

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: MD-514 - Maryland Balance of State CoC

1A-2. Collaborative Applicant Name: Maryland Department of Housing and Community Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Maryland Department of Housing and Community Devel

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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	3
6.	Disability Service Organization(s)	Yes	3
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	5
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	7
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	5
21.	Mental Illness Advocate(s)	Yes	5
22.	Organization(s) led by and serving people with disabilities	Yes	3
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	4
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	8
31.	Substance Abuse Advocate(s)	Yes	5
32.	Substance Abuse Service Organization(s)	Yes	5
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	3
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	3
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	12
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

MD-514 maintains an open, ongoing invitation for new members to join the CoC, and formally renews and publicizes that invitation at least annually. CoC membership is open to any individual, organization, public agency, or business with an interest in ending homelessness within the CoC's geography. There is no fee to join and interested parties can apply at any time through an online membership application posted on the CoC's public website (mdboscoc.org).

To ensure the invitation is transparent and publicly available throughout the CoC's geography, MD-514 publicizes it through multiple channels: the CoC website, social media postings, CoC newsletters and announcements at public meetings. At least once each year, the CoC formally issues the invitation to join at its annual all-member meeting, and the invitation is posted on the website and circulated through CoC communications so that it reaches the public as well as current members.

Recruitment also happens locally. The CoC's 8 Local Homelessness Coalitions (LHCs) actively recruit new members from service providers, stakeholders, advocates and the public within their regions, ensuring that the invitation reaches communities across the CoC's rural and suburban counties rather than relying on statewide channels alone.

New members can participate in CoC decision-making by serving on the CoC Board, committees and workgroups. Committee membership is open to the public, though some seats are filled by nomination to ensure subject matter expertise. The CoC Board is structured to reflect the full geography and range of stakeholders: it includes representation from each of the 8 LHCs and 7 State agencies, along with designated seats for education, criminal justice, veterans, substance use, local businesses and other relevant sectors. The Board also includes seats for adults and youth with lived experience of homelessness, with a minimum of one representative per LHC.

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

MD-514 uses a transparent, multi-level process to solicit and consider opinions on the CoC's general performance, strategies and priority setting. At the CoC level, input is gathered through meetings of the CoC Board, Executive Committee, HMIS Governance Committee, Coordinated Entry Committee and System Performance and Evaluation Committee. Board meetings are open to the public and every agenda includes time for public comment. CoC committees have open membership, giving any interested party a direct role in shaping CoC operations and development.

Input is also gathered locally. The CoC's 8 Local Homelessness Coalitions (LHCs) hold monthly meetings with stakeholders to identify local needs, priorities and gaps, and relay this information to the CoC Board at its bimonthly meetings. The CoC Lead Agency also facilitates workshops in each LHC to solicit direct input on local system design and needs. Each year, the CoC hosts an annual all-member meeting to review system performance and progress and to set priorities and goals for the coming year. Outside of meetings, the public can provide input at any time through the CoC's website, help desk and social media.

The CoC considers this feedback in its decision-making. Input is used to shape system-wide Coordinated Entry processes and policies, case conferencing best practices, staff trainings, user supports, HMIS functionality and the CoC's prioritization method for permanent housing placement. Recent examples of policies revised in response to stakeholder feedback include the CoC's lived experience stipend policy, Coordinated Entry assessment practices and the CoC grievance policy.

Feedback is solicited from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending it across the CoC's geography. These include the general CoC membership; people with lived experience of homelessness, who hold designated seats on the CoC Board; homeless service providers; other service providers; education providers; law enforcement and first responders; mental health, physical health and disability service providers; substance use treatment partners; employment agencies; other funders; local businesses; elected officials and the general public.

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.
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(limit 2,500 characters)

MD-514 uses a transparent, publicly documented process to accept and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. The Board-approved CoC Competition Policies and Procedures, posted on the CoC website, detail how new and renewal project applications are scored, ranked, selected and reallocated by the Performance Review Committee, a subcommittee of the CoC Board. These policies are reviewed with all applicants during mandatory application training sessions, ensuring that first-time and experienced applicants alike understand the process before submitting a proposal.

Each year, the CoC announces when and how project applications will be accepted through newsletters, social media, website updates and virtual public meetings, which are recorded and posted online. The CoC Lead Agency also cross-posts the announcement to a statewide grant listserv. All communications actively encourage new applicants, including faith-based organizations, to submit proposals. Faith-based organizations are included in CoC email newsletters, community engagement and training opportunities and the CoC also directly reaches out. Board members and Local Homelessness Coalition representatives are asked to share funding opportunities with local partner agencies to generate additional interest.

CoC communications and training sessions explain how to access the local Request for Proposals (RFP), which includes every step required to apply, the submission method, required attachments and the deadline. All proposals are submitted through an online portal managed by the CoC Lead Agency. New projects go through the same selection and ranking process as renewals: they must submit all required RFP elements by the deadline and meet HUD and local threshold requirements. Because new applicants have no CoC performance history, they are scored on the RFP narrative application and threshold requirements, while renewal projects are also scored on performance data.

During the 2026 CoC Competition, MD-514 received applications from 8 organizations that had not previously received CoC Program funding, including 4 faith-based organizations.

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)

GAP: CoC HMIS data shows adults age 65+ increased 230% from 2018 to 2026, from 72 to 238. Older adults ages 55-64 also increased 60%, from 358 to 573. CoC/state data, shelters, outreach teams, people with lived expertise & Area Agencies on Aging attribute the sharp increase to limited elderly units for households <30% AMI; fixed disability/retirement income that can't keep pace with rent & homeownership costs; intensive support needs from chronic health, mobility & cognitive conditions; & rapid cycling among shelters, hospitals, assisted living & nursing homes as health declines.

STRATEGY: The plan (1) creates deeply affordable PSH units for people <30% AMI, prioritizing chronically homeless older adults; (2) launches homesharing; (3) scales older adult home modifications so people can age safely in place; (4) reduces discharges from healthcare settings into homelessness; (5) establishes a long-term shallow subsidy.

PERFORMANCE MEASURES: 175 new homeless preference units leased by CY28, 50% of CoC geography participates in Medicaid 1115 waiver program for tenancy supports, 90%+ tenants remain housed or exit to other PH, 175 diverted from homelessness through home modifications and healthcare discharge planning, older adults reduced 25% by 2029 and returns to homelessness under 10%.

TIMELINES & FUNDING: The CoC lead agency created a homeless preference for the state's 2025/2026 LIHTC 9% rounds requiring 15% of new units to serve chronically homeless and older adults, secured \$5m in state-funded rental assistance and wraparound services in SFY27, and leverages the MD's expanded Medicaid 1115 waiver for tenancy support services. Homesharing by legacy homeowners with homeless older adults does not currently exist in the CoC. State agencies secured housing counseling SSO funds for SFY28 to replicate existing metro-area models and expand to the CoC. Philanthropy intends to fund administrative/backbone support, as the model also benefits older adult homeowners who need rental income to maintain their home. The CoC launched an older adults home mod program in 2025 with HUD OAHMP & philanthropic funds & the program serves 7 of 12 CoC counties. Older adults receive low-cost home mods and OT/RN services. The CoC added shallow subsidy to eligible uses of state funds in SFY26. The CoC is working with the Maryland Interagency Council on Homelessness to address healthcare discharges.

Responsible: CoC Executive Comm, MDHCD, Maryland ICH Older Adults Comm

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.
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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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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?	84%

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)

NOT 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)

The CoC partners with MD's Local Behavioral Health Authorities (LBHAs) in all 12 counties to plan & monitor local provider networks, sit on Local Homelessness Coalitions, & speed treatment access for people experiencing homelessness. The CoC's largest PSH portfolio is administered through the MDH Behavioral Health Administration in Allegany, Cecil, Frederick, Harford, Somerset, Washington & Southern Maryland, pairing housing with treatment. Partner providers include county health departments, FQHCs, Sheppard Pratt, Cornerstone Southern Maryland, Archway Station, Healthport in Wicomico (SAMHSA CCBHC grantee).

Range of levels of care: Using ASAM criteria, partners offer outpatient therapy, intensive outpatient & partial hospitalization, ACT, mobile crisis & residential and inpatient care, so people can step up or down as needs change while keeping their housing. Treatment is offered to every person who discloses or is observed to be in active addiction or mental health crisis. Case managers working with behavioral health navigators can typically locate a bed for a client within 1 to 5 days, arrange a payment method with the admitting facility, & schedule transportation for the client on the day of admission. Any hospital in Maryland must accept any patient who requires detox from alcohol or benzodiazepines, or who claims to be suicidal.

Psychosocial interventions: Partners deliver evidence-based individual and group therapy (CBT, DBT, trauma-focused care, motivational interviewing), Medicaid psychiatric rehabilitation programs (PRP) for daily living social skills, supported employment & case management.

Medication management: Psychiatrists & nurse practitioners at clinics, FQHCs & ACT teams provide psychiatric evaluation & medication management, often by telehealth in rural counties. People with opioid use disorder can start & continue methadone, buprenorphine or naltrexone through opioid treatment programs, health departments & FQHCs.

Suicide prevention: Providers screen for suicide risk, complete safety plans & follow up after crises. 988 & county mobile crisis teams operate in every county & the CoC trains outreach, shelter & CE staff in Mental Health First Aid & suicide prevention.

Recovery supports: BHA-funded Wellness & Recovery Centers & Recovery Community Centers serve every county with peer support & recovery navigation & over 458 state-certified recovery residences are available for people who choose them (see 1C-1b)

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

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

(limit 2,500 characters)

The CoC partners with the Behavioral Health Administration (BHA)-funded peer-run Wellness and Recovery Centers that serve all 12 counties: Hope Station & Mountain Haven (Allegany, Garrett), Soul Haven/Office of Consumer Advocates (Washington), On Our Own of Frederick, Cecil, St. Mary's & Calvert Counties, New Day (Harford), Freedom Landing/Our Place (Charles), & Lower Shore Friends (Wicomico, Worcester, Somerset). BHA-funded Recovery Community Centers, including Beacon of Hope (St. Mary's), CORE (Frederick), The Atlantic Club (Worcester) & the Somerset County Wellness & Recovery Center. Services include one-on-one peer support & daily support groups, in person & online; life skills coaching & health & wellness education; a non-emergency "warm line" to talk to a peer; & help finding community resources, such as benefits, treatment, & housing & other services. Center staff participate in LHCs & serve as Coordinated Entry (CE) access points & referral sources.

PATH outreach & ACT teams in the CoC include peer specialists who engage people living unsheltered, help them navigate treatment of their choice (including medications for opioid use disorder) & accompany them to appointments, benefit applications & housing searches. Maryland Medicaid reimburses peer recovery support services delivered by Certified Peer Recovery Specialists (CPRS) in licensed SUD programs and FQHCs, which sustains peer capacity in partner clinics. 51 of 61 CoC project applicants employ staff with lived experience of recovery as housing navigators & case managers, or incorporate peer recovery specialists into their program model.

In 2026, Maryland awarded \$1.6 million in Opioid Restitution Fund grants through Rural Advancement for Maryland Peers (RAMP) to train & certify peer specialists. Grantees serving the CoC include AHEC West, On Our Own of Frederick County, the Asian American Center of Frederick, St. Mary's County Health Department, Voices of Hope (Cecil & Harford) & Eastern Shore AHEC. The CoC connects RAMP trainees to internships & jobs with CoC & ESG providers.

Peer support is offered to every CoC participant & is always voluntary. Peers carry naloxone, share recovery options & stay connected after move-in to support housing stability. People with lived expertise serve on the CoC Board & advisory groups & help shape these partnerships.

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)

People with Serious Mental Illness (SMI) are identified at every door into the system: street outreach, emergency shelter, Maryland 211, hospital and jail discharge planning, and Coordinated Entry (CE). CE pairs HMIS data on disabling conditions and chronic status with the Self-Sufficiency Matrix, whose mental health, substance use and health domains rate the severity of service needs. PATH outreach workers from 3 agencies across the CoC engage unsheltered adults with SMI who are not connected to care. Local Behavioral Health Authorities (LBHAs) sit on each Local Homelessness Coalition and join by-name-list case conferencing to flag shared high-need clients. The CoC has trained outreach, shelter and CE staff in Mental Health First Aid, suicide risk screening, trauma-informed engagement and SOAR to recognize signs of SMI and make warm referrals. The lead agency has multiple certified trainers on staff in evidence-based practices.

Every county in the CoC has an Assertive Community Treatment team: Archway Station (Garrett, Allegany); Sheppard Pratt (Washington, Frederick, Harford); Upper Bay Counseling and Support Services, Inc. (Cecil); Cornerstone Southern Maryland (Calvert, Charles, St. Mary's); and Lower Shore, Inc. (Wicomico, Worcester, Somerset). Outreach, CE and PSH staff refer directly to ACT, which delivers psychiatry, nursing, medication management, substance use services, peer support and supported employment where people live, with 24/7 access for enrolled clients. Mobile crisis teams reached through 988 cover all 12 counties and link people in crisis to ACT, PATH and outpatient care. SOAR-trained staff speed SSI/SSDI and Medicaid enrollment so treatment is paid for and sustained. A majority of the CoC-funded PSH programs are operated by the LBHAs and require SMI or SUD as an eligibility requirement.

Once people are housed, CoC case managers and ACT or LBHA clinicians share a coordinated care and crisis plan (with consent), meet regularly, and use persistent, person-centered engagement to keep participants connected to treatment and recovery. When needs rise, teams step up to crisis stabilization, residential rehabilitation or inpatient care and work with landlords to hold the unit, then step back down to community care. The CoC reviews HMIS returns to homelessness and PSH exits for participants with SMI and uses the results to target outreach, training and ACT referrals.

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

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

(limit 500 characters)

The CoC partners with MDH's Local Behavioral Health Authorities in all 12 counties, which run the Maryland Community Criminal Justice Treatment Program (MCCJTP) for people with SMI in jails and courts; the county Assisted Outpatient Treatment programs, the judiciary problem-solving courts for drugs in all 12 CoC counties and mental health courts in 4 CoC counties; and coordinate closely with the state Finan Center inpatient hospitalization program (civil commitment). MDH sits on the CoC board.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

CoC provider staff attend drug court roundtable and case conferencing meetings as part of a cross-sector team of LBHAs, service providers, judges, lawyers, prosecutors, peer recovery specialists and DSS workers. CoC partners support enrollment into shelter, street outreach services, landlord/housing navigation services, support with obtaining benefits and income, and helping clients comply with court-ordered treatment and rehabilitation services by providing transportation, appointment scheduling, and attendance reminders. Drug court teams such as Washington County maintain contact with clients while they are incarcerated to facilitate reentry, place individuals into certified recovery residences or sober shared housing, and reduce discharges back to homelessness. Of the 61 CoC-funded projects included in this funding application, 31 actively participated in their local drug or mental health court in the last 12 months.

The CoC membership includes several behavioral health treatment providers in the drug court team, who can provide immediate connection to behavioral health assessments, detox, inpatient and outpatient treatment, crisis intervention, medication-assisted treatment, SOAR, and recovery-friendly employers to help individuals increase their income and self-sufficiency.

MDH, through its Local Behavioral Health Authorities, oversees implementation of the state's Assisted Outpatient Treatment program. Through AOT, LBHAs and the CoC can petition the court to order community-based inpatient or outpatient treatment for individuals that have a severe and persistent mental illness who have demonstrated difficulty engaging in treatment. In the 4 counties of the CoC where AOT is active, the CoC Local Homeless Coalition leadership and service providers have been partners in planning for implementation and educating community partners. The CoC, particularly street outreach and shelter providers, also utilizes Maryland's Emergency Petition process through the courts as needed to obtain an hospital emergency evaluation for a person who presents a danger to the life or safety of themselves or others. If the court orders an emergency evaluation, the person will be taken to the nearest emergency facility by a law enforcement officer. An emergency room physician will determine if the person qualifies for involuntary admission to a psychiatric facility.

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

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

(limit 500 characters)

The CoC has partnerships with local crisis services in every jurisdiction. For example, Diakonia operates CoC-funded programs across 3 counties and partners with detox centers (Sun Behavioral), behavioral health urgent care (Tidal Health Crisis Center), a CCBHC (Healthport), sober inpatient care (Hudson Behavioral), and local crisis response teams. Diakonia is also a MD Certified Opioid Response Provider, provides training for peer support specialists, and works closely with law enforcement.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	1,127

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
	Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

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

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

(limit 500 characters)

The CoC has a formal partnership with one Certified Community Behavioral Health Clinic (Healthport), which served 1,743 people in SFY25. Healthport outcomes included expanded ACT + 7-day access, 40% shorter hospital stays, and 47% lower hospital costs. The CoC also has formal partnerships with all 6 PATH providers in the CoC (Allegany County Health Dept, City of Frederick DHHS, Garrett County BHA, Core Service Agency Calvert County, St. Mary's County Health Dept, Potomac Community Services).

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)

There are 7 CoC-funded projects that operate sober housing: City of Frederick, Beyond Shelter, Diakonia, Garrett County PSH, Allegany TH, Calvert County TH, Catholic Charities Seton Center, Cecil County TH.

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

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

(limit 2,500 characters)

The CoC uses Coordinated Entry (CE) as the single front door for every partner named in 1C-1a through 1C-1i so people reach housing help without a separate referral. Outpatient mental health and SUD clinics, peer recovery specialists, PATH and ACT teams, problem-solving courts, MCCJTP, AOT teams, LEAD, state hospitals (Finan Center), detox and residential programs, and recovery residences refer through Maryland 211, local CE access points or a CE staff contact (typically street outreach, drop in case management, and shelter intake workers). Because treatment programs and recovery residences often allow stays less than 30 days, it is difficult to move individuals directly into regular community-based housing before their exit date. The CoC primarily focuses on preventing exits to unsheltered homelessness. CE staff can complete the HMIS intake and Self-Sufficiency Matrix on site or virtually before institutional discharge, so housing need is documented and the person is prioritized appropriately under CE written standards.

