, employment, safe and stable housing, health and mental health care, transportation, money management, daily living skills, and supportive relationships with family members, foster parents, and other caring adults.

Local Youth Leadership Councils further strengthen coordination by elevating the perspectives of current and former foster youth, informing improvements to child welfare policy and practice, and helping youth build leadership skills and community connections. Together, these activities create a youth-centered transition from public systems of care to stable adulthood.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The River Valleys/Southeast Minnesota CoC coordinates with the sole RHY-funded provider, Lutheran Social Service of Minnesota (LSS), at both the direct service and system levels. LSS operates Basic Center and Transitional Living Programs in Mankato and Basic Center, Transitional Living, and Street Outreach (through Transitional Living) Programs in Rochester. LSS youth services staff participate in coordinated entry, maintain regular communication with CoC partners, and attend monthly CoC partner and Youth committee meetings. These activities support timely identification of youth needs, coordinated referrals, reduced duplication, identification of service gaps, and connections to appropriate housing and supportive services throughout the region.

Coordination is further supported through shared governance, planning, and youth engagement. The LSS Program Director chairs the CoC Review and Ranking committee and serves on the CoC Executive Committee, providing RHY-funded programs with direct participation in funding decisions, system priority setting, and policy discussions. LSS youth case managers and program managers participate in the CoC Youth committee. The CoC Youth Advisory Board, a dedicated CoC position focused on engaging people with lived experience, and an Executive Board member with lived experience of homelessness as an unaccompanied youth provide additional mechanisms for incorporating youth perspectives into program planning and system improvement. These structures enable the CoC, LSS, community partners, and youth with lived experience to identify barriers and develop coordinated responses.

The CoC and LSS use HMIS and RHY-HMIS data to support performance monitoring and continuous quality improvement. LSS staff are licensed HMIS users and enter youth-level data; the Program Manager reviews reports for accuracy and completeness; LSS participates in quarterly CoC data-quality reviews; and RHY-HMIS data are submitted quarterly. The CoC and LSS review these data to monitor program outcomes, identify trends affecting youth experiencing homelessness, establish service priorities, and inform adjustments to outreach and service delivery. Collectively, these coordination, governance, youth-engagement, and data-review activities strengthen the consistency, responsiveness, and effectiveness of the regional youth homelessness response system.

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)

Lutheran Social Service Youth Services operates transitional housing for parenting youth through age 24 in Mankato and Rochester. LSS combines housing assistance and case management with supports for parents and children, including emergency childcare through the Crisis Nursery; connections to childcare assistance, Head Start, WIC, Medical Assistance, public health, and parenting resources; and baby products, transportation, peer support, job programs, and individualized coaching.

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)

Lutheran Social Services Youth Program (including the transitional housing program for parenting youth) is a partner in a new collaboration between CoC, LSS, and Workforce Development Inc. The purpose of the partnership is to reduce youth homelessness -- especially for parenting youth 18-24 -- and increase youth housing stabliity and economic potential, while also supporting the growth of industries in the CoC region.

Key to the program, the project implements a Career Pathway Strategy that promotes selfsufficiency, personal responsibility, resilience, and character development through employment, life skills training, and individualized support. The strategy helps youth identify strengths, interests, skills, and career goals through assessments, career exploration, and goal setting. Youth are connected to job shadows, paid work experiences, pre-apprenticeships, training programs, apprenticeships, and unsubsidized employment opportunities. Through a combination of employment, life skills development, coaching, supportive relationships, and barrier reduction (such as childcare needs), youth in the program build resilience, accountability, reliability, and the skills needed to achieve long-term independence and economic self-sufficiency.

WDI Career Planners and LSS Case Managers provide team case management, sharing service plans and working together to support youth. The LSS Case Manager reinforces youth strengths, resilience, and selfworth, and supports youth in setting and achieving self-identified goals. WDI Career Planners focus on assessments and career exploration, and then connect youth with education and training referrals, work-based learning, employment placements, and retention support.

This strategy recognizes that homelessness, trauma, foster care involvement, school instability, disrupted relationships, and limited career exposure can affect youth development, trust, decision-making, and persistence. Staff of WDI and LSS use trauma-informed practices emphasizing safety, consistency, choice, support, and accountability while helping youth build confidence and develop positive habits for long-term stability and success. In addition, utilization of the Casey Life Skills Assessment and the Youth Connections Scale help identify each youth’s strengths, life skills, and supportive adult relationships. Results guide individualized service plans and help youth strengthen positive connections with caring adults.

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)

Lutheran Social Services Youth Program (LSS) and other projects serving families with children leverage funding and mainstream services to help families increase stability, meet basic needs, and move toward long-term self-sufficiency. Case managers work closely with participant households to ensure they are connected to every mainstream resource for which they may be eligible, maximizing available supports while reducing financial barriers that can jeopardize housing stability.

For families with children, staff routinely assist households in accessing the Minnesota Family Investment Program (MFIP), Minnesota's TANF program, which provides cash assistance and employment supports. Participants are also connected to the Child Care Assistance Program (CCAP) to help offset childcare costs while parents work, attend training, or search for employment. In addition, case managers help families access nutritional supports such as SNAP and the Women, Infants, and Children (WIC) Program.

Case managers provide hands-on assistance throughout the process, helping households complete applications, gather required documentation, respond to requests for information, and complete recertifications on time. Staff also support participants in meeting any employment or job-search requirements associated with these programs, helping them maintain eligibility and maximize available benefits. While these mainstream resources play a critical role in helping families stabilize, the ultimate goal is to increase household income and economic independence. Case managers work with participants to establish and achieve employment, education, and income-related goals, using mainstream benefits as a foundation for stability while helping households progress toward self-sufficiency. Through this coordinated approach, families receive the support needed to meet immediate needs, maintain housing stability, and build a path toward a future where they no longer need public assistance.

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)

LSS Youth Service staff assess each family's needs and connect parenting youth to child-care assistance, Head Start and other early childhood education, WIC, Medical Assistance, public health services, and pregnancy and parenting resources. Partners include Help Me Connect, Bridge to Benefits, Help Me Grow Minnesota, Birthright of Minnesota, and First Steps. LSS also provides diapers, wipes, portable cribs after Safe Sleep training, transportation assistance, parenting education, peer support, and individualized coaching.

Because housing stability affects the entire family, the project uses a "Whole Family" approach that combines housing assistance with services supporting child development, family stability, education, and long-term self-sufficiency. Case managers assess the household's broader needs and connect families to childcare, healthcare, parenting supports, and educational opportunities.

In rural communities, providers often house several programs within one organization, creating a more seamless experience. For example, CoC grantee Three Rivers Community Action operates Early Head Start and Head Start programs across the region, providing direct access to early childhood education and school-readiness services.

LSS also coordinates with county and state agencies. Staff make referrals to Human Services or Child Welfare when assessments identify safety concerns and otherwise connect families to voluntary supports, including Parent Support Outreach Program groups, home-visiting programs, childcare resources, parent education, and early-intervention services for families at risk of child welfare involvement or out-of-home placement.

Because childcare access supports employment and housing stability, LSS routinely connects families to the Child Care Assistance Program (CCAP), helps parents identify providers, and may help relatives or trusted friends explore caregiver licensing or certification. Staff also coordinate with school districts and Homeless Education Liaisons to secure transportation and other supports that help children remain in their school of origin.

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)

In coordination with the CoC, MN Assistance Council for Veterans (nonprofit) operates supportive housing and leads outreach for unsheltered veterans, connecting them to housing opportunities through Coordinated Entry (CE) and other pathways. MN Department of Veterans Affairs oversees the statewide Homeless Veteran Registry, so the CoC and MDVA case conference bi-weekly to ensure that veterans have housing plans and are considered for housing available through the Registry and CE.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Using HUD CoC SSO-CE funding, the CoC Navigator program places housing navigators in three domestic violence shelter locations to provide in-depth assistance to survivors to identify safe housing, secure a rental unit, and maintain housing stability after exit from shelter. DV shelters and Safe Harbor programs that respond to trafficking use a special referral process with the CoC to ensure survivors have fair access to housing, despite unique eligibility issues.

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

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

(limit 500 characters)

The CoC and MN Department of Corrections partnered to improve release planning at facilities across the CoC. As a result, DOC updated reentry training for DOC staff, focused on current identification documents at exit, and created new partnerships with CoC Housing Problem Solving sites. In response, CoC housing providers created programs with more flexible homeless status eligibility than HUD CoC grantee projects can offer so that people exiting jails and prisons can qualify.

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)

Silver Creek Corner in Rochester provides supportive housing focused on single adults most often accessing detox and emergency services in Olmsted county. Affordable housing and intensive services at Silver Creek support adults to regain stability, reduce unsafe alcohol and drug use, gain access to healthcare to proactively address underlying medical needs, and decrease use of high-cost emergency services in the community.

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

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

(limit 500 characters)

The Liner project in Rochester creates supportive housing for 10 older adults experiencing homelessness within a larger housing property. The Liner was informed by CoC needs data and created with CoC providers Aeon, Family Service Rochester, Olmsted County HRA, and other local partners to ensure that elder services were incorporated into the project. Keys to the project are onsite service navigation, public transportation access, and a new service provider focused on older adult health.

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 Francis, a project of Olmsted County HRA in Rochester, provides permanent supportive housing to 17 adults experiencing chronic homelessness. The project incorporates case management, connections to community resources and employment, and access to intensive service when needed. As a small property, tenant leadership opportunities and close coordination between participant and staff helps to build participant work and life skills.

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 Francis provides on-site behavioral healthcare via program staff and external partnerships, with services arranged based on the needs of each individual in the program. Intensive behavioral health treatment in the CoC region is available through public and private providers, via formal program partnerships and through referrals to Mayo Behavioral Health and Zumbro Valley Health Center.Intensive inpatient and outpatient treatment programs have limited access, but can be arranged with notice.

As a rural CoC, access to behavioral healthcare is maintained through effective program design and well-trained case managers. At The Francis, program design ensures that program rules make space for intensive treatment both onsite and offsite without jeopardizing the participant's housing status. Program design also ensures that program staff are trained and understand the goals of the program, the importance of tailoring services for participants, and how creative partnerships can help participants meet their health and housing stability goals.

Case managers and Peer Support Specialists are key to ensuring actual access to behavioral health treatment for individual participants at the time its needed. Case managers at The Francis are trained to learn about all types of resources that may help clients and they provide direct assistance to facilitate real access in the moment. They assist by researching available treatment programs, arranging for transportation, assisting with applications to treatment providers, and helping clients evaluate costs, resources, and best fit for their needs. For clients working with court orders, case managers tailor services to support the client in meeting conditions of their release, which may include rides to treatment, testing, or court. Case managers also make arrangements for telehealth services, and identify support group options. Peer Specialists connect and provide real-world guidance on making behavioral healthcare services work for the participant.

As a site-based housing program, case managers and program directors also assist by providing space for support group meetings, offering private office space on site for treatment and services, or even arranging for in-unit services when available.

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 requires that PSH programs conduct assessments of participant needs at least annually. At The Francis, case managers engage in ongoing needs assessment and case plan adjustments to ensure that services are most effective for each participant. Needs and risk assessments incorporate staff observations as well as participant responses to questions to any escalating medical, mental health, or substance use needs that standard program services cannot safely manage. Assessment areas include housing status, health and behavioral health, functional impairment, vulerability health and behavioral health conditions, including mental illness, substance use disorders, cognitive decline, and chronic medical conditions.

When the assessment indicates that higher levels of service or specialized services may be needed, staff at The Francis make referrals to specialists who can assess specific needs in more detail and recommend pathways forward or provide professional statements of need to support access to specialized services. Staff also refer participants for the statewide MnCHOICES assessment. MnCHOICES is a computer application that determines eligibility for long-term services and supports (LTSS) based on age, disability, and other needs. The asssesment can be condcted by a county, tribal nation, or Managed Care Organization and uses a rules-based system to ensure that everyone is treated fairly and eliminates the need for multiple assessments.

Throughout the assessment process, case managers offer additional support by identifying providers of services the participant may need (e.g. assisted living, memory care), helping the participant reconnect with family members or other trusted people to support transition to higher-level care, and securing any available financial assistance for moving, storage, and other needs.

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 requires that PSH programs conduct assessments of participant needs at least annually. At The Francis, case managers engage in ongoing needs assessment and case plan adjustments to ensure that services are most effective for each participant. For consideration of participant readiness to move on from PSH, the CoC uses a CoC-designed Move Up assessment.

The River Valleys CoC Move Up Program assessment is completed by a housing case manager for participants living in Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), or Transitional Housing (TH) who may be ready to move to a housing with less intensive support. The assessment helps determine whether a household can maintain housing stability with or without ongoing rental assistance, but without program-based services. Participants who no longer need or desire intensive services may request a Move Up assessment through their case manager. Based on the results, the housing provider may assist the participant to develop an exit plan, which may include submitting a Move Up Voucher Request to the CoC.

The assessment is scored by the housing case manager and includes four sections:
Wellness: Reviews substance use recovery/harm reduction and mental health engagement, including consistency in treatment and appointments.
Financial Responsibility and Income: Evaluates utility payment history, utility arrears, employment or income stability, and overall debt and financial obligations. This section is weighted differently from the others.
Housing Stability: Assesses factors such as police or landlord complaints, length of time successfully housed, lease compliance, unlawful detainers (evictions), and rent arrears. Higher scores reflect stronger housing stability.
Supportive Services and Resources: Examines connections to health care, community supports, need for ongoing case management, and ability to meet transportation needs independently.

Each item is scored according to specific criteria, totals are calculated across sections, and case managers may use professional discretion with documented justification when appropriate. The final score, along with case manager comments and additional considerations, is also used to support the CoC Move Up Voucher request and referral process when requested.

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

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

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

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

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

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

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

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

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026

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

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

(limit 2,500 characters)

1. The CoC competition policies allow project reduction, rejection, and reallocation during project scoring or ranking phases of the local competition. Projects may initiate voluntary reallocation in writing for any reason. Involuntary reallocation is CoC-initiated based on any of 12 performance/project management criteria in the Local Competition Guide, e.g. evidence of noncompliance with HUD or CoC policies, failure to provide documentation for Local Competition review, ongoing low performance (<60 of 100 points or bottom 25% of projects for 2+ competitions). Reallocation criteria are applied to similar projects equally, and full or partial reallocation is based on the extent of noncompliance and efforts to resolve issues with noncompliance. The CoC identifies low performance by reviewing spending/recaptured funds reports, APRs, and project documents, and then scoring based on CoC project performance standards and reallocation criteria. Geographic areas with less need are clearly identified in the CoC needs assessment data and are not selected as priorities for the competition.

2. Four renewal projects were identified as low performing during the project review and scoring process: Cherry Ridge, Radichel Townhomes, Gage East, and Silver Creek Corner. Upon review of prior years' scoring, two of the four were identified as having ongoing low performance: Cherry Ridge and Radichel Townhomes.

3. The two projects were identified for full reallocation by the CoC. Full reallocation was recommended because the projects had low performance over several cycles. The projects were not selected by HUD for funding in FY2024 but were inadvertantly awarded funds in the automatic renewals of FY2025.

