

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: NC-511 - Fayetteville/Cumberland County CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition Against Homelessness

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

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

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The NC-511 Fayetteville/Cumberland County Continuum of Care (CoC) maintains a transparent, inclusive, and ongoing process for inviting new members to participate in the CoC. While the CoC extends an open invitation for new members at least annually, recruitment is not limited to a single annual outreach period. The opportunity to join the CoC is available year-round through the CoC's ADA-compliant public website and is included in CoC Listserv communications. As a result, individuals and organizations receiving CoC communications are regularly reminded that membership is open and that interested community members are encouraged to participate.

Membership is free and open to individuals and organizations interested in preventing and ending homelessness in Fayetteville and Cumberland County. Membership does not require an organization to receive CoC, ESG, or other HUD funding.

The CoC encourages broad and diverse participation from nonprofit and faith-based organizations, local government, housing and healthcare providers, behavioral health and supportive service organizations, educational institutions, businesses, advocates, public safety partners, and other community stakeholders. Individuals with current or prior lived experience of homelessness are also encouraged to participate so their perspectives can help inform local planning, policies, priorities, and system improvements.

Interested individuals and organizations can obtain membership information and contact the CoC through information publicly available on the CoC website. New and prospective members are informed of CoC meetings, committees, activities, and opportunities for meaningful participation.

Through its publicly accessible website, recurring Listserv communications, and year-round open membership process, NC-511 exceeds a once-annual invitation by providing a continuous and transparent opportunity for new members to become involved in the community's efforts to prevent and end homelessness.

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

(limit 2,500 characters)

The NC-511 Fayetteville/Cumberland County Continuum of Care (NC-511) maintains a transparent and inclusive process for soliciting and considering input from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending homelessness within the CoC's geographic area.

NC-511 solicits feedback throughout the year through electronic surveys, CoC membership and committee meetings, work sessions, public forums, community events, and other stakeholder engagement opportunities. These opportunities allow members, nonmembers, service providers, individuals with lived experience of homelessness, local government, faith-based and nonprofit organizations, healthcare and behavioral health providers, housing partners, businesses, and other community stakeholders to provide input regarding the CoC's overall performance, community needs, service gaps, strategies, and priorities.

Feedback and recommendations received through these processes are presented, reviewed, and discussed during CoC and/or committee meetings and work sessions, as appropriate. The CoC considers this input along with HMIS and system performance data, identified community needs and gaps, available resources, and program outcomes when evaluating system performance, developing or modifying strategies, establishing community priorities, and informing funding and planning decisions.
https://www.cumberlandcountync.gov/departments/community-development-group/community_development/community-voice-coc-planning

NC-511 further promotes transparency by providing information through its ADA-compliant CoC website, including meeting information and relevant CoC materials. Public meetings and stakeholder engagement opportunities provide additional avenues for individuals and organizations to offer recommendations and participate in discussions regarding the community's response to homelessness.

NC-511 also participates in community events and encourages ongoing collaboration and networking among members, nonmembers, service providers, and other stakeholders. This continuous engagement helps ensure that CoC strategies and priorities are informed by diverse community perspectives, performance information, identified needs, and local experience.

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

(limit 2,500 characters)

NC-511 Fayetteville/Cumberland County Continuum of Care (NC-511) maintains a transparent and open process for accepting and considering project proposals from organizations that have not previously received CoC Program funding, including faith-based organizations.

NC-511 publicly solicits project applications through an open Request for Proposal (RFP) process. Funding opportunities, application requirements, deadlines, and other relevant information are communicated through the CoC's ADA-compliant website, CoC Listserv, and public Board and membership meetings. NC-511 also conducts outreach to prospective applicants, including organizations that have not previously received CoC Program funding, to broaden participation in the local competition.

Virtual workshops and informational sessions are conducted to explain the local competition, eligible project types, available funding and reallocation opportunities, application requirements, deadlines, and the project review and selection process. Prospective and new applicants are encouraged to ask questions and may receive technical assistance from the CoC Lead Agency to better understand application requirements and the local competition process.

Applications from new organizations, including faith-based organizations, are accepted and considered alongside applications from previously funded organizations through the CoC's established project review and selection process. Eligible applications are evaluated using the CoC's established review criteria and local competition procedures. This process provides new and previously funded eligible organizations an opportunity to compete for CoC Program funding and supports a fair, open, and transparent local competition.

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

(limit 2,500 characters)

NC-511 utilizes HMIS data, System Performance Measures (SPM), LSA, PIT/HIC information, and community provider and stakeholder feedback to identify service gaps and trends within the homelessness response system. Identified gaps, including recurring homelessness and housing stability needs, are reviewed to determine appropriate strategies and interventions for individuals and families.

The CoC collaborates with housing, employment, education, healthcare, behavioral health, and other community and mainstream service providers to address the needs of relevant subpopulations. Strategies may include permanent supportive housing, rapid rehousing, short-term financial assistance, housing stabilization services, treatment and supportive-service referrals, employment and income resources, and connections to mainstream benefits. Targeted approaches are developed based on identified needs among populations such as Veterans, families with children, youth, older adults, persons with disabilities, and individuals experiencing chronic or recurring homelessness.

The Planning and Development, Performance and Evaluation, and HMIS/CE Committees, in coordination with the CoC Lead Agency, oversee strategies and implementation. For identified priority gaps, the CoC establishes specific action steps, responsible parties, measurable performance goals, and implementation timelines appropriate to the strategy. Timelines may include 30-, 60-, and 90-day benchmarks when appropriate and longer-term milestones for strategies requiring extended implementation.

Progress is monitored using applicable HMIS and SPM measures, including returns to homelessness, permanent housing outcomes, housing retention, length of time homeless, and employment and income outcomes. Results are reviewed against established baselines and performance targets, and strategies are adjusted when needed. CoC Program, ESG, local government, mainstream program, and leveraged community resources are used, as eligible and available, to support planned activities.

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

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

1C. Coordination and Engagement

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

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- Frequently Asked Questions

	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?	0%

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)

Non Applicable

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)

NC-511 works with and utilizes Cumberland County's established behavioral-health network, which includes the Cumberland County Department of Public Health, Alliance Health, Cape Fear Valley behavioral-health services, and other community-based mental-health and substance-use disorder providers. Through these resources, participants may be connected, based on individual need, eligibility, and participant choice, to outpatient mental-health counseling, psychiatric services, psychosocial and trauma-informed interventions, medication management, substance-use disorder treatment, crisis intervention, suicide-prevention resources, recovery supports, Mental Health First Aid resources, and care-navigation services through NCCARE360. Qualified providers assess participants and determine the appropriate level of care and treatment based on individual needs.

NC-511's Coordinated Entry process provides an important initial assessment of a participant's needs, barriers, and circumstances. Information gathered through Coordinated Entry helps inform the agency receiving the referral of identified needs. Once accepted into a program, the agency further assesses those needs through case management and ongoing engagement. When mental-health or substance-use treatment needs are identified, the agency assists the participant with connecting to an appropriate behavioral-health provider for professional assessment and services.