988 and county mobile crisis teams screen for housing status; people at risk of losing housing are routed to CE and prevention funds instead of shelter, and people leaving crisis stabilization or inpatient care are connected to CE before discharge. Discharge planners, courts and treatment providers flag people at risk 30-120+ days before release when possible. A named CE or housing case manager meets the person and the referring clinician, peer or court coordinator together before release or discharge. The team agrees on a shared plan: interim shelter or diversion, rapid rehousing or PSH match, benefits (SOAR, Medicaid, ACIS tenancy services) and ongoing treatment and recovery supports the person chooses. Peers and PATH workers accompany people to housing appointments and lease signings where rural transportation is a barrier.

CE honors participant choice across the full range of options: Housing First PSH and RRH with voluntary services; state-certified recovery residences and sober housing for people who want an abstinence-based setting; and CoC projects whose purpose is SUD treatment for those who choose them. Moves between settings are transfers, not new homeless episodes. Partners sit on Local Homelessness Coalitions and case conferencing; the CoC reviews HMIS data on discharges into homelessness, time from referral to housing and returns to homelessness, and adjusts protocols with partners each year.

1C-2.	Supportive Services Investment.
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$9,659,750
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.	\$5,660,145
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	59%
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.	\$3,577,596
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).	96%

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)

There is no local ESG entitlement jurisdiction in the MD-514 geographic area, so the CoC consults with the State ESG recipient, the Maryland Department of Housing and Community Development (DHCD). DHCD is also the MD-514 Lead Agency and Collaborative Applicant, so the CoC keeps a formal consultation process with DHCD's ESG program that is separate from its CoC Lead role. CoC Board and LHC members, not DHCD staff alone, set the CoC's input.

Planning: The CoC helps shape ESG priorities in the State Consolidated Plan and Annual Action Plan by providing PIT, HIC, HMIS and System Performance Measure data and joining public consultation. Local Con Plan and AAP hearings are co-hosted by CoC board member organizations. DHCD combines ESG with about \$15 million in state funds through the Homelessness Solutions Program (HSP), and the CoC and DHCD jointly develop the HSP/ESG policy guide, ESG written standards, and Coordinated Entry requirements for ESG- and state-funded projects.

Allocation: DHCD allocates ESG/HSP funds to each regional Local Homelessness Coalition (LHC) in the CoC, and each LHC subgrants to local providers through a local process. CoC and LHC members meet with DHCD's ESG program monthly to consult on local funding priorities, share emerging needs, and review best practices and HUD policy. This input informs allocation formulas, eligible activity priorities (street outreach, shelter, rapid rehousing and prevention) and reallocation of underspent funds.

Performance and monitoring: The CoC and DHCD share performance metrics and targets for all ESG- and CoC-funded projects and jointly developed project risk assessment and monitoring standards. They review project performance monthly and quarterly using CoC dashboards, HMIS APRs and ESG CAPER data reported in Sage, and DHCD monitors or jointly monitors at least half of CoC and LHC lead agencies each year. Results feed the next funding round.

Joint initiatives: The CoC and DHCD work to increase HMIS, PIT, HIC and statewide youth count participation, including using ESG funds to help domestic violence providers obtain comparable databases, which expands the pool and capacity of eligible providers.

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)

Emergency shelter providers are a critical part of MD-514's Coordinated Entry System (CES) because they often serve as the front door to the homeless services system. The CoC works directly with shelter providers so that front-line shelter staff are trained on and carry out the CE assessment process, and shelter staff serve as both CE Assessors and Navigators.

Before conducting assessments, shelter staff complete CE training, and they receive ongoing training on local resources and system updates. As Assessors, shelter staff complete the CE assessment at the point of entry into the homeless services system. The assessment is built into system intake and gathers information on each household's needs and circumstances to identify the most appropriate CoC resources and assistance. Assessment information is entered into HMIS, and the household is added to the by-name list, allowing local providers to review household needs and barriers and begin problem solving.

Shelter staff meet regularly with other service providers in case conferencing to review the needs of all households on the by-name list and work together to identify available services and resources for referral. As Navigators, shelter staff guide households through the referral and hand-off process to CoC assistance, help them identify and obtain other critical local resources, and gather the documentation needed for referral.

Because shelter staff can quickly identify household needs, households are referred to assistance sooner, reducing the time they spend in shelter. All referrals and services are documented and tracked in HMIS, and the CoC monitors client outcomes and the referral process through CE system evaluation and HMIS reporting.

CoC-funded service providers collaborate with faith-based mission and privately-funded shelters that don't participate in HMIS directly, to complete assessments with shelter residents and ensure that the CE by-name list is inclusive of all people experiencing homelessness regardless of which shelter they access. For example, REACH in Washington County (CoC-funded) conducts CE assessments and provides housing navigation services to residents of the Hagerstown Rescue Mission.

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)

Maryland DHCD is both the CoC Lead Agency as well as a part of state government. The CoC actively shares performance data, including PIT, HIC, HMIS and System Performance reports with the state and local governments as appropriate and allowed by the HMIS Privacy Policy. Annually, DHCD publishes both PIT and year round HMIS data for state and local elected officials, conducts 4 state legislative briefings with data, presents BoS homeless data at city council, county commissioner, and community roundtables, and shares data with the Maryland Association of Counties and Maryland Municipal League.

A formalized Data Sharing Agreement between DHCD and the CoC governs transfer of HMIS data to the Maryland Statewide Homelessness Data Warehouse (MSHDW), administered by DHCD with the University of Maryland School of Social Work. The CoC consents to the transfer of provider- and client-level HMIS data for authorized uses including Project Performance Monitoring, System Performance and Outcomes Analysis, Data Quality Review, Data Matching and Interagency Coordination, and State/Federal Mandated Reporting (APR, ESG CAPER, State's Annual Report on Homelessness). Client privacy is protected through a dual-database structure, with a de-identified database used for routine performance monitoring and analysis.

The CoC and DHCD have a shared set of performance metrics and targets for all ESG- and CoC-funded homeless projects, jointly developed standards for project risk assessment and monitoring, and work collaboratively to increase the number of homeless projects participating in HMIS, the PIT/HIC, and the statewide youth count within the CoC – including use of ESG to help DV providers obtain comparable databases, further expanding the pool and capacity of eligible service providers. The CoC and DHCD review project performance monthly/quarterly for Balance of State projects using CoC- created dashboards and DHCD's SAGE ESG reports.

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

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

(limit 2,500 characters)

The CoC utilizes the Maryland Statewide Homelessness Data Warehouse (MSHDW) as a mechanism for incorporating other data sources alongside HMIS. The CoC Lead Agency, DHCD, is the administrator of the data warehouse and enters into datamatching and datasharing agreements with other state agencies and systems of care. After conducting datasharing, DHCD shares outcome and findings reports with the CoC to guide prioritization of resources, improve quality of care, and enhance service coordination.

For example, CoC data has been matched with the Chesapeake Regional Information System for our Patients (CRISP), Maryland's state-designated Health Information Exchange (HIE), which serves as the HIE for both Maryland and the District of Columbia and is advised by a wide range of regional healthcare stakeholders. The CoC is matching HMIS records with EHR data for hospital emergency departments to identify costs to the healthcare system caused by homelessness and which hospitals are serving the greatest numbers of homeless individuals. This data will be used to target CoC housing resources more effectively, which will increase availability of shelter beds and street outreach as more high-acuity people are housed. Data will be used to solicit healthcare system investment in responding to homelessness comprehensively, increasing the CoC's capacity long-term to provide outreach, healthcare, treatment, and housing opportunities. This partnership builds on MD's Medicaid 1115 waiver program for tenancy support services, which research showed significantly decreased Medicaid hospital costs. The CoC provided HMIS data for the evaluation, which UMBC Hilltop matched with Medicaid claims data to demonstrate cost savings and better patient health outcomes.

Through the MSHDW, the CoC has also agreed to share data with the Maryland Longitudinal Data System (MLDS) for youth and DHCD has sponsored legislation to permanently join the MLDS. Through this system, homelessness data will be matched and linked with education, juvenile services, foster care, and workforce system data to better understand family and youth homelessness and connection to services. This agreement includes a legally-mandated annual dashboard on homelessness and higher education participation. The CoC and DHCD are currently negotiating datasharing between HMIS and the SNAP benefits system to streamline eligibility verifications and redetermination notifications to prevent lapses in benefits.

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)

MD-514 partners with employment and workforce development programs across its 12-county region to help participants obtain employment, increase income, and improve long-term self-sufficiency. These partnerships span each type of workforce partner HUD identifies:

State Workforce Agency: Maryland Department of Labor.

Local Workforce Development Boards and American Job Centers: Western Maryland Consortium, Susquehanna Workforce, Frederick County Workforce Development, and American Job Centers across the region.

Community and technical colleges: Garrett College, Hagerstown Community College (including the HCC Bowman Workforce Training Center), College of Southern Maryland, and Wor-Wic Community College.

State Vocational Rehabilitation agency: Maryland Division of Rehabilitation Services (DORS).

Other employment partners: SSA Ticket to Work Program, Easterseals, Disabled Veterans Reintegration Program, MNADV SEED Program, Dwyer Workforce Development, Success 4 You, Success Academy, and Priority One Staffing.

Together, these partners provide employment services, career counseling, job search assistance, resume development, interview preparation, job placement, occupational training, GED preparation, certification programs, vocational rehabilitation, workplace accommodations, life skills education, transportation assistance, temporary employment opportunities, workforce-focused behavioral health support, and economic empowerment services for survivors of domestic violence. The Maryland Department of Labor partnered with the CoC in 2024 to allocate over \$1m in WIOA funds for workforce programs specifically targeted to people experiencing homelessness.

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)

MD-514's street outreach projects, including co-response teams, partner with law enforcement, EMS and crisis response services across the Balance of State. The goal is for first-responder contacts with people living unsheltered to lead to housing and services. Outreach staff and first responders share the immediate goal of helping each person move to a safe, indoor location and connecting them to services and resources.

Partnerships are built around each county's resources. In Cumberland, police are dispatched with outreach staff to locate and engage encampments, so the first contact includes someone who can offer shelter and services. In Southern Maryland, law enforcement calls in outreach teams when encampments are identified instead of responding alone. In Garrett County, the Sheriff's Office is the primary point of contact for unsheltered homelessness and transports people to shelter or motel placements. In Frederick, outreach leads conduct targeted outreach with law enforcement and mental health partners. Harford County's sheriffs' office operates Crisis Intervention Teams (CIT) that use referral to services as an alternative to arrest when the law allows.

To increase positive interactions, training is offered on trauma-informed engagement, de-escalation and available resources; officers carry outreach contact cards; partners hold regular case conferences on shared clients. Co-response encounters are voluntary and person-centered. Staff complete needs assessments, provide crisis intervention, and make warm handoffs to emergency shelter, RRH, PSH, behavioral health and SUD treatment, employment and other supports. Everyone engaged is offered a Coordinated Entry assessment, and outreach staff record contacts in HMIS, or a comparable database for DV survivors. This places people encountered by first responders on the CoC's prioritization list and tracks them through to housing. The CoC reviews exits from street outreach to shelter, transitional and permanent housing with each LHC and its law enforcement partners each year.

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)

Coordinated Entry (CE) staff, 211, shelters and street outreach begin every contact with a diversion conversation that asks who in the person's support network, locally or elsewhere, could offer a safe place to stay. Staff screen for safety, including domestic violence and child welfare, and reunification is always voluntary and driven by the participant's choice. For those that enter shelter, staff routinely revisit family and friend reunification as a possible exit plan when conducting service plan meetings with clients.

When reunification is an option, case managers contact family or friends with the person's consent, mediate conflicts, set clear expectations for both households, and develop a written plan for the move. For people staying local, case managers follow up after the move and can connect the host household to prevention assistance, benefits and services so the arrangement lasts. Exits are recorded in HMIS, and people can return to CE if the arrangement does not work. For people moving out of the CoC, staff verify with the receiving household that the person is expected and welcome before travel. Case managers then connect the person to services at the destination, using 211, the destination CoC's CE, local behavioral health, benefits and veterans programs, and transfer Medicaid, SNAP and other records as needed, so the person arrives with a place to stay and services in place.

CoC projects use HUD funds and flexible state funds where allowable to pay for bus or train tickets, gas cards, moving costs and short-term storage, as well as help obtaining IDs needed for the move. Veterans are connected to SSVF, VA, and state resources that can cover similar costs. The CoC's youth providers partner with child welfare agencies to explore family reunification for youth when it is safe and appropriate.

Participants in RRH, TH and PSH receive case management to rebuild family relationships and natural supports, which strengthens housing stability and helps them move on to independent living. CoC providers also identify natural support networks among people experiencing homelessness and facilitate shared housing opportunities to pool income and housing costs for long-term affordability.

The CoC reviews diversion and reunification outcomes, including returns to homelessness, in HMIS each year. These efforts are reflected in CoC system outcomes: during FFY25, 21% of all exits from the CoC were to family and friends.

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

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

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

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

(limit 2,500 characters)

MD-514 cooperates with, and does not interfere with, local law enforcement and first responder efforts. The Maryland Department of Public Safety and Correctional Services (DPSCS) holds a designated seat on the CoC Board of Directors as the state agency representative, and local law enforcement representatives serve as active partners at the Local Homeless Coalition (LHC) level. Maryland law provides an Emergency Petition process under Health-General Article §§10-620–10-632 for situations in which an individual poses a danger to themselves or others due to a mental disorder. A petition may be filed by law enforcement, a health practitioner, or another person with direct knowledge of the situation. If granted, the individual is transported by law enforcement to the nearest emergency facility for evaluation within 6 hours. Involuntary admission requires a hearing before an administrative law judge within 10 days. Coordinated Entry (CE) and front-line case management staff assess and monitor for risk, trauma symptoms, and indications of abuse or neglect, and follow appropriate reporting mechanisms when necessary. CoC providers maintain close working partnerships with local law enforcement, first responders, crisis response teams, the criminal justice system, and mental and behavioral health professionals.

DPSCS, the agency responsible for administering Maryland's Sex Offender Registry and verifying locations of registered offenders under the state's SORNA statute (Criminal Procedure Article §11-701 et seq.), supports MD-514's cooperation with SORNA location-verification efforts. The CoC's HMIS Policies and Procedures Manual establishes that any request for PII from a non-partner agency—including law enforcement or DPSCS's Sex Offender Registry Unit—is routed to the HMIS Lead for evaluation and response, creating a clear and secure cooperation channel.

Within MD-514, law enforcement is actively engaged with outreach teams and targeted encampment outreach efforts. In Cumberland, law enforcement is dispatched alongside outreach teams to locate and engage encampments. In Southern Maryland, outreach teams are deployed as needed by local law enforcement when encampments are identified. In Garrett County, the Sheriff's Office serves as the primary point of contact for homelessness and will transport individuals to shelters or motels when necessary. In Frederick, outreach leads partner with mental health organizations and law enforcement to conduct targeted outreach.

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)

There are no Maryland laws that prohibit local jurisdictions or CoCs from clearing tents or encampments on public property, passing camping or loitering ordinances, implementing vagrancy policies. Additionally, there are no state or local laws that require provision of shelter as a condition of clearing encampments, or require notice before displacement of belongings.

The City of Hagerstown enforces an anti-camping ordinance that prohibits sleeping or lodging on sidewalks, parks, plazas, city streets, parking lots, public buildings, open property, and in vehicles located in public spaces. Violations may result in fines of up to \$500, possible jail time, orders to vacate the area, or referrals to housing and social services.

In Southern Maryland, camping is prohibited in county-owned parks and properties, and local jurisdictions have strengthened panhandling regulations. These include prohibitions on panhandling near public transportation stations, within school grounds or school zones, within 20 feet of ATMs, and in other locally designated no-panhandling zones.

The CoC leverages these local policies to proactively engage and connect encampment residents and unsheltered people to ho programs and other supportive services, cautioning individuals that choosing to stay outdoors may result in fines, arrest, or jail. MD-514's Coordinated Entry System (CES) operates under a “no wrong door” approach, with street outreach teams serving as CES access points responsible for engaging unsheltered individuals—including those living in encampments—and connecting them to assessment and services.

Local Homelessness Coalitions (LHCs) maintain direct partnerships with law enforcement to identify encampments, conduct outreach, and connect individuals to appropriate resources and services. During the 2026 Point-in-Time (PIT) Count, the Balance of State (BoS) CoC identified 186 unsheltered individuals, representing 17 percent of the total PIT Count—a 32 percent decrease from 2025. Of the 186 individuals in 2026, 9 (5 percent) were youth. In 2025, 21 of the 275 unsheltered individuals (8 percent) were youth, reflecting a 3 percent decrease in unsheltered youth homelessness.

The CoC utilizes an app-based software tool to survey and document known encampment locations. This tool allows the CoC to create maps for planning purposes and develop heat maps to visualize year-to-year trends in the unsheltered population, including changes in size and movement across the CoC.

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)

Across MD-514, LHCs utilize outreach teams and law enforcement to identify, track, and monitor tents and encampments. Outreach teams and law enforcement play dual roles: they both monitor encampment sites across the region and engage individuals living in them, providing referrals to alternative resources. The overall goal of this engagement is to safely clear encampments and reduce the number of unsheltered individuals.

The CoC uses an app-based software tool to survey and document known encampment sites. This tool enables the CoC to create maps of known locations for planning purposes and to generate heat maps that identify annual trends in unsheltered population size and geographic movement across the CoC. Additional monitoring is conducted through drone technology. When encampments are identified and continue to grow, law enforcement is brought in for targeted outreach and clearing.

MD-514's CES follows a "no wrong door" approach, with street outreach teams serving as CES access points. These teams engage unsheltered individuals—including those located in encampments—and connect them to assessment and services.

LHCs maintain direct partnerships with law enforcement to identify encampments, coordinate outreach, and connect individuals to appropriate resources. While MD-514 does not currently have a CoC-wide standardized encampment-clearing coordination protocol, the CES Committee plans to develop such a protocol and present it to the CoC Board for approval by the end of the calendar year.