4. Not applicable.

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. Outreach efforts to county-level homeless response groups resulted in more volunteers in total and more volunteers completing training with CoC representatives.

2. This change resulted in more complete counts in several rural counties with previous lower participation rates and lower quality surveys. The overall result was a slightly higher count, but one which may better reflect the real situation in areas that had previously been underreported, primarily in rural areas.

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 calendar year 2024, the CoC and its partner providers took action in two primary ways to reduce encampments.
1) Increased the number of year-round shelter beds. As a primary rural CoC, shelter beds are limited, some are seasonal (5-6 months), and they are not always located near to people in unsheltered locations. In the report period, nearly 120 shelter beds in 4 communities were converted from winter-only shelters to year-round shelters, ensuring that alternatives to encampments are available throughout the year. As a result, more people are accessing shelter in previously locations and times, instead of creating encampments.

2) Expanded outreach and outreach partnerships. PATH funding increased staffing to reach people with serious mental illlness, add peer recovery specialists to the team, and integrate recovery providers when encampments are identified. Peer leadership from The Table - a lived experience advocacy group - has increased trust in outreach staff at encampments so health conditions can be addressed and housing solutions can be identified more quickly. New ways of partnering with law enforcement were also implemented. A special outreach coordination position was created at Rochester PD to support officers at encampments and coordinate services with homeless response and other agencies in the community. In addition, local law enforcement began participating with homeless response case conferencing by providing current detail on unsheltered individuals so Coordinated Entry housing referrals didn't get missed by people in encampments.

These activities built on previous actions, including outreach/housing navigators in areas with high unsheltered homelessness, ordinances to guide police activity in clearing encampments in Mankato, Rochester, and Faribault, and use of police-distributed shelter vouchers in Rochester and other communities.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	148
2. Enter the reduction in the number of encampments during your evaluation period.	54

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.	296
2. Enter the reduction in the number of people in encampments during your evaluation period.	124

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

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

(limit 2,500 characters)

Not applicable.

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC has made progress in reducing the number of individuals and families becoming homeless for the first time and plans to continue investing in effective approaches.

The CoC plan to prevent homelessness for individuals and families, even as they experience unstable situations, includes:

a) Increased support and options for people exiting institutional settings. County-based Housing Resource Coordinators assist persons in mental health treatment and other group settings to prevent exits to homelessness, and PATH and State Corrections staff prevent exits to homelessness from institutional settings. The CoC also added a housing program with 30 units specifically to serve persons with mental illness after exit from care facilities to stabilize housing and maintain health.

b) Housing Problem Solving (Diversion) as a first step at Coordinated Entry (CE) access site. Before full CE assessment, staff counsel individuals and families to identify options to resolve emerging crises. Partnerships with Legal Aid, County Human Services, and nonprofits using State funded Family Homelessness Prevention & Assistance Program funds have expanded Housing Problem Solving to serve over 1,000 more households this year. In July 2026, the CoC implemented a new workflow in HMIS to support more effective Housing Problem Solving conversation and create more direct pathways to community-based housing solutions.

c) Expanding use of new state resources for counties (Local Prevention Aid). LPA provides flexible funding that can be targeted based on local needs and risk factors. The CoC uses LPA in some counties in partnership with schools, and the CoC is engaging counties throughout the region to target and utilize the flexible funds based on their needs and risk factors.

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

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

(limit 2,500 characters)

The HDX Competition Report shows longer homelessness based on stays in HMIS-participating programs, but fewer documented days homeless at entry to PSH, RRH, or TH. The CoC attributes the discrepancy to new HMIS-participating shelter beds, which increased recorded bed nights; staff turnover and data-quality issues at one large shelter; and fewer people meeting chronic or other long-term homelessness thresholds remaining on the Coordinated Entry (CE) referral list.

The CoC will reduce length of time homeless through three coordinated steps. First, it will expand Housing Problem Solving (HPS) at CE access sites and shelters using HUD CoC SSO, State Family Homelessness Prevention and Assistance, and State Local Homelessness Prevention Aid funds. HPS uses strengths-based assessment, advocacy, and practical support to help households secure housing without waiting for a CE opening. In HPS's first year, more than half of participating households avoided CE assessment and shelter stays, and fewer than 15% returned.

Second, for households needing more than HPS, CE Housing Navigators and case managers will use targeted navigation and case conferencing to reconnect with people who have long histories of unsheltered homelessness, build trust, collect eligibility documents, and prioritize people with long periods of homelessness and severe service needs for immediate housing referrals. The CoC will also meet with landlords, support landlord mitigation programs, and partner with more PHAs and local service providers to expand housing access.

Third, the CoC and HMIS Lead Agency will monitor shelter data for missing entries or exits within a month, stays exceeding typical 90-day limits, and changes in HMIS end-users. They will work with programs to identify and resolve data-entry barriers, including arranging contracted data-entry assistance when needed.

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?	38.10%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The percentage of exits to unsubsidized housing was calculated using the HMIS report "Exits to and Retention of Permanent Housing (153)" in Minnesota's HMIS. This is a standard report in the system. Report parameters were a reporting period of 1/1/2025- 12/31/2025 for all PH-PSH, PH-RRH, and TH projects in the CoC. The data was filtered to include only project leavers during the report period, and the following formula was applied: Total number of exits to Unsubsidized Housing / Total exits of all types = Percentage of exits from TH/RRH/PSH to unsubsidized housing.

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	353	70	336	79.40%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	164	37	201	100.00%
4. Rapid Re-Housing (RRH) beds	129	0	129	100.00%
5. Permanent Supportive Housing (PSH) beds	201	0	185	92.00%
6. Other Permanent Housing (OPH) beds	832	0	795	95.50%

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)

1. The CoC will take the following steps to increase bed coverage for emergency shelter programs, depending on program status as a victim service provider or not:
For Non-DV shelter programs - Add HMIS bed coverage at Dorothy Day House, Hope and Harbor, and 180 Degrees Shelters for a total of 33 additional HMIS beds (87% HMIS bed coverage).
For DV shelter programs - Add one DV shelter provider program using a comparable database.

2. The CoC will implement these steps in the following ways:

For Non-DV shelter programs -
+ CoC will consult with the Any Path Home (coalition of shelter and outreach providers) in Rochester to establish a formal data entry partnership for Dorothy Day House or compensation for HMIS data entry time. This is already in process but needs to be formalized.
+ Shelter providers Hope and Harbor and 180 Degrees already use HMIS for some programs, so CoC will educate the providers on the benefits of consolidating data management in HMIS for all shelter beds as well. HMIS staff and representatives of peer organizations may be included to provide guidance on integrating data into current intake procedures.

For DV shelter programs -
+ CoC staff will provide education about comparable databases, costs, benefits, and options for DV shelter programs not currently using a comparable database. Education will be provided by CoC, a current comparable database user Women's Shelter, and at least one comparable database software provider.
+ Follow-up to the education will occur via CoC staff to offer direct assistance with moving to a comparable database and to discuss barriers/concerns for individual agencies.

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	MN-502 List of TH...	09/30/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	MN-502 List of Pr...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	MN-502 Language f...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	MN-502 Evidence o...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	MN-502 Local Comp...	09/30/2026

06. 1D-2c. Local Competition Selection Results	Yes	MN-502 Local Comp...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	MN-502 FY2026 HDX...	09/30/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	MN-502 Statement ...	09/29/2026
11. Other	No	MN-502 Evidence o...	09/30/2026

Attachment Details

Document Description: MN-502 List of TH-RRH-PSH Providers with Onsite Treatment

Attachment Details

Document Description: MN-502 List of Projects that Require Treatment

Attachment Details

Document Description: MN-502 Language from Project Supportive Service Agreements

Attachment Details

Document Description: MN-502 Evidence of Coordination with Local Public Safety Efforts

Attachment Details

Document Description: MN-502 Local Competition Scoring Tool

Attachment Details

Document Description: MN-502 Local Competition Selection Results

Attachment Details

Document Description: MN-502 FY2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: MN-502 Statement to Advance Recovery

Attachment Details

Document Description: MN-502 Evidence of Posting Final Application by 09302026

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

Rochester/Southeast Minnesota (MN-502)

List of TH-RRH-PSH Projects with On-Site Treatment

Project Name (Grant PIN)	Applicant Name
The Francis (MN0193)	Olmsted County
TRCA HUD TH	Three Rivers Community Action
TRCA PSH (MN0306)	Three Rivers Community Action
Progress II (MN0599)	Steele County Transitional Housing
Mankato PSH (MN0570)	Partners for Housing
Maxfield Place (MN0060)	The Salvation Army
OCHRA DV TH	Olmsted County
OCHRA DV TH Bonus	Olmsted County
WSSC Transitional Housing	Women's Shelter
WSSC TH 2	Women's Shelter
P4H Blue Earth-Nicollet PSH (MN0192)	Partners for Housing
Gage East (MN0332)	Center City Housing
Silver Creek Corner (MN0247)	Center City Housing

As a rural CoC, this list includes all TH, RRH, and PSH projects that provide access to treatment as described in 1C-1.

Rochester/Southeast Minnesota (MN-502)

List of TH-RRH-PSH Projects that Require Treatment

Project Name (Grant PIN)	Applicant Name
(none)	

Rochester/Southeast Minnesota (MN-502)

Language from Project Supportive Services Agreements

Project Name	Document	Pages
OCHRA DV TH	Housing Program Participation Agreement (SASH TH) + Individual Service Plan	2-8
OCHRA DV TH Bonus	Housing Program Participation Agreement (SASH TH) + Individual Service Plan	2-8
The Francis (MN0193)	Olmsted County	9-11
Mankato PSH (MN0570)	Partners for Affordable Housing Service Participation Agreement - DRAFT	12-20
P4H Blue Earth-Nicollet PSH (MN0192)	Partners for Affordable Housing Service Participation Agreement - DRAFT	12-20
Progress II (MN0599)	Steele County Transitional Housing	21-22
Maxfield Place (MN0060)	The Salvation Army	23-28
TRCA HUD TH	Three Rivers Community Action	29-31
TRCA PSH (MN0306)	Three Rivers Community Action	32-34
WSSC TH 2	Housing Program Participation Agreement (WSSC TH)	35-41
WSSC Transitional Housing	Housing Program Participation Agreement (WSSC TH)	35-41

Housing Program Participation Agreement

Program Name: SASH Transitional Housing
Agency: OCHRA
Participant Name: _____
Date: _____

Purpose of This Agreement

Our Transitional Housing program is designed to partner with you as you work toward stable, permanent housing. This agreement outlines how we will support you, and what we will work on together, so that the support provided is aligned with your goals.

The expectations included here reflect HUD requirements for housing programs (24 CFR 578.75(h), FY2026 CoC NOFO), as well as our commitment to provide high-quality, person-centered services.

1. Working Together on Supportive Services

Our goal is to create supportive services that help you navigate the steps toward long-term housing stability. To help make this possible, you agree to take an active role in supportive services.

Together, we will develop an Individual Service Plan that reflects your goals, strengths, and needs. Services may include:

- Case management and goal planning
- Employment readiness or job training
- Behavioral health or substance use treatment and recovery supports
- Life skills and daily living supports
- Education or vocational services
- Housing search and placement
- Any other services you identify as helpful

You'll meet with your case manager regularly. Meetings may be more frequent at the beginning of the program, and at minimum will be once a month throughout the program. Meetings will focus on celebrating progress, addressing challenges, and adjusting your goals as needed.

2. 20 Hours/Week of Customized Support & Activities

To provide robust support services, the program offers a minimum of 20 hours per week of individualized and group services. These activities are designed to help you build stability, reach your goals, and move toward permanent housing.

Examples of weekly activities include:

- Classes, workshops, or support groups
- Therapy or treatment sessions
- Job-search or employment activities
- Case management meetings
- Housing stability or life-skills activities
- Completing documents or benefits applications
- Other activities that support your individualized goals

If you are employed, your required service hours will be reduced based on the number of hours you work.

You are automatically exempt from the 20-hour requirement if:

- You are 62 or older, or
- You have a qualifying physical or developmental disability under 24 CFR 582.5 (excluding substance use disorder).

Your case manager will work with you to tailor services to your needs, capacity, and goals.

3. Shared Expectations for a Safe and Supportive Community

To help create a positive and safe service plan, we ask that you:

- Stay engaged in your service plan and communicate openly
- Attend scheduled appointments and meetings
- Share updates about changes in health, employment, income, or other important areas
- Follow agency policies related to safety and respect

We are committed to providing a supportive, respectful, and trauma-informed environment for you and all participants.

4. If Challenges Come Up

We understand that everyone encounters challenges, and we want to work through them with you.

If participation in required services becomes difficult, we will first:

- Talk with you to understand what's going on
- Adjust the service plan if appropriate
- Offer additional supports or problem-solving

Only after multiple attempts to re-engage and support you would the program consider more serious steps, including program exit. All decisions will be made with transparency, respect, and a focus on finding solutions whenever possible.

5. Participant Acknowledgment

By signing below, you confirm that:

1. You have reviewed this agreement with staff.
2. You understand the expectations and supports outlined above.
3. You recognize that participating in supportive services is part of the transitional housing program requirements.
4. You understand that this program is here to partner with you in reaching your goals.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

SASH INDIVIDUAL SERVICE PLAN

Participant Name: _____ Date of Intake: ____/____/____

Case Manager: _____ Client DOB: ____/____/____

Part 1: Health and Wellness

Weekly Commitment of time: _____

Goal	Strategies/Steps	Target Date	Dated Achieved	Hours Committed	Notes
1. Maintain Sobriety	1. Attend AA/NA meetings				
	2. Attend weekly peer group support meetings.				
	3.				
	4.				
	5.				
2. Mental health	1. Access outpatient services				
	2. Attend daytime support groups				
	3. Keep all therapy appointments.				
	4.				
	5.				
3. Family and Parenting Supports	1. Attend family counseling				
	2. Attend parenting classes				
	3.				
	4.				
	5.				
4. Individual Health and wellness goal	1.				
	2.				
	3.				

	4.				

Client Strengths: _____

_____

_____

Client Obstacles: _____

_____

_____

Progress Summary: _____

_____

_____

Part 2: Employment and Financial Stability

Weekly Commitment of time :_____

Goal	Strategies/Steps	Target Date	Date Achieved	Hours Committed	Notes
1. Obtain Employment	1. Obtain needed documentation (e.g., State ID, Social Security Card, Work Permit)				
	2. Referral to Job Training and Placement Provider				
	3. Locate childcare				
	4.				
	5.				
2. Maintain Employment for Minimum of 6 Months	1. Receive job coaching/workplace etiquette training (punctuality, professional boundaries, conflict resolution, dealing with personal emergencies, etc.)				
	2. Identify childcare and transportation contingency plans (e.g., what to do when childcare or transportation falls through).				
	3.				
	4.				
	5.				
3. Repair credit history.	1. Develop household budget and discuss methods for staying within budget.				
	2. Request and review credit report. Work with case manager to contact creditors and develop payment plans for delinquent bills. (Obtain letters from creditors varying payment plans.)				
	3.				