NC-511 continues to seek and develop partnerships with mental-health, substance-use disorder, and other behavioral-health providers to expand available resources, address service gaps, and strengthen access to appropriate treatment and recovery supports that promote housing stability and long-term self-sufficiency.

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)

NC-511 works with and utilizes local behavioral-health and recovery resources to connect individuals experiencing homelessness with available peer-support and recovery-navigation services. These resources include Alliance Health and the Cumberland-Fayetteville Opioid Response Team (C-FORT) Recovery Resource Center. The Recovery Resource Center provides access to Certified Peer Support Specialists with lived experience in mental illness and/or substance use disorder who assist individuals throughout their recovery journey. Peer specialists help connect participants to treatment and recovery resources and assist with navigating barriers involving housing, transportation, employment, and other needs. Alliance Health's provider network also offers access to peer-support and other mental-health recovery services.

Through Coordinated Entry, initial information regarding a participant's needs and barriers is provided to the agency receiving the referral. Once accepted into a program, ongoing case management allows the agency to further identify behavioral-health, substance-use, recovery, and supportive-service needs. When peer support or recovery navigation would benefit the participant, case managers assist with connecting the individual to available peer specialists and community recovery resources based on individual need, eligibility, availability, and participant choice. NCCARE360 may also be used to assist with care navigation and connections to health and human services.

NC-511 continues to seek and strengthen partnerships with behavioral-health, substance-use disorder, recovery, and peer-support providers to expand access to these resources. The CoC recognizes the value of lived experience in building trust, supporting engagement, navigating services, and promoting recovery, housing stability, and long-term self-sufficiency.

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)

NC-511 uses Coordinated Entry as an initial point for identifying behavioral-health needs, barriers, and other circumstances that may indicate a need for further assessment. Information obtained through Coordinated Entry is provided to the agency receiving the referral. Once accepted into a program, ongoing case management and engagement allow the agency to further identify behavioral-health concerns and connect the participant with qualified providers for professional assessment and determination of appropriate services.

NC-511 utilizes behavioral-health resources available within Cumberland County, including Alliance Health and its provider network, to connect eligible individuals with intensive community-based services for Serious Mental Illness (SMI). Available services include Assertive Community Treatment (ACT) and Community Support Team (CST) services. These multidisciplinary models can provide intensive care coordination, assertive community-based outreach and engagement, comprehensive treatment, medication support, recovery services, and assistance addressing needs that may affect an individual's ability to remain stable in the community.

When a participant demonstrates behavioral-health needs requiring a higher level of support, case managers assist with referrals and connections to qualified providers. Clinical providers assess the participant, determine eligibility and the appropriate level of care, and coordinate treatment based on individual need and participant choice. NC-511 continues to seek and strengthen relationships with behavioral-health providers to improve access to intensive services for individuals with SMI and support recovery, housing stability, and community integration.

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)

NC-511 does not currently have an established partnership specifically with Drug Courts, specialty courts, AOT programs, or inpatient civil commitment providers. The CoC recognizes this as an important service-system gap and continues to seek partnerships with behavioral-health, justice-system, and treatment providers to strengthen referral pathways, continuity of care, treatment access, housing stability, and independence for individuals with mental-health and substance-use disorders.

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)

Because NC-511 does not currently have an established partnership specifically with a Drug Court, other specialty court, Assisted Outpatient Treatment (AOT) program, or inpatient civil commitment provider, the CoC does not currently have a formal process for coordinating with these entities or leveraging court orders to support housing stability and movement toward independence.

NC-511 recognizes this as an important opportunity to strengthen cross-system coordination and continues to seek relationships with specialty courts, behavioral-health providers, and justice-system partners. Through development of these relationships, the CoC seeks to establish coordinated referral and communication pathways that connect individuals experiencing homelessness with court-ordered or court-supported treatment, mental-health and substance-use services, case management, and other appropriate resources. Such coordination can help participants address treatment needs and other barriers that may affect their ability to obtain and maintain housing.

When individuals with justice-system or behavioral-health involvement enter the homeless response system, Coordinated Entry may identify relevant needs, barriers, and circumstances and provide this initial information to the agency receiving the referral. Following program acceptance, case managers can assist participants with connecting to appropriate community services and addressing court or treatment requirements that may affect housing stability. As partnerships are developed, NC-511 seeks to improve communication and coordination with these systems so that court-supported interventions and treatment resources can complement housing and supportive services and help participants progress toward greater stability, recovery, self-sufficiency, and 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)

NC-511 does not currently have an established partnership specifically with the local crisis system of care that encompasses 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services. However, these resources are available within Cumberland County through the local behavioral-health system, including Alliance Health and its provider network.

NC-511 recognizes the importance of formalizing and strengthening connections between the homeless response

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.	
FY2026 CoC Application	Page 13	09/29/2026

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	No
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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)

NC-511 maintains a formal partnership with Communicare, a Projects for Assistance in Transition from Homelessness (PATH) provider. Through this partnership, Communicare provides outreach and connects individuals experiencing homelessness with serious mental illness to behavioral health services, community resources, benefits, supportive services, and housing resources.

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)

NC-511 has access to substance use treatment and sober/recovery housing within its geographic area through Myrover-Reese Fellowship Homes. Myrover-Reese provides treatment services and structured, substance-free recovery housing for individuals with substance use disorders, supporting continued recovery, stability, and successful transition to independent living.

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)

NC-511 coordinates with the programs identified in Questions 1C-1a through 1C-1i through its Coordinated Entry (CE) process and established partnerships with homeless service, behavioral health, treatment, recovery, street outreach, and other community providers. Providers are encouraged to begin coordination as early as possible to identify housing needs, barriers, and appropriate resources and prevent entry into homelessness following treatment, discharge, or transition from another system.

NC-511 promotes warm hand-offs rather than simply providing an individual with contact information or a list of resources. As required, participants complete a Release of Information (ROI) within HMIS, documenting consent for appropriate information sharing among authorized participating providers in accordance with HMIS privacy and confidentiality requirements.

With appropriate consent, the referring provider can communicate relevant information regarding the individual's housing situation, needs, barriers, services received, and other authorized information to the receiving provider. This provides the receiving agency with information needed to better understand the individual's current and future needs, reduce duplication, address barriers, and minimize gaps in services during the transition.

When appropriate, individuals are connected to CE for assessment, prioritization, and referral to available housing resources. Street outreach teams and community partners also assist with connections to housing, shelter, behavioral health, substance use treatment, benefits, and supportive services. Providers coordinate and follow up on referrals to strengthen continuity of care, facilitate successful transitions to stable housing, and prevent entry or return to homelessness whenever possible.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$852,002
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.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	
5. 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).	0%

**You must provide a response for elements 1, 2
and 4 in question 1C-2.**

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

NC-511 Fayetteville/Cumberland County Continuum of Care (NC-511) consults with Emergency Solutions Grants (ESG) recipients throughout the planning and allocation process to ensure ESG resources are coordinated with the community's broader homelessness response system. Consultation occurs through CoC Board and membership meetings, committee meetings, funding discussions, electronic communications, and other planning activities.