Projects included in this application support these efforts, particularly street outreach services operating across the BoS region. Outreach staff employ a person-centered, community-based approach, conducting individualized needs assessments, providing crisis intervention, and coordinating referrals and warm handoffs to emergency shelter, supportive housing, rapid rehousing, behavioral health treatment, substance use disorder services, employment resources, and other community-based supports. Outreach staff actively participate in Coordinated Entry.

During the 2026 PIT Count, the BoS CoC identified 186 unsheltered individuals, representing 17 percent of the total PIT count—a 32 percent decrease from 2025. Of the 186 individuals in 2026, 9 (5 percent) were youth. In 2025, 21 out of 275 unsheltered individuals (8 percent) were youth, marking a 3 percent decrease in unsheltered youth homelessness.

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

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

(limit 2,500 characters)

The CoC leverages Maryland drug laws (Crim. Law §5-601 et seq.), which prohibit drug possession and use, including safe consumption sites; the Good Samaritan law, which lets people call EMS for an overdose without risking arrest; laws requiring hospitals to provide immediate inpatient detox; and Maryland's Assisted Outpatient Treatment and Emergency Petition laws. The naloxone standing order gives the public free naloxone, and law enforcement and EMS must offer transport to a hospital and inpatient treatment every time naloxone is administered. State law requires homeless services providers to carry naloxone and have staff trained in overdose response by the local behavioral health authority.

Policies that hinder the CoC include (1) A Medicaid moratorium on new intensive outpatient, partial hospital and psychiatric rehabilitation providers in 3 of the CoC's counties limits new treatment capacity; (2) rural areas have few detox and residential beds and little transit; (3) loitering and trespass citations can cycle people through jail, where they lose housing, benefits and treatment; and (4) MD has a backlog of people in jail awaiting competency review, and longer-term inpatient psychiatric beds are very limited beyond emergency triage.

The CoC will keep equipping all SO/ES staff with naloxone and training them on the Good Samaritan law, overdose response and behavioral health referrals. The CoC will cross-train Opioid Intervention Teams as Coordinated Entry access points, promote telehealth and FQHC buprenorphine to start medication-assisted treatment where clinics are capped or out of reach, fund transportation to treatment, and participate in all LEAD programs.

Over the last two years, drug arrests in the CoC geography have fallen 18%. 100% of street outreach teams and shelters in the CoC have received overdose response training and have naloxone on-site. The CoC has a policy that no CoC-funded project may knowingly distribute drug paraphernalia or permit illicit drug use or distribution on property under its control. For violations, the CoC issues written notice and requires a corrective action plan (CAP) within 15 calendar days, then conducts enhanced monitoring. Failure to submit or implement a CAP, or a repeat violation, escalates to formal remedies, which may include suspending payments, reallocating unspent funds, referral to HUD or terminating the subgrant. All violations and outcomes are documented and available to HUD.

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

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

(limit 2,500 characters)

According to the Maryland Department of Health (MDH), from June 2025 through May 2026, 238 individuals died from overdose across the CoC. Three of the twelve counties in the Balance of State (BoS) reported no fatalities. This reflects a 17 percent decrease from the previous year. MDH also identified 743 overdose-related emergency department visits during the same period, representing a 9 percent year-over-year decrease. Of these visits, 47 (6 percent) involved youth age 24 and under. Youth ED utilization decreased by 4 percent between reporting years. Street outreach teams participating in Coordinated Entry (CE) are trained to identify participants at risk of overdose and refer them to appropriate services. Outreach providers across the CoC maintain strong working relationships with local law enforcement, EMS, and first responders, allowing for immediate coordination in emergency situations, including overdose response. Providers also partner with substance use treatment facilities and hospital emergency departments to ensure timely referrals and ongoing support.

MD-514's full-time Mobile Outreach and Rapid Response Team, serving unsheltered individuals in Worcester, Wicomico, and Somerset Counties, provides street-level engagement, crisis intervention, overdose prevention, and treatment navigation. The team conducts daily outreach to individuals experiencing untreated mental illness, substance use disorders, and opioid-related risk factors, connecting them to emergency shelter, behavioral health care, substance use treatment, and permanent housing pathways. Projected outcomes include completing CE assessments, placing individuals into shelter or temporary safe locations, facilitating treatment enrollment, and supporting movement into permanent housing. This project strengthens coordination between outreach, emergency services, and housing providers, and works directly with the Maryland Opioid Overdose Response Program, PATH, local health departments, hospitals, EMS, and law enforcement.

Another resource within MD-514 is the DART team, composed of a law enforcement officer and a peer recovery specialist. The team visits individuals shortly after an overdose to encourage engagement with recovery supports. Additionally, local law enforcement organizes a regular outreach event called Project Connect, during which community service providers—including the PATH/CoC coordinator—connect with residents and link them to needed services.

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)

Beneficial laws to the CoC include Maryland's Emergency Petition (EP) process (Health-General §§10-620–10-632) which applies when a person presents a danger to their own life or safety or to others due to a mental disorder. Law enforcement, a health practitioner or another person with direct knowledge may file. If the EP is granted, law enforcement transports the person to the nearest hospital for evaluation within 6 hours. Involuntary admission requires a hearing before an administrative law judge within ten days & parents or guardians must be notified when a minor is involved. In FY26, 1,045 EPs were filed across the CoC & 869 (83%) were granted. Maryland's Assisted Outpatient Treatment (AOT) statute (Health-General §10-6A) authorizes court-ordered outpatient treatment with a care team that includes a psychiatrist, case manager & peer specialist.

Restrictive or harmful factors that hinder the CoC's ability include: The EP standard requires recent dangerous behavior; a person under an EP can be held no more than 30 hours; people are often released back to homelessness without a discharge plan; AOT is not yet operating in all CoC counties; & psychiatric bed shortages lead to boarding in emergency departments.

To mitigate these issues, CoC providers maintain close partnerships with law enforcement, first responders, crisis teams, the criminal justice system & behavioral health. These support two-way referrals: law enforcement & crisis teams have direct access to service providers, shelter intake & Coordinated Entry (CE), & homeless services providers can refer clients immediately when urgent or specialized services are needed. The CoC is working with state agencies to advocate for dedicated treatment & psychiatric beds & is actively involved in expanding AOT to additional counties.

In the City of Frederick, outreach teams & mental health organizations engage unsheltered individuals together, using GIS to map encampments, with law enforcement support. Diakonia, a Maryland Certified Overdose Response Program, provides peer support in Worcester, Wicomico & Somerset counties & PATH services in Wicomico. Its Mobile Outreach Team works with shelters & behavioral health & SUD agencies & provides warm handoffs to detox & MAT, transportation to treatment & shelter, CE assessments, documentation help, veteran & domestic violence screening & referral, & food, clothing & hygiene supplies to build rapport toward treatment.

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)

Law/Policies: The U.S. DOJ SMART Office has found that Maryland substantially implemented SORNA. Under Md. Crim. Proc. Title 11, Subtitle 7, Tier I and II registrants register in person every 6 months and Tier III registrants and sexually violent predators every 3 months with the local law enforcement unit, and §11-705(d) specifically requires homeless registrants to re-register in person weekly in the county where they habitually live. DPSCS keeps a public statewide registry, each of the CoC's 12 counties has a designated registration unit, and DPSCS holds a seat on the CoC Board. No state or local law or CoC policy bars providers from disclosing a participant's location to law enforcement in response to a lawful request. The CoC's HMIS privacy and confidentiality policies list disclosures required by SORNA and §11-705 as permitted uses. Federal VAWA confidentiality and 42 CFR Part 2 protections still apply, and all CoC staff are trained on them and on required disclosures to law enforcement and adult and child protective services.

Plan: CoC shelters serving families with children or unaccompanied youth screen for registry status at intake and divert registrants to non-congregate shelter options. Outreach staff help clients stay compliant by providing transportation to weekly registration, address updates to parole and probation, and address verification on request of the client. The CoC receives DPSCS reentry and parole/probation alerts for registrants leaving prison without housing so a plan is in place at release, and providers take part in Law Enforcement Assisted Diversion and specialty court dockets that link unsheltered people presenting a public safety risk to behavioral health and supportive services. There are no identified harmful/restrictive policies in effect within the CoC.

Data: Registry checks show 100% of registrants reporting an address tied to a CoC project is compliant with weekly reporting and the CoC has verified those projects have safeguards in place. 0 registrants are enrolled in a shelter or site-based project serving families with children. Of the 23 registrants who are unsheltered in the BoS or lack a regular address: 9 are compliant with weekly reporting and 14 are not. Outreach, drop-in and shelter staff continue to engage all 14 and coordinate with local law enforcement units to help them return to compliance.

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)

Each Local Homelessness Coalition (LHC) coordinates outreach for its county or region. Outreach teams include the City of Frederick, Washington County Community Action Council, Harford Community Action Agency and Meeting Ground (Cecil) teams and a full-time Mobile Outreach Team in Worcester, Wicomico and Somerset. PATH, ACT and mobile crisis teams reach people with serious mental illness or in crisis, and teams are tailored to subpopulations. Outreach operates daily, often including nights and weekends, and staff can be reached by phone, email or office visit outside scheduled hours. People can connect through Maryland 211, shelters, peer-run Wellness and Recovery Centers, health departments, FQHCs, libraries and meal sites. Regional resource cards list local providers and CE steps. Outreach staff are trained in HMIS and CE, serve as CE access points and complete assessments in the field, by phone or virtually, so people in remote areas are not left out.

To reach people least likely to engage, outreach teams join LHC case conferencing and by-name lists to track everyone known to be unsheltered, solve housing barriers and follow up until they are housed; use Google Maps, GIS and drones to locate encampments and plan targeted outreach to wooded areas, vehicles and abandoned buildings; pair peers with lived experience with staff and build trust through persistent, low-pressure engagement; accept referrals from law enforcement, EMS, hospitals, treatment providers, libraries, businesses, faith groups and advocates about people who avoid services; work with school McKinney-Vento liaisons and social services to find families and youth; and offer engagement incentives such as bus passes, clothing vouchers, gift cards, and hygiene kits.

The CoC trains law enforcement on resources and best practices, including wellness checks for people who may need crisis intervention, and trains the criminal justice system on homeless services, diversion courts and discharge planning. It also educates businesses and faith groups on how to refer unsheltered people staying near or on their property to services.

Services are available in multiple languages and accessible formats; DV survivors can connect confidentially; veterans are linked to SSVF and the VA. The CoC uses PIT, youth count, HMIS and by-name list data to find underserved areas and shift outreach.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes

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

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

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

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

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

(limit 2,500 characters)

The CoC's Written Standards govern Coordinated Entry (CE) and service delivery for all CoC- and ESG/HSP-funded projects and require that:

- At CE intake, the assessor asks every household whether it includes children, youth or adults in or seeking K-12, early childhood or postsecondary programs.
- The assessor gives every household with children, every unaccompanied youth, and any adult who asks a plain-language written notice of their McKinney-Vento educational rights, explains it verbally, and provides the contact for their county school system's McKinney-Vento liaison. The notice covers the right to enroll immediately without records, stay in the school of origin with transportation, receive uniform support and free school meals, receive guaranteed state-funded childcare scholarships, access Head Start and enroll in early intervention. A second guide helps students nearing or interested in college or vocational programs understand FAFSA rights and responsibilities, access Maryland's homeless and foster youth tuition waiver, and navigate their postsecondary rights. Notices are available in Spanish and other languages as needed.
- Every project serving families or youth designates a staff person to ensure children are enrolled in school and connected to services, reviews educational rights at program entry and at each move, and considers the school of origin when placing families in housing. With consent, the assessor or case manager makes a warm referral to the LEA liaison and documents the notice and referral in case records.

The CoC Lead checks case records for documented notices and reviews compliance during annual project monitoring. The Maryland State Department of Education holds a seat on the CoC Board, LEA liaisons from the 12 county school systems are invited to Local Homelessness Coalition meetings, and the CoC and liaisons hold joint training each year for shelter, outreach and CE staff. In SFY25, the CoC piloted work with Frederick County and Washington County Public Schools to train school staff to identify students and families experiencing homelessness and connect them to shelter and housing, and to share information on educational rights and housing resources with families directly at school.

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

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

(limit 2,500 characters)

The CoC coordinates with the Maryland Department of Human Services (DHS) Social Services Administration, the state public child welfare agency, and the Local Departments of Social Services (LDSS) in all 12 counties. LDSS independent living and foster care staff participate in Local Homelessness Coalitions, and the CoC's Youth Action Board and youth with lived experience of foster care help shape youth policies. DHS holds a seat on the CoC Board.

Under DHS' Ready by 21 and Youth Transition Plan policy (SSA/CW #25-10), every youth 14-21 in care must have a transition plan that includes safe and stable housing, finalized within 90 days before age 18 and again before age 21. LDSS caseworkers invite CoC or youth provider staff to transition planning meetings for youth without a stable housing plan, so housing options are built into the plan well before exit. Both CoC and DHS discharge policy prohibits discharging youth from foster care directly into homelessness, and LDSS helps youth use extended care to age 21 and re-enter care when the best option.

Youth at risk of exiting to homelessness are referred to Coordinated Entry (CE) up to 180 days before exit, and CE prioritizes transition-age youth by need. The CoC helps connect eligible youth to housing through:

- Melania Trump Foster Youth to Independence (FYI) vouchers: the CoC is working with DHS and every PHA in the CoC to request vouchers under PIH 2026-19, with LDSS certifying eligibility and providing services and the CoC helping PHAs identify and refer youth;
- CoC and ESG-funded youth rapid rehousing, transitional housing and host homes; and
- \$375k a year in state Homelessness Solutions Program funds dedicated to youth and young adults under 25.

CoC youth providers and LDSS coordinate case management, benefits, employment & education supports, including Maryland's tuition waiver for foster & homeless youth & keep youth connected to permanent adult supports.

CoC projects record former foster care status in case records & the statewide youth count & PIT identify youth with foster care histories. The CoC & DHS review these data with LDSS each year to find gaps & set shared goals for reducing homelessness among youth leaving care. The CoC & DHS have each entered into a data matching agreement with the Maryland Longitudinal Data System Center, which will match data between the foster care & homeless systems to determine the full prevalence of former foster youth experiences with homelessness

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)

There are currently no HHS RHY-funded Street Outreach, Basic Center, Transitional Living or Maternity Group Home programs in the MD-514 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)

MD-514 has 14 TH/RRH projects dedicated to serve families with children, including: Harford Family House Transitional Housing, Three Oaks Center Rapid Rehousing & Transitional Housing projects, Cumberland YMCA Transitional Housing, Lifestyles of MD Transitional Housing & Rapid Rehousing projects & Advocates for Homeless Families Transitional Housing & Rapid Rehousing projects. Additional TH & RRH also serve families with children, although that is not the primary population served.

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)

All five family projects named in 1C-13 (Harford Family House, Three Oaks Center, YMCA of Cumberland, LifeStyles' Southern Crossing and Advocates for Homeless Families) build an income plan into case management from move-in so families can pay and keep paying their share of the rent.

Advocates for Homeless Families (Frederick) runs a two-year structured program in which case managers help each family set employment, education and income milestones toward family-sustaining wages. Participants provide proof of income and show diligence in pursuing employment. Staff connect parents to job training and education, teach budgeting and financial literacy, and help families build savings. The agency reports 95% of families remain stably housed after one year.

LifeStyles' Southern Crossing (Charles County) also runs a one-stop jobs center with on-site workforce development, including career training in culinary arts, computers and media, plus financial education, credit repair and case management to prepare residents for permanent housing.

YMCA of Cumberland serves families in which a member has a disabling condition, so income plans combine SSI/SSDI access through SOAR with supported employment and training where parents choose to work.

Harford Family House and Three Oaks Center case managers help parents set employment and income goals, connect them to training and education, and coach them on budgeting and savings.

Across all five projects, case managers:

- refer parents to American Job Centers for WIOA job search, skills assessment and training, and to local community colleges for credentials and GED/adult education
- connect parents to Maryland registered apprenticeships in fields such as health care and skilled trades
- screen for benefits including SSI/SSDI, TANF, SNAP, child care scholarships and EITC so income rises while parents pursue work
- help remove barriers to work such as child care, transportation, documents and driver's license restoration
- track earned and total income at entry, annually and at exit in HMIS.

Employment services are offered to every family. The CoC reviews each project's cash income and employment performance measures annually and uses the results in local competition scoring and technical assistance.

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)

All five family projects named in 1C-13 (Harford Family House, Three Oaks Center, YMCA of Cumberland, LifeStyles' Southern Crossing and Advocates for Homeless Families) leverage Maryland's mainstream family service systems so CoC funds pay for housing while TANF and other programs cover cash, health care and prevention.

Maryland's TANF program, Temporary Cash Assistance (TCA), is administered by the Department of Human Services (DHS) Family Investment Administration through the Local Department of Social Services (LDSS) in each county. At entry into street outreach programs or emergency shelter and transitional housing, case managers screen every family and help eligible parents apply for TCA, which provides monthly cash income toward rent. Parents on TCA also gain access to TANF-funded work supports through LDSS, including job readiness, training and transportation help, which case managers coordinate with the income plans described in 1C-13a. The state launched a new One Benefits portal in 2026 which offers expedited and streamlined access to TANF, SNAP, and other federal and state benefits. Homeless system case managers have received specialized training on benefits access from DHS.

The projects use LDSS Emergency Assistance to Families with Children (EAFIC), part of Maryland's Family Investment Program, to pay rent arrears and utility shutoff notices, preventing eviction for families before and after exit. Case managers also enroll families in SNAP, Medicaid/Maryland Children's Health Program, WIC, Head Start and energy assistance, and refer eligible families to PHAs for Housing Choice Vouchers and Family Unification Program vouchers through LDSS child welfare partners.