	4.				
4. Financial Stability	1. Develop household budget (see #3 above).				
	2. Attend financial management workshop.				
	3. Open a checking and savings account.				
	4. Save at least one month's rent				
	5. Access available mainstream resources to supplement income				
	6. Review eligibility for Earned Income Tax Credit.				
5. Individual Employment Goals	1.				
	2.				
	3.				
	4.				

Client Strengths: _____

_____

_____

Client Obstacles: _____

_____

_____

Progress Summary: _____

_____

Part 3: Housing Stability

Weekly Commitment of time :_____

Goal	Strategies/Steps	Target Date	Date Achieved	Hours Committed	Notes
1. Rebuild Housing History	1. Develop payment plans with landlords to whom you are in arrears.				
	2. Attend tenant education workshop.				
	3.				
	4.				
	5.				
2. Permanent Housing	1. Submit applications for subsidized housing programs.				
	2. Save at least one month's rent.				
	3.				

	4.				
	5.				
	6.				

Client Strengths: _____

_____

_____

Client Obstacles: _____

_____

_____

Progress Summary: _____

_____

_____

_____ _____

Case Manager Signature Date

_____ _____

Participant Signature Date

Francis Permanent Supportive Housing Participation Agreement

Program Name: Francis Permanent Supportive Housing
Agency: OCHRA
Participant Name: _____
Date: _____

Purpose of This Agreement

The Francis PSH program provides long-term housing with supportive services that help you maintain stability, improve health and wellness, and work toward personal goals. This agreement outlines how staff will support you, and the expectations for staying successfully housed. Requirements reflect HUD PSH guidelines under 24 CFR 578.75 and expectations for ongoing case management engagement.

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1. Working Together on Supportive Services (Required Participation)

Supportive services in the Francis PSH program help you maintain housing and stabilize key areas of your life. To make this possible, you agree to take an active role in supportive services.

Together, you and your case manager will develop an **Individual Service Plan (ISP)** based on your goals, strengths, and needs. Services may include:
• Housing stability supports and landlord communication
• Case management and goal planning
• Medical or behavioral-health coordination
• Substance-use treatment, recovery supports, or other services
• Life-skills or daily-living supports
• Income, benefits, or employment assistance
• Peer support from individuals with lived experience

You will meet with your case manager regularly—more frequently at the beginning of the program, and at least monthly throughout the program. Meetings allow us to celebrate progress, address challenges, and adjust goals as needed.

2. Ongoing Engagement & Service Activities

Participation in services includes completing activities identified in your ISP. Examples include:
• Attending scheduled appointments
• Meeting with service providers
• Completing housing-related paperwork
• Engaging with health, behavioral-health, or recovery supports
• Following through on benefit applications, document recovery, or employment steps

Your service plan will be updated regularly to reflect your progress and any new needs. Staff will meet with you at home, onsite, or in the community depending on what works best.

---

3. Shared Expectations for a Safe and Supportive Community

To help create a supportive environment, we ask that you:
• Stay engaged in your ISP and communicate openly
• Attend scheduled appointments and meetings
• Notify staff of changes in health, income, or other important areas
• Follow agency policies related to safety and respect

Staff are committed to providing services that are trauma-informed, supportive, and respectful to all participants.

---

4. If Challenges Come Up

We know challenges can make participation difficult. If this happens, staff will:
• Talk with you to understand what's happening
• Adjust your service plan when appropriate
• Offer additional supports or problem-solving

Only after multiple attempts to engage and support you would the program consider more serious steps, including review of housing eligibility. Any decisions will be made with transparency and respect.

---

5. Participant Acknowledgment

By signing below, you confirm that:

• You reviewed this agreement with staff

• You understand the expectations outlined

• You recognize that supportive-service participation is required to stay in the Francis PSH program

• You understand that staff are here to support you in reaching your goals

Participant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

CoC note: DRAFT Agreement as of 07/15/2026 (CoC app review deadline) for two projects: Mankato PSH Project opening and lease-up starts fall 2026. P4H PSH Blue Earth and Nicollet is a recent grant transfer.

Partners for Affordable Housing
Service Participation Agreement - DRAFT

Supportive Services Agreement 2

Participant Agreement for Mankato Supportive Housing – Poplar Apartments 5

Housing Program Participation Agreement 7

SUPPORTIVE SERVICES AGREEMENT

Project Name: **Mankato Supportive Housing**

Recipient/Subrecipient: **Partners for Affordable Housing, dba Partners for Housing**

Component Type: **[PSH]**

Participant Name: **[First Last or Household Head]**

Agreement Term: Effective **[Start Date]** through **[End Date]** or while enrolled in the project, whichever comes first].

1) Purpose & Authority

This Agreement explains the supportive services offered and the participant obligations related to services while enrolled in **Mankato Supportive Housing.** It is issued pursuant to program rules (including 24 CFR 578.75(h) regarding participant engagement in supportive services) and the requirements described in the FY2025 CoC NOFO.

2) Services Offered (What, How Often, and By Whom)

The project will provide or coordinate the following housing-focused services to help participants obtain and retain permanent housing:

Core Housing Services (in-house or via partner MOUs):

- Housing Case Management: **[weekly / biweekly / monthly] by [Title or Partner].**
- Housing Navigation/Lease-Up (TH→PH or RRH/PSH retention): **[cadence] by [Title/Partner].**
- Benefits Access (SSI/SSDI, SNAP, Medicaid/Medicare, TANF): **[cadence] by [Title/Partner].**
- Employment & Income Supports (WIOA/Workforce): **[cadence] by [Title/Partner].**
- Tenancy Skills / Budgeting / Landlord Mediation: **[cadence] by [Title/Partner].**
- Transportation Supports (bus passes, accompaniment): **[as needed / schedule] by [Title/Partner].**
- Behavioral Health / SUD linkages (incl. MAT if applicable): **[referral cadence / onsite days] via [FQHC/BH provider].**

Accessibility, Safety, & Cultural Responsiveness: Services will be delivered with reasonable accommodations, language access, trauma-informed practices, and flexible scheduling (including field-based/onsite visits) to meet participant needs.

Attach or reference the internal Service Plan that lists individualized goals, visit frequency, and responsible staff.

3) Participant Engagement Requirement (24 CFR 578.75(h))

By signing this Agreement, the participant acknowledges the following:

Required Services (select the items that apply to this project):

- ☐ Attend Housing Case Management at least [frequency].
- ☐ Participate in Tenancy Skills/Budgeting as scheduled.
- ☐ Complete Benefits Screening/Applications (SSI/SSDI/SNAP/Medicaid) with staff assistance.
- ☐ Participate in Employment Navigation/Job Coaching (if job-seeking).
- ☐ Safety planning and coordination for appointments as needed.
- ☐ Other project-specific required services: **[list].**

Optional/Offered Services (not required): **life-skills training, RentWise, peer support groups, etc.**

Reasonable Accommodations: If a disability or other circumstance affects participation, the participant may request reasonable changes to service delivery or cadence. The project will engage in an interactive process to adjust the plan.

4) Communication, Scheduling, & Attendance

- The project will provide a written Service Schedule (days/times/locations or virtual options).
- The participant agrees to keep scheduled appointments or notify staff of conflicts to reschedule.
- Missed contacts will trigger supportive follow-up (calls, texts, field attempts) to re-engage.

5) Monitoring, Progress, & Supportive Responses

Staff will record service contacts and progress in HMIS (or a comparable database for VSPs) consistent with CoC policies.

If engagement lapses, the project will use supportive, non-punitive steps (problem-solving, adjusting cadence/format, accommodations).

Graduated Responses for Persistent Non-Engagement:

1) Re-engagement outreach and barrier-solving.
2) Case conference to modify the plan and offer accommodations.
3) Written notice with options to re-engage and appeal.
4) As a last resort and when required by program rules/lease/occupancy agreement, the project may take administrative steps consistent with rights, protections, and due process.

Note: For RRH/PSH, housing retention should remain the priority. Non-engagement in services should not automatically cause a lease violation; follow your lease/landlord and program rules.

6) Participant Rights, Grievances, & Safety

- Rights & Non-Discrimination: Services are provided without discrimination, consistent with Fair Housing and applicable civil-rights laws.
- Confidentiality & VAWA: Information is confidential; survivors may refuse to share VAWA-protected information. Releases are time-limited and revocable.

- Grievances/Appeals: Participants may file a grievance about services or staff conduct. The project will provide a written process and respond within **5 business** days, unless additional time is necessary for proper compliance to written grievance – written communication will be provided to all parties within 5 business days.
- Safety: The participant and staff will follow safety practices (home-visit protocols, scheduling during daylight where appropriate, etc.).

7) Data Collection & HMIS/Comparable Database

- The participant consents to data entry in HMIS (or a comparable database for VSPs) per CoC policy, with signed releases as required.
- Data will be used to coordinate care, track outcomes, and meet reporting requirements.

8) Mainstream Resources & Coordination

The project will help participants apply for and maintain benefits and resources (e.g., SSI/SSDI, SNAP, Medicaid/Medicare, TANF, WIOA/Workforce), and will coordinate with FQHCs/BH providers, housing authorities/landlords, and other community partners to support housing stability.

9) No Waiver of Rights

Nothing in this Agreement waives any rights afforded to the participant under applicable law, lease/occupancy agreements, or program rules.

10) Acknowledgment & Signatures

By signing below, the participant and project representative acknowledge that they have read, understand, and agree to the terms of this Supportive Services Agreement. A copy will be provided for the participant.

Participant: _____ Date: ____/____/_____

Project Staff (Name/Title): _____ Date: ____/____/_____

Agency Contact (Phone/Email): **[Insert]**

PARTICIPANT AGREEMENT FOR MANKATO SUPPORTIVE HOUSING

This Participant Agreement outlines the expectations, responsibilities, and service participation requirements for all individuals enrolled in the **Mankato Supportive Housing** Housing Program, funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program.

Participant Name: _____
Unit Address and Number: _____
Effective Date: _____

1. Purpose

The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance.

2. Required Service Participation

All participants agree to actively engage in supportive services as outlined below, committing to a minimum of **[Number]** hours per week of employment and/or employment-related activities. Required services include:

a. Employment or employment training (minimum 20 hours per week) unless waived by case manager due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment
b. Vocational rehabilitation services, if applicable
c. Life skills education (e.g., budgeting, household management, communication)
d. Substance abuse treatment, if the participant actively uses substances
e. Behavioral health or mental health services, as indicated by assessment
f. Case management meetings as scheduled
g. Other appropriate social services identified by program staff and the participant

Participants will collaborate with their assigned case manager to develop and maintain an individualized service plan tailored to their goals and needs.

3. Rental Contribution

Participants agree to pay 30% of their adjusted gross income toward rent, utilities, and other housing costs as determined according to HUD regulations. Participants agree to submit income documentation as requested for rent calculation and recertification purposes.

4. Participant Responsibilities

Participants agree to:

a. Notify their case manager within 10 days of any changes in:
    a. Income or employment status

   b. Household composition
   c. Participation in supportive services
   d. Physical or behavioral health needs

b. Report any landlord/tenant issues, legal concerns, arrests, or citation-related incidents promptly to their case manager.
c. Maintain their housing unit in a safe, clean, and sanitary condition.
d. Cooperate with property management and program staff to support a positive living environment.
e. Participate in required meetings, trainings, and reviews related to their service plan and housing stability.
f. Abide by program policies, lease terms, and applicable laws.

5. Confidentiality and Consent

All personal information collected by the program will be kept confidential and used solely for program administration and service delivery in accordance with HUD requirements, federal regulations (including HIPAA, when applicable), and agency policy.

6. Acknowledgment and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the **Mankato Supportive Housing** Housing Program. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

HOUSING PROGRAM PARTICIPATION AGREEMENT

Program Name: _____
Agency: _____
Participant Name: _____
Date: _____

Purpose of This Agreement

Our Transitional Housing program is designed to partner with you as you work toward stable, permanent housing. This agreement outlines how we will support you, and what we will work on together, so that the support provided is aligned with your goals.

The expectations included here reflect HUD requirements for housing programs (24 CFR 578.75(h), FY2026 CoC NOFO), as well as our commitment to provide high-quality, person-centered services.

1. Working Together on Supportive Services

Our goal is to create supportive services that help you navigate the steps toward long-term housing stability. To help make this possible, you agree to take an active role in supportive services.

Together, we will develop an Individual Service Plan that reflects your goals, strengths, and needs. Services may include:

- Case management and goal planning
- Employment readiness or job training
- Behavioral health or substance use treatment and recovery supports
- Life skills and daily living supports
- Education or vocational services
- Housing search and placement
- Any other services you identify as helpful

You'll meet with your case manager at least once a week to check in, celebrate progress, address challenges, and adjust your goals as needed.

2. 20 Hours/Week of Customized Support & Activities

To provide robust support services, the program offers a minimum of 20 hours per week of individualized and group services. These activities are designed to help you build stability, reach your goals, and move toward permanent housing.

Examples of weekly activities include:

- Classes, workshops, or support groups

- Therapy or treatment sessions
- Job-search or employment activities
- Case management meetings
- Housing stability or life-skills activities
- Completing documents or benefits applications
- Other activities that support your individualized goals

If you are employed, your required service hours will be reduced based on the number of hours you work.

You are automatically exempt from the 20-hour requirement if:

- You are 62 or older, or
- You have a qualifying physical or developmental disability under 24 CFR 582.5 (excluding substance use disorder).

Your case manager will work with you to tailor services to your needs, capacity, and goals.

3. Shared Expectations for a Safe and Supportive Community

To help create a positive and safe service plan, we ask that you:

- Stay engaged in your service plan and communicate openly
- Attend scheduled appointments and meetings
- Share updates about changes in health, employment, income, or other important areas
- Follow agency policies related to safety and respect

We are committed to providing a supportive, respectful, and trauma-informed environment for you and all participants.

4. If Challenges Come Up

We understand that everyone encounters challenges, and we want to work through them with you.

If participation in required services becomes difficult, we will first:

- Talk with you to understand what's going on
- Adjust the service plan if appropriate
- Offer additional supports or problem-solving

Only after multiple attempts to re-engage and support you would the program consider more serious steps, including program exit. All decisions will be made with transparency, respect, and a focus on finding solutions whenever possible.

5. Participant Acknowledgment

By signing below, you confirm that:

1. You have reviewed this agreement with staff.
2. You understand the expectations and supports outlined above.
3. You recognize that participating in supportive services is part of the transitional housing program requirements.
4. You understand that this program is here to partner with you in reaching your goals.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Steele County Transitional Housing Progress II Program Rental Assistance and Service Agreement

Participant Name: _____Date: _____

Program Overview:

Welcome to the Steele County Transitional Housing Progress II program. This program is designed to provide stable housing and supportive services to individuals and families experiencing homelessness.

In this program, participants hold their own lease, maintain responsibility for rent payments, and adhere to lease terms. This program is partially funded through the U.S. Department of Housing and Urban Development (HUD).

Services specific to your needs and goals will be detailed in your Service Plan, which will be created by you and your assigned case manager. The Service Plan will include an initial plan meeting, an annual meeting, and an exit meeting, as well as engagement throughout your time in the program. The Service Plan will be unique to you and may include employment, in-patient health services, services with other agencies, or participation in community activities as well as services provided by Steele County Transitional Housing

Annual Meeting Requirement:

Participants must meet with a case manager at least once annually to update their information in the Homeless Management Information System (HMIS). This meeting ensures continued eligibility and assists in maintaining appropriate support services.