NC-511 uses HMIS data, PIT/HIC information, System Performance Measures, Coordinated Entry information, provider feedback, and identified community needs and service gaps to support discussions regarding ESG priorities and eligible activities. ESG recipients are provided opportunities to participate in these discussions and provide input regarding the use of ESG resources, community priorities, funding needs, and strategies for addressing homelessness.

During the ESG funding process, NC-511 communicates available funding, eligible activities, application requirements, timelines, and local priorities. The CoC considers community needs, system performance, service gaps, available resources, and stakeholder input when developing recommendations and priorities for ESG funding. This coordination helps reduce duplication of services and supports alignment of ESG-funded activities with the CoC's overall strategies for preventing and ending homelessness.

NC-511 will continue consulting with ESG recipients through ongoing CoC planning, Board and committee participation, funding discussions, performance review, and communication throughout the program year. The CoC will use ESG program and HMIS performance information, provider feedback, and changing community needs to identify gaps, evaluate the effectiveness of funded activities, and inform future ESG planning and allocation priorities.

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)

NC-511 coordinates with emergency shelter providers through the CoC's established Coordinated Entry (CE) process to connect individuals and families experiencing homelessness with appropriate CoC housing and supportive services. Shelter providers identify individuals and families in need of housing assistance and connect them to Coordinated Entry, where standardized assessments are conducted to identify housing needs, barriers, vulnerability, and appropriate interventions.

Information collected through the assessment and HMIS, as applicable, is used to support prioritization and referral based on household needs and available housing resources. Through ongoing coordination among shelter providers, Coordinated Entry, the CoC Lead Agency, and participating housing and service providers, eligible households are matched and referred to appropriate resources, including rapid rehousing, permanent supportive housing, and other available CoC-funded housing and supportive services.

NC-511 also communicates with shelter and housing providers through CoC meetings, Coordinated Entry activities, case coordination, HMIS, and provider communication to identify available resources, address barriers to housing placement, and support timely connections to assistance. This coordinated approach helps ensure that individuals and families experiencing homelessness have equitable access to available CoC resources based on assessed need and established prioritization procedures.

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)

NC-511 shares and will continue to share PIT, HIC, HMIS, LSA, and System Performance data with state and local government partners, as permitted by law and applicable privacy and data-sharing requirements, to inform the community's homelessness response system.

Data is shared through reports, presentations, CoC and community meetings, planning discussions, and other appropriate communications with government partners. NC-511 uses these data to provide information on the number and characteristics of individuals and families experiencing homelessness, available housing and shelter resources, system utilization, housing outcomes, returns to homelessness, length of time homeless, and other trends affecting the community.

Sharing this information enables state and local government partners to better understand current homelessness needs, identify emerging trends and service gaps, assess system performance, and make data-informed decisions regarding policies, programs, funding priorities, and allocation of resources. The data also support collaborative planning between the CoC, government agencies, housing and service providers, and other community partners.

NC-511 will continue to use aggregate and other appropriately shareable data to increase awareness of homelessness within the community, demonstrate system needs and outcomes, identify opportunities for improvement, and support coordinated strategies and investments designed to prevent and reduce homelessness.

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

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

(limit 2,500 characters)

NC-511 recognizes that HMIS does not capture all information necessary to understand the needs and service utilization of individuals and families experiencing homelessness. Therefore, the CoC collaborates with community partners and stakeholders to consider other available data sources alongside HMIS to develop a more comprehensive understanding of homelessness and improve coordination of care.

NC-511 works with local health and human service partners, including the Cumberland County Health Department and other health and behavioral health providers, to identify health-related needs, service utilization trends, barriers to care, and available community resources. Information available through community partners supplements HMIS information and assists the CoC and its providers in identifying service gaps and coordinating appropriate referrals for healthcare, behavioral health, substance use treatment, and other supportive services.

The CoC also collaborates with local law enforcement, corrections, and other public-sector partners to better understand the needs of individuals experiencing homelessness who interact with those systems, including individuals returning to the community following incarceration. When appropriate and permitted by law, available information is used to support service coordination and connections to housing and supportive services.

NC-511 uses HMIS together with available partner and community data to identify trends, service gaps, and opportunities for improved coordination. Information is shared and utilized in accordance with applicable privacy, confidentiality, consent, and data-sharing requirements. This collaborative approach supports informed planning, appropriate referrals, and improved coordination of care for individuals and families experiencing homelessness.

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)

NC-511 partners with NCWorks to connect individuals experiencing homelessness with employment and workforce development resources. Through this partnership, individuals can access employment assistance, job-search support, resume development, career guidance, skills development, and connections to training and employment opportunities. These services help individuals improve job readiness, reconnect with the workforce, increase earned income, regain economic stability and independence, and strengthen their ability to obtain and maintain permanent housing.

NC-511 also collaborates with Fayetteville Technical Community College (FTCC), including opportunities available through its Registered Apprenticeship Program. FTCC's industry-driven apprenticeship model connects participants with employers and combines paid employment with structured on-the-job training and related classroom instruction. Apprentices earn wages while developing occupational skills and gaining experience that can lead to long-term employment.

Through partnerships with NCWorks, FTCC, and other workforce and community partners, NC-511 connects individuals experiencing homelessness with employment, education, training, and career-development opportunities that promote self-sufficiency, strengthen community integration, increase income, and support long-term housing stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

NC-511 street outreach projects collaborate with law enforcement, emergency responders, and community partners to improve engagement with individuals experiencing unsheltered homelessness and connect them with housing and supportive services. Coordination focuses on using outreach and service engagement, when appropriate, to help individuals access available resources and the CoC's homelessness response system.

Street outreach workers often develop relationships and trust with individuals experiencing unsheltered homelessness and may have knowledge of their usual locations, immediate needs, barriers to engagement, communication approaches, and prior connections to services. When law enforcement or first responders are needed, this familiarity can assist in establishing a positive connection, reducing barriers to communication, and helping responders understand how best to engage the individual. Outreach staff may also help reconnect individuals with services with which they have previously engaged, as appropriate and permitted by privacy requirements.

When first responders or law enforcement encounter individuals who need assistance, coordination with outreach providers helps connect them to Coordinated Entry, emergency shelter, housing resources, healthcare, behavioral health services, and other community supports. Outreach workers help build trust, assess immediate needs, explain available resources, and encourage voluntary participation in housing and supportive services.

All coordination is conducted consistent with applicable privacy, confidentiality, HMIS, and information-sharing requirements. Through continued collaboration, NC-511 seeks to increase positive interactions, reduce barriers to engagement, and strengthen connections to housing, supportive services, Coordinated Entry, and other CoC resources.

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)

NC-511 and its recipients support family and other support-network reunification for individuals and families experiencing homelessness or residing in CoC Program-funded housing when reunification is appropriate, safe, and desired by the participant. Through case management and service coordination, participants are engaged to identify family members, friends, caregivers, or other natural supports who may provide a safe and stable housing or support option.