Advocates for Homeless Families (Frederick) combines CoC-funded housing and case management with TCA and SNAP, and uses sliding-scale rent so families keep more of their income as it grows. Harford Family House and Three Oaks Center coordinate with the Harford and St. Mary's County LDSS, and YMCA of Cumberland with Allegany County LDSS, to link families to TCA and EAFIC. LDSS staff participate in each Local Homelessness Coalition, and the CoC tracks non-cash benefits and income sources at entry, annually and at exit in HMIS to measure how well projects connect families to mainstream resources.

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)

All five family projects named in 1C-13 (Harford Family House, Three Oaks Center, YMCA of Cumberland, LifeStyles' Southern Crossing and Advocates for Homeless Families) pair CoC housing assistance with a family plan that covers child care, parenting, health and education for parents and children.

Child care: Maryland guarantees Child Care Scholarships to families experiencing homelessness whose parents are working or in school; since 7/1/2026 these families are exempt from the scholarship waitlist. Case managers help parents apply at move-in, find providers near their housing, and keep scholarships active. Federal and state policy require Early Head Start and Head Start to prioritize children experiencing homelessness, and case managers make direct referrals to local programs. Maryland is expanding free, full-day pre-K for 3- and 4-year-olds from families at or below 300% of the federal poverty level, on the way to universal pre-K. Projects connect school-age children to their county's McKinney-Vento liaison to enroll in these early childhood programs.

Parenting support: Case managers provide parenting coaching and refer pregnant women and parents of infants to MIECHV home visiting (Healthy Families America and Nurse-Family Partnership in Allegany, Harford, Washington, Wicomico and Somerset), which prioritizes high-risk, low-income families, including those experiencing homelessness. They also connect families to Blueprint-funded Judy Centers and Patty Centers for two-generation parenting and child development services.

Pregnancy and child health: Case managers help pregnant and parenting members enroll in Medicaid, which covers pregnancy and 12 months postpartum, and the Maryland Children's Health Program; link them to prenatal care, WIC and health department care coordination; and ensure children have a medical home, well-child visits and immunizations.

For example, Advocates for Homeless Families pairs housing with two years of family case management on stability, education & child well-being. YMCA of Cumberland operates an out of school time program and summer camp. They also operate a Y Family Center, which targets programming for parents of children birth to age 4, including parenting classes/coaching, a Fathers Program, Child Development Assessment, Parent-Child Stimulation, home visits for expecting parents & families & health care education. Homeless families enrolled in their transitional housing are prioritized for all Y programs.

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)

MD-514 partners with Martinsburg VAMC, Washington DC VAMC and VA Maryland Health Care System; SSVF providers Three Oaks, Friendship Place and St. James/Zion House; GPD providers Sheppard Pratt, Chesapeake Health (CHEP) and Meeting Ground; and seven PHAs administering HUD-VASH. Partners participate in Coordinated Entry and veteran by-name list case conferencing to match veterans to HUD-VASH, SSVF, GPD and CoC housing.

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)

MD-514 partners with the Maryland Network Against Domestic Violence, the Maryland Coalition Against Sexual Assault (including its anti-trafficking work) and local victim service providers Dove Center, Family Crisis Resource Center, Heartly House, SARC, The Bridge, Calvert Safe Housing Network, LifeStyles of MD and CASA, Inc. These partners form the CoC's DV Provider Workgroup, which is developing a victim-centered, trauma-informed Coordinated Entry workflow for survivors.

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)

MD-514 staff participate in Maryland's Reentry 2030 initiative, a statewide strategic plan led by DPSCS to improve outcomes for people returning from incarceration, including access to stable housing. At the local level, CoC providers coordinate directly with county detention centers, state correctional facilities and Parole and Probation to arrange housing for individuals within 14 days of release and connect them to Coordinated Entry.

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)

MD-514 partners with Medicaid's Assistance in Community Integration Services (ACIS) in Cecil and Garrett Counties to provide tenancy supports for high-need members. The City of Frederick DHHS, an FQHC, operates multiple PSH projects that integrate medical care for tenants and Harford providers coordinate with the local hospital on patient discharges. Local health departments, Area Agencies on Aging, home health and hospice providers and the VA also serve participants with complex medical needs

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)

MD-514 providers partner with local Area Agencies on Aging and Maryland Access Point offices to connect older adults experiencing homelessness to aging services, in-home supports and assisted living or residential care placements. Harford providers coordinate with the local hospital on discharges of older patients, and home health and hospice providers serve elderly participants in shelter and PSH. ACIS in Cecil and Garrett Counties also serves high-need older Medicaid members.

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)

All Permanent Supportive Housing projects in MD-514 prioritize individuals experiencing chronic homelessness, including HRDC Leasing Supportive Housing Project, SHP DIS 2024, and BHA PSH Harford County FY 2024.

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)

All PSH projects across MD-514 provide either on-site treatment or maintain strong, formal partnerships with community providers. Projects offering on-site services have dedicated space for behavioral health care to support residents' needs. For scattered-site projects, case management staff make referrals to community partners for ongoing behavioral health treatment.

Anna's House provides intensive, individualized case management—at minimum twice per month, or as prescribed by each participant's Individualized Service Plan (ISP)—along with housing stabilization services designed to increase employment income, support self-sufficiency, and promote economic mobility. The Self Sufficiency Matrix (SSM) guides needs assessment and goal development. Participants sign a Participation Agreement and are connected to supportive services including behavioral health care, substance use treatment, and recovery supports. Service delivery is offered through a hybrid model, allowing engagement on-site at Anna's House, in person at service locations (with transportation provided as needed), or virtually to reduce barriers. Villa Maria Behavioral Health (VMBH), a Joint Commission–accredited Level 1.0 Outpatient Mental Health Clinic, provides mental health and substance use disorder treatment to eligible Medicaid clients.

The BHA Allegany County PSH project is administered by the Allegany County Department of Health Local Behavioral Health Authority under the Maryland Department of Health–Behavioral Health Administration. Participants must sign the BHA CoC Program Participant Agreement, which includes a Service Plan. Supportive services are delivered through the Public Behavioral Health System (PBHS) for qualifying individuals and are designed to promote stability, strengthen community integration, and support progress toward individualized goals. The project maintains partnerships with substance use treatment providers offering Medication Assisted Treatment, peer support, suicide prevention, outpatient services, 24/7 detox access, and residential and inpatient behavioral health treatment.

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)

PSH providers are required to operate within the Coordinated Entry (CE) system. Case conferencing within CE is structured to ensure that all clients evaluate every potential housing and support pathway, including substance use treatment programs and long-term residential care options.

Across MD-514, individuals are assessed using the Self-Sufficiency Matrix (SSM), which evaluates both client challenges and strengths. Through open-ended conversations, assessors score multiple life domains—such as employment, safety, relationships, and legal involvement—on a scale from 1 (safe) to 5 (in crisis). This approach provides an objective yet flexible assessment, allowing clients and case managers to tailor individualized care plans. Based on these evaluations, the system refers clients to a variety of appropriate resources.

HRDC coordinates with UPMC Western Maryland Behavioral Health Services, Allegany County Health Department Behavioral Health Services, the Local Behavioral Health Authority (LBHA), and other community-based providers to facilitate assessments, inpatient treatment referrals, outpatient services, medication-assisted treatment, recovery support, and ongoing behavioral health care. These partnerships ensure HRDC can connect individuals to treatment and recovery services aligned with each participant's specific needs and their treatment or recovery plan.

Anna's House provides intensive, individualized case management and housing stabilization services designed to increase employment income, support self-sufficiency, and enhance economic mobility. The SSM is used to assess participant needs and develop individualized goals. Participants sign a Participation Agreement and are connected with supportive services—including workforce development and health services—based on their plans. Service provision is delivered through a hybrid model that includes on-site support at Anna's House, in-person appointments at service locations (with transportation available when needed), and virtual options to reduce access barriers. As needed, clients are referred to external health resources, including both inpatient and outpatient care through providers such as Villa Maria Behavioral Health (VMBH).

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

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

(limit 2,500 characters)

The MD-514 Move-On Strategy is designed to integrate seamlessly into existing Coordinated Entry (CE) processes and operates at a pace appropriate to each client's needs. This strategy applies exclusively to clients residing in Permanent Supportive Housing (PSH) programs, as PSH assumes long-term support and stability before exploring transition options.

Clients access the move-on process through their PSH provider and assigned case manager. The Move-On Tool should be completed annually as part of the required assessment, or at another time determined appropriate by the case manager. The process includes completing an assessment and engaging in problem-solving discussions to determine whether the client can maintain permanent housing without the full level of PSH support.

For this strategy, PSH case managers serve as the access point to the move-on process. Similar to Coordinated Entry, the strategy relies on the use of an assessment tool to determine whether a client is an appropriate candidate for transitioning from PSH. The Move-On Tool is implemented by the case manager and is intended to support decision-making, rather than replace ongoing case management practices. It complements tools such as the Self-Sufficiency Matrix (SSM) by helping case managers clearly understand a client's ongoing needs and whether those needs can be met outside the homeless services system.

Clients with high scores on the Move-On version of the SSM—typically those in the top 25 percent—are most likely to be strong candidates for exploring interventions outside of the traditional CoC system. For these clients, case managers should begin discussing potential housing options that do not require PSH.

The SSM is an evidence-based tool used to assess an individual or family's level of self-sufficiency, needs, and vulnerabilities across key domains such as income, employment, education, housing, and health care. It provides an initial measure of service needs and helps inform whether clients may be ready to transition from PSH with appropriate supports.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The Board-approved CoC Reallocation Policy identifies the reasons and scenarios under which a project could be reallocated during the competition. In 2026, the policy offers two reallocation scenarios: voluntary and involuntary reallocation. Renewal projects have the opportunity to voluntarily reallocate part or all of their project funds based on performance history, spending history, project capacity, noncompliance or to transition the project to a new component type. The policy states that the lead agency will offer technical support and acknowledgment letters for agencies who voluntarily reallocate grant awards. Renewal applications were strongly encouraged to review their total budgets and program components for reallocation in order to meet HUD funding requirements and maximums. Involuntary reallocation allows the CoC to move funds from renewal projects to new project components critical to meet HUD funding requirements. The factors for involuntary reallocation include poor project performance outcomes, spending history and recapture, budget requests, HMIS participation and HUD funding guidance. Renewing CoC projects receive a scorecard that reviews performance from the prior year, the results of the scorecard determine where a project will rank on the priority listing and identify the lowest-performing projects that may be subject to reallocation.

2. The CoC did identify projects for reallocation during the local competition. The majority of the renewal projects were reallocated in part or in full to meet the funding limits. 3. The CoC did reallocate all or portions of the funds from a total of 29 renewing projects. Fifteen were fully reallocated to create new projects and fourteen were partially reallocated to meet allowed funding limits.

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

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

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

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

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

1. The CoC did not make substantive methodology changes to its unsheltered PIT count implementation between 2025 and 2026, continuing to use the "Counting Us" mobile app across the Balance of State with the same training, technical support and real-time monitoring processes established in prior years. However, street outreach and efforts to reduce encampments took place in parts of the CoC's geographic area prior to the count. As a result, the 2026 unsheltered PIT count reflected a notable decrease compared to 2025. The CoC attributes at least part of this decrease to the impact of these encampment reduction efforts across the CoC's geographic area.

2. 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)

During its evaluation period of 2024 through 2025, MD-514 reduced the number of encampments in its geography by 20%, from 329 encampments in the January 2024 Point-in-Time (PIT) count to 264 in the January 2025 PIT count. The CoC achieved this reduction through the following actions.

Full implementation of Coordinated Entry: By the start of the evaluation period, the Coordinated Entry System (CES) was fully implemented across the CoC's geography. All CES staff, including those working in emergency shelters, drop-in centers and street outreach, were trained on all CES tools, policies and processes, giving the CoC consistent capacity to identify and serve people living in encampments.

Encampment outreach: Street outreach staff built relationships with people living in encampments, provided basic case management, and connected them to Coordinated Entry, with the goal of helping each person move to an indoor location.

Prioritizing people living unsheltered: Because CES is designed to identify the most vulnerable households for referral to housing and services, the CoC targeted people living in unsheltered settings, including encampments, for CE assessment. This ensured they were prioritized first for housing and other resources.

Partnerships with law enforcement and first responders: Partner organizations across the CoC strengthened their partnerships with local law enforcement and first responders to identify people living in encampments and coordinate referrals to safe and appropriate interventions. Law enforcement officers can contact CoC staff directly 24/7 to coordinate immediate intake into shelter or other services. In some communities, law enforcement has direct access to shelter and can bring people from encampments directly into an available shelter bed.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	329
2. Enter the reduction in the number of encampments during your evaluation period.	65

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	329
2. Enter the reduction in the number of people in encampments during your evaluation period.	54

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&nbsp;nbsp;

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

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

(limit 2,500 characters)

NOT APPLICABLE

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

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

(limit 2,500 characters)

In FY 2025, MD-514 identified 2,333 individuals experiencing homelessness for the first time, a 10% increase over FY 2024. While this is not the decrease the CoC is working toward, it is a significantly smaller increase than in the prior period (30%). The CoC has identified low or no income and the inability to pay rent as primary drivers of first-time homelessness. The CoC's plan to reduce first-time homelessness focuses on working upstream through four strategies.

Prevention and diversion at every access point: Each Local Homelessness Coalition (LHC) has at least one advertised access point for homelessness prevention and diversion services. All households are offered housing stability/diversion services, including legal aid, case management, benefits, workforce placement, and landlord-tenant mediation. Doubled-up households receive financial assistance and housing navigation to remain safely with family or friends or relocate to new housing.

Mandatory CES training for access point staff and assessors covers problem-solving, conflict resolution and mediation, and progressive engagement to maximize diversion from shelter and rapidly exit households into independent housing.

Increasing income: The CoC connects at-risk households to cash benefits and to earned income through employment and training programs.

Preventing discharge into homelessness: The CoC works with the Maryland Interagency Council on Homelessness to implement best practices and policies for institutional discharge, including a housing needs assessment and housing plan before discharge for individuals identified as at risk of homelessness.

Strengthening tenant protections: DHCD, the CoC Lead Agency, houses the Office of Tenant and Landlord Affairs (OTLA), created under the Renters' Rights and Stabilization Act of 2024. OTLA publishes a Tenants' Bill of Rights that must be included with every lease and provides community outreach and education to the public. The Act also reduced the maximum security deposit from two months' rent to one. In addition, the Tenant Safety Act lengthens the right of redemption for tenants facing eviction and limits when evictions can occur, including during severe weather. New in 2026, DHCD is responsible for leading implementation of MD's Fair Chance Housing Act, which establishes new limits on landlords to use criminal histories in rental housing applications, and requiring a process for tenants to request reconsideration after receiving a denial.

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)

In FY 2025, the CoC's average length of time homeless, as reported in System Performance Measure 1.2, increased slightly, by 2 days (3%), from 77 to 79 days. The Balance of State's plan to reduce the length of time homeless includes the following strategies.

Using data to drive performance: The CoC Board monitors length of time homeless data quarterly and the CoC publishes dashboards with Balance of State-wide and LHC-level data by subpopulation.

Rapid exits to permanent housing: Households with income and low service needs are rapidly exited to permanent housing with one-time financial assistance and services. Each LHC has received funding for housing navigation, move-in costs, application fees, security deposits, and prospective rent and utilities. Shelter staff are trained in conflict resolution and mediation to increase reunification with family and friends, and staff help households obtain the documents they need for lease-up.

Faster housing matches through Coordinated Entry: The CoC uses CES to identify households experiencing homelessness and quickly connect them to services and housing that allow an exit from homelessness. Permanent housing programs must submit referral requests to CES 2 to 4 weeks before a unit opens, so the housing match and intake process can be completed by the time the unit is available.

Prioritizing people with the longest histories of homelessness: The CE assessment includes several questions about each household's history of homelessness. Households with the longest histories receive higher prioritization for housing through Coordinated Entry, especially those who also have a disabling condition.

Expanding housing capacity: The CoC is working to increase TH, RRH, PSH, and other permanent housing units, and regularly conducts outreach to LIHTC properties, project-based voucher programs, and other permanent housing providers to increase the number of units that accept referrals from CES.

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?

56.00%

Describe how you calculated the data for this response.**(limit 2,500 characters)**

Rate of exits to permanent housing (SPM 7b.1): As reported in the CoC's FY 2025 System Performance Measures submitted in HDX, 48.92% of participants in ES, TH, and RRH exited to a permanent housing destination.

Exits to unsubsidized housing from TH, RRH, and PSH: The CoC ran a report in HMIS for the 12-month period of October 1, 2023 through September 30, 2024. The universe included all TH, RRH, and PSH projects across the CoC that were active during this period, and the denominator was all program participants who exited those projects during the period (981 exits).

The numerator was calculated by summing exits to the four unsubsidized destinations in HMIS Data Element 3.12 (Exit Destination):

Staying or living with family, permanent tenure: 42
 Staying or living with friends, permanent tenure: 21
 Rental by client, no ongoing housing subsidy: 484
 Owned by client, no ongoing housing subsidy: 1

In total, 548 of 981 exits (56%) from TH, RRH, and PSH were to unsubsidized housing during the reporting period.

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.	01/28/2026
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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	740	93	585	70.23%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	257	9	266	100.00%
4. Rapid Re-Housing (RRH) beds	166	3	164	97.04%
5. Permanent Supportive Housing (PSH) beds	902	0	594	65.85%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. The CoC completed its transition to the Institute for Community Alliances (ICA) as HMIS System Administrator, including the provider tree restructure and a full rewrite of HMIS policies and procedures. In the last 12 months, the CoC has adopted a more robust Data Quality Management Plan (DQMP) and annual monitoring plan, establishing a comprehensive structure for ongoing compliance and data quality across all CoC-funded projects.

For Emergency Shelter, the remaining bed coverage gap is concentrated among a small number of private, faith-based shelter providers that have not joined HMIS. Over the next 12 months, the CoC will continue targeted outreach and relationship-building with these providers at the local level, in partnership with Local Homeless Coalition (LHC) leadership, to address concerns and encourage participation, including exploring options such as covering HMIS license costs or offering data entry support where appropriate.