Program Participation Requirements:
Participants may be required to meet specific eligibility and compliance requirements to maintain their housing in the PSH Program. Compliance with these requirements helps ensure continued housing stability and access to essential support services. Participants will be informed of any applicable requirements and are encouraged to work closely with case managers to remain in good standing with the program.

Participant Responsibilities:
By participating in the PSH program, you agree to:

- Follow the terms of your lease agreement.
- Participate in services as agreed in your Service Plan.
- Provide accurate information during program updates and reviews.
- Attend the required annual meeting for program eligibility maintenance.

Confidentiality and Mandatory Reporting:

The Steele County Transitional Housing case managers respect the right to confidentiality and prioritize the privacy of all participants. However, all Steele County Transitional Housing case managers are

mandatory reporters, meaning they are legally required to report any suspected abuse, neglect, or harm to oneself or others.

The use, possession, distribution, or manufacturing of illegal substances is strictly prohibited under the lease and applicable laws. Violations may result in legal consequences, lease violations, or loss of housing. While the program encourages a harm-reduction approach, participants are expected to maintain a safe, lawful environment. Advocates will report any disclosed use of illegal substances on the property.

If a report must be made, we will make every effort to discuss this with you beforehand when possible.

Acknowledgment and Agreement:

I understand the terms of the Steele County Transitional Housing Progress II Program Rental Assistance and Service Agreement including the optional nature of services, the annual meeting requirement, and mandatory reporting obligations. My signature below acknowledges my understanding and agreement to comply with these terms.

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

Maxfield Place
Participant Service Agreement
V. 7/16/2026

INTRODUCTION

Maxfield Place is a Permanent Supportive Housing (PSH) program operated by The Salvation Army in Mankato, Minnesota. The program provides safe, affordable housing and comprehensive supportive services to single adults experiencing homelessness who are living with disabilities. Maxfield Place is founded on the belief that stable housing provides the foundation for improved health, financial stability, recovery, and community participation. Services are delivered using a **person-centered, trauma-informed, strength-based, and recovery-oriented** approach that recognizes each resident's abilities while providing the support necessary to maintain permanent housing.

The program consists of **10 permanent supportive housing units** and serves individuals referred through the local Coordinated Entry System in accordance with applicable U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) requirements. Admission decisions are based solely on program eligibility requirements, funding regulations, and the applicant's ability to meet program requirements.

COMPREHENSIVE CASE MANAGEMENT

Participation in case management is a required component of the Maxfield Place program. The frequency of case management contacts is determined by resident needs; however, all residents are expected to actively participate in scheduled case management meetings. Case management services include:

- Comprehensive assessments
- Individualized service planning
- Goal development and monitoring
- Housing stability planning
- Coordination of supportive services
- Advocacy with community agencies
- Assistance obtaining identification and essential documents
- Assistance completing applications and required paperwork
- Ongoing monitoring of resident progress
- Regular review and revision of service plans
- Coordination with healthcare providers and community partners
- Documentation in HMIS and Forward with Hope

Individualized Service Planning

Each resident participates in the development of an individualized service plan that reflects their strengths, needs, priorities, and personal goals. Service plans are developed shortly after admission and are reviewed and updated regularly. Service plans may address:

- Housing stability
- Income and employment
- Physical health
- Mental health
- Substance use recovery
- Education and vocational goals
- Independent living skills
- Community involvement
- Financial management
- Social supports

CRISIS INTERVENTION AND EMERGENCY RESPONSE

Maxfield Place is committed to providing a safe and supportive living environment where residents receive timely assistance during an emergency or crisis. We will work with you to identify concerns early, intervene whenever appropriate, and coordinate services with community partners to address emergencies and promote long-term housing stability.

Whenever possible, we will use early intervention strategies to help prevent a crisis. We will check in with you frequently through case management, assist with issues like conflict resolution and lease compliance, provide increased support at times it is needed, and coordinate with family members and other community supports when you have authorized us to do so.

When a crisis occurs, we will respond promptly to ensure your safety while coordinating appropriate community resources. Depending on the situation, staff may:

- Contact emergency medical services (911)
- Request law enforcement assistance when necessary
- Coordinate with the Blue Earth County Crisis Response Team
- Notify healthcare providers or behavioral health providers
- Coordinate transportation to emergency medical or behavioral health services
- Assist with communication between providers and residents when appropriate and authorized
- Notify emergency contacts when appropriate and consistent with signed Releases of Information

Whenever possible, the Program Manager will work with you to stabilize the situation and to preserve your housing. Housing stabilization efforts may include:

- Increased case management contacts
- Temporary adjustments to your service plan
- Coordination with healthcare providers
- Behavioral health referrals
- Substance use disorder treatment referrals
- Benefits advocacy
- Medication coordination
- Problem-solving with you and involved service providers
- Follow-up after hospitalization or treatment

Following any significant crisis, the Program Manager will meet with you to evaluate the circumstances, identify contributing factors, and update your individualized service plan when appropriate.

TRANSITION, PROGRAM EXIT, AND AFTERCARE PLANNING

Maxfield Place recognizes that each resident's housing journey is unique. Some residents may remain in Permanent Supportive Housing indefinitely, while others may transition to more independent housing or other appropriate living arrangements. We are committed to supporting you throughout the transition process. If you decide to move from Maxfield Place, we will work collaboratively with you to develop a transition plan that reflects your goals, strengths, needs, and preferences.

Transition Planning

Transition planning begins as you make progress toward your goals and express an interest in pursuing other housing opportunities. The goal of transition planning is to prepare you for continued housing success while maintaining access to supportive services whenever possible. Transition planning may include:

- Identifying appropriate housing options
- Coordinating applications for permanent housing
- Assisting with housing searches
- Coordinating with landlords and housing providers
- Connecting residents with community resources
- Developing a financial plan for housing expenses
- Coordinating transportation for housing-related appointments
- Reviewing lease responsibilities and tenant rights
- Assisting with utility setup and other move-related needs

Program Exit Planning

If you plan to leave Maxfield Place, your Case Manager will work with you to develop an exit plan that promotes continued housing stability and minimizes disruption of services. Exit planning may include:

- Reviewing resident accomplishments and goals
- Confirming future housing arrangements
- Coordinating transfer of supportive services
- Providing referrals to community resources
- Reviewing income and benefits
- Coordinating healthcare and behavioral health services
- Assisting with medication continuity
- Identifying ongoing recovery supports
- Providing information regarding community resources
- Completing required program documentation

Unplanned Exits

In situations where you may need or choose to leave unexpectedly or you are unable to participate fully in transition planning, we will make reasonable efforts to:

- Coordinate with emergency contacts when appropriate and authorized
- Notify service providers through signed Releases of Information
- Provide information regarding available housing and community resources
- Complete required documentation
- Coordinate with community agencies when appropriate

Aftercare and Community Connections

When appropriate, Maxfield Place encourages former residents to remain connected with community resources that support long-term stability. The level of follow-up provided following program exit will depend upon program resources, funding requirements, resident preference, and applicable agency policies. Examples of aftercare services include:

- Referrals to ongoing case management services
- Community healthcare providers
- Behavioral health services
- Recovery support programs
- Employment services
- Educational opportunities
- Food and basic needs resources
- Veteran services
- Community support organizations

RESIDENT RIGHTS, RESPONSIBILITIES, AND PARTICIPATION

Resident Rights

Residents of Maxfield Place have the right to:

- Be treated with dignity, courtesy, and respect.
- Live in housing that is safe, sanitary, and well maintained.
- Receive services free from discrimination, harassment, retaliation, or intimidation.
- Participate in developing, reviewing, and updating their Individualized Service Plan.
- Receive information regarding available supportive services and community resources.
- Participate in decisions affecting their housing and supportive services.
- Have personal information maintained in a confidential manner consistent with applicable laws and agency policies.
- Request reasonable accommodations in accordance with applicable disability laws.
- Utilize the program grievance procedure without fear of retaliation.
- Receive written information regarding program policies, lease requirements, resident expectations, and available services.

Resident Responsibilities

Residents share responsibility for maintaining a safe, respectful, and positive housing community. Residents are expected to:

- Comply with the lease agreement and Resident Handbook.
- Participate in required case management services.
- Meet with the Case Manager as scheduled.
- Participate in the development, implementation, and review of their Individualized Service Plan.
- Work toward identified housing, income, health, and personal goals.
- Report changes in income, benefits, employment, or other information required for program compliance.
- Maintain their apartment in a clean, safe, and sanitary condition.
- Respect the rights, privacy, and property of other residents.
- Treat staff, volunteers, visitors, and community members respectfully.
- Report maintenance concerns promptly.

- Cooperate with annual recertification and required program documentation.
- Follow all program policies designed to promote resident safety and housing stability.

Resident Participation

Participation in case management services is a required component of residency at Maxfield Place. Residents are expected to actively engage with the Case Manager in developing goals, participating in scheduled meetings, following through with agreed-upon action steps, and working collaboratively to maintain housing stability.

We encourage you to participate in activities that promote independence, community integration, and personal growth. These opportunities are voluntary, and are not a condition to live at Maxfield Place. Opportunities may include:

- Resident meetings
- Community meals
- Educational workshops
- Life skills classes
- Volunteer opportunities
- Employment services
- Recovery support services
- Health and wellness activities
- Recreational activities
- Community events
- Shopping trips
- Gardening activities
- Holiday celebrations

Resident Feedback and Program Participation

Maxfield Place values resident input and encourages you to actively participate in improving program services and the residential community. You can provide feedback through:

- Resident meetings
- Individual meetings with staff
- Resident satisfaction surveys
- Suggestion boxes
- Informal discussions
- Program evaluations

Equal Opportunity

Maxfield Place is committed to providing housing and supportive services in accordance with all applicable federal, state, and local fair housing and civil rights laws. The program does not discriminate on the basis of race, color, religion, sex, national origin, disability, familial status, age, veteran status, or any other characteristic protected by applicable law. Residents will be treated with dignity, fairness, and respect, and will have equal access to housing, supportive services, and program.

Participant Acknowledgement

By signing below, you confirm that:

1. You have reviewed this agreement with staff.
2. You understand the expectations and supports outlined above.
3. You recognize that participating in supportive services is part of Maxfield Place's program requirements.
4. You understand that this program is here to partner with you in reaching your goals.

Resident Signature and Date:

_____

Program Manager Signature and Date:

_____

ThreeRivers COMMUNITY ACTION
People-focused, community-driven

Permanent Supportive Housing (PSH) Participant Agreement

Program Overview:

Welcome to Three Rivers Community Action Permanent Supportive Housing (PSH) Program. This program is designed to provide stable housing and supportive services to individuals and families experiencing homelessness. In this program participants hold their own lease, maintain responsibility for rent payments, and adhere to lease terms. This program is partially funded through the U.S. Department of Housing and Urban Development (HUD) which requires participation in services and/or employment to support you in gaining greater housing stability, health, and income by the time you exit from our program.

Service Participation:

Three Rivers Community Action offers a variety of resources and services, including but not limited to:

- Person centered goal planning and connections to community resources and supports.
- Application assistance for benefit programs (MFIP, SNAP, WIC, Energy Assistance).
- Employment, education and life skills support or referrals through WorkForce Development Inc.
- Life skills and financial literacy training, including support to build and maintain a budget.
- Referrals for mental health needs, medical needs, traumatic brain injuries, chemical health needs, substance use support, physical disabilities, and other co-occurring disorders.
- Assistance with securing furniture and other household supplies, if needed.
- Harm reduction approaches and respect for participant choice and self-determination.
- Support for families in maintaining school connections, attendance, and accessing academic resources.
- Voluntary home visits to reduce possible lease infractions related to housekeeping, communication, or unreported damage.
- Education regarding landlord-tenant laws and supporting participant in their tenancy.
- Referrals and support for victims of domestic violence, including safety planning, advocacy, and connection to appropriate resources.
- Culturally appropriate services, including interpreter servicers and translated materials.

Services specific to your needs and goals will be detailed in your Service Plan, which will be created by you and your assigned advocate. The Service Plan will include an initial plan meeting, an annual meeting, and an exit meeting, as well as engagement throughout your tenancy.

Participants able to work are expected to participate in approximately 20 hours per week of employment, education, training, supportive services, or other approved goal-related activities. Three Rivers advocates will work with participants to identify appropriate activities, connect participants to resources, and address barriers that impact participation. Reasonable accommodations and individualized adjustments will be made for participants with disabilities, health-related barriers, caregiving responsibilities, or other circumstances that impact participation.

Annual Meeting Requirement:
Participants must meet with an advocate at least once annually to update their information in the Homeless Management Information System (HMIS). This meeting ensures continued eligibility and assists in maintaining appropriate support services.

Program Participation Requirements
Participants may be required to meet specific eligibility and compliance requirements to maintain their housing in the PSH Program. These may include completing renewal paperwork for the local Housing and Redevelopment Authority (HRA) or property management company (ie, Lloyd), or fulfilling other program-specific obligations. Compliance with these requirements helps ensure continued housing stability and access to essential support services. Participants will be informed of any applicable requirements and are encouraged to work closely with advocates to remain in good standing with the program.

Student Status Certification
Part of the annual certification for the property requires participants to verify student status. Households where all members are full-time students for five or more months during the calendar year must meet specific eligibility criteria. At least one household member must meet one of the following:

- Receives MFIP (Minnesota Family Investment Program)
- Is enrolled in a qualifying job training program
- Is a single parent with dependent children (not claimed by others)
- Is married and filing a joint tax return
- Was formerly in foster care under state placement

If your household includes full-time students, the property manager will request documentation to confirm eligibility.

Participant Responsibilities:
As a participant, I agree to:

- Provide accurate and complete information in a timely manner to determine eligibility.
- Complete all necessary paperwork to comply with funding requirements.
- Participate in services as agreed in your Service Plan.
- Maintain communication with Three Rivers advocates and my property manager.
- Comply with the terms of my lease and make ongoing rent payments not covered by this assistance.
- Follow the terms of your lease agreement.
- Attend the required annual meeting for program eligibility maintenance.

As a participant, I understand that:

- I am responsible as a tenant under Minnesota Landlord-Tenant Law.
- Receiving assistance does not remove my responsibilities under my lease.
- Three Rivers' role is limited to services described in this agreement.
- My personal information will be handled according to data privacy laws, and I agree to sign necessary releases to access services.

- I have been informed of my rights and responsibilities in this program, including how to file a complaint or grievance if I feel I have been treated unfairly or denied services.
- Three Rivers provides services in accordance with the Equal Access Rule and does not discriminate based on race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, disability, or age.

Confidentiality and Mandatory Reporting:

The Permanent Supportive Housing (PSH) advocates respect the right to confidentiality and prioritize the privacy of all participants. However, all PSH advocates are **mandatory reporters**, meaning they are legally required to report any suspected abuse, neglect, or harm to oneself or others.

The use, possession, distribution, or manufacturing of illegal substances is strictly prohibited under the lease and applicable laws. Violations may result in legal consequences, lease violations, or loss of housing. While the program encourages a harm-reduction approach, participants are expected to maintain a safe, lawful environment. Advocates will report any disclosed use of illegal substances on the property.