Case managers assist participants with contacting potential family or support-network members, determining whether reunification is appropriate, coordinating with service providers, and developing a plan for a safe transition. When resources are available and assistance is eligible, support may include arranging or assisting with transportation and travel costs, scheduling travel, obtaining necessary documents, and coordinating services or assistance in another geographic area.

Reunification planning is individualized to address barriers that could prevent a successful transition, including difficulty navigating transportation, limited reading or comprehension skills, fear or anxiety related to travel, disabilities, lack of identification or documentation, or other challenges. Case managers may coordinate with the receiving family, support network, service provider, or community to help ensure appropriate supports are available upon arrival.

NC-511 recognizes that reunification is not complete simply because transportation has been arranged or the participant has departed. When appropriate and feasible, follow-up is conducted to confirm that the participant arrived safely, connected with the identified family or support network, and has access to the anticipated housing, services, or supports. If concerns are identified, the provider works with the participant and appropriate partners to determine available next steps.

This coordinated approach supports reunification as a safe, planned, and participant-centered pathway toward housing stability and well-being.

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?	No

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)

NC-511 recognizes and respects local efforts to protect public health and safety and cooperates with, and does not interfere with or impede, the lawful implementation of local policies and ordinances designed to advance these objectives. The City of Fayetteville adopted an ordinance on August 8, 2022, prohibiting camping on city-owned property. Cumberland County subsequently adopted an ordinance on December 19, 2022, prohibiting camping on county-owned property after recognizing that enforcement of the City's ordinance could result in individuals relocating to County property.

NC-511 does not obstruct or interfere with the City of Fayetteville, Cumberland County, law enforcement, or other first responders in carrying out their responsibilities under applicable local policies and ordinances. The CoC supports coordination among first responders, law enforcement, street outreach, homeless service providers, shelters, behavioral health providers, and other community partners.

When first responders encounter individuals experiencing homelessness, NC-511 and its partners assist by connecting individuals to the homeless response system, including Coordinated Entry, street outreach, emergency shelter, behavioral health and substance use services, and other appropriate community resources. Through Coordinated Entry, individuals may be assessed for their needs, barriers, and vulnerability and referred to appropriate available housing and supportive services.

NC-511 complements local public-safety efforts by assisting first responders in connecting individuals experiencing homelessness to appropriate services and resources while respecting the lawful authority and responsibilities of the City, County, law enforcement, and other first responders. NC-511 continues to cooperate with local public-safety efforts and does not interfere with or impede implementation of applicable policies and ordinances.

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)

NC-511 supports and cooperates with applicable local laws, policies, and practices addressing unauthorized camping and encampments on public property, including the City of Fayetteville and Cumberland County ordinances prohibiting camping on publicly owned property. These policies establish clear local expectations regarding the use of public property and support local efforts to address public health and safety concerns associated with encampments.

NC-511 is not the entity responsible for physically clearing tents or encampments or enforcing local ordinances. Those responsibilities remain with the appropriate local authorities and law enforcement. However, NC-511 supports these efforts through coordination with street outreach teams, first responders, law enforcement, Coordinated Entry (CE), shelters, behavioral health providers, and other community partners.

Street outreach can assist in identifying encampments and engaging individuals experiencing homelessness before or during local response efforts. Outreach workers can build trust, assess immediate needs and barriers, connect individuals to CE, and provide referrals to available shelter, housing, behavioral health, substance use treatment, benefits, and other supportive services.

NC-511 recognizes that enforcement of camping restrictions may result in individuals relocating to other locations without resolving their homelessness. To mitigate this restrictive effect, NC-511 will continue to promote early outreach, coordinated referrals, warm hand-offs, and connections to available housing and services before or during displacement whenever possible. The CoC will leverage the beneficial public-safety objectives of local policies while using outreach and service coordination to reduce service disruptions, repeated displacement, and returns to unsheltered homelessness.

Through this approach, NC-511 supports local authorities in addressing encampments while focusing the CoC's role on connecting individuals with appropriate services and opportunities to transition from prohibited public areas toward shelter and stable housing.

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)

NC-511 is aware that individuals experiencing unsheltered homelessness may reside in tents or encampments throughout the CoC's geographic area. NC-511 does not currently maintain an official count of active tents or encampments, as their number, size, and location can fluctuate frequently as individuals move between locations. Street outreach teams, first responders, community partners, and other service providers assist in identifying locations where individuals may be experiencing unsheltered homelessness.

The City of Fayetteville and Cumberland County have adopted policies and ordinances prohibiting camping on City- and County-owned property. NC-511 cooperates with and does not interfere with implementation of these local requirements.

NC-511 is not responsible for enforcement of camping ordinances or the physical clearing of tents and encampments. Under Cumberland County's ordinance, the Cumberland County Sheriff's Office has authority to enforce the prohibition on camping on County property, including providing notice of trespass and directing individuals to remove their personal property within a time appropriate to the circumstances.

NC-511's role focuses on the homeless-service response. Through street outreach, Coordinated Entry (CE), and collaboration with first responders and community partners, individuals identified as living unsheltered or in encampments can be engaged and connected to available shelter, housing, behavioral health, substance use treatment, benefits, and other supportive services. When appropriate, individuals may be connected to CE for assessment, prioritization, and referral to available housing resources.

NC-511 supports local efforts to address prohibited camping by helping individuals connect with appropriate resources and services that may assist them in transitioning from prohibited public areas toward shelter and stable housing, while local authorities retain responsibility for enforcement and clearing public property.

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)

NC-511 coordinates with, supports, and does not interfere with or impede applicable federal, state, and local laws, policies, and public-safety practices addressing the unlawful possession and public use of illicit drugs. The CoC also recognizes City of Fayetteville and Cumberland County policies prohibiting camping on publicly owned property. While these policies are not specific to illicit drug use, enforcement may create opportunities for first responders and street outreach teams to engage individuals experiencing homelessness who may also have substance use treatment needs.

NC-511 is not a law enforcement entity and does not enforce drug, trespass, or camping laws. Its role is to support the homeless-service response. Street outreach teams can coordinate with first responders and law enforcement, when appropriate, to engage individuals, build trust, de-escalate situations, identify immediate needs, and connect individuals to substance use treatment, behavioral health services, shelter, Coordinated Entry, housing resources, and other supportive services.

NC-511 will leverage beneficial policies and community partnerships by strengthening coordination among street outreach, law enforcement, first responders, behavioral health and substance use treatment providers, and homeless service agencies. Warm hand-offs to treatment and recovery providers can help connect individuals engaged in public illicit drug use to appropriate treatment and recovery services.

NC-511 recognizes that enforcement alone may result in displacement or disengagement from services without addressing underlying substance use or housing needs. To mitigate these effects, the CoC promotes early outreach, service engagement, coordinated referrals, and warm hand-offs whenever possible. Street outreach's ability to establish trust can support safer and more peaceful interactions between individuals and first responders while helping individuals access treatment, recovery services, shelter, housing, and other supportive services.

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)

NC-511 does not independently collect or monitor data specifically identifying overdoses or illicit drug use occurring in public spaces; however, the CoC closely monitors available local data and information provided by Cumberland County and community partners. NC-511 uses this information to understand emerging trends and risks affecting individuals experiencing homelessness and to inform outreach, service coordination, referrals, partnerships, and other homelessness-response efforts.