For Permanent Supportive Housing, the remaining gap is attributable to HUD-VASH beds, which are administered through the VA's HOMES system rather than the CoC's HMIS, consistent with HUD-VASH's federal reporting structure. The CoC will continue to engage with the three VA Medical Centers (VAMCs) operating HUD-VASH beds across the Balance of State to maintain accurate Project Descriptor Data Elements (PDDEs) and pursue opportunities for closer alignment where permitted.

2. Implementation will be carried out by HMIS staff, CoC staff, and LHC leadership through the newly adopted DQMP and annual monitoring plan, which has established a regular cadence of monitoring visits with all CoC projects, including non-HMIS participating providers. These visits ensure accurate PDDE reporting at minimum and provide a consistent, ongoing opportunity to discuss the benefits of HMIS participation — including improved coordination of care and access to services — directly with providers who remain outside the system.

3A. Policy Initiatives

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

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

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

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

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

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH_RRH_PS...	09/30/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/30/2026

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

Attachment Details

Document Description: List of TH_RRH_PSH Projects and Treatment Providers with On- Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

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

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD 2996 Certification and Project Listing

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

Status	Project Name	Organization	Units	Project Type
New	YMCA TH	YMCA of Cumberland	16	TH
New	Transitional Housing	Diakonia, Inc.	13	TH
New	Supportive Services Only - Street Outreach	Diakonia, Inc.	250	SSO
New	Supportive Services Only - Standalone	Diakonia, Inc.	275	SSO
Renewal	Fortitude Renewal Project Application	LifeStyles of Maryland Foundation, Inc.	9	TH
New	LifeStyles DV Joint TH-RRH	LifeStyles of Maryland Foundation, Inc.	9	TH
New	Fuller House Joint TH-RRH	LifeStyles of Maryland Foundation, Inc.	16	TH
New	Southern Crossing Joint TH-RRH	LifeStyles of Maryland Foundation, Inc.	4	TH
Renewal	BHA PSH Allegany County	MD Department of Health Behavioral Health Administration	4	PSH
New	Allegany County HRDC Transitional Housing (TH)	Allegany County HRDC	50	TH
Renewal	HRDC Leasing Supportive Housing Project	Allegany County HRDC	2	PSH
New	LifeStyles Supportive Services	LifeStyles of Maryland Foundation, Inc.	125	SSO
Renewal	BHA PSH Cecil County	MD Department of Health Behavioral Health Administration	7	PSH
New	Meeting Ground's Mary Randall Center Outreach	Meeting Ground Inc	250	SSO
Renewal	BHA PSH Frederick County	MD Department of Health Behavioral Health Administration	10	PSH
Renewal	BHA PSH Harford County	MD Department of Health Behavioral Health Administration	12	PSH
Renewal	BHA PSH Lower Shore (Somerset & Wicomico)	MD Department of Health Behavioral Health Administration	12	PSH
Renewal	BHA PSH Southern Maryland	MD Department of Health Behavioral Health Administration	39	PSH
Renewal	Housing 1st SRO – Individual Project	City of Frederick	3	PSH
Renewal	BHA PSH Washington County	MD Department of Health Behavioral Health Administration	14	PSH
Renewal	FFNP Housing First Renewal	Friends for Neighborhood Progress / City of Frederick	7	PSH



Supportive Services Participation Agreement

MD Balance of State CoC:

Program Name: _____

Organization Name: _____

Participant Name: _____

Date of Agreement: _____

Housing Type (circle): Permanent Supportive Housing (PSH) / Rapid Rehousing (RRH) / Transitional Housing (TH)

A Message to You

We are glad you are here. You have worked hard to get to this point, and we believe in your ability to build the life you want. This agreement is not a list of demands — it is a shared understanding between you and your case manager about how we will walk alongside you in your housing.

We know that stable housing is the foundation everything else is built on. Our role is to support you, not to judge your past or control your future. Whatever you have been through, you bring strengths, resilience, and knowledge that we deeply respect.

Please read this agreement carefully. If anything is unclear, ask questions. You have the right to understand everything you are agreeing to.

Section 1: Our Commitment to You

As your supportive services provider, we commit to:

- Treat you with dignity and respect at every interaction, without judgment about your history of housing instability, substance use, mental health, legal involvement, or any other factor.
- Center your goals. Your case management will be built around what matters most to *you* — not a one-size-fits-all checklist.
- Recognize your strengths. We will work with the skills, knowledge, relationships, and resilience you already have — not focus only on gaps or challenges.

- Be trauma-informed. Our staff understand that many people have lived through significant hardship and trauma. We will never require you to share your trauma history, and we will work to avoid practices that may feel re-traumatizing.
 - Protect your privacy. Your information will be kept confidential in accordance with applicable laws, including HIPAA where relevant, and shared only with your written consent or as required by law.
 - Be transparent. If something changes about the program, your services, or this agreement, we will tell you clearly and promptly.
-

Section 2: What Supportive Services Are

Supportive services are resources and supports designed to help you maintain stable housing and work toward the goals *you* set for yourself. They are not punishment, surveillance, or a test of whether you "deserve" your housing.

Services available through this program may include, but are not limited to:

- Case management and goal planning
- Housing stability support (lease understanding, landlord communication, etc.)
- Connection to benefits (SNAP, SSI/SSDI, Medicaid, etc.)
- Employment and education resources
- Mental health and substance use treatment referrals
- Life skills support (budgeting, transportation, etc.)
- Crisis support and safety planning
- Peer support services
- Community connection and social support

You do not have to use every service. Together with your case manager, you will identify which supports make sense for where you are *right now* — and that can change over time.

Section 3: Participation Requirement

Funding regulations require that participants engage in supportive services as a condition of continued program participation. This is a federal program requirement — it is not a personal judgment about you or your choices.

What participation means in practice:

1. Meet with your case manager at least once per month, in person, by phone, or virtually, based on what works best for you. We will work around your schedule.
2. Respond to outreach from your case manager within a reasonable timeframe (typically 3 business days). If you are going through a hard time and cannot respond right away, reach out when you are able — we are not here to check up on you, we are here because we care about your wellbeing.
3. Participate in an annual reassessment to review your housing stability and update your service plan together.
4. Let your case manager know if your circumstances change significantly — such as changes in income, household, health needs, or housing concerns — so your support plan can be updated to reflect where you are.

What participation does NOT require:

- Sobriety or enrollment in substance use treatment (unless separately agreed upon as a program-specific condition)
 - Sharing your trauma history or personal information beyond what is needed to connect you to services
 - Compliance with any condition not explicitly listed in this agreement
-

Section 4: Your Rights

You have the right to:

- Be treated with respect.
 - Set your own goals. Your case manager is here to support the life *you* want to build.
 - Disagree. If a recommendation doesn't feel right for you, you have the right to say so and explore alternatives together.
 - Change your mind. Your service plan is a living document. Your goals and needs will change, and your plan should too.
 - File a grievance if you feel you have been treated unfairly or this agreement has not been upheld.
 - Ask questions about this agreement, your services, or your housing program at any time.
 - Receive a copy of this agreement and any future updates to it.
-

Section 5: Understanding the Connection Between Services and Housing

We want to be straightforward with you: program funding requires that engagement in supportive services be a condition of continued program participation. If a participant is consistently unreachable over a sustained period of time, the program may need to take steps to address that.

However, before any action related to housing is ever considered, the following steps will always take place first:

1. Your case manager will make multiple documented attempts to reach you using your preferred contact methods.
2. If you are unreachable, a wellness check or community outreach attempt will be made.
3. You will receive a clear, written notice describing the concern and offering an opportunity to re-engage.
4. You will be given a minimum of 15 days to respond and reconnect with services.
5. You will have the right to meet with a program supervisor or director to discuss your situation.
6. Every effort will be made to identify and address barriers to engagement — such as transportation, health, schedule, or safety concerns — before any adverse action is considered.

We recognize there are many reasons someone may become difficult to reach: health crises, unsafe situations, trauma responses, or simply needing space. Our first response will always be concern for your wellbeing, not enforcement.

Section 6: Grievance and Appeals Process

If you believe your rights have been violated, you have been treated unfairly, or you disagree with a decision made about your services or housing, you have the right to file a grievance.

To file a grievance:

- Speak directly with your case manager or their supervisor, or
- Submit a written grievance to: _____

Grievances will be acknowledged within 3 business days and a written response provided within 10 business days. You will not face any negative consequences for filing a grievance in good faith.

Section 7: Signatures

By signing below, both parties confirm that this agreement was reviewed together, the participant had the opportunity to ask questions, and both parties commit to the responsibilities and rights described above. This agreement will be reviewed at least annually, or sooner at either party's request.

Participant Signature: _____ **Date:** _____

Participant Printed Name: _____

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

Case Manager Printed Name: _____

Supervisor Signature (if applicable): _____ **Date:** _____

Maryland Balance of State Continuum of Care (MD-514) Attestation of Coordination and Non-Interference with Local Efforts to Advance Public Safety

MD-514 serves 12 largely rural counties across Western Maryland, Central Maryland, Southern Maryland, and the Eastern Shore, with the Maryland Department of Housing and Community Development as CoC Collaborative Applicant. Because the CoC spans many jurisdictions, cooperation with public safety partners happens at two levels. Statewide, the Maryland Department of Public Safety and Correctional Services (DPSCS) holds a designated seat on the CoC Board. Locally, law enforcement participates in the Local Homeless Coalitions and works directly with outreach teams.

Local approaches to public camping vary by jurisdiction. Hagerstown and Cumberland prohibit camping or lodging outdoors on public property, and Ocean City prohibits sleeping on the beach overnight and sleeping in vehicles. Where no ordinance applies, the CoC works with sheriffs, police departments, and local governments through joint outreach. Law enforcement is dispatched alongside outreach teams in Cumberland, and the Garrett County Sheriff's Office transports people to shelter.

There are no Maryland laws that prohibit local jurisdictions or CoCs from clearing tents or encampments on public property, passing camping or loitering ordinances, implementing vagrancy policies. Additionally, there are no state or local laws that require provision of shelter as a condition of clearing encampments, or require notice before displacement of belongings.

The Maryland Balance of State Continuum of Care (MD-514) does attest to the following for the CoC's geographic area.

1. **Cooperation and non-interference.** The CoC cooperates with, and does not interfere with or impede, the efforts of local governments, law enforcement agencies, and first responders to advance public safety. The Maryland Department of Public Safety and Correctional Services (DPSCS) holds a designated seat on the CoC Board of Directors, and local law enforcement representatives participate as partners in the Local Homeless Coalitions. No CoC policy directs or encourages any recipient or subrecipient to obstruct the lawful enforcement of local ordinances or state law.
2. **Tents and encampments.** CoC outreach providers work with law enforcement to locate and engage people in encampments and connect them to shelter and services. In Cumberland, law enforcement is dispatched alongside outreach teams. In Southern Maryland, outreach teams deploy when local law enforcement identifies an encampment. In Garrett County, the Sheriff's Office is the primary point of contact for homelessness and transports people to shelter or motels when needed. In Frederick, outreach leads conduct targeted outreach with mental health organizations and law enforcement.
3. **Public use of illicit drugs.** CoC Program recipients and subrecipients may not distribute drug paraphernalia or knowingly permit the use or distribution of illicit drugs on their properties. Providers connect people using illicit drugs in public to treatment and recovery services and, where appropriate, to law enforcement.
4. **Danger to self or others.** CoC providers follow Maryland's Emergency Petition process under Health-General Article §§ 10-620 through 10-632 when a person poses a danger to self or others due to a mental disorder. Coordinated Entry and case management staff assess and monitor for risk and follow the appropriate reporting mechanisms.
5. **SORNA.** DPSCS administers Maryland's Sex Offender Registry and verifies registrants' locations under Criminal Procedure Article § 11-701 et seq. Under the CoC's HMIS Policies and Procedures Manual, any request for personally identifying information from a non-partner agency, including

law enforcement or the DPSCS Sex Offender Registry Unit, is routed to the HMIS Lead for evaluation and response, so location information is shared as the law requires and the HMIS Privacy Notice permits.

6. **Assisting first responders.** CoC providers maintain working partnerships with law enforcement, first responders, crisis response teams, the criminal justice system, and behavioral health professionals.

MD-514 Maryland Balance of State CoC

FY2026 Local Competition Scorecard

NOFO: CPD-2600-DC-0025 · Reporting Period: Jun 1, 2025 – May 31, 2026

Section A — PSH Scorecard

Recipient / Agency	Project Type: PSH
Project Name	Grant Number
HMIS Project ID	Performance Reporting Period: Jun 1, 2025 – May 31, 2026

Performance Thresholds

Performance Criteria	Source	Result	10 pts	5 pts	0 pts	Score
SYSTEM PERFORMANCE OUTCOMES						
Quarterly Occupancy / Utilization Rate <i>Avg of Jan/Apr/Jul/Oct HIC counts ÷ proposed HH</i>	Q8b		≥90%	70–89%	≤69%	
% Remained in PSH or Exited to Permanent Housing <i>Stayers + positive exits ÷ (total – deceased – excluded)</i>	Q23c		≥96%	90–95%	≤89%	
% Exits to Unsubsidized Permanent Housing <i>Positive exits – ongoing subsidy exits ÷ adjusted leavers</i>	Q23c		≥40%	25–39%	≤24%	
INCOME & SELF-SUFFICIENCY						
% Adult Stayers Who Increased Employment Income <i>Annual assessment</i>	Q19a1		≥16%	10–15%	≤9%	
% Adult Leavers Who Increased Employment Income <i>At exit</i>	Q19a2		≥19%	13–18%	≤12%	
% Adult Stayers With Increased Non-Employment Cash Income <i>Annual assessment</i>	Q19a1		≥63%	57–62%	≤56%	
% Adult Leavers With Increased Non-Employment Cash Income <i>At exit</i>	Q19a2		≥43%	37–42%	≤36%	
% Adult Stayers With ≥1 Non-Cash Benefit <i>Annual assessment</i>	Q20b		≥49%	43–48%	≤42%	

Performance Criteria	Source	Result	10 pts	5 pts	0 pts	Score
% Adult Leavers With ≥1 Non-Cash Benefit at Exit <i>At exit</i>	Q20b		≥74%	68–73%	≤67%	
HIGH-NEEDS POPULATION						
% Chronically Homeless Households Served <i>CH HH ÷ total HH</i>	Q26a		≥75%	50–74%	≤49%	
% Clients With ≥1 Physical/Mental Health Condition at Entry <i>Adults with 1+ condition ÷ total adults</i>	Q13a2		≥75%	50–74%	≤49%	
% Clients Fleeing Domestic Violence	Q14a		≥24%	18–23%	≤17%	
% Households Entering from Place Not Meant for Human Habitation <i>PNMFH entries ÷ total HH</i>	Q15		≥54%	48–53%	≤47%	
% Clients Aged 55 and Over <i>Sum of 55–64 + 65+ bands ÷ total served</i>	Q11		≥20%	10–19%	≤9%	
HMIS DATA QUALITY (10%)						
Personal Identifying Information (PII) Error Rate <i>Overall Score — lower is better</i>	Q6a		0–1%	2–5%	≥6%	
Universal Data Elements (UDE) Error Rate <i>Highest error rate across UDE fields — lower is better</i>	Q6b		0–1%	2–5%	≥6%	
GRANT MANAGEMENT & FINANCIALS (10%)						
Current Draw Rate vs Pace (SAGE) <i>% Drawn ÷ % Term Elapsed</i>	SAGE		≥0.85	0.65–0.84	≤0.64	
% Grant Funds Recaptured at Prior Closeout <i>Lower is better</i>	Recap25		0–4%	5–9%	≥10%	
Cost Efficiency <i>(CoC budget + 25% match) ÷ positive exits/stayers — lower is better</i>	Efficiency		≤\$8,499	\$8,500–\$11,500	≥\$11,501	

PSH Scoring Summary

	Pts Achieved	Pts Available	Weighted %
PSH – Project Performance			× 80%
HMIS Data Quality			× 10%
Grant Management			× 10%
TOTAL WEIGHTED SCORE	_____%	_____%	_____%

Section B — Transition Review Scorecard (RRH / Joint TH+RRH)

These projects are not being renewed as RRH or Joint grants. This scorecard measures prior performance to inform transition planning into TH or self-sufficiency.