If a report must be made, we will make every effort to discuss this with you beforehand when possible.

Acknowledgment and Agreement:

I understand the terms of the PSH Participant Agreement, including the requirement of services, the annual meeting requirement, and mandatory reporting obligations. My signature below acknowledges my understanding and agreement to comply with these terms.

Participant Signature: _____ **Date:** _____

Advocate Signature: _____ **Date:** _____

PARTICIPANT AGREEMENT – HUD RAPID REHOUSING

Program Overview:

Welcome to Three Rivers Community Action's HUD Rapid Rehousing Program. This program helps individuals and families experiencing homelessness obtain and maintain permanent housing stability through individualized supportive services and financial assistance, as appropriate. Participants select housing that meets their household needs and are responsible for maintaining their lease, paying their portion of rent, and working with Three Rivers advocates to identify goals and resources that support long-term housing stability.

This program is funded in part by the U.S. Department of Housing and Urban Development (HUD), which requires participants who are able to work to engage in activities that support housing stability, health, and income growth.

Service Participation:

Three Rivers Community Action offers a variety of resources and services, including but not limited to:

- Help with housing search and placement.
- Assistance with eligible housing costs, which may include a security deposit, a subsidized 1st month's rent, and possible rent subsidies.
- Person centered goal planning and connections to community resources and supports.
- Application assistance for benefit programs (MFIP, SNAP, WIC, Energy Assistance).
- Employment, education and life skills support or referrals through WorkForce Development Inc.
- Referrals for medical, mental health needs, chemical health or other support needs.
- Harm reduction approaches and respect for participant choice and self-determination.
- Support for families in maintaining school connections, attendance, and accessing academic resources.
- Voluntary home visits to reduce possible lease infractions related to housekeeping, communication, or unreported damage.
- Education regarding landlord-tenant laws and supporting participant in their tenancy.
- Referrals and support for victims of domestic violence, including safety planning, advocacy, and connection to appropriate resources.
- Culturally appropriate services, including interpreter servicers and translated materials.

An individualized Service Plan will be developed with your advocate, and will identify goals related to housing stability, employment, education, health, benefits, life skills, and community connections.

CoC NOTE: This Participant Agreement reflects current project operations. This project is seeking a Transition grant in FY2026 to convert from RRH to TH.

PARTICIPANT AGREEMENT – HUD RAPID REHOUSING

Participants able to work are expected to participate in approximately 20 hours per week of employment, education, training, supportive services, or other approved goal-related activities. Three Rivers advocates will work with participants to identify appropriate activities, connect participants to resources, and address barriers that impact participation. Reasonable accommodations and individualized adjustments will be made for participants with disabilities, health-related barriers, caregiving responsibilities, or other circumstances that impact participation.

Participant Responsibilities:

As a participant, I agree to:

- Provide accurate and complete information in a timely manner to determine eligibility.
- Complete all necessary paperwork to comply with funding requirements.
- Participate in services as agreed in your Service Plan.
- Maintain communication with Three Rivers advocates and my property manager.
- Comply with the terms of my lease and make ongoing rent payments not covered by this assistance.
- Notify Three Rivers immediately of any changes in my housing status.
- Notify Three Rivers within 15 days of any significant increase or decrease in household income.

As a participant, I understand that:

- I am responsible as a tenant under Minnesota Landlord-Tenant Law.
- Receiving Rapid Rehousing assistance does not remove my responsibilities under my lease.
- Three Rivers' role is limited to services described in this agreement.
- My personal information will be handled according to data privacy laws, and I agree to sign necessary releases to access services.
- I have been informed of my rights and responsibilities in this program, including how to file a complaint or grievance if I feel I have been treated unfairly or denied services.
- Three Rivers provides services in accordance with the Equal Access Rule and does not discriminate based on race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, disability, or age

Program Exit:

I understand that Rapid Rehousing assistance is temporary and intended to help me achieve long-term housing stability. Program participation may end for the following reasons:

- I choose to voluntarily end my program enrollment.

PARTICIPANT AGREEMENT – HUD RAPID REHOUSING

- I have reached the maximum time limit for program participation.
- I have met my goals and achieved financial stability.
- I am able to take over full responsibility for rent payments.
- I am not paying my portion of rent to the property manager.
- I have engaged in illegal activity or had lease violations that jeopardize my housing.
- Other reasons for program exit may be determined by a Three Rivers advocate.

Acknowledgment and Agreement:

I have read, understood, and agree to the terms outlined in this Participant Agreement. I acknowledge that this support is intended to promote housing stability and that I share responsibility in working toward that goal.

Participant Signature: _____ Printed Name:_____ Date: _____

Advocate Signature: _____Printed Name:_____ Date: _____

HOUSING PROGRAM PARTICIPATION AGREEMENT

Program Name: WSSC Transitional Housing
Agency: Women's Shelter and Support Center
Participant Name: _____
Date: _____

Purpose of This Agreement

Our Transitional Housing program is designed to partner with you as you work toward stable, permanent housing. This agreement outlines how we will support you, and what we will work on together, so that the support provided is aligned with your goals.

The expectations included here reflect HUD requirements for housing programs (24 CFR 578.75(h), FY2026 CoC NOFO), as well as our commitment to provide high-quality, person-centered services.

1. Working Together on Supportive Services

Our goal is to create supportive services that help you navigate the steps toward long-term housing stability. To help make this possible, you agree to take an active role in supportive services.

Together, we will develop an Individual Service Plan that reflects your goals, strengths, and needs. Services may include:

- Case management and goal planning
- Employment readiness or job training
- Behavioral health or substance use treatment and recovery supports
- Life skills and daily living supports
- Education or vocational services
- Housing search and placement
- Any other services you identify as helpful

You'll meet with your case manager regularly. Meetings may be more frequent at the beginning of the program, and at minimum will be once a month throughout the program. Meetings will focus on celebrating progress, addressing challenges, and adjusting your goals as needed.

2. 20 Hours/Week of Customized Support & Activities

To provide robust support services, the program offers a minimum of 20 hours per week of individualized and group services. These activities are designed to help you build stability, reach your goals, and move toward permanent housing.

Examples of weekly activities include:

- Classes, workshops, or support groups
- Therapy or treatment sessions
- Job-search or employment activities
- Case management meetings
- Housing stability or life-skills activities
- Completing documents or benefits applications
- Other activities that support your individualized goals

If you are employed, your required service hours will be reduced based on the number of hours you work.

You are automatically exempt from the 20-hour requirement if:

- You are 62 or older, or
- You have a qualifying physical or developmental disability under 24 CFR 582.5 (excluding substance use disorder).

Your case manager will work with you to tailor services to your needs, capacity, and goals.

3. Shared Expectations for a Safe and Supportive Community

To help create a positive and safe service plan, we ask that you:

- Stay engaged in your service plan and communicate openly
- Attend scheduled appointments and meetings
- Share updates about changes in health, employment, income, or other important areas
- Follow agency policies related to safety and respect

We are committed to providing a supportive, respectful, and trauma-informed environment for you and all participants.

4. If Challenges Come Up

We understand that everyone encounters challenges, and we want to work through them with you.

If participation in required services becomes difficult, we will first:

- Talk with you to understand what's going on
- Adjust the service plan if appropriate
- Offer additional supports or problem-solving

Only after multiple attempts to re-engage and support you would the program consider more serious steps, including program exit. All decisions will be made with transparency, respect, and a focus on finding solutions whenever possible.

5. Participant Acknowledgment

By signing below, you confirm that:

1. You have reviewed this agreement with staff.
2. You understand the expectations and supports outlined above.
3. You recognize that participating in supportive services is part of the transitional housing program requirements.
4. You understand that this program is here to partner with you in reaching your goals.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

WSSC TH INDIVIDUAL SERVICE PLAN

Client Name: _____ Date of Intake: ____/____/____

Case Manager: _____ Client DOB: ____/____/____

Part 1: Health and Wellness

Weekly Commitment of time: _____

Goal	Strategies/Steps	Target Date	Dated Achieved	Hours Committed	Notes
1. Maintain Sobriety	1. Attend AA/NA meetings				
	2. Attend weekly peer group support meetings.				
	3.				
	4.				
	5.				
2. Mental health	1. Access outpatient services				
	2. Attend daytime support groups				
	3. Keep all therapy appointments.				
	4.				
	5.				
3. Family and Parenting Supports	1. Attend family counseling				
	2. Attend parenting classes				
	3.				
	4.				
	5.				
4. Individual Health and wellness goal	1.				
	2.				
	3.				
	4.				

Client Strengths: _____

_____

_____

Client Obstacles: _____

_____

_____

Progress Summary: _____

_____

_____

Part 2: Employment and Financial Stability

Weekly Commitment of time :_____

Goal	Strategies/Steps	Target Date	Date Achieved	Hours Committed	Notes
1. Obtain Employment	1. Obtain needed documentation (e.g., State ID, Social Security Card, Work Permit)				
	2. Referral to Job Training and Placement Provider				
	3. Locate childcare				
	4.				
	5.				
2. Maintain Employment for Minimum of 6 Months	1. Receive job coaching/workplace etiquette training (punctuality, professional boundaries, conflict resolution, dealing with personal emergencies, etc.)				
	2. Identify childcare and transportation contingency plans (e.g., what to do when childcare or transportation falls through).				
	3.				
	4.				
	5.				
3. Repair credit history.	1. Develop household budget and discuss methods for staying within budget.				
	2. Request and review credit report. Work with case manager to contact creditors and develop payment plans for delinquent bills. (Obtain letters from creditors varying payment plans.)				
	3.				
	4.				

4. Financial Stability	1. Develop household budget (see #3 above).				
	2. Attend financial management workshop.				
	3. Open a checking and savings account.				
	4. Save at least one month's rent				
	5. Access available mainstream resources to supplement income				
	6. Review eligibility for Earned Income Tax Credit.				
5. Individual Employment Goals	1.				
	2.				
	3.				
	4.				

Client Strengths: _____

_____

_____

Client Obstacles: _____

_____

_____

Progress Summary: _____

_____

Part 3: Housing Stability

Weekly Commitment of time :_____

Goal	Strategies/Steps	Target Date	Date Achieved	Hours Committed	Notes
1. Rebuild Housing History	1. Develop payment plans with landlords to whom you are in arrears.				
	2. Attend tenant education workshop.				
	3.				
	4.				
	5.				
2. Permanent Housing	1. Submit applications for subsidized housing programs.				
	2. Save at least one month's rent.				
	3.				
	4.				

	5.				
	6.				

Client Strengths: _____

_____

_____

Client Obstacles: _____

_____

_____

Progress Summary: _____

_____

_____

_____ _____

Case Manager Signature Date

_____ _____

Participant Signature Date

Rochester/Southeast Minnesota (MN-502)

Evidence of Coordination with Local Public Safety

Any Path Home (Olmsted county homeless response collaborative)

Cooperation with Rochester Police Department

- City of Rochester Member Agreement with Any Path Home
- Rochester PD Protocol for clearing encampments
- Rochester PD support letter for similar Any Path Home/ Olmsted funding request

Mankato EDA (City-wide outreach collaborative)

Cooperation with Mankato Police Department

- Letter from City Manager Susan Arndt describing EDA and Police partnership

Collective Impact Charter

Purpose of the Charter

This charter is intended to provide a clear, concise understanding of what Any Path Home is, why it exists, and how charter members work together toward a shared goal.

Shared Purpose

A community working together to ensure that *everyone in Olmsted County has a home*.

Initiative Overview

Any Path Home is a countywide collective impact initiative designed to prevent and end homelessness in Olmsted County. The initiative brings together public agencies, nonprofit organizations, people with lived expertise, and community charter members to align efforts, share responsibility, and improve housing outcomes for people experiencing homelessness, with a clear focus on those in literal homeless situations.

Ending homelessness in Olmsted County means we have a unified homeless response system that brings together national best practices to identify housing solutions, assist with documenting client needs, and provide housing for people experiencing homelessness so that it's rare, brief, and non-occurring.

We achieve this when nobody is experiencing long term homelessness in Olmsted County. Additionally, everyone experiencing homelessness is identified and connected to the Any Path Home By Name List within 30 days of first entry.

Core Values-What We Believe

Any Path Home pursues our shared purpose by adhering to best practices, and shared values that guide system-wide coordination, decision-making, and collective action.

- Housing is a right, not a privilege
- Ending homelessness benefits everyone
- Homelessness is a systems failure (social system, government system, financial system, etc.), and the burden of the solution should fall back on these systems
- Collaboration and partnership are essential to effective solutions
- Diversity of experience and influence strengthens our collective impact

Guiding Principles-How We Operate

Any Path Home exists to:

- Create a coordinated, equitable response to homelessness in Olmsted County

- Align systems, resources, and strategies toward our shared purpose
- Improve outcomes by sharing data and ensuring accountability
- Strengthen collaboration across housing, shelter, outreach, and supportive services

The initiative is grounded in the belief that every path to housing matters, and that progress requires shared ownership, transparency, and sustained collaboration.

Collective Impact Framework

Any Path Home operates using a collective impact model. The foundation of these are the following five conditions:

1. **Shared Purpose**

   All charter members align to a common purpose: Everyone in Olmsted County has a home. This shared purpose guides decision-making, resource allocation, and system design.

2. **Aligned Approach**

   Charter members contribute through actions and activities that are equitable and aligned to the shared purpose. Each organization maintains its own mission and programs while intentionally coordinating efforts to strengthen the overall system response.

3. **Shared Data and Measurement**

   Charter members participate in shared data practices to inform decision-making and track progress, including:

   - Use of HMIS (Homeless Management Information System) and/or other appropriate data sets
   - Maintenance of an Olmsted County By-Name List of people experiencing homelessness
   - Coordinated efforts to move people from the By Name List into housing
   - Ongoing work both upstream and downstream to prevent housing loss and support housing stability

   Shared measurement allows the collective to identify gaps, adjust strategies, and improve outcomes over time.

4. **Continuous Communication**

   Regular, transparent communication supports trust, alignment, and learning across charter members. Communication occurs through structured meetings, workgroups, and

community updates to ensure consistent understanding of priorities, progress, and challenges.

5. **Backbone Support**

   Olmsted County serves as the operational support organization for Any Path Home. This includes:

   - Providing coordination and administrative support
   - Supporting data infrastructure and systems alignment
   - Facilitating communication across charter members
   - Advancing shared strategies and accountability

   The City of Rochester serves as the communication support organization for Any Path Home. This includes:

   - Engaging in community relations and communication about Any Path Home
   - Developing and implementing communication strategies around progress
   - Advancing shared strategies and accountability frameworks

Governance and Structure

Any Path Home uses a shared governance structure to guide strategy, decision-making, and accountability.

Leadership Council

The Leadership Council brings together public, private, and non-profit sector leaders along with people with lived expertise. The Leadership Council serves as the primary decision-making body, providing overall direction and oversight for the initiative, as well as spearheading efforts for securing collective funding opportunities. The Council considers input from committees and workgroups when making decisions that affect the system as a whole.