Available local data indicate that opioid overdose and illicit opioid use remain significant concerns within Cumberland County. According to Cumberland County's October 2025 Opioid Settlement Funds Strategic Planning Report, the estimated overdose emergency department visit rate was 131.4 per 100,000 residents in 2024, representing approximately 444 projected emergency department visits. Although this was an approximately 30 percent decrease from 2023, Cumberland County's rate remained above the statewide overdose emergency department visit rate. The report also found that illicit opioids were involved in an estimated 74.9 percent of overdose deaths in Cumberland County in 2023, representing approximately 128 projected deaths.

NC-511 recognizes that substance use and overdose can create additional risks and barriers for individuals experiencing homelessness, particularly individuals who are unsheltered. The CoC considers available data and information from public health, behavioral health, street outreach, emergency response, law enforcement, and other community partners when planning outreach and connecting individuals with appropriate services and resources.

While available County data demonstrate that overdose and illicit opioid use remain a concern within the CoC's geographic area, the data reviewed by NC-511 do not specifically identify what proportion of these incidents occurred in public spaces. Therefore, NC-511 does not characterize countywide overdose statistics as public-space incidents without supporting location-specific data.

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)

NC-511 identifies and follows applicable North Carolina and local laws, policies, and established practices designed to protect public safety and address situations involving individuals who may present a danger to themselves or others. North Carolina has established legal standards and procedures for responding to individuals who may require emergency evaluation or involuntary commitment due to concerns regarding their safety or the safety of others.

NC-511 does not independently determine whether an individual meets the legal or clinical standards for involuntary commitment. Rather, the CoC supports the use of established procedures and coordinates, as appropriate, with behavioral health providers, crisis-response professionals, emergency responders, law enforcement, street outreach, and other community partners when an individual experiencing homelessness presents a potential danger to self or others.

NC-511 recognizes that certain requirements may affect or delay intervention, including the legal threshold that must be met, the need for assessment by qualified professionals, individual rights and due-process protections, and the availability of behavioral health and crisis-response resources. These requirements are necessary protections; however, they can create challenges when immediate assistance is needed.

The CoC will continue to mitigate these challenges by strengthening communication and referral pathways among homeless service providers, behavioral health and crisis-response providers, law enforcement, emergency responders, and other community partners. NC-511 will leverage beneficial state and local procedures to support timely access to appropriate crisis intervention and services while respecting individual rights and protecting public safety. Coordinated Entry will continue to be used to assess housing and service needs and connect individuals to appropriate housing and supportive-service resources when applicable.

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)

Although NC-511 does not maintain a separate CoC public-safety policy specific to SORNA, the CoC follows applicable federal, state, and local laws and requirements regarding the Sex Offender Registration and Notification Act (SORNA) and sex-offender registration and notification.

NC-511 recognizes the importance of public safety and appropriate information sharing while also protecting the privacy and confidentiality of individuals experiencing homelessness. The CoC takes HMIS privacy and security seriously and ensures that HMIS information is used or disclosed only as authorized by applicable HUD/HMIS privacy requirements, the CoC's privacy policies, and applicable law. NC-511 will coordinate with appropriate law-enforcement and community partners regarding SORNA information, including location information, when authorized and required.

NC-511 also recognizes that individuals required to register as sex offenders may experience significant barriers to obtaining housing. North Carolina law establishes residential and premises restrictions for certain registered sex offenders, which can reduce the number of legally permissible housing locations and create additional challenges when identifying appropriate placements.

NC-511 will continue working to address these barriers while complying with applicable public-safety requirements. Through Coordinated Entry, individuals are assessed for their housing and service needs and referred to appropriate available resources. The CoC will continue working with housing providers, landlords, community partners, and other appropriate entities to identify lawful housing opportunities for individuals whose housing options are limited by registration or residency requirements.

NC-511's approach is to support housing opportunities for individuals experiencing homelessness while ensuring that placements and information-sharing practices comply with applicable law, HUD requirements, HMIS privacy standards, and public-safety requirements.

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)

NC-511 uses a coordinated, community-wide outreach strategy to identify and engage individuals and families experiencing homelessness throughout Fayetteville and Cumberland County, including persons experiencing unsheltered homelessness who may not independently seek services.

Street outreach is a vital component of this strategy. Outreach workers build relationships and trust within the communities they serve and often develop familiarity with individuals experiencing unsheltered homelessness, their locations, immediate needs, barriers to services, and effective approaches to engagement. These established relationships can help create smoother transitions from the street to Coordinated Entry, shelter, housing, healthcare, behavioral health, and other supportive services. When additional assistance from law enforcement, first responders, healthcare professionals, or other community partners is needed, outreach workers can help facilitate communication and coordination to promote positive interactions and continued service engagement.

Street outreach providers collaborate with the CoC Lead Agency, Coordinated Entry, emergency shelters, law enforcement and first responders, healthcare and behavioral health providers, faith-based organizations, local government, and other community partners. Referrals and information from these partners help identify individuals and families in need and extend outreach beyond locations routinely visited by outreach teams.

Individuals and families are connected to Coordinated Entry for assessment, prioritization, and referral to available housing and supportive services based on eligibility and identified need. NC-511 also uses HMIS information, PIT activities, provider and community feedback, referrals, and knowledge of locations where unsheltered homelessness occurs to identify emerging needs and areas requiring additional outreach.

Through ongoing outreach, trusted relationships, Coordinated Entry, referrals, and community collaboration, NC-511 works to reduce geographic and service gaps and provide individuals and families throughout the CoC's geographic area equitable opportunities to connect with housing, services, and community resources.

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

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

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	No
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)

NC-511's written policies and procedures support informing individuals and families experiencing homelessness of programs, benefits, and services for which they may be eligible, including educational services. The CoC recognizes that education is an important component of stability and self-sufficiency for children, youth, and adults experiencing homelessness.

Through the Coordinated Entry process and ongoing case management, individuals and families are assessed to identify their needs and barriers, including educational needs. When households include school-age children or youth, providers inform families of available educational resources and assist with connections to the appropriate school system, educational programs, and other community resources. Families are informed that experiencing homelessness does not eliminate a child's ability to access educational services and supports.

NC-511 and its community partners also assist individuals and families with identifying needs that could include educational opportunities that can improve long-term housing stability and self-sufficiency. Depending on the household's needs, this may include referrals or connections to public schools and appropriate educational liaisons, GED or high school equivalency programs, community and technical colleges, workforce development and job-training programs, and other educational resources.

NC-511's procedures emphasize identifying needs, providing information about available and applicable services, making appropriate referrals, and coordinating with educational and community partners when additional assistance is needed. Through these practices, the CoC works to ensure that individuals and families who become homeless are informed of the many services available, including educational opportunities, and are supported in accessing services for which they may be eligible.