Recipient / Agency	Project Type: Transition Review (RRH / Joint TH+RRH)
Project Name	Grant Number
HMIS Project ID	Performance Reporting Period: Jun 1, 2025 – May 31, 2026

Performance Thresholds

Performance Criteria	Source	Result	10 pts	5 pts	0 pts	Score
SYSTEM PERFORMANCE OUTCOMES						
Quarterly Occupancy / Utilization Rate <i>Avg of Jan/Apr/Jul/Oct HIC counts ÷ proposed HH</i>	Q8b		N/A	N/A	N/A	
% Exited to Permanent Housing <i>Stayers + positive exits ÷ (total – deceased – excluded)</i>	Q23c		≥51%	45–50%	≤44%	
% Exits to Unsubsidized Permanent Housing <i>Positive exits – ongoing subsidy exits ÷ adjusted leavers</i>	Q23c		≥55%	45–54%	≤44%	
INCOME & SELF-SUFFICIENCY						
% Adult Stayers Who Increased Employment Income <i>Annual assessment</i>	Q19a1		≥9%	3–8%	≤2%	
% Adult Leavers Who Increased Employment Income <i>At exit</i>	Q19a2		≥8%	2–7%	≤1%	
% Adult Stayers With Increased Non-Employment Cash Income <i>Annual assessment</i>	Q19a1		≥46%	40–45%	≤39%	
% Adult Leavers With Increased Non-Employment Cash Income <i>At exit</i>	Q19a2		≥10%	4–9%	≤3%	
% Adult Stayers With ≥1 Non-Cash Benefit <i>Annual assessment</i>	Q20b		≥46%	40–45%	≤39%	
% Adult Leavers With ≥1 Non-Cash Benefit at Exit <i>At exit</i>	Q20b		≥54%	49–53%	≤48%	

Performance Criteria	Source	Result	10 pts	5 pts	0 pts	Score
HIGH-NEEDS POPULATION						
% Chronically Homeless Households Served <i>CH HH ÷ total HH</i>	Q26a		N/A	N/A	N/A	
% Clients With ≥1 Physical/Mental Health Condition at Entry <i>Adults with 1+ condition ÷ total adults</i>	Q13a2		≥26%	18–25%	≤17%	
% Clients Fleeing Domestic Violence	Q14a		≥21%	15–20%	≤14%	
% Households Entering from Place Not Meant for Human Habitation <i>PNMFH entries ÷ total HH</i>	Q15		≥36%	30–35%	≤29%	
% Clients Aged 55 and Over <i>Sum of 55–64 + 65+ bands ÷ total served</i>	Q11		≥12%	6–11%	≤5%	
HMIS DATA QUALITY (10%)						
Personal Identifying Information (PII) Error Rate <i>Overall Score — lower is better</i>	Q6a		0–2%	3–6%	≥7%	
Universal Data Elements (UDE) Error Rate <i>Highest error rate across UDE fields — lower is better</i>	Q6b		0–1%	2–3%	≥4%	
GRANT MANAGEMENT & FINANCIALS (10%)						
Current Draw Rate vs Pace (SAGE) <i>% Drawn ÷ % Term Elapsed</i>	SAGE		≥0.85	0.65–0.84	≤0.64	
% Grant Funds Recaptured at Prior Closeout <i>Lower is better</i>	Recap25		0–4%	5–9%	≥10%	
Cost Efficiency <i>(CoC budget + 25% match) ÷ positive exits/stayers — lower is better</i>	Efficiency		≤\$1,499	\$1,500–\$4,000	≥\$4,001	

Transition Review Scoring Summary

	Pts Achieved	Pts Available	Weighted %
Transition Review – Project Performance			× 80%
HMIS Data Quality			× 10%
Grant Management			× 10%
TOTAL WEIGHTED SCORE	_____%	_____%	_____%

**MARYLAND BALANCE OF STATE CONTINUUM OF CARE MD-514
FY2026 CoC FUNDING COMPETITION
REQUEST FOR PROPOSALS (RFP)**

RFP ISSUE DATE: June 26, 2026
PROPOSAL DEADLINE: 8:00 pm, July 24, 2026
FUNDING OPPORTUNITY: CPD-2600-DC-0025
Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2026
Continuum of Care Competition

ESTIMATED FUNDS AVAILABLE: CoC Annual Renewal Demand: \$9,659,780
CoC Bonus Funds: \$2,300,702

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Introduction

The purpose of this Request for Proposal (RFP) is to solicit project applications from across the MD Balance of State CoC for new and renewing projects in the FY2026 CoC Funding Competition.

The Continuum of Care Program Competition (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, Indian Tribes or tribally designated housing entities and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families, and to optimize self-sufficiency among those experiencing homelessness.

FY2026 CoC NOFO Available Funding

Amount	Type	Description
\$9,659,750	Annual Renewal Demand for MD-514	The CoC's ARD is calculated by adding together the eligible portion of the budgets in the group of grants ready to renew. The CoC will have the opportunity to submit applications based on the amount needed to renew these grants.
\$1,448,962	CoC Bonus Project Funding	This is the maximum amount of bonus funding for which the CoC is eligible to apply (does not include any reallocation).
\$851,740	DV Bonus Project Funding	This is the maximum amount of DV bonus funding for which the CoC is eligible to apply.

**Final Amounts Subject to Change*

HUD allows local communities to create new projects through two methods: bonus funds and reallocation. Bonus projects are typically awarded competitively at the national level but are also required to be ranked with the CoC's other renewal and new projects.

Other important amounts to note:

- Tier 1 projects are capped at \$5,795,850 total, or 60% of ARD
- HUD is dedicating \$1.3 billion for new Transitional Housing and Supportive Services Only projects that fall into Tier 2.

Eligible Project Applications

For the FY2026 CoC Competition, the Maryland Balance of State is prioritizing high performing renewal Permanent Supportive Housing (PSH) projects and new Transitional Housing (TH) and Supportive Services Only (SSO) projects. The Balance of State will not accept new PSH, Rapid Rehousing or Joint TH-RRH project applications during this competition cycle.

New Project Component Types

TRANSITIONAL HOUSING (TH)

Transitional Housing (TH) provides temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing. TH projects can cover housing costs and accompanying supportive services for program participants for up to 24 months.

The core components of a TH project include:

Housing structure

- Time-limited stay of up to 24 months
- Housing can be facility-based (single-site) or scattered-site units
- Participants are tenants/residents working toward permanent housing

Eligible participants

- Individuals and families experiencing homelessness (Category 1 or 4 of the HUD definition of homeless)

Required services

- Case management
- Services designed to help participants stabilize and transition to permanent housing
- Connection to employment, income, benefits and mainstream resources

Operating and leasing costs

- Eligible costs include leasing, operating costs, supportive services, HMIS, and administration (Note: Non-profit organizations are not allowed to administer rental assistance dollars. Non-profits will need to coordinate with a local or state unit of government or a Public Housing Authority to administer rental payments)

Compliance and data

- HMIS participation (or comparable database for DV providers)
- Habitability and lead-based paint standards
- Termination/grievance procedures and program participant protections
- Coordinated Entry participation for intake/referrals

New Project Threshold Criteria

HUD has established the following threshold scoring criteria for each new TH project application.

- Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)
- The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.
- The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.
- The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- Describe how the proposed project will:
 - assess the service needs of program participants,
 - and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building

activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

- Indicate that the proposed project will create service plans for each program participant that include:
 - the services to be provided, when and how often services will be provided, by whom all services will be provided;
 - program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.
- Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.

SUPPORTIVE SERVICES ONLY (SSO)

Supportive Services Only projects allow recipients to provide supportive services—such as conducting outreach to sheltered and unsheltered homeless persons and families and providing referrals to other housing or other necessary services—to families and individuals experiencing homelessness. The recipient may only assist program participants for whom the recipient or subrecipient of the funds is not providing housing or housing assistance.

- **Supportive Services Only (Street Outreach):** An SSO project primarily dedicated to outreach service activity described in 24 CFR 578.53(e)(13) to individuals and families primarily residing in places not meant for human habitation.
 - 24 CFR 578.53(e)(13) describes outreach services as “activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants...” and includes “initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services.”
- **Supportive Services Only (Standalone):** This project type covers all other SSO project types that are not primarily dedicated to Coordinated Entry or Street Outreach, as described in 24 CFR 578.37(a)(3). Eligible supportive services are listed in the CoC Interim Rule and are listed on the HUD website. Examples include case management, education services, employment assistance, legal services, outpatient health services, and utility deposits.

New Project Threshold Criteria

In the FY26 NOFO, HUD distinguishes between different types of SSO projects. HUD established a distinct threshold scoring criteria for each type of new SSO project.

- **Supportive Services Only (Street Outreach):**
 - The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
 - The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
 - Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation and connect them to emergency shelter, treatment programs, reunification with family, transitional housing, or independent living. The applicant must cooperate with, and not interfere or impede, the enforcement of local laws such as public camping and public drug use laws, and must assist or be willing to assist first responders in their efforts to engage homeless individuals.

- The applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.
- Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.
- **Supportive Services Only (Standalone):**
 - The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.
 - The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
 - The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
 - Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.

Additionally, the [HUD Exchange Decision Tool](#) provides more information to help distinguish SSO projects from housing projects.

Applicant Eligibility

Eligible Entity Types

- State government
- County Government
- City or township governments
- Special district governments
- Public and state controlled institutions of higher education
- Federally recognized Native American tribal governments
- Public Housing Authorities / Indian Housing Authorities
- Native American tribal organizations
- Nonprofits with a 501(c)(3) status
- Faith-based organizations

Additional Information on Eligibility

- Individuals are not eligible to apply
- For-profit entities are not eligible to apply for grants or be a subrecipient of grant funding
- Applications submitted by ineligible organizations will not be reviewed, scored, or selected for funding

Additional Requirements

- Applicant has active SAM registration with current information and maintains an active SAM registration annually. Applicants must be registered with <https://www.sam.gov/SAM> before submitting their application. In addition, applicants must maintain an active SAM registration with current information while they have an active Federal award or an application or plan under consideration by HUD.

- Applicant has a valid UEI (Unique Entity Identifier) Number. This is the identifier assigned by SAM to uniquely identify business entities. As of April 4, 2022, the federal government has transitioned from the use of the DUNS Number to the use of UEI, as the primary means of entity identification for Federal awards government-wide.
- Applicant is a Non-Profit 501(c)(3) tax-exempt organization or another city government agency. For-profit entities are ineligible to apply for grants and are prohibited from being subrecipients of CoC Program grant funds.
- Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.
- Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the HUD NOFO.
- Applicant is in Good Standing with the State of Maryland (certification of Good Standing can be obtained through the Department of Taxation website.)
- Applicants must have two years of most recent Single Audit or independent financial audits that meet the Reports and findings from audits performed under Subpart F—Audit Requirements of 2 CFR part 200 or the reports and findings of any other available audits. The agency must be able demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal funds.
- Applicants must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.
- Applicants must document at least a 25% cash or in-kind match for the amount of funding requested.

Balance of State Local CoC Competition Process

CoCs are required by HUD to review, rate and rank all project applications. The BoS uses the Rating and Ranking Committee to facilitate the scoring and ranking process. Projects that are selected and ranked in priority order by the committee are provided to the CoC Board of Directors for final review.

The committee will score project applications and scoring materials will vary by project status:

- **Renewal Projects:** Performance based scorecard, renewal project RFP response
- **Transition Projects:** Performance based scorecard, new project RFP response
- **New Projects:** New project RFP response

All project submissions will undergo a threshold review for completion and accuracy prior to being scored by the Project Review Committee.

Projects that submit incomplete applications or do not submit their application by the stated deadline may not be considered for funding.

The MD-514 Maryland Balance of State CoC has chosen the Maryland Department of Housing and Community Development (DHCD) to serve as its Collaborative Applicant for FY2026.

The contents of this RFP are subject to change pending updates from HUD.

How to Apply

1. Before continuing with this RFP, applicants may wish to review the [MD-514 Balance of State CoC Funding Opportunities](#) webpage for more information, including the CoC NOFO, training materials and additional guidance.
2. Verify your organization's eligibility:
 - Faith-based organization
 - Nonprofit with a 501(c)(3) status
 - Unit of Government
 - Public or State Institute of Higher Education
 - Federally Recognized Native American Tribal Government
 - Native American Tribal Organization
 - Public Housing Authorities / Indian Housing Authorities
3. Submit the RFP, including any required attachments via the online submission portal no later than **8:00 p.m., July 24, 2026**.
4. DHCD will post clarifications, corrections and announcements on our CoC Funding Opportunities Page through July 23, 2026 at 5:00 PM.
5. The Rating and Ranking Committee will review and rank all project applications in early August and provide recommendations to the CoC Board for final review.
6. All project applicants will be notified of their status no later than August 11, 2026.

Proposal Checklist

Application Contents		New Project Requirement	Renewal Project Requirement
☐	RFP Response: MUST be Completed Online	✓	✓
☐	e-SNAPS: Completed New or Renewal Project Application	✓	✓
☐	Attachment: eLOCCS screenshot to demonstrate the project is making, at minimum, a quarterly draw down of funds	✓	✓
☐	Attachment: Agency policy or other documentation of supportive service participation requirements (if any, BoS can provide template)	✓	✓
☐	Attachment: Evidence of on-site substance abuse treatment (if any)	✓	✓
☐	Attachment: List of Board of Directors	✓	✓
☐	Attachment: Most recent A-133 Single Audit or Independent Financial Audit if organization received less than \$750,000 in federal funds	✓	✓
☐	Attachment: Certificate of Good Standing: Screenshot of organizational registration status with the Secretary of State (non-profit organizations only) https://egov.maryland.gov/BusinessExpress/EntitySearch/Search	✓	✓

Applicant Information

Project Information	
Project Name <i>(please match project name as listed in eSNAPS)</i>	
Applicant/Recipient Organization Name	
Legal Name of Applicant Organization	
Mailing Address	
County of Headquarters' Office	

Authorized Representative Information	
Chief Executive Name	
Title	
Email	
Phone number	
Agency Contact CoC Application / RFP Questions	
Name	
Email	
Phone	
Agency eSNAPS Contact (Authorized user submitting your CoC Project Application in eSNAPS)	
Name	
Email	
Phone	
HUD Threshold Requirements	
Applicant has Active SAM registration	
Applicant has ValidUEI (Unique Entity Identifier) Number	
Applicant has Outstanding Delinquent Federal Debts	
Agency Information	
Is your organization a victim service provider defined in 24 CFR 578.3? Organization is a victim service provider defined in 24 CFR 578.3. 24 CFR 578.3: Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.	
Is your organization a faith-based organization? A faith-based organization (FBO) is a nonprofit entity that is affiliated with or inspired by a religious group and provides social services to the community.	
Organization Type	

Project & Application Details	
Geographical Area Project Will Serve	
Total Anticipated Funding Request <i>Reminder: Renewal projects cannot request an amount above the total listed in the GIW</i>	\$
Project Status	• Renewal • Transition (Renewal project converting to a different component type, ex: RRH -> TH) • New
Renewal Project Type	• Permanent Supportive Housing
New/Transition Project Type	• Transitional Housing • DV Bonus Transitional Housing • Supportive Services Only: Standalone • Supportive Services Only: Street Outreach
If new project, projected start date (must be in calendar year 2027)	

Proposal General Questions

1 SUMMARY BUDGET (CORRESPONDS WITH eSNAPS APPLICATION TBD)

Eligible Costs	Annual Assistance Requested
Leasing	\$
Rental Assistance	\$
Supportive Services	\$
Operating Costs	\$
HMIS	\$
Admin	\$
Total Request	\$

2. MATCH FUNDS (CORRESPONDS WITH eSNAPS APPLICATION TBD)

Match Source 1	
Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific, include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$
Match Source 2	
Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific, include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$
Match Source 3	
Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific, include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$

3. GENERAL PROJECT DESCRIPTION: Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. The description must be consistent with other parts of this application and should identify the following:

- The target population including the number of single adults and the number of families with children to be served when the project is at full capacity
- Indicate if this is an expansion of a current project
- Type and number of units (scatter-site or single site; single or multi-family homes, etc.)
- Specific services that will be provided
- Projected outcomes
- Coordination with partners including but not limited to trainings, resources, and collaborations

g. How the project meets community needs in its service area

4. PROPOSED NUMBER SERVED

	Indicate Number
Total Number of Units (Households)	
Total Number of Beds (Individuals)	

5. HMIS:

HMIS Participation
Will the program ensure new and current employees are up to date on HMIS best practices, requirements and regulations and ensure timely data entry and excellent data quality
For Non-HMIS participating agencies (Victim Service Providers), will the program ensure timely data entry and accurate data quality using a comparable database

6. COORDINATED ENTRY PARTICIPATION: Participation in Coordinated Entry is a requirement for all CoC funded projects and all organizations must adhere to the following goals:

- *All clients who enter the homeless services system will be assessed for the Coordinated Entry System*
- *100% of CoC funded housing providers will participate in the Coordinated Entry System*
- *100% of new client enrollments into housing projects will come from the Coordinated Entry System By Name List*

Coordinated Entry
Will the program ensure that the project is compliant with the CE goals stated above

7. SYSTEM PERFORMANCE MEASURES: HUD is increasingly relying on data-driven performance to evaluate community success. CoC's are required to submit [system performance measures](#) each year to demonstrate community-wide performance.

CoC's must strive to:

- *Ensure program participants do not return to homelessness*
- *Ensure program participants are successfully exiting to and maintaining permanent housing*
- *Ensure employment and income growth for homeless persons in CoC-program funded projects*

System Performance
Will the program agree to contribute to the CoC's overall success for the performance measures stated above.

8. LIVED EXPERIENCE ENGAGEMENT: Please indicate if your organization involves or engages people with lived experience in a meaningful way. Check all that apply.

Engagement	
Host focus groups to collect feedback on program services	
Individuals with Lived Experience Serve on Agency Board	
Individuals with Lived Experience Employed by Agency	
Individuals with Lived Experience Service in Peer Navigation / Volunteer Role	
Individuals with Lived Experience Serve on Working Groups or Advisory Committees	
Have process for receiving and incorporating programmatic feedback from Persons with Lived Experience	
Other	
N/A	

9. HEALTHCARE

Indicate, for each type of healthcare listed below, whether your program assists clients with enrolling in health insurance and/or assists clients effectively utilizing the benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)		
Private Insurers		
Non-Profit, Philanthropic		
Other:		

10. CHILDREN & YOUTH COLLABORATION:

Indicate if the agency has any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports listed below.

Type of Organization	MOU/MOA	Other Formal Agreement
Birth to 3 Years		
Child Care and Development Fund		
Early Childhood Providers		
Early Head Start		
Federal Home Visiting Program		
Head Start		
Healthy Start		
Public Pre-K		
Tribal Home Visiting Program		
Other:		

Education	
Does the organization have partnerships with youth education providers including Local Educational Agencies (LEAs), McKinney-Vento liaisons, school districts, GED programs, community and technical colleges, and other postsecondary education providers	
Does the organization have policies and procedures in place to notify families of McKinney-Vento service eligibility	

11. SUBPOPULATION: Please indicate which subpopulation your project will serve. Check all that apply.

Subpopulation
Chronically Homeless Households
Older & Aging Adults
Physical Disability/Impairment or Developmental Disability
Youth 18-24 Years
Domestic Violence Survivors
Veterans
Families with Children

12. PHA COLLABORATION

PHA Collaboration
Does the organization have a current or planned agreement in place with public housing agencies to allow participants to transition from CoC housing programs to PHA supported housing

13. TREATMENT & RECOVERY SERVICES

Substance Abuse Treatment & Recovery Services
Does the program offer on site treatment
Does the program require clients to participate in treatment as condition for participation
Does the organization partner with outpatient treatment providers or peer recovery specialists
Is there 24/7 access to detox or inpatient treatment (this could include local hospital Emergency Room)
Does the organization have a formal partnership with a Certified Behavioral Health Clinic (CCBHC) or Community Mental Health Center (CMHC)
Is there a current or proposed sober house for people in recovery in the county
Does the organization have partnerships with a local crisis system of care, such as the 988 Life Line, mobile crisis and outreach, or other crisis stabilization services
Does the organization have current or planned partnerships with local drug courts or other specialty courts the serve mental and substance use disorders

14. PARTICIPATION REQUIREMENTS

Service Participation
Will the program require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) by providing direct language from supportive service agreements (contract, occupancy agreement, lease, or equivalent)

15. EMPLOYMENT & WORKFORCE DEVELOPMENT

Workforce
Does the organization partner with employment or workforce development programs 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.