The Any Path Home Leadership Council follows formal by-laws that highlight specific requirements for Leadership Council members. Members of the Leadership Council should include the following:

- Representation of one member of the Olmsted County Board of Commissioners and the Rochester City Council
- People with lived expertise of experiencing homelessness
- Agencies serving people experiencing homelessness
- Community leaders

Committees and Workgroups

Along with the Leadership Council, workgroups and committees will provide support to inform the decision-making process. Committees and workgroups that support implementation and inform decision-making, may include:

- **Steering Committee:** Member agency leadership responsible for identifying resources needed to build an effective response system and providing accountability for people and program outcomes.
- **Case Conferencing Workgroup:** Direct service staff responsible for overseeing the by-name list and coordinating pathways to housing.
- **Community Alliance:** A forum to share updates with the broader community and engage in learning and connection around homelessness.
- **Public Space Solutions:** Collaboration of business, law enforcement, shelter providers, people with lived expertise, and local government representation to develop solutions around population challenges in the City of Rochester that will decrease unsheltered homelessness.
- **Other:** Timebound or ongoing groups focused on specific strategies or priority areas as identified by the Leadership Council.

Membership and Participation

Membership in Any Path Home is open to organizations serving people experiencing homelessness and organizations that believe in the core value and mission of Any Path Home.

Charter membership is offered in two categories:

Direct Service Agency Membership:

Direct Service Agency members have programming focused specifically on people experiencing homelessness, and staffing dedicated directly to this population that is specific to the Any Path Home mission. These members are expected to contribute, have decision-making authority or access, and participate in workgroups as aligned. Members commit to:

- Engaging authentically in meetings and collaborative efforts
- Consistently sharing data through HMIS and/or the By-Name List
- Upholding the values, principles, and practices outlined above

- Supporting system improvements and collective decision-making
- Providing operational capacity to move the Any Path Home initiative forward through staffing, programming, or services.
- Sharing information about participating agency operations that impact the APH ecosystem

Direct Service Agency Membership Benefits

Direct Service Agency members will have:

- Access to real time data and information reflecting the collective impact of Any Path Home
- Opportunities to be recognized as charter members and use the Any Path Home logo
- Opportunities to apply collectively for grants or receive letters of support for funding efforts

Community Membership:

Organizations that have core value alignment and a desire to see the mission of Any Path Home executed. Community Members commit to:

- Engaging authentically in meetings and collaborative efforts as applicable
- Demonstrating core value and practice alignment with Any Path Home efforts

Community Membership Benefits

Community Members will have:

- Access to updates reflecting the collective impact of Any Path Home
- Opportunities to be recognized as charter members and use the Any Path Home logo

ANY PATH HOME

Collective Impact Charter

Agency Participation Addendum

This addendum outlines expectations for organizations choosing to participate in Any Path Home. This includes members that execute programming focused specifically on people experiencing homelessness, and staffing dedicated directly to this population that is specific to the Any Path Home mission. These members are expected to contribute, have decision-making authority or access, and participate in workgroups as aligned.

Members commit to:

- Engaging authentically in meetings and collaborative efforts
- Consistently sharing data through HMIS and the By Name List
- Upholding the values, principles, and practices outlined above
- Supporting system improvements and collective decision-making
- Providing operational capacity to move the Any Path Home initiative forward through staffing, programming, or services.
- Sharing information about agency operations that impact the APH ecosystem

Participation Expectations

Participating agencies agree to:

- Attend at least 75 percent of required meetings annually
- Participate in shared planning and system design efforts
- Engage in continuous improvement to strengthen outcomes for people experiencing homelessness

Data Participation

- Agencies agree to participate in HMIS or other data collection models and contribute to shared data efforts, including the by-name list, in accordance with applicable privacy and data-sharing requirements.
- Utilize shared data to support coordinated housing placement and system improvement
- Report outcomes tied to funding when applicable

Membership Benefits

Participating members will have:

- Access to real time data and information reflecting the collective impact of Any Path Home
- Opportunities to be recognized as charter members and use the Any Path Home logo

- Opportunities to apply collectively for grants or receive letters of support for funding efforts

Funding Eligibility

Participation in Any Path Home makes agencies eligible, but does not guarantee selection, for:

- Collective grants
- Pilot or demonstration funding

Funding decisions will align with shared goals, outcomes, and system priorities.

Communications and Media

Participating agencies agree that Any Path Home may:

- Use agency logos for collective materials
- Speak collectively to media on behalf of the initiative
- Share high-level stories, outcomes, and system updates without prior agency approval

People participant stories require agency consent and must follow applicable confidentiality and privacy requirements.

Commitment to the Collective

By signing this Any Path Home Agency Participation Addendum, agencies affirm their commitment to the shared purpose, collective impact approach, and collaborative responsibilities outlined in this addendum.

Any Path Home Leadership Council reserves the right to discontinue membership if participating agency is no longer able to fulfill commitments.

CITY OF ROCHESTER

Kim Norton April 23, 2026

Kim Norton, Its Mayor

Attest Ann M. Kasel April 23, 2026

Ann Kasel, Its City Clerk

Camps in Parks and City lands (July, 2023)*

1. Complaint received and verified by Park Ops or Dispatch. Verification includes RPD following up with screening complainant concerns (are they reporting for cleanup, causing harm, or ask to connect resources?) and education. Verification also includes physical investigation of existence/severity. Parks and RPD should build out a shared doc option for exchanging and sharing updates re complaint assessment and response.

2. Rochester Police Department (RPD) personnel will post and document a notice at the encampment by the following business day, or as soon as practical. RPD will attempt contact with the people experiencing homelessness (PEH,) to explain the notice and answer questions. In consultation with Parks, the posting will provide a date and time to be vacated (generally within 48 – 72 hrs, excluding weekends, depending on resources) as well as contact information for PEH to consider housing/resource options.

3. If not already done, upon posting of the encampment Park Operations sends email notification to Service providers and Homeless camp team, including the date/time of posting as well as the date/time for clearing. This group includes Olmsted County Outreach Team (Any Path Home), Landing, Olmsted County Housing Stability Team, RPD, Park Ops.

4. Upon posting, Parks will assess the encampment for dumpster/clearing needs and provide appropriate dumpsters at the encampment site.

5. As soon as possible, and before the deadline, service providers will attempt contact with PEH at the encampment, to connect PEH with appropriate services.

6. Park Ops will arrive on the date and time specified on the posting to check the area and remove any debris left abandoned at the location. If PEH remain on site at that time Parks personnel will give a final one hour notice and contact RPD for assistance.

7. Following the one hour notice, any remaining PEH are subject to enforcement action by RPD, including trespass, citation, and/or arrest.

8. In the event of custodial arrest, RPD is responsible for inventory and temporary storage of the subject's personal property.

9. RPD will attempt to notify the appropriate prosecutor as well as service providers of the PEH arrest, for purposes of continued resource offerings.

10. Parks personnel will coordinate disposal of abandoned property, providing dumpster options throughout the process, at their discretion, depending on the encampment dynamics.

11. This protocol is fluid, subject to resource and encampment dynamics. For example, if a PEH leaves a posted encampment site and simply moves to another nearby location, the timelines/protocol will be adjusted. Other examples of scenarios which increase severity include specific location of the camp (proximity to vulnerable population like

playgrounds/schools, fire at the location, medical needs, damage to public/private property, large volumes of debris, hostile behavior, repeat offender, etc.

12. Nothing in this protocol precludes RPD or other public safety personnel from addressing exigent criminal or other public safety concerns.

---

*This protocol does not explicitly apply to encampments on private property. Any response to encampments on private property should include communication with Rochester Community Development via Taryn Edens.

ROCHESTER
POLICE DEPARTMENT

Law Enforcement Center
101 4th Street SE
Rochester, MN 55904-3761
Phone: 507-328-6800
Fax: 507-328-6975

North Station
4001 West River Parkway NW - STE 200
Rochester, MN 55901-7089
Phone: 507-328-6800
Fax: 507-529-4697

July 17, 2026

Re: Letter of Support for Any Path Home HUD Grant Application

To Whom It May Concern,

I am pleased to provide this letter in support of Any Path Home's application for HUD funding to expand its outreach capacity through the addition of four full-time outreach positions.

Addressing homelessness requires strong partnerships and coordinated community resources. Expanding outreach capacity through Peer Support Navigators and outreach staff will strengthen Rochester's ability to connect individuals experiencing homelessness with treatment, healthcare, housing, and other critical support services. These additional outreach professionals will increase opportunities to engage individuals with complex needs, improve access to services, and provide greater support in areas where unsheltered homelessness is most prevalent. Investing in outreach and navigation services is an important step toward improving outcomes for individuals experiencing homelessness while strengthening the overall response of our community.

The Rochester Police Department values its partnership with Any Path Home and supports this effort to expand coordinated outreach services. We appreciate your consideration of this funding request.

Sincerely,

Captain Jennifer Hodgman
Community Services Division
Rochester Police Department

10 Civic Center Plaza
Post Office Box 3368
Mankato, Minnesota 56002-3368

Phone: (507) 387-8600
Fax: (507) 388-7530
www.mankatomn.gov

City of MANKATO
Leading the way...

September 28, 2026

Jennifer Prins
Continuum of Care Director
River Valley's Continuum of Care
jennifer.prins@rivervalleyscoc.org

Dear Jennifer Prins:

The City of Mankato is committed to working collaboratively with the River Valleys Continuum of Care (CoC) and community partners to prevent and end homelessness and to ensure that individuals experiencing homelessness are connected to appropriate housing, health, behavioral health, and supportive services.

The City's Strategic Plan specifically identifies ending homelessness as a community priority, including reducing barriers to housing, creating low-barrier housing opportunities, engaging people experiencing homelessness in identifying challenges and solutions, and strengthening street outreach and case conferencing systems. Addressing homelessness in Mankato takes many partners. There is a high level of coordination between the City, Mankato Economic Development Authority (EDA), Blue Earth County, housing providers, and community-based service organizations.

Another key component of this partnership is the involvement of the City's Department of Public Safety. Their work, and connection with the many other partners, connects individuals experiencing homelessness with services and housing opportunities while maintaining public health, safety, and community standards.

The roles of these partners are complementary rather than duplicative. City and EDA Housing and community resource staff focus on relationship building, outreach, resource navigation, housing connections, and coordination with social-service and behavioral-health providers. Code Enforcement staff focus on property conditions, municipal code compliance, and related regulatory matters. Public Safety personnel remain responsible for matters involving immediate safety concerns, criminal activity, traffic or public safety issues, and enforcement of applicable laws and ordinances.

When homelessness or an encampment presents a community concern, the City's approach is to use the appropriate department or partner for the issue. Where an individual may benefit from housing, social services, behavioral-health resources, or other assistance, outreach and resource-navigation staff are engaged to establish contact, build trust, assess needs, and identify available options. Public Safety supports this work when necessary to address legitimate safety concerns, but homelessness itself is not treated as a criminal condition.

This coordinated approach is designed to avoid unnecessarily criminalizing homelessness. It recognizes that law enforcement, code enforcement, housing authorities, and social-service providers have different responsibilities and that the most effective response often requires those roles to work together. Public Safety's documented crisis-response practices likewise

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emphasize communication, de-escalation, problem solving, and collaboration with human-services and health-care partners.

The City and EDA also recognize that addressing homelessness requires more than responding to individual incidents. Our ongoing work includes street outreach and case conferencing, reducing barriers to housing, developing low-barrier housing opportunities, engaging landlords and tenants, expanding affordable housing partnerships, and connecting individuals with available housing assistance and supportive services.

In particular, the partnership between outreach staff and Public Safety provides an opportunity to address community concerns while prioritizing voluntary service engagement whenever appropriate. Public Safety can address immediate safety or criminal-law concerns, while outreach and housing partners work to identify service, shelter, and housing solutions. This separation of roles helps ensure that homelessness is addressed as a housing and community service issue whenever possible, while legitimate public safety and code concerns continue to be addressed through the appropriate channels.

The City of Mankato supports continued collaboration with the CoC and its partners and recognizes that coordinated street outreach, case conferencing, housing navigation, and appropriate public-safety involvement are important components of an effective community response to homelessness.

We appreciate the work of the Continuum of Care and its partner agencies to strengthen this system and advance the shared goal of ending homelessness in Mankato.

Sincerely,

Susan MH Arntz

Susan MH Arntz
City Manager

Project Application Review Criteria

RENEWAL PROJECT APPLICATIONS

FY2026

Review Criteria	Description	Objective	Points	Standards for Full Points, by Project Type					
				PSH	RRH or TH	DV RRH or TH	SSO	SSO-CE	HMIS
Grant Management									
RG1- Bed/unit/slot Utilization	% of total HH capacity in use at quarter PIT (APR)	Yes	10	≥ 90%	≥ 90%	≥ 90%	≥ 90%	≥ 90%	
RG2- Fund Utilization	% project funds recaptured in last two grant cycles (SAGE)	Yes	10	≤ 5%	≤ 5%	≤ 5%	≤ 5%	≤ 5%	≤ 5%
RG3- Data quality	% data quality points (APR)	Yes	5	≥ 75%	≥ 75%	≥ 75%	≥ 75%	≥ 75%	
RG4- Modification plan	Plan with specific actions taken/planned to modify project for current priorities	No	10	≥ 2 action step taken and planned to modify project for compliance with current HUD priorities					
		Subtotal Grant Management		**35**	**35**	**35**	**35**	**35**	**20**
Policy & System Alignment									
RS1a- Service Participation*	Commitment to require service participation agreements	Yes	10	Yes	Yes	Yes			
RS1b- Service Participation Agreement*	Submittal of proposed service participation agreement	Yes	10	Proposed agreement attached					
RS2- Particiant Involvement	Narrative of particpant roles in design, implementation, & evaluation of project	No	10	Persons and meaningful process described; Project description includes evidence of input incorporated					
RS3- Housing Leverage	$ rental assistance committed to project/total project request	Yes	5	Non-CoC rental assistance > 50% of units					
RS4- Services Leverage	$ services committed to project/total project request	Yes	5	Healthcare services >50% of request					
RS5- Income Strategies	Commitment to and strategies for increasing participant income	No	10	Commitment to ≥ 2 relevant and specific action steps					
RS6- Community Integration Strategies	Commitment to and strategies for increasing participant integration with community	No	10	Commitment to ≥ 2 relevant and specific action steps					
RS7- Education Services	Commitment to and strategies for coordinating with early childhood programs	No	10	Commitment to ≥ 2 relevant and specific action steps + Agreement(s)					
		Subtotal Policy & System Alignment		**70**	**70**	**70**	**40**	**10**	**10**
Priority Needs									
RN1- Geographic Priority	% project (by # counties) in Priority 1 Geography (Olmsted County) or Priority 2 Geography (Blue Earth, Steele)	Yes	10	≥80% in Priority 1 area					
RN2- DV	% project dedicated to serving survivors of domestic violence	Yes	10	>50% DV					
RN3- LE Group Assessment	Personal assessment of project engagement, model, and expected impact	No	10	Lived Experience Group discretionary points for project quality and alignment with needs					
		Subtotal Priority Needs		**30**	**30**	**30**	**30**	**30**	**10**
Performance									
RP1-Earned Income*	% project leavers & stayers increased earned income (APR)	Yes	15	>15%	>25%	>25%	>15%		
RP2- Total Income	% project leavers & stayers increased total income (APR)	Yes	15	>40%	>40%	>40%	>30%		
RP3- Exits to PH*	% project leavers that exit to permanent housing (APR)	Yes	15	>80%	>80%	>60%	>50%		
RP3- Exits to Unsubsidized Housing*	% project leavers that exit to housing without a subsidy (APR)	Yes	15	>25%	>25%	>25%			
RP4- Returns*	% project leavers do not return to homelessness within 12 mo. (APR)	Yes	15	>90%	>90%		>50%		
RP5- DV	(DV)% participants report reduced level of perceived risk at 6 mo.	Yes	5			>75%			
RP7- HMIS	Satisfactory review letter from HMIS governing board	Yes	20						Yes
		Subtotal Performance		**75**	**75**	**80**	**60**	**0**	**20**