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)

NC-511's Written Standards establish a consistent framework for individuals and families experiencing homelessness to receive information, assessment, referrals, and support in accessing and maintaining permanent housing. Through the Coordinated Entry process, youth experiencing homelessness or housing instability who enter the homeless response system can be assessed consistently to identify housing needs, barriers, eligibility, and appropriate available resources. Coordinated Entry does not replace the responsibilities of the foster care or child welfare system; rather, it provides a pathway for coordinating homeless assistance when a youth needs housing-related services.

When youth transitioning from foster care or other public systems of care are identified, NC-511 and its partners work to coordinate service delivery and connect youth with appropriate housing and supportive resources. Coordination may include child welfare agencies, housing and homeless service providers, behavioral health providers, educational and employment resources, benefits assistance, and other community organizations based on the youth's individual needs.

NC-511 recognizes the importance of transition planning before youth exit public systems of care and continues to strengthen relationships and referral pathways with child welfare and other community partners. The CoC's goal is to reduce the risk that youth exit foster care or other public systems directly into homelessness and, when homelessness occurs, to coordinate housing and supportive services that promote long-term stability and independence.

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)

NC-511 collaborates with community agencies and partners serving youth experiencing or at risk of homelessness and works to coordinate service delivery across the CoC's geographic area. This includes coordination with Runaway and Homeless Youth (RHY)-funded providers, where such providers and program types exist within the geographic area, including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and other youth-serving resources.

Through the Coordinated Entry process and collaboration among community partners, youth experiencing homelessness can be assessed consistently to identify their housing needs, barriers, program eligibility, and appropriate available resources. NC-511 and its partners work to connect youth to housing and supportive services and coordinate referrals with youth-serving organizations based on the individual's circumstances and needs.

Street outreach and other community partners are particularly important in identifying and engaging youth who may be unsheltered or disconnected from traditional service systems and connecting them to Coordinated Entry and appropriate resources. Coordination with transitional living and other youth-serving programs can also support youth in developing the housing stability, employment, education, life skills, and other supports necessary to move toward independence and permanent housing.

NC-511 does not currently have sufficient information to identify a RHY-funded Maternity Group Home operating within the CoC's geographic area. Where an RHY-funded provider or appropriate youth program exists, NC-511 will continue to establish and strengthen communication, referral pathways, and coordination to ensure youth are connected to appropriate housing and supportive services.

NC-511 remains committed to strengthening partnerships with RHY-funded and other youth-serving providers to reduce youth homelessness and improve coordinated access to services throughout the geographic area.

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)

NC-511's Robin's Meadow Transitional Housing serves families with children experiencing homelessness. Families seeking CoC housing assistance are connected through Coordinated Entry, where standardized assessments identify needs and support prioritization and referral based on eligibility and available resources. Outreach and referrals through shelters, providers, and community partners help ensure eligible families throughout the CoC have equitable access to the program.

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)

NC-511 uses a coordinated approach to help participants achieve housing stability while increasing earned income and strengthening their ability to pay rent. Individuals and families are connected through the Coordinated Entry process, where housing needs, barriers, vulnerabilities, and service needs are assessed. Based on eligibility, prioritization, and available resources, participants are referred to appropriate housing and supportive-service providers.

Establishing housing stability provides an important foundation for participants to focus on goals beyond the immediate crisis of homelessness. Once connected to an appropriate housing intervention, individualized case management helps participants increase earned income, strengthen employment skills, and improve their ability to pay rent and maintain stable housing. Case managers work with participants to identify employment history, education, skills, current income, barriers to employment, and short- and long-term goals and develop appropriate service connections based on those needs.

NC-511 and its partners connect participants to employment, education, training, and workforce-development resources. Through NCWorks, participants may access job-search assistance, resume development, career guidance, skills development, training, and connections to employment opportunities. Participants may also be connected to Fayetteville Technical Community College (FTCC), including its Registered Apprenticeship Program, which combines paid employment with structured on-the-job training and related education while developing skills for long-term employment.

Case management also helps participants address barriers that may interfere with obtaining or maintaining employment, including transportation, childcare, identification and documentation needs, limited education or job skills, and connections to other available community resources and mainstream benefits.

Through Coordinated Entry, housing assistance, individualized case management, and workforce and educational partnerships, NC-511 helps participants move from housing crisis toward greater stability, reconnect with the workforce, develop marketable skills, increase earned income, and strengthen their ability to pay rent, meet household expenses, and maintain permanent housing.

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)

NC-511 and the project(s) identified in 1C-13 leverage mainstream family service systems by coordinating with Cumberland County Department of Social Services (DSS) and other community partners to connect eligible families experiencing homelessness with benefits, services, and resources funded outside of the CoC homeless assistance system.

Through the Coordinated Entry process, individuals and families are consistently assessed to identify their housing needs, barriers, income, and other service needs. Based on the needs identified, eligible families are connected to mainstream resources that may include Work First/Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, child-care assistance, employment and workforce services, and other available family-support programs.

Cumberland County DSS and other partnering agencies work with the CoC and homeless service providers to coordinate access to programs and services for which families may be eligible. These mainstream resources supplement CoC and other homeless assistance by addressing needs such as food, health care, child care, employment, income, and family stability without requiring those needs to be supported solely through limited homeless-assistance funding.

By leveraging these mainstream family service systems, the projects can concentrate housing resources on helping families obtain and maintain stable housing while connecting families to other programs designed to address their broader needs. This coordinated approach supports increased household stability, improved income and employment opportunities, and the family's ability to maintain housing after homeless assistance ends.

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

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

(limit 2,500 characters)

NC-511 recognizes that housing assistance is essential to ending homelessness for families with children, but housing stability is strengthened when the needs of the entire family are identified and addressed. The project(s) identified in 1C-13 combine housing assistance with connections to childcare, parenting support, pregnancy-related and child healthcare, education, and other supportive services through coordination with community partners across the CoC's geographic area.

NC-511's Coordinated Entry (CE) system and initial assessment process are important to this approach. Families entering the homeless response system are first assessed to identify their housing needs, barriers, household circumstances, and other needs that may affect their ability to obtain and maintain permanent housing. This assessment helps providers understand the needs of the family as a whole and make appropriate referrals and connections rather than addressing housing in isolation.

Based on the needs identified through assessment and ongoing case management, families may be connected to childcare resources that support employment, education, appointments, and other activities necessary for household stability; parenting and family-support programs; prenatal, pregnancy-related, pediatric, preventive, and other healthcare services; and educational resources for children and parents.

NC-511 works collaboratively with Cumberland County DSS, healthcare and behavioral health providers, educational institutions, childcare resources, employment and workforce partners, and other community organizations to coordinate these supports with housing assistance.

By beginning with Coordinated Entry and an individualized assessment, NC-511 and its partners can better identify each family's needs and coordinate appropriate housing and supportive services. Addressing housing together with childcare, parenting, healthcare, and educational needs supports the family as a whole and strengthens opportunities for long-term housing stability and self-sufficiency.