16. MAINSTREAM BENEFITS:

Benefits
Will the organization provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect clients?

17. FAMILY REUNIFICATION

Reunification
Does the program assist with family or support network reunification efforts

18. ADDITIONAL COLLABORATION

Community Partnerships
Does the program partner with any of the following organization types
Veteran Serving Organization
Victim Service Provider
Justice System or Re-Entry Programs
Projects that serve those with a high level of medical needs, including frequent utilizers of healthcare systems
Aging or Elderly Serving Organizations

Project type Threshold Questions

NEW TRANSITIONAL HOUSING PROJECTS

19.

Provide Eligible Services

Will the program provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

20.

Prior Experience: Homeless Service Project

Does the organization have prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or have a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.

21.

Prior Experience: Exists to PH

Has the organization previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.

22.

Supplemental Resources

Will the project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP.

23.

Mandatory Service Participation

Will the project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).

24.

20 Hours of Individualized Services

Will the project provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

25.

Reasonable Cost Per Household

Will the provider ensure that the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.

26.

Rental Assistance & Transitional Housing
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Non-profit organizations are not authorized to administer Rental Assistance for Transitional Housing projects. Rental Assistance for TH may only be administered by a unit of government or Public Housing Authority.

If your organization is a non-profit entity, do you plan to use Rental Assistance, and if so, do you already have a partnership (or similar arrangement) with an eligible unit of government or PHA?
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If yes, please describe.

If no, would you like assistance from the BoS to identify potential partnerships?

N/A

Project type Threshold Questions

NEW DV BONUS TRANSITIONAL HOUSING PROJECTS

New DV Bonus projects (Transitional Housing) must be fully dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking who qualify as homeless under paragraph (4) of 24 CFR 578.3.

New DV Bonus TH projects must request a minimum of \$50,000 per project.

27.

Applicant Experience with Housing
DESCRIBE THE APPLICANT EXPERIENCE IN PROVIDING HOUSING TO DV SURVIVORS, ADDRESSING THE FOLLOWING: • ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing; • prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.; • determined which supportive services survivors needed; • connected survivors to supportive services; and • moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

28.

Applicant Experience with Confidentiality
DESCRIBE EXAMPLES OF HOW THE APPLICANT ENSURED THE SAFETY AND CONFIDENTIALITY OF DV SURVIVORS EXPERIENCING HOMELESSNESS BY: • taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors; • making determinations and placements into safe housing; • keeping information and locations confidential; training staff on safety and confidentiality policies and practices; and taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

29.

Applicant Experience with Trauma Informed Care
DESCRIBE THE PROJECT APPLICANT EXPERIENCE AND PLAN FOR USING TRAUMA-INFORMED, VICTIM-CENTERED APPROACH TO MEET THE NEEDS OF DV SURVIVORS IN THE FOLLOWING AREAS: • prioritizing placement and stabilization in permanent housing consistent with participants' preferences and stated needs; • establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; • providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma; • emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor defined goals and aspirations; • providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs

NEW SUPPORTIVE SERVICES ONLY STANDALONE

30.

Project Necessity
Is the project necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.

31.

Project Strategy
Does the proposed project have a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

32.

Supplemental Resources
Will the project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP.

33.

Cost Effectiveness
Will the services provided be cost-effective consistent with 2 CFR 200.404.

NEW SUPPORTIVE SERVICES ONLY STREET OUTREACH

34.

Supplemental Resources
Will the project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI and SNAP.

35.

Project Strategy
Does the proposed project have a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

36.

Law Enforcement & First Responder Experience
Does the applicant have a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate, assist, and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws.

37.

Outreach Experience
Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

38.

Cost Effectiveness
Will the services provided be cost-effective consistent with 2 CFR 200.404.

Appendix D: Project Scoring Matrix

PERMANENT SUPPORTIVE HOUSING SCORING MATRIX

Scoring Category / Question		Measurement	Maximum Points Available
Project Application Completeness		Maximum points will be awarded to applicants who submit all required components of this RFP by the 6/24/2026 deadline, which include: RFP responses, uploaded attachments and the eSNAPS application	5
1	Summary Budget	Maximum points will be awarded to projects that complete the budget chart	1
2	Match Funds	Maximum points will be awarded to projects that complete the match chart	1
3	Proposed Numbers Served	Maximum points will be awarded to projects that complete the chart	1
4	Healthcare	Maximum points will be awarded to applicants who demonstrate how they assist clients obtain healthcare	1
5	Children / Youth Collaboration	Maximum points will be awarded to applicants who identify partnerships with educational support	5
6	Subpopulation	Maximum points will be given to applicants who specific which subpopulation that will be served by the project	1
7	PHA Collaboration	Maximum points will be awarded to applicants who demonstrate they actively partner with at least one local PHA	1
8	Treatment & Recovery Services	Maximum points will be awarded to applicants who demonstrate they actively provide access to treatment and recovery services	10
9	Service Participation	Maximum points will be awarded to applicants who demonstrate they require participation in supportive services	10
10	Employment & Workforce Development	Maximum points will be awarded to applicants who identify partnership with employment or other workforce development programs	10
11	Mainstream Benefits	Maximum points will be awarded to applicants who demonstrate efforts to connect participants to mainstream benefits	1
12	Family Reunification	Maximum points will be awarded to applicants who demonstrate they assist with reunification efforts	1
13	Additional Collaboration	Maximum Points will be awarded to applicants who demonstrate partnerships with the listed providers	5
14	Lived Experience Engagement	Maximum points will be awarded to applicants who demonstrate they actively engage people with lived	10

		experience in program design and decision-making processes	
15	General Description	Maximum points will be awarded to applicants who clearly articulate how their project meets community needs, the target population to be served, the project plan for addressing the identified housing and supportive service needs, projected project outcomes, and coordination with other partners	10
16	HMIS	Maximum points will be awarded to applicants who agree to ensure staff will attend annual HMIS training, as well as ensure timely and accurate data entry	1
17	Coordinated Entry Participation	Maximum points will be awarded to applicants who agree to adhere to CoC CES goals	1
18	System Performance Measures	Maximum points will be awarded to applicants who positively contribute to the CoC System Performance, including reducing returns to homelessness	10
<i>The following elements are based on the Renewal Project Scorecard results</i>			
19	Quarterly Utilization Rate		10
20	Exits to Permanent Housing		10
21	Exits to Unsubsidized Housing		10
22	Stayers with Increased Employment Income		10
23	Leavers with Increased Employment Income		10
24	Stayers with Increased Non-Employment Income		10
25	Leavers with Increased Non-Employment Income		10
26	Stayers with Health Insurance		10
27	Leavers with Health Insurance		10

28	Stayers with Non-Cash Benefits		10
29	Leavers with Non-Cash Benefits		10
30	Chronically Homeless Households Served		10
31	Percentage with No Cash Income at Entry		10
32	Percentage with Conditions at Entry		10
33	Domestic Violence Survivors Served		10
34	Households Entering from Place Not Meant for Human Habitation Served		10
35	Age 55 and Over Served		10
36	HMIS Data Quality: PII Rate		10
37	HMIS Data Quality: UDE Rate		10
38	Comparable Database Participation		10
39	Cost Efficiency		10
40	Pace of Draws		10
41	Recapture Rate		10

Transitional Housing Scoring Matrix

Scoring Category / Question		Measurement	Maximum Points Available
Project Application Completeness		Maximum points will be awarded to applicants who submit all required components of this RFP by the 6/24/2026 deadline, which include: RFP responses, uploaded attachments and the eSNAPS application	5
1	Summary Budget	Maximum points will be awarded to projects that complete the budget chart	1
2	Match Funds	Maximum points will be awarded to projects that complete the match chart	1
3	Proposed Numbers Served	Maximum points will be awarded to projects that complete the chart	1
4	Healthcare	Maximum points will be awarded to applicants who demonstrate how they assist clients obtain healthcare	1
5	Children / Youth Collaboration	Maximum points will be awarded to applicants who identify partnerships with educational support	5
6	Subpopulation	Maximum points will be given to applicants who specific which subpopulation that will be served by the project	1
7	PHA Collaboration	Maximum points will be awarded to applicants who demonstrate they actively partner with at least one local PHA	1
8	Treatment & Recovery Services	Maximum points will be awarded to applicants who demonstrate they actively provide access to treatment and recovery services	10
9	Service Participation	Maximum points will be awarded to applicants who demonstrate they require participation in supportive services	10
10	Employment & Workforce Development	Maximum points will be awarded to applicants who identify partnership with employment or other workforce development programs	10
11	Mainstream Benefits	Maximum points will be awarded to applicants who demonstrate efforts to connect participants to mainstream benefits	1
12	Family Reunification	Maximum points will be awarded to applicants who demonstrate they assist with reunification efforts	1
13	Additional Collaboration	Maximum Points will be awarded to applicants who demonstrate partnerships with the listed providers	5
14	Lived Experience Engagement	Maximum points will be awarded to applicants who demonstrate they actively engage people with lived experience in program design and decision-making processes	10

15	General Description	Maximum points will be awarded to applicants who clearly articulate how their project meets community needs, the target population to be served, the project plan for addressing the identified housing and supportive service needs, projected project outcomes, and coordination with other partners	10
16	HMIS	Maximum points will be awarded to applicants who agree to ensure staff will attend annual HMIS training, as well as ensure timely and accurate data entry	1
17	Coordinated Entry Participation	Maximum points will be awarded to applicants who agree to adhere to CoC CES goals	1
18	System Performance Measures	Maximum points will be awarded to applicants who positively contribute to the CoC System Performance, including reducing returns to homelessness	10
19	Eligible Service Provision	HUD Threshold Question	1
20	Prior Experience: Homeless Service Project	HUD Threshold Question	1
21	Prior Experience: Exists to PH	HUD Threshold Question	1
22	Supplemental Resources	HUD Threshold Question	1
23	Mandatory Service Participation	HUD Threshold Question	1
24	20 Hours of Customized Services	HUD Threshold Question	1
25	Reasonable Cost Per Household	HUD Threshold Question	1
26	Rental Assistance	Grant Administration Question	Not Scored
<i>The following will only be scored only for renewal transition projects</i>			
27	Quarterly Utilization Rate		10
28	Exits to Permanent Housing		10
29	Exits to Unsubsidized Housing		10
30	Stayers with Increased		10

	Employment Income		
31	Leavers with Increased Employment Income		10
32	Stayers with Increased Non- Employment Income		10
33	Leavers with Increased Non- Employment Income		10
34	Stayers with Health Insurance		10
35	Leavers with Health Insurance		10
36	Stayers with Non- Cash Benefits		10
37	Leavers with Non- Cash Benefits		10
38	Percentage with No Cash Income at Entry		10
39	Percentage with Conditions at Entry		10
40	Domestic Violence Survivors Served		10
41	Households Entering from Place Not Meant for Human Habitation Served		10
42	Age 55 and Over Served		10
43	HMIS Data Quality: PII Rate		10
44	HMIS Data Quality: UDE Rate		10
45	Comparable Database Participation		10
46	Cost Efficiency		10

47	Pace of Draws		10
48	Recapture Rate		10

SSO: Standalone Scoring Matrix

Scoring Category / Question		Measurement	Maximum Points Available
Project Application Completeness		Maximum points will be awarded to applicants who submit all required components of this RFP by the 6/24/2026 deadline, which include: RFP responses, uploaded attachments and the eSNAPS application	5
1	Summary Budget	Maximum points will be awarded to projects that complete the budget chart	1
2	Match Funds	Maximum points will be awarded to projects that complete the match chart	1
3	Proposed Numbers Served	Maximum points will be awarded to projects that complete the chart	1
4	Healthcare	Maximum points will be awarded to applicants who demonstrate how they assist clients obtain healthcare	1
5	Children / Youth Collaboration	Maximum points will be awarded to applicants who identify partnerships with educational support	5
6	Subpopulation	Maximum points will be given to applicants who specific which subpopulation that will be served by the project	1
7	PHA Collaboration	Maximum points will be awarded to applicants who demonstrate they actively partner with at least one local PHA	1
8	Treatment & Recovery Services	Maximum points will be awarded to applicants who demonstrate they actively provide access to treatment and recovery services	10
9	Service Participation	Maximum points will be awarded to applicants who demonstrate they require participation in supportive services	10
10	Employment & Workforce Development	Maximum points will be awarded to applicants who identify partnership with employment or other workforce development programs	10
11	Mainstream Benefits	Maximum points will be awarded to applicants who demonstrate efforts to connect participants to mainstream benefits	1
12	Family Reunification	Maximum points will be awarded to applicants who demonstrate they assist with reunification efforts	1
13	Additional Collaboration	Maximum Points will be awarded to applicants who demonstrate partnerships with the listed providers	5
14	Lived Experience Engagement	Maximum points will be awarded to applicants who demonstrate they actively engage people with lived experience in program design and decision-making processes	10

15	General Description	Maximum points will be awarded to applicants who clearly articulate how their project meets community needs, the target population to be served, the project plan for addressing the identified housing and supportive service needs, projected project outcomes, and coordination with other partners	10
16	HMIS	Maximum points will be awarded to applicants who agree to ensure staff will attend annual HMIS training, as well as ensure timely and accurate data entry	1
17	Coordinated Entry Participation	Maximum points will be awarded to applicants who agree to adhere to CoC CES goals	1
18	System Performance Measures	Maximum points will be awarded to applicants who positively contribute to the CoC System Performance, including reducing returns to homelessness	10
19	Project Necessity	HUD Threshold Question	1
20	Project Strategy	HUD Threshold Question	1
21	Supplemental Resources	HUD Threshold Question	1
22	Cost Effectiveness	HUD Threshold Question	1
<i>The following will only be scored only for renewal transition projects</i>			
23	Quarterly Utilization Rate		10
24	Exits to Permanent Housing		10
25	Exits to Unsubsidized Housing		10
26	Stayers with Increased Employment Income		10
27	Leavers with Increased Employment Income		10
28	Stayers with Increased Non-Employment Income		10

29	Leavers with Increased Non-Employment Income		10
30	Stayers with Health Insurance		10
31	Leavers with Health Insurance		10
32	Stayers with Non-Cash Benefits		10
33	Leavers with Non-Cash Benefits		10
34	Percentage with No Cash Income at Entry		10
35	Percentage with Conditions at Entry		10
36	Domestic Violence Survivors Served		10
37	Households Entering from Place Not Meant for Human Habitation Served		10
38	Age 55 and Over Served		10
39	HMIS Data Quality: PII Rate		10
40	HMIS Data Quality: UDE Rate		10
41	Comparable Database Participation		10
42	Cost Efficiency		10
43	Pace of Draws		10
44	Recapture Rate		10

SSO: Street Outreach Scoring Matrix

Scoring Category / Question		Measurement	Maximum Points Available
Project Application Completeness		Maximum points will be awarded to applicants who submit all required components of this RFP by the 6/24/2026 deadline, which include: RFP responses, uploaded attachments and the eSNAPS application	5
1	Summary Budget	Maximum points will be awarded to projects that complete the budget chart	1
2	Match Funds	Maximum points will be awarded to projects that complete the match chart	1
3	Proposed Numbers Served	Maximum points will be awarded to projects that complete the chart	1
4	Healthcare	Maximum points will be awarded to applicants who demonstrate how they assist clients obtain healthcare	1
5	Children / Youth Collaboration	Maximum points will be awarded to applicants who identify partnerships with educational support	5
6	Subpopulation	Maximum points will be given to applicants who specific which subpopulation that will be served by the project	1
7	PHA Collaboration	Maximum points will be awarded to applicants who demonstrate they actively partner with at least one local PHA	1
8	Treatment & Recovery Services	Maximum points will be awarded to applicants who demonstrate they actively provide access to treatment and recovery services	10
9	Service Participation	Maximum points will be awarded to applicants who demonstrate they require participation in supportive services	10
10	Employment & Workforce Development	Maximum points will be awarded to applicants who identify partnership with employment or other workforce development programs	10
11	Mainstream Benefits	Maximum points will be awarded to applicants who demonstrate efforts to connect participants to mainstream benefits	1
12	Family Reunification	Maximum points will be awarded to applicants who demonstrate they assist with reunification efforts	1
13	Additional Collaboration	Maximum Points will be awarded to applicants who demonstrate partnerships with the listed providers	5
14	Lived Experience Engagement	Maximum points will be awarded to applicants who demonstrate they actively engage people with lived experience in program design and decision-making processes	10

15	General Description	Maximum points will be awarded to applicants who clearly articulate how their project meets community needs, the target population to be served, the project plan for addressing the identified housing and supportive service needs, projected project outcomes, and coordination with other partners	10
16	HMIS	Maximum points will be awarded to applicants who agree to ensure staff will attend annual HMIS training, as well as ensure timely and accurate data entry	1
17	Coordinated Entry Participation	Maximum points will be awarded to applicants who agree to adhere to CoC CES goals	1
18	System Performance Measures	Maximum points will be awarded to applicants who positively contribute to the CoC System Performance, including reducing returns to homelessness	10
19	Supplemental Resources	HUD Threshold Question	1
20	Project Strategy	HUD Threshold Question	1
21	Law Enforcement & First Responder Experience	HUD Threshold Question	1
22	Outreach Experience	HUD Threshold Question	1
23	Cost Effectiveness	HUD Threshold Question	1
<i>The following will only be scored only for renewal transition projects</i>			
24	Quarterly Utilization Rate		10
25	Exits to Permanent Housing		10
26	Exits to Unsubsidized Housing		10
27	Stayers with Increased Employment Income		10
28	Leavers with Increased Employment Income		10
29	Stayers with Increased Non-		10