	PSH	RRH or TH	DV RRH or TH	SSO	SSO-CE	HMIS
Total (Maximum) Points for Renewal Projects	**210**	**210**	**215**	**165**	**75**	**60**
*Points for Required Performance Measures	80	80	65	65	0	0
% Points for Required Performance Measures	38%	38%	30%	39%	0%	0%
Points for Obejctive Criteria	150	150	155	120	45	30
% Points for Objective Criteria	71%	71%	72%	73%	60%	50%

Renewal Project Score Sheet

Project & Applicant:

[----------Scores & Descriptions----------]

Review Criteria	30	20	15	10	5	2	0	Points Awarded	Notes to share with applicants
Grant Management									
RG1- Bed/unit/slot Utilization				90% or more	75-89%	60-74%	<60%		
RG2- Fund Utilization				5% or less	5-9%	10-14%	15% or more		
RG3- Data quality				75% or more	60-74%	50-59%	<50%		
RG4- Modification plan				≥ 2 specific and relevant actions listed, with explanation of how the action will result in greater compliance or alignment	≥ 2 specific and relevant actions listed, but with limited/no explanation of how the action will result in greater compliance or alignment	<2 specific and relevant actions, with or without explanations	No response or response does not address question		
						Subtotal Grant Management		**0**	
Policy & System Alignment									
RS1a- Service Participation*				Yes			No, or no response		

RS1b- Service Participation Agreement*					Yes		No, or no response		
RS2- Particiant Involvement				Meaningful engagement and guidance described; project description shows guidance applied	Somewhat meaningful engagement and/or includes general statements of application (not specific)	Engagement is cursory/ limited; Little/no evidence of applying guidance to application	No response or response does not address question		
RS3- Housing Leverage				Non-CoC rental assistance > 50% of units	Non-CoC rental assistance 25-49% of units	Non-CoC rental assistance > 1-24% of units	No response or no rental assistance leverage		
RS4- Services Leverage		Supportive services >50% of request	Supportive services 41-50% of request	Supportive services 31-40% of request	Supportive service 21-30% of request	Supportive services 1-20% of request	No response or No support services leverage		
RS5- Income Strategies				Meaningful integration activites and plans described; evaluation is specific and time-bound	Somewhat meaningful integration activites and/or general statements about evaluation (not specific)	Engagement is cursory/ limited; Little/no evidence of intent to evaluate efforts and make adjustments	No response or response does not address question		

RS6- Community Integration Strategies			Meaningful integration activites and plans described; evaluation is specific and time-bound	Somewhat meaningful integration activites and/or general statements about evaluation (not specific)	Engagement is cursory/ limited; Little/no evidence of intent to evaluate efforts and make adjustments	No response or response does not address question		
RS7- Education Services			Commitment to required elements and at least one recommended	Commitment to required elements only	Commitment to less than all required elements	No response		
					Subtotal Policy & System Alignment		**0**	

Priority Needs

RN1- Geographic Priority		100% in Priority 1 area or CoC-wide with targeted activity in Priority 1 area	≥80-99% in Priority 1 area	≥60-80% Priority 1 area; if not, then ≥80% in Priority 2 area	≥40-60% Priority 1 area; if not, then ≥60-80% in Priority 2 area	≥40-60% Priority 1 area; if not, then ≥40-60% in Priority 2 area	≤40% in any priority area; or no response	
RN2- DV+				≥50% DV participants or units; if not, then ≥75% in other needs	≥35-49% DV participants or units; if not, then ≥60% in other needs	≥20-34% DV participants or units; if not, then ≥50% in other needs	No, or no response	
RN3- LE Group Assessment				Great	Okay	Not good	Hard no	
					Subtotal Priority Needs		**0**	

Performance

RP1-Earned Income		PSH > 15% RRH/TH >25% SSO >15%	PSH 11-15% RRH-TH 20-24% SSO 11-15%	PSH 6-10% RRH-TH 12-19% SSO 6-10%	PSH 1-5% RRH-TH 5-11% SSO 1-5%	PSH <1% RRH-TH < 5% SSO <1%		
RP2- Total Income		PSH > 40% RRH/TH >40% SSO >30%	PSH 31-40% RRH-TH 31-40% SSO 21-30%	PSH 21-30% RRH-TH 21-30% SSO 11-20%	PSH 11-20% RRH-TH 11-20% SSO 5-10%	PSH <11% RRH-TH <11% SSO <5%		
RP3- Exits to PH*		PSH >80% RRH/TH >80% DV RRH/TH >60% SSO >50%	PSH 71-80% RRH/TH 71-80% DV RRH/TH 51-60% SSO 41- 50%	PSH 61-70% RRH/TH 61-70% DV RRH/TH 41-50% SSO 31-40%	PSH 51-60% RRH/TH 51-60% DV RRH/TH 31-40% SSO 21-30%	PSH <51% RRH/TH <51% DV RRH/TH <31% SSO <21%		
RP3- Exits to Unsubsidized Housing*		PSH > 15% RRH/TH >25%	PSH 11-15% RRH-TH 20-24%	PSH 6-10% RRH-TH 12-19%	PSH 1-5% RRH-TH 5-11%	PSH <1% RRH-TH < 5%		
RP4- Returns*		PSH >90% RRH/TH >90% SSO >50%	PSH 76-90% RRH/TH 76-90% SSO 41- 50%	PSH 61-75% RRH/TH 61-75% SSO 31-40%	PSH 51-60% RRH/TH 51-60% SSO 21-30%	PSH <51% RRH/TH <51% SSO <21%		

RP5- DV			>75%	51-75%	<51%	
RP7- HMIS	Letter from HMIS Governing Board indicates satisfaction with HMIS lead agency and strong-excellent perormance.		Letter from HMIS Governing Board indicates satisfaction with HMIS lead agency and good-adequate perormance.	Letter from HMIS Governing Board indicates dissatisfaction with HMIS lead agency and weak-poor perormance.	Letter not provided or does not address performance.	
				Subtotal Performance		**0**
				Raw Score		**0**

Project Application Review Criteria

NEW PROJECT APPLICATIONS

FY2026

Review Criteria	Description	Objective	Points	Standards for Full Points, by Project Type					
				PSH	RRH or TH	DV RRH or TH	SSO	SSO-CE	HMIS
Grant Management									
NG1- Project Implementation Timeline	Project timeline defines steps from award to full implementation	Yes	5	Plan includes ≥ 1 step per element with date and responsible party identified					
NG2- Experience with Federal Grants	# cumulative years of experience with federal or state funds	Yes	5	≥ 2 years federal or 4 years other; no known issues					
NG3- Experience with Project Type	# cumulative years of experience operating similar program(s)	Yes	10	≥ 2 years same or 4 years similar/related program types; no known issues					
NG4- Cost Effectiveness: Housing Leverage	$ rental assistance committed to project/total project request	Yes	10	Non-CoC rental assistance > 50% of units					
NG5- Cost Effectiveness: Services Leverage	$ services committed to project/total project request	Yes	20	Supportive services >50% of request					
	Subtotal Grant Management			**50**	**50**	**50**	**20**	**20**	**20**
Policy & System Alignment									
NS1a- Service Participation*	Commitment to require service participation agreements	Yes	10	Yes	Yes	Yes	Yes		
NS1b- Service Participation Agreement*	Submittal of proposed service participation agreement	Yes	5	Proposed agreement attached					
NS2- Participant Involvement	Particpant roles in design, implementation, & evaluation of project	No	10	Persons and meaningful process described; Project description includes evidence of input incorporated					
NS3- Community Integration *	Commitment to and strategies for increasing participant integration with community	No	10	Commitment to ≥ 2 relevant and specific action steps					
NS4- Education Services	Commitment to and strategies for coordinating with early childhood programs	Yes	10	Commitment to ≥ 2 relevant and specific action steps					
NS5- Coordinated Entry	Commitment to and strategies for ensuring participation in CE (including Housing Problem Solving)	Yes	10	Commitment to ≥ 2 relevant and specific action steps					
	Subtotal Policy & System Alignment			**55**	**55**	**55**	**40**	**40**	**10**
Priority Needs									
NN1- Geographic Priority	% of project geography (by # of counties) in Priority 1 or Priority 2 areas AND does not include ineligible areas	Yes	20	≥80% in Priority 1 area			Adds shelter- or outreach-based services in Priority 1 area		
NN2- DV+	% project dedicated to serving survivors of domestic violence and related situations (HUD defined DV) or other identified needs	Yes	10	>50% DV or >75% other needs			Adds shelter- or outreach-based services in Priority 1 area		
NN3- HMIS	Specific system improvements proposed to meet identified needs	No	10						≥ 2 relevant & specific actions to meet needs
NN4- LE Group Assessment	Personal assessment of project engagement, model, and expected outcomes	No	10	Lived Experience Group discretionary points for project quality and alignment with needs					
	Subtotal Priority Needs			**40**	**40**	**40**	**40**	**40**	**20**
Capacity to Perform									
NP1-Comprehensive Project Plan *	Project narratives, timelines, and budget create a complete project description that addresses HUD project quality threshold criteria for project type (NOFO pages 63-69).	No	30	Complete project description & budget based on e-snaps reqs. * % points on same element of renewal review if expansion					
NP2-Earned Income*	Plan includes specific steps to increase participant earned income from employment to at least 25% of households.	No	5	≥ 2 relevant and specific action steps * % points on same element of renewal review if expansion					
NP3- Successful Exits*	Plan includes specific steps to increase exits to unsubsidized housing for at least 20% of households.	No	5	≥ 2 relevant and specific action steps * % points on same element of renewal review if expansion					
NP4- Preventing Returns*	Plan includes specific steps to prevent returns to homelessness after exit to permanent housing to 5% or less of households over 24 months.	No	5	≥ 2 relevant and specific action steps * % points on same element of renewal review if expansion					
NP5- DV	Plan includes specific steps to reduce participant level of perceived risk at 6 months post exit	No	5			≥ 2 relevant and specific action steps			
NP6- TH	Plan includes specific steps to ensure 20 hour/week service plans	No	5		≥ 2 relevant and specific action steps	≥ 2 relevant and specific action steps			
NP7- HMIS	Satisfactory review letter from HMIS governing board	Yes	10						Yes
	Subtotal Capacity to Perform			**45**	**50**	**55**	**45**	**45**	**40**

	PSH	RRH or TH	DV RRH or TH	SSO	SSO-CE	HMIS
Total (Maximum) Points for New Projects	**190**	**195**	**200**	**145**	**145**	**90**
*Points for Required Performance Measures	55	55	60	55	45	30
% Points for Required Performance Measures	29%	28%	30%	38%	31%	33%
Points for Obejctive Criteria	115	115	115	85	70	30
% Points for Objective Criteria	61%	59%	58%	59%	48%	33%

New Project Score Sheet

Project & Applicant: #N/A

Review Criteria	Description	Reviewer Guidance	Max Points	30	20	15	10	5	2	0	Points Awarded	Notes to share with applicants
				[----------Scores & Descriptions----------]								
Grant Management												
NG1- Project Implementation Timeline	Project timeline defines steps from award to full implementation	Check that steps relevant to the project type are addressed. Steps should be dated in a logical order. Full points requires having specific dates and responsible people assigned.	**5**					Plan includes ≥ 1 step per element with date and responsible party identified	Plan does not include ≥ 1 step per element with date and responsible party identified	No response, or response doesn't address question		
NG2- Experience with Federal Grants	# cumulative years of experience with federal or state funds	Count the number of cummulative years of experience with federal or state funds. Reviewers may consider other CoC-funded projects associated with the grantee or subgrantees in determining scores for this element. Adjustment up to 1 points.	**5**					≥ 2 years federal or 4 years other; no known issues	<2 years federal or 4 years other; OR known issue(s) with grants	No experience; no response , or response doesn't address question		
NG3- Experience with Project Type	# cumulative years of experience operating similar program(s)	Count the cummulative years of experience with same/similar program type. Reviewers may consider other CoC-funded projects associated with the grantee or subgrantees in determining scores for this element. Adjustment up to 1 points.	**10**				≥ 2 years same or 4 years similar/related program types; no known issues			No experience; or no response, or response doesn't address question		
NG4- Cost Effectiveness: Housing Leverage	**Housing projects only (not SSO or HMIS):** $ rental assistance committed to project/total project request	Written documentation of rental assistance committed to project shows number of units and/or dollar amount (Letter or excerpt of PHA policy)	**10**				Non-CoC rental assistance > 50% of units	Non-CoC rental assistance 25-49% of units	Non-CoC rental assistance > 1-24% of units	No response or no rental assistance leverage		
NG5- Cost Effectiveness: Services Leverage	**Housing projects only (not SSO or HMIS):** $ services committed to project/total project request	Written documentation of services committed to project participants shows number of participants, classes, etc. and/or dollar amount (Letter or MOU)	**20**	Supportive services >50% of request	Supportive services 41-50% of request	Supportive services 31-40% of request		Supportive service 21-30% of request	Supportive services 1-20% of request	No response or No support services leverage		
										Subtotal Grant Management	**0**	
Policy & System Alignment												
NS1a- Service Participation	**Housing projects only (not SSO or HMIS):** Commitment to require service participation agreements	Yes/No. Was box checked to require service participation?	**10**				Yes			No, or no response		
NS1b- Service Participation Agreement	**Housing projects only (not SSO or HMIS):** Submittal of proposed service participation agreement	Yes/No. Was relevant service participation agreement provided?	**5**					Yes		No, or no response		