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)

NC-511 partners with Volunteers of America (VOA), a Veteran Serving Organization that provides housing and supportive services to Veterans experiencing homelessness. VOA actively participates in NC-511 CoC meetings, Coordinated Entry, and HMIS. Through this partnership, NC-511 and VOA coordinate referrals and services to connect Veterans experiencing homelessness with appropriate housing and supportive resources.

 nbsp;

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)

NC-511 collaborates with The CARE Center to serve survivors of domestic violence, dating violence, sexual assault, and stalking. Through coordination with the CoC's Coordinated Entry process, survivors are connected to appropriate shelter, housing, advocacy, and supportive services. Survivor information is protected and maintained by the victim service provider in accordance with applicable confidentiality and comparable database requirements.

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)

NC-511 does not currently have a formal justice system re-entry partnership; however, the CoC collaborates with local law enforcement to connect individuals experiencing homelessness to outreach, shelter, housing, and supportive services. NC-511 recognizes re-entry partnerships as an important strategy to prevent homelessness after incarceration and continues efforts to strengthen coordination with justice system and re-entry partners.

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)

NC-511 partners with Cape Fear Valley's paramedic/EMS services to better understand and respond to the needs of individuals experiencing homelessness with significant medical needs. This collaboration helps identify healthcare needs and frequent service utilization and supports coordination with the CoC and community partners to connect individuals to appropriate medical, housing, and supportive services.

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)

NC-511 does not currently have a formal partnership or project specifically dedicated to aging and elderly individuals experiencing homelessness. However, the CoC recognizes the unique housing, health, and supportive-service needs of this population. Through Coordinated Entry and community partnerships, NC-511 assesses individual needs, prioritizes eligible vulnerable households, and connects older adults to appropriate housing and services.

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)

NC-511 partners with Endeavors, which operates Permanent Supportive Housing (PSH) serving eligible individuals and families experiencing chronic homelessness. Endeavors participates in NC-511's Coordinated Entry process, through which households are assessed and prioritized based on established eligibility and prioritization standards, helping connect the most vulnerable eligible households to appropriate PSH resources.

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 Permanent Supportive Housing project identified in 1C-19 does not currently provide on-site behavioral healthcare. However, NC-511 recognizes that individuals and families experiencing chronic homelessness may have significant behavioral health needs and that access to mental health and substance use services can be an important component of achieving and maintaining housing stability.

Although behavioral healthcare is not provided on-site, NC-511 and its partners work to connect participants with behavioral health providers and other community resources that can address identified mental health and substance use needs. Through Coordinated Entry, initial assessment, ongoing case management, and service coordination, participants' needs and barriers can be identified so that appropriate referrals and connections can be made based on the individual's circumstances.

NC-511 works collaboratively with behavioral health providers, healthcare organizations, outreach teams, and other community partners to strengthen access to services for individuals experiencing homelessness. These partnerships allow participants to be connected to appropriate off-site behavioral healthcare while continuing to receive housing assistance and supportive services through their housing program.

NC-511 understands that behavioral healthcare and housing stability are often interconnected. Addressing behavioral health needs can help participants overcome barriers that may affect their ability to obtain and maintain permanent housing, engage in case management, increase income, and work toward greater stability and independence.

NC-511 will continue to strengthen partnerships with behavioral health providers and explore opportunities to expand access to integrated services, including opportunities for on-site or more closely coordinated behavioral healthcare when feasible. Until such services are available on-site, the CoC will continue using assessment, case management, referrals, and community partnerships to connect participants with appropriate behavioral health services and support continuity of care.

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 Permanent Supportive Housing project identified in 1C-19 does not currently have a formal policy specifically established for assessing when a program participant requires a higher level of care, such as assisted living or residential treatment. NC-511 recognizes this as an area for continued development and understands the importance of identifying when a participant's medical, behavioral health, functional, or other needs may exceed the level of support available through Permanent Supportive Housing.

NC-511 and its partners currently use assessment, case management, service coordination, and ongoing engagement with participants to identify changes in needs and barriers that may affect housing stability and overall well-being. Through the Coordinated Entry process, initial housing and service needs are identified; however, NC-511 recognizes that a participant's needs may change after housing placement. Ongoing case management and communication with healthcare, behavioral health, and other community partners are therefore important in recognizing when additional or more intensive services may be needed.

When a participant demonstrates needs that may require a higher level of care, NC-511 and its partners work to connect the individual with appropriate community providers for further evaluation and available services. Depending on the individual's needs, this may include connections to healthcare and behavioral health providers, residential treatment, assisted living resources, or other appropriate community-based services. Determinations regarding the appropriate level of medical or behavioral healthcare are made by qualified professionals rather than by the CoC.

NC-511 will continue working with the PSH provider and community partners to strengthen procedures for identifying and responding to participants whose needs may exceed the services available through PSH. This includes strengthening referral pathways, communication, and coordination with healthcare and behavioral health providers and exploring the development of a more formal process for assessing and connecting participants to higher levels of care when necessary.

NC-511 remains committed to helping individuals experiencing chronic homelessness obtain and maintain appropriate housing while recognizing when additional care may be necessary to support their health, safety, and long-term stability.

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)

Non Applicable

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

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

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

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	
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You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1D-2b.

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	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.	
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	

You must select a response for element 1 or 3— if you select Yes, you must enter a date in element 2 in question 1D-2d.

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	
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You must enter a date in question 1D-2e.

1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:	
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,	

2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	
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You must select a response for question 1D-3a.

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)	Michigan Coalition Against Homelessness
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

(limit 2,500 characters)

Not Applicable

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)

NC-511 works collaboratively with the City of Fayetteville, Cumberland County, street outreach providers, law enforcement, first responders, housing and service providers, and other community partners to address encampments and reduce the number of individuals residing in them. NC-511 follows applicable local laws, policies, notification requirements, and established procedures governing encampments and public property while focusing the CoC's role on outreach, engagement, assessment, service coordination, and connections to housing.

Street outreach is an essential and ongoing component of the CoC's strategy. Outreach workers continually engage individuals experiencing unsheltered homelessness in areas where encampments exist or may develop. When notice regarding an encampment is provided by the appropriate local authority, outreach efforts support engagement with affected individuals and provide opportunities to connect them with available housing and services before further local action occurs, as appropriate.

Outreach workers build trust, identify immediate needs and barriers, and encourage individuals to connect with the homelessness response system. Individuals engaged through outreach are connected to Coordinated Entry, where housing and service needs are assessed and participants are prioritized and referred to appropriate resources based on eligibility, need, and availability. Connections may include emergency shelter, housing, healthcare, behavioral health services, benefits, identification/documentation assistance, and other supportive services.

Outreach relationships can also help facilitate communication and smoother transitions when assistance from local government, law enforcement, first responders, healthcare providers, or other partners is needed. Continued engagement occurs when individuals are not initially ready or able to accept services.

Through continuous outreach, adherence to applicable local procedures, Coordinated Entry, housing and service referrals, and community collaboration, NC-511 works to reduce the number of people residing in encampments by helping individuals move from unsheltered homelessness toward appropriate housing, services, and long-term stability.

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

You must provide a response for elements 1 through 2 in the question 2A-4a.

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.	

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

You must select a response for elements above in the question 2A-4b.

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)

NC-511 continues to monitor and respond to encampments and individuals experiencing unsheltered homelessness throughout Fayetteville and Cumberland County. During the evaluation period, the CoC and its partners conducted ongoing street outreach and worked collaboratively with local government, service providers, law enforcement, first responders, and other community partners to identify individuals residing in encampments and connect them with available resources.

NC-511 cannot conclusively determine that there was an overall reduction in the number of encampments or individuals residing in encampments during the evaluation period based on currently available data. Encampments and unsheltered homelessness can change as individuals relocate, new locations are identified, or individuals enter or exit shelter, housing, or other living situations. Therefore, the CoC does not want to represent a reduction that cannot be supported by available information.

NC-511 continues to use street outreach, provider and community referrals, HMIS information as applicable, PIT information when available, and coordination with City and County partners to better understand the location and needs of individuals experiencing unsheltered homelessness.

Individuals identified through outreach are encouraged to connect with the Coordinated Entry process, where their housing and service needs can be assessed and they can be prioritized and referred to appropriate resources based on eligibility, identified need, and availability. Outreach workers continue engagement when individuals are not initially ready or able to accept services.

NC-511 remains focused on reducing the number of individuals residing in encampments through continued outreach, engagement, Coordinated Entry, housing and service referrals, and collaboration with community partners while improving its ability to monitor changes in unsheltered homelessness and encampments throughout the geographic area.

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)

NC-511 uses a coordinated, data-informed strategy to reduce the number of individuals and families experiencing homelessness for the first time. The CoC reviews HMIS and System Performance Measure data, including first-time homelessness information reported through HDX, along with LSA information, Coordinated Entry data, prevention-program information, and provider and community feedback to identify trends, risk factors, service gaps, and circumstances contributing to housing instability and homelessness.

NC-511's Coordinated Entry process is an important component of this strategy. Individuals and families seeking housing assistance are assessed to identify their housing needs, barriers, vulnerabilities, and available supports. Based on identified needs, households are connected or referred to appropriate CoC, community, and mainstream resources that may help resolve the housing crisis and prevent entry into homelessness.

Prevention strategies include homelessness-prevention assistance, rental and utility assistance when eligible and available, housing stabilization services, landlord engagement, mainstream benefits, employment and income resources, and other community supports. NC-511 also recognizes family and support-network reunification as a potential homelessness-prevention strategy. When appropriate, safe, and desired by the participant, case managers may help identify and reconnect households with family members or other natural supports who can provide a safe and stable housing alternative, potentially preventing a first episode of homelessness.

Case management and service coordination help identify and address underlying barriers such as loss or reduction of income, employment barriers, housing costs, utility arrears, and lack of supportive resources. NC-511 works with partner agencies to connect households with providers best equipped to address identified needs.

The CoC Lead Agency, in coordination with appropriate CoC committees and community partners, oversees this strategy and reviews available performance information to identify emerging trends, service gaps, and opportunities for improvement. Through early identification, Coordinated Entry, prevention assistance, reunification, case management, and community partnerships, NC-511 continuously works to intervene before a housing crisis results in a first episode of homelessness and to help households achieve and maintain housing stability.

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)

NC-511 uses a coordinated, data-informed strategy to reduce the length of time individuals and families remain homeless. The CoC reviews HMIS, System Performance Measure (SPM), and LSA data, along with PIT/HIC information, Coordinated Entry data, provider feedback, and available community resources to identify trends, service gaps, barriers to housing, and factors that may contribute to individuals and families remaining homeless for extended periods.

NC-511 believes that reducing the length of homelessness begins with a comprehensive initial assessment through the Coordinated Entry process. The assessment helps identify each household's housing needs, vulnerabilities, barriers, available supports, and other circumstances that may affect the ability to obtain permanent housing. This information supports prioritization and referral to the housing intervention and service providers most appropriate to the household's identified needs, eligibility, and available resources.

Based on the assessment, participating agencies work collaboratively to develop and carry out a workable plan for resolving homelessness. Case management, housing navigation, and service coordination are used to address barriers that may delay housing placement, including lack of identification or documentation, insufficient income, unemployment, behavioral health or healthcare needs, transportation, housing availability, landlord requirements, and other individual barriers.

NC-511 and its partners connect participants to appropriate resources, including emergency shelter, rapid rehousing, permanent supportive housing, employment and income supports, mainstream benefits, healthcare and behavioral health services, and other community resources. Landlord engagement and available funding resources are also utilized, as appropriate, to expand housing opportunities and help participants transition to permanent housing.

The CoC Lead Agency, appropriate CoC committees, and participating providers review available performance information, including length-of-time-homeless measures, to identify delays, emerging barriers, and opportunities for system improvement. Through Coordinated Entry, individualized assessment, case management, housing navigation, resource coordination, and collaborative problem-solving, NC-511 works to shorten the time between homelessness and placement into appropriate permanent housing.

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?	

You must enter a response for question 2A-7.

Describe how you calculated the data for this response.

(limit 2,500 characters)

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	57	0	0	0.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	54	0	0	100.00%
4. Rapid Re-Housing (RRH) beds	155	0	0	100.00%
5. Permanent Supportive Housing (PSH) beds	245	0	0	4.09%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

(limit 2,500 characters)

NC-511 will take targeted steps over the next 12 months to increase HMIS bed coverage to at least 85 percent for applicable project types identified in Question 2A-9.

Emergency Shelter: During the reporting period, the Emergency Shelter was not fully operational, and appropriate staff had not yet completed HMIS training and begun entering project data into HMIS. This contributed to the 0.00 percent bed coverage rate reported for this project type. Since that time, the shelter has become fully operational, and appropriate staff have been trained to use HMIS and enter required client and project data.

Over the next 12 months, NC-511 will monitor Emergency Shelter HMIS participation and data entry to ensure that bed coverage increases to at least 85 percent. The CoC's HMIS staff will use data quality reports to monitor data completeness and timeliness, identify gaps in data entry, and provide technical assistance and additional training when deficiencies are identified. Follow-up with participating providers will be conducted as needed to address identified issues and promote timely and accurate HMIS data entry.

Safe Haven: NC-511 does not have Safe Haven projects or beds within the CoC. Therefore, there are no Safe Haven beds available for inclusion in HMIS, and no corrective action is applicable for this project type.

Permanent Supportive Housing: NC-511 experienced a decrease in HMIS bed coverage associated with a Permanent Supportive Housing project that underwent a transition/transfer. During the transition period, HMIS data coverage was affected. The Permanent Supportive Housing project is now operational, and appropriate staff have received HMIS training.

Over the next 12 months, NC-511 will monitor PSH participation and data entry through HMIS data quality reports, with particular attention to data completeness and timeliness. HMIS staff will identify data quality or coverage deficiencies and provide follow-up technical assistance and training to project staff as needed. Through routine monitoring, provider follow-up, and continued HMIS support, NC-511 will work to increase and maintain the Permanent Supportive Housing bed coverage rate at or above 85 percent.

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?	No
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.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

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

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes		
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		
11. Other	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	Please Complete
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	Please Complete
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required