NS2- Participant Involvement	Particpant roles in design, implementation, & evaluation of project	Check for two elements: Response describes persons included and a meaningful process; Project description (**Summary tab**) includes evidence of input incorporated. Note: HMIS participant may be HMIS user (not the individual/family served by the HMIS user).	**10**			Meaningful engagement and guidance described; project description shows guidance applied	Somewhat meaningful engagement and/or includes general statements of application (not specific)	Engagement is cursory/ limited; Little/no evidence of applying guidance to application	No response or response does not address question		
NS3- Community Integration	**Housing and Service Projects only (not HMIS):** Commitment to and strategies for increasing participant integration with community	Check for two elements: Description of program-level strategies (not individual plans) for community integration; Clear plan to evaluate efforts and adjust as needed. The best responses will include timelines and specific measures or reports to evaluate.	**10**			Meaningful integration activites and plans described; evaluation is specific and time-bound.	Somewhat meaningful integration activites and/or general statements about evaluation (not specific)	Engagement is cursory/ limited; Little/no evidence of intent to evaluate efforts and make adjustments	No response or response does not address question		
NS4- Education Services	**Housing and Service Projects only (not HMIS):** Commitment to and strategies for coordinating with early childhood programs	Check for selection of required elements. Housing projects may have 2, but the most project types will only have one.	**10**			Commitment to required elements and at least one recommended	Commitment to required elements only	Commitment to less than all required elements	No response		
NS5- Coordinated Entry	Commitment to and strategies for ensuring participation in CE (including Housing Problem Solving).	Check for selection of required elements. Housing projects may have 2, but the most project types will only have one.	**10**			Commitment to participation type relevant to project type			No response or does not commit to relevant participation		
			Subtotal Policy & System Alignment	**0**							
Priority Needs											
NN1- Geographic Priority	**Housing and Service Projects only (not HMIS):** % of project geography (by # of counties) in Priority 1 or Priority 2 areas AND does not include ineligible areas	Housing projects: Calculate % of counties in project that are part of Priority 1 and Priority 2 areas. Services projects: Calculate % of counties where services are provided that are in Priority 1 and Priority 2 areas.	**20**		100% in Priority 1 area or CoC-wide with targeted activity in Priority 1 area	≥80-99% in Priority 1 area	≥60-80% Priority 1 area; if not, then ≥80% in Priority 2 area	≥40-60% Priority 1 area; if not, then ≥60-80% in Priority 2 area	≥40-60% Priority 1 area; if not, then ≥40-60% in Priority 2 area	≤40% in any priority area; or no response		
NN2- DV+	**Housing and Service Projects only (not HMIS):** % project dedicated to serving survivors of domestic violence and related situations (HUD defined DV) or other identified needs	Housing projects: Calculate % of units dedicated for DV or providing targeted services for another listed population. Services projects: Calculate % of households that will qualify as DV or another listed population.	**10**				≥50% DV participants or units; if not, then ≥75% in other needs	≥35-49% DV participants or units; if not, then ≥60% in other needs	≥20-34% DV participants or units; if not, then ≥50% in other needs	No, or no response		

NN3- HMIS	**HMIS projects only**: Specific system improvements proposed to meet identified needs	Check for two elements: Description of data system improvements; Clear connection to identified needs. The best responses will include timelines and describe how need was identified.	**10**		≥ 2 data system improvements, with clear connection to needs and path to implementation	1 or 2 improvements proposed, with general descriptions and non-specific paths to implementation	1 or fewer improvement proposed; improvements are vague , not connected to needs or not have a plan for implementation	No response or response does not address question		
NN4- LE Group Assessment	Personal assessment of project engagement, model, and expected outcomes	LE Group (Compact) overall assessment for quality of project, responsiveness to LE input, and outcomes/impact.	**10**		Great	Okay	Not good	Hard no		
							Subtotal Priority Needs		**0**	

Capacity to Perform

NP1-Comprehensive Project Plan	Project narratives, timelines, and budget create a complete project description that addresses HUD project quality threshold criteria for project type (NOFO pages 63-69).	Check for 3 primary things: 1) Does the application as a whole make sense? Do you understand what the project is about from reading the application? 2) Does the NP1response (**Summary tab**) address each of the five elements in the question? And 3) Does the application provide enough evidence of meeting project-type specific threshold criteria listed in the NOFO? (See **Reference document**.)	**30**	Application is clear and consistent, the budget is reasonable and well-supported, AND the application demonstrates meeting HUD treshold criteria (Reviewer has little/no questions or concerns about project ability to pass HUD treshold review.)	Application is mostly clear and consistent, the budget is mostly reasonable and well-supported, AND the application is likely to meet meeting HUD treshold criteria (Reviewer has a few questions, but no concerns about project passing HUD treshold review.)	Application is somewhat clear and consistent (less specific responses and/or the budget detail isn't adequate to know if costs are reasonable and well-supported. (Reviewer questions whether the project will pass HUD threshold review.)	Application is unclear and/or inconsistent in several places, and lacks adequate detail to know if costs are reasonable and well-supported. May include ineligible costs. (Reviewer doubts the application will pass HUD treshold review.)	Application is unclear and inconsistent. Budget includes ineligible costs or is missing most detail. (Reviewer believes the application will not pass HUD review.)	Elements completed, but inconsistencies and/or incomplete responses mean reviwer cannot meaningfully review the application. (Reviewer strongly believes the application will not pass HUD review.)	Incomplete (no response in one or more area), so cannot be scored based on quality (Reviewer has many questions and concerns and would not recommend project for inclusion in CoC application.)		
NP2-Earned Income	**Housing and Service Projects only (not HMIS):** Plan includes specific steps to increase participant earned income from employment to at least 25% of households.	Check for 2 primary things: 1)Is the proposed action step specific and relevant to the standard? 2) Does it include a completion date and identify a person/title responsible?	**5**				≥ 1 specific and relevant action step proposed, with timeline and responsible party identified	1 specific and relevant action step proposed, but timeline and/or responsible party not identified	No response or response does not address question (not a specific or relevant step)		

NP3- Successful Exits	**Housing and Service Projects only (not HMIS):** Plan includes specific steps to increase exits to unsubsidized housing for at least 20% of households.	Check for 2 primary things: 1)Is the proposed action step specific and relevant to the standard? 2) Does it include a completion date and identify a person/title responsible?	**5**		≥ 1 specific and relevant action step proposed, with timeline and responsible party identified	1 specific and relevant action step proposed, but timeline and/or responsible party not identified	No response or response does not address question (not a specific or relevant step)		
NP4- Preventing Returns	**Housing and Service Projects only (not HMIS):** Plan includes specific steps to prevent returns to homelessness after exit to permanent housing to 5% or less of households over 24 months.	Check for 2 primary things: 1)Is the proposed action step specific and relevant to the standard? 2) Does it include a completion date and identify a person/title responsible?	**5**		≥ 1 specific and relevant action step proposed, with timeline and responsible party identified	1 specific and relevant action step proposed, but timeline and/or responsible party not identified	No response or response does not address question (not a specific or relevant step)		
NP5- DV	**DV Housing & Service projects only:** Plan includes specific steps to reduce participant level of perceived risk at 6 months post exit	Check for 2 primary things: 1)Is the proposed action step specific and relevant to the standard? 2) Does it include a completion date and identify a person/title responsible?	**5**		≥ 1 specific and relevant action step proposed, with timeline and responsible party identified	1 specific and relevant action step proposed, but timeline and/or responsible party not identified	No response or response does not address question (not a specific or relevant step)		
NP6- TH	**TH projects only:** Plan includes specific steps to ensure 20 hour/week service plans.	Check for 2 primary things: 1)Is the proposed action step specific and relevant to the standard? 2) Does it include a completion date and identify a person/title responsible? NOTE: Service plans can include services, work, and education activities. People age 62+ or with a permanent disability can be excluded from requirement.	**5**		≥ 1 specific and relevant action step proposed, with timeline and responsible party identified	1 specific and relevant action step proposed, but timeline and/or responsible party not identified	No response or response does not address question (not a specific or relevant step)		
NP7- HMIS	**HMIS projects only:** Satisfactory review letter from HMIS governing board	Check that 1) a letter from the HMIS Governing Board is provided and 2) it indicates satisfactory performance by the lead agency.	**10**	Letter from HMIS Governing Board indicates satisfaction with HMIS lead agency and strong-excellent perormance.	Letter from HMIS Governing Board indicates satisfaction with HMIS lead agency and good-adequate perormance.	Letter from HMIS Governing Board indicates dissatisfaction with HMIS lead agency and weak-poor perormance.	Letter not provided or does not address performance.		
							Subtotal Capacity to Perform	**0**	
							Raw Score	**0**	

Rochester/Southeast Minnesota (MN-502)

Local Competition Selection Results

Project Name (Grant PIN)	Applicant Name	Score	Status	Rank	Requested Funding Amount	ARD (Renewal)	Reallocated Funds	CoC Bonus	DV Bonus
The Francis (MN0193)	Olmsted County	86.0	Accepted	1	$327,512	$327,512	$0	$0	$0
TRCA HUD TH	Three Rivers Community Action	85.0	Accepted	2	$283,946	$0	$283,946	$0	$0
TRCA PSH (MN0306)	Three Rivers Community Action	72.0	Partially Reallocated	3	$210,296	$210,296	-$97,680	$0	$0
Progress II (MN0599)	Steele County Transitional Housing	70.0	Accepted	4	$305,824	$305,824	$0	$0	$0
Mankato PSH (MN0570)	Partners for Housing	69.0	Accepted	5	$127,736	$127,736	$0	$0	$0
Maxfield Place (MN0060)	The Salvation Army	63.5	Accepted	6	$219,602	$219,602	$0	$0	$0
HMIS Southeast (MN0058)	Institute for Community Alliances	100.0	Accepted	7	$69,747	$69,747	$0	$0	$0
CES DV (MN0464)	Institute for Community Alliances	94.5	Accepted	8	$102,449	$102,449	$0	$0	$0
CES (MN0366)	Institute for Community Alliances	67.3	Accepted	9	$226,155	$226,155	$0	$0	$0
Rural CES (MN0517)	Institute for Community Alliances	58.2	Accepted	10	$99,170	$99,170	$0	$0	$0
OCHRA DV TH	Olmsted County	86.9	Accepted	11	$162,231	$0	$162,231	$0	$0
OCHRA DV TH Bonus	Olmsted County	86.9	Accepted	12	$70,636	$0	$0	$0	$70,636
WSSC Transitional Housing	Women's Shelter	73.9	Accepted	13	$76,819	$0	$76,819	$0	$0
WSSC TH 2	Women's Shelter	73.9	Accepted	14	$169,671	$0	$0	$0	$169,671
P4H Blue Earth-Nicollet PSH (MN0192)	Partners for Housing	--	Accepted	15	$207,713	$207,713	$0	$0	$0
Mankato Street Outreach	Mankato EDA	92.1	Accepted	16	$189,174	$0	$189,174	$0	$0
Olmsted Street Outreach	Olmsted County	88.8	Accepted	17	$364,724	$0	$164,622	$200,102	$0
Next Step	Hope & Harbor	87.8	Accepted	18	$188,162	$0	$0	$188,162	$0
Connections Services	Connections Ministry	81.4	Accepted	19	$111,540	$0	$0	$111,540	$0
RVCoC CES DV Expansion	Institute for Community Alliances	76.3	Accepted	20	$64,512	$0	$0	$0	$64,512
Gage East (MN0332)	Center City Housing	49.5	Accepted	21	$123,080	$123,080	$0	$0	$0
Silver Creek Corner (MN0247)	Center City Housing	42.0	Accepted	22	$85,398	$85,398	$0	$0	$0
MN-502 CoC Planning	Institute for Community Alliances	--		Not ranked	$164,301	$0	$0	$0	$0
Count: 23					**$3,950,398**				
Projects not selected									
Cherry Ridge Apartments (MN0300)	Mankato EDA	48.4	Fully Reallocated	Not ranked	$64,266	$0	-$64,266		
Radichel Townhomes (MN0061)	MACV	58.5	Fully Reallocated	Not ranked	$191,850	$0	-$191,850		
OCHRA DV RRH (MN0569)	Olmsted County		Fully Reallocated - Transition	Not ranked	$162,259	$0	-$162,259	$0	$0
TRCA HUD RRH (MN0065)	Three Rivers Community Action		Fully Reallocated - Transition	Not ranked	$283,946	$0	-$283,946	$0	$0
WSSC RRH (MN0462)	Women's Shelter		Fully Reallocated - Transition	Not ranked	$76,819	$0	-$76,819	$0	$0
CES Expansion	Institute for Community Alliances	80.7	Not accepted	Not ranked	$57,873	$0	$0		
Rural CES Expansion	Institute for Community Alliances	69.8	Not accepted	Not ranked	$53,682	$0	$0		
SMRLS Supportive Services	SMRLS	22.1	Not accepted	Not ranked	$212,740	$0	$0		
Hope Happens Here	HOPE Coalition	--	Withdrew after pre-application	Not ranked	NA				
HPS and Medical Navigation	The Landing MN	--	Withdrew after pre-application	Not ranked	NA				
A Safe Place for Youth	180 Degrees, Inc.	--	Application not received (pre-app only)	Not ranked	NA				
Emergency Response Fund	St Peter Good Neighbors	--	Application not received (pre-app only)	Not ranked	NA				
Treatment & Recovery Services	Minnesota Teen Challenge, Inc.	--	Application not received (pre-app only)	Not ranked	NA				

Statement from Southwest Minnesota Continuum of Care

Addendum to FY2026 CoC Competition Guide and Call for Projects
Last Updated: August 7, 2026

Prohibitions: In alignment with the FY2026 CoC NOFO, housing projects funded by our Continuum of Care are prohibited from:

- Operating drug injection sites or safe consumption sites;
- Knowingly distributing drug paraphernalia[1] on or off property under their control; or
- Knowingly permitting the use of distribution of illicit drugs on property under their control.

The activities outlined above will not be conducted, permitted, encouraged, or allowed, even within the context of harm reduction.

Violations: CoC-funded housing projects determined to be violation of the above are required to participate in technical assistance to resolve the violations and prevent future violations of this statement. If the CoC-funded housing project in violation does not participate in the technical assistance, their program may face a transfer or reallocation in the next NOFO cycle if they are unwilling to participate in TA and take the necessary actions to become compliant with the statement.

Program Policies & Resources: To be clear, this CoC statement does **not** require that projects condition assistance on sobriety or treatment participation (but projects may, in accordance with 24 CFR 578) or that participants be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

CoC-funded housing projects should continue to support clients with substance use disorders through partnerships with behavioral health providers, substance use disorder treatment providers, community groups, and recovery-oriented resources (e.g., recovery housing). This support should be client-centered and focused on maintaining safe and stable housing.

For Additional Information: If you have questions about how this statement applies to your CoC-funded housing project, please reach out to Jennifer Prins.

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[1] Our CoC understands "drug paraphernalia," as defined in the April 24, 2026 SAMHSA Dear Colleague letter, available at: https://www.samhsa.gov/sites/default/files/dear-colleague-letter-upated-hr-funding-guidance.pdf to include:

- Syringes or needles used to inject illicit drugs
- Pipes or other supplies for safer smoking kits
- Fentanyl test strips or any other substance test kits, including xylazine and medetomidine test strips, intended for use by people using drugs
- Sterile water, saline, or ascorbic acid (vitamin c) used to facilitate drug use
- Any other drug paraphernalia or supplies that promote or facilitate drug use not listed as acceptable above

CoC National Competition Applications

Annual CoC Program Competition

Current Application (to submit 9/30/2026)

- **Ranked Project List** - posted 9/23/26
- **Final - CoC Collaborative Application** - posted 9/30/26

Most Recently Submitted Applications

- 2025 - No funding competition (renewals only)
- **2024 Funding awards**
- **2023 Funding awards**
- **2022 Funding awards**
- **2021 Funding awards**

Notifications

No new notifications

Wednesday, September 30

September 2026

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

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