	Employment Income		
30	Leavers with Increased Non- Employment Income		10
31	Stayers with Health Insurance		10
32	Leavers with Health Insurance		10
33	Stayers with Non- Cash Benefits		10
34	Leavers with Non- Cash Benefits		10
35	Percentage with No Cash Income at Entry		10
36	Percentage with Conditions at Entry		10
37	Domestic Violence Survivors Served		10
38	Households Entering from Place Not Meant for Human Habitation Served		10
39	Age 55 and Over Served		10
40	HMIS Data Quality: PII Rate		10
41	HMIS Data Quality: UDE Rate		10
42	Comparable Database Participation		10
43	Cost Efficiency		10
44	Pace of Draws		10
45	Recapture Rate		10

Rank Order	Applicant Name	Project Name	Housing Type	Total Score	Requested Amount	Committee Reduction	Committee Award	Status
1	Allegany County HRDC	HRDC Leasing Supportive Housing Project	Permanent Supportive Housing	179%	\$ 20,032.00	\$ -	\$ 20,032.00	Accepted
2	City of Frederick	Supportive Services (PSH Individual)	Permanent Supportive Housing	169%	\$ 160,469.00	\$ 11,334.00	\$ 149,135.00	Accepted / Reduced
3	LifeStyles of Maryland Foundation, Inc.	Fortitude Renewal Project Application	Permanent Supportive Housing	168%	\$ 221,208.00	\$ -	\$ 221,208.00	Accepted
4	MD Department of Health Behavioral Health Administration	BHA PSH Southern Maryland	Permanent Supportive Housing	167%	\$ 1,130,663.00	\$ -	\$ 1,130,663.00	Accepted
5	MD Department of Health Behavioral Health Administration	BHA PSH Lower Shore (Somerset & Wicomico	Permanent Supportive Housing	164%	\$ 184,242.00	\$ -	\$ 184,242.00	Accepted
6	Associated Catholic Charities Inc.	Anna's House PSH	Permanent Supportive Housing	163%	\$ 374,729.00	\$ -	\$ 374,729.00	Accepted
7	MD Department of Health Behavioral Health Administration	BHA PSH Harford County	Permanent Supportive Housing	163%	\$ 266,635.00	\$ -	\$ 266,635.00	Accepted
8	Three Oaks Homeless Shelter, Inc.	Nicholson - Permanent Housing Project #8	Permanent Supportive Housing	159%	\$ 317,839.00	\$ -	\$ 317,839.00	Accepted
9	City of Frederick	Housing 1st SRO – Individual Project	Permanent Supportive Housing	158%	\$ 38,170.00	\$ -	\$ 38,170.00	Accepted
10	Three Oaks Homeless Shelter, Inc.	Haina PWD#13 Consolidated Grant	Permanent Supportive Housing	157%	\$ 243,138.00	\$ -	\$ 243,138.00	Accepted
11	YMCA of Cumberland	YMCA PSH	Permanent Supportive Housing	153%	\$ 203,244.00	\$ -	\$ 203,244.00	Accepted
12	MD Department of Health Behavioral Health Administration	BHA PSH Washington County	Permanent Supportive Housing	148%	\$ 206,806.00	\$ -	\$ 206,806.00	Accepted
13	Somerset County Health Department	Wicomico Chronic II	Permanent Supportive Housing	148%	\$ 26,482.00	\$ -	\$ 26,482.00	Accepted
14	Three Oaks Homeless Shelter, Inc.	Home - Permanent Housing Project #11	Permanent Supportive Housing	148%	\$ 260,786.00	\$ -	\$ 260,786.00	Accepted
15	Garrett County Community Action, Inc.	SHF DIS	Permanent Supportive Housing	146%	\$ 160,671.00	\$ -	\$ 160,671.00	Accepted
16	Friends for Neighborhood Progress	FFNP PSH	Permanent Supportive Housing	145%	\$ 70,959.00	\$ -	\$ 70,959.00	Accepted
17 / 18	MD Department of Health Behavioral Health Administration	BHA PSH Cecil County 5 Unit FY 2024 & BHA PSH Cecil County 7	Permanent Supportive Housing	145%	\$ 151,757.00	\$ -	\$ 151,757.00	Accepted
19	Somerset County Health Department	Wicomico Chronic I	Permanent Supportive Housing	143%	\$ 26,549.00	\$ -	\$ 26,549.00	Accepted
20	MD Department of Health Behavioral Health Administration	BHA PSH Frederick County	Permanent Supportive Housing	141%	\$ 270,354.00	\$ -	\$ 270,354.00	Accepted
21	MD Department of Health Behavioral Health Administration	BHA PSH Allegany County	Permanent Supportive Housing	137%	\$ 43,039.00	\$ -	\$ 43,039.00	Accepted
22	Somerset County Health Department	Project 23	Permanent Supportive Housing	134%	\$ 630,148.00	\$ -	\$ 630,148.00	Accepted
23	Harford Family House, Inc.	HFH Prologue	Permanent Supportive Housing	131%	\$ 196,000.00	\$ -	\$ 196,000.00	Accepted
24	Somerset County Health Department	Project 1	Permanent Supportive Housing	130%	\$ 383,320.00	\$ -	\$ 383,320.00	Accepted
25	Somerset County Health Department	FY 2016 Bonus Project	Permanent Supportive Housing	124%	\$ 81,397.00	\$ -	\$ 81,397.00	Accepted
26	Three Oaks Homeless Shelter, Inc.	Aldridge PWD#16 Consolidated Grant	Permanent Supportive Housing	118%	\$ 138,547.00	\$ -	\$ 138,547.00	Accepted
TIER 2								
27	LifeStyles of Maryland Foundation, Inc.	Fuller House Joint TH-RRH	Transitional Housing	175%	\$ 156,241.00	\$ 7,812.00	\$ 148,429.00	Accepted / Reduced
28	LifeStyles of Maryland Foundation, Inc.	LifeStyles DV Joint TH-RRH	Transitional Housing	159%	\$ 64,482.00	\$ 3,224.00	\$ 61,258.00	Accepted / Reduced
29	LifeStyles of Maryland Foundation, Inc.	Southern Crossing Joint TH-RRH	Transitional Housing	159%	\$ 123,377.00	\$ 30,840.00	\$ 92,537.00	Accepted / Reduced
30	Student Homelessness Initiative Partnership of Frederick County	SSO - COC - SHIP	Supportive Services Only - Standalone	154%	\$ 90,000.00	\$ 4,500.00	\$ 85,500.00	Accepted / Reduced
31	Allegany County HRDC	Allegany County HRDC Transitional Housing (TH)	Transitional Housing	153%	\$ 74,037.00	\$ 3,701.00	\$ 70,336.00	Accepted / Reduced
32	Garrett County Community Action, Inc.	GCCAC Housing Support Services (SSO)	Supportive Services Only - Standalone	151%	\$ 330,000.00	\$ 16,500.00	\$ 313,500.00	Accepted / Reduced
33	Three Oaks Homeless Shelter, Inc.	Waring - Rapid Re-Housing Project	Transitional Housing	151%	\$ 165,266.00	\$ 16,503.00	\$ 148,763.00	Accepted / Reduced
34	Three Oaks Homeless Shelter, Inc.	Marek PWD#9 Consolidated Grant	Transitional Housing	151%	\$ 138,547.00	\$ 6,930.00	\$ 131,617.00	Accepted / Reduced
35	Harford Community Action Agency, Inc.	HCAA Supportive Services Street Outreach	Supportive Services Only - Street Outreach	150%	\$ 33,396.00	\$ 1,700.00	\$ 31,696.00	Accepted / Reduced
36	YMCA of Cumberland	YMCA TH	Transitional Housing	150%	\$ 418,582.00	\$ 20,929.00	\$ 397,653.00	Accepted / Reduced
37	Three Oaks Homeless Shelter, Inc.	Owens Rapid Rehousing Consolidated Grant	Transitional Housing	147%	\$ 257,961.00	\$ 25,800.00	\$ 232,161.00	Accepted / Reduced
38	Harford Family House, Inc.	HFH Transitional	Transitional Housing	141%	\$ 401,148.00	\$ 20,057.00	\$ 381,091.00	Accepted / Reduced
39	Cecil County Department of Community Services	Transitional Housing 2026	DV Bonus Transitional Housing	133%	\$ 76,797.00	\$ 3,840.00	\$ 72,957.00	Accepted / Reduced
40	Diakonia, Inc.	DV Bonus Project Funding	DV Bonus Transitional Housing	95%	\$ 250,000.00	\$ 50,000.00	\$ 200,000.00	Accepted / Reduced
41	Help and Outreach Point of Entry, Inc.	H.O.P.E. Connect	Supportive Services Only - Standalone	95%	\$ 150,000.00	\$ 15,000.00	\$ 135,000.00	Accepted / Reduced
42	Allegany County HRDC	Allegany County HRDC Housing Navigator	Supportive Services Only - Street Outreach	95%	\$ 55,000.00	\$ 5,500.00	\$ 49,500.00	Accepted / Reduced
43	Diakonia, Inc.	Supportive Services Only - Street Outreach	Supportive Services Only - Street Outreach	95%	\$ 522,500.00	\$ 104,500.00	\$ 418,000.00	Accepted / Reduced
44	Diakonia, Inc.	Supportive Services Only - Standalone	Supportive Services Only - Standalone	94%	\$ 268,125.00	\$ 53,625.00	\$ 214,500.00	Accepted / Reduced
45	Washington County Community Action Council, Inc.	WCCAC Street Outreach Program - Washington County	Supportive Services Only - Street Outreach	94%	\$ 200,000.00	\$ 20,000.00	\$ 180,000.00	Accepted / Reduced
46	Diakonia, Inc.	Transitional Housing	Transitional Housing	94%	\$ 600,000.00	\$ 400,000.00	\$ 200,000.00	Accepted / Reduced
47	City of Frederick	SSO - Street Outreach	Supportive Services Only - Street Outreach	93%	\$ 242,573.00	\$ 24,257.00	\$ 218,316.00	Accepted / Reduced
48	Associated Catholic Charities Inc.	Anna's House SSO: KEYRING Self-Sufficiency & Housing	Supportive Services Only - Standalone	92%	\$ 195,288.00	\$ 19,528.00	\$ 175,760.00	Accepted / Reduced
49	Catholic Charities, Inc.	Seton Center Support Services	Supportive Services Only - Standalone	91%	\$ 500,000.00	\$ 100,000.00	\$ 400,000.00	Accepted / Reduced
50	Beyond Shelter Frederick	Beyond Shelter Frederick Supportive Services	Supportive Services Only - Standalone	90%	\$ 150,000.00	\$ 30,000.00	\$ 120,000.00	Accepted / Reduced
51	Catholic Charities Archdiocese of Washington	Angels Watch Family Transitional Housing Program	Transitional Housing	90%	\$ 802,852.28	\$ 600,000.28	\$ 202,852.00	Accepted / Reduced
52	Washington County Community Action Council, Inc.	WCCAC Employment & Case Navigation Washington County	Supportive Services Only - Standalone	87%	\$ 100,000.00	\$ 10,000.00	\$ 90,000.00	Accepted / Reduced
53	Meeting Ground Inc	Meeting Ground's Mary Randall Center Outreach	Supportive Services Only - Standalone	83%	\$ 60,500.00	\$ 12,000.00	\$ 48,500.00	Accepted / Reduced
54	Help and Outreach Point of Entry, Inc.	H.O.P.E. Mobile	Supportive Services Only - Street Outreach	78%	\$ 75,000.00	\$ 15,000.00	\$ 60,000.00	Accepted / Reduced
55	Calvert Safe Housing Network, Inc.	Calvert Safe Transitional Housing Program	Transitional Housing	78%	\$ 146,025.00	\$ 28,500.00	\$ 117,525.00	Accepted / Reduced
56	YMCA of Cumberland	YMCA SSO Expansion	Supportive Services Only - Standalone	69%	\$ 77,000.00	\$ 15,500.00	\$ 61,500.00	Accepted / Reduced
57	Harford Family House, Inc.	HFH Supportive Services	Supportive Services Only - Standalone	82%	\$ 247,500.00	\$ 49,500.00	\$ 198,000.00	Accepted / Reduced
58	Three Oaks Homeless Shelter, Inc.	Saylor Supportive Service Only Project	Supportive Services Only - Standalone	84%	\$ 75,000.00	\$ 15,000.00	\$ 60,000.00	Accepted / Reduced
59	Three Oaks Homeless Shelter, Inc.	Three Oaks Center Lancaster Transitional Program	Transitional Housing	84%	\$ 260,000.00	\$ 52,000.00	\$ 208,000.00	Accepted / Reduced
60	LifeStyles of Maryland Foundation, Inc.	LifeStyles Supportive Services	Supportive Services Only - Standalone	97%	\$ 275,400.00	\$ 74,518.00	\$ 200,882.00	Accepted / Reduced
61	MD Department of Housing and Community Development	MD-514 HMIS	HMIS	100%	\$ 61,879.00	\$ -	\$ 61,879.00	Accepted
62	MD Department of Housing and Community Development	MD-514 CoC DV Bonus SSO	Supportive Services Only - Coordinated	100%	\$ 326,897.00	\$ -	\$ 326,897.00	Accepted
NOT SELECTED FOR FUNDING								
NA	F.A.C.E. Addiction Maryland	Garrett County Homeless & Housing Services	Supportive Services Only - Standalone		\$ 45,000.00	\$ 45,000.00	\$ -	Rejected / Ineligible
NA	The Sexual Assault/Spousal Abuse Resource Center	SARC New Project	Rapid Rehousing		\$ 65,474.00	\$ 65,474.00	\$ -	Rejected / Reallocated
NA	Potomac Community Services, INC	WC PSH Program Individuals	Permanent Supportive Housing		\$ 291,179.00	\$ 291,179.00	\$ -	Rejected / Reallocated
CoC Planning								
NA	MD Department of Housing and Community Development	FY2026 CoC Planning Grant	Planning	NA	\$ 482,988.00	\$ -	\$ 482,988.00	Accepted

**Certification for Opportunity Zones
Preference Points**

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

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

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

Applicant Organization: Maryland Department of Housing and Community Development

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

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

14.267, HUD Continuum of Care Program

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

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

See attached list of projects with opportunity zones covered/served

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

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

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

Estimated Funding Allocations

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

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

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

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

The projects included in this application will improve housing access, health outcomes, delivery of human services and family supports, and increasing public safety for residents and businesses in the designated opportunity zones.

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

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

Certification of Authorized Representative for the Applicant:

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

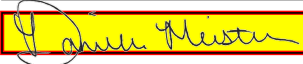
- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this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

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature: 

Date:

Project	Applicant	Funding request (\$)	OZ census tracts in area served (* = main office tract)
Allegany County HRDC Housing Navigator	Allegany County HRDC	\$55,000	Allegany: 24001000800*, 24001001000, 24001001100, 24001001800
SHP DIS 2024 MD0164L3B142316	Garrett County Community Action, Inc.	\$160,671	Garrett: 24023000200, 24023000600*, 24023000700
Fortitude Renewal Project Application	LifeStyles of Maryland Foundation, Inc.	\$221,208	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
FY 2016 Bonus Project	Somerset County Health Department	\$81,397	Somerset: 24039930101, 24039930500, 24039930600; Wicomico: 24045000100, 24045000200, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603; Worcester: 24047950000, 24047951000, 24047951300
BHA PSH Harford County FY 2024	MD Dept of Health - Behavioral Health Administration	\$266,635	Harford: 24025301302, 24025302902, 24025306100, 24025306200
BHA PSH Washington County FY 2024	MD Dept of Health - Behavioral Health Administration	\$206,806	Washington: 24043000400, 24043000500, 24043000700, 24043000800, 24043010802
GCCAC Housing Support Services (SSO)	Garrett County Community Action, Inc.	\$330,000	Garrett: 24023000200, 24023000600*, 24023000700
H.O.P.E. Mobile	Help and Outreach Point of Entry Inc	\$75,000	Wicomico: 24045000100, 24045000200*, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603; Worcester: 24047950000, 24047951000, 24047951300; Somerset: 24039930101, 24039930500, 24039930600
HFH Prologue	Harford Family House, Inc.	\$196,000	Harford: 24025301302, 24025302902, 24025306100*, 24025306200
WCCAC Employment & Case Navigation	Washington County Community Action Council, Inc.	\$100,000	Washington: 24043000400*, 24043000500, 24043000700, 24043000800, 24043010802
Aldridge PWD#16 Consolidated Grant (MD0371L3B142206)	Three Oaks Homeless Shelter, Inc.	\$138,547	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Horne - Permanent Housing Project #11 (MD0307L3B142209)	Three Oaks Homeless Shelter, Inc.	\$260,786	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Meeting Ground's Mary Randall Center Outreach	Meeting Ground Inc	\$60,500	Cecil: 24015030400*, 24015030505, 24015030906
Fuller House Joint TH-RRH	LifeStyles of Maryland Foundation, Inc.	\$156,241	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
BHA PSH Southern Maryland FY 2024	MD Dept of Health - Behavioral Health Administration	\$1,130,663	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Marek PWD#9 Consolidated Grant (MD0261L3B142211)	Three Oaks Homeless Shelter, Inc.	\$138,547	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
H.O.P.E. Connect	Help and Outreach Point of Entry, Inc.	\$150,000	Wicomico: 24045000100, 24045000200*, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603; Worcester: 24047950000, 24047951000, 24047951300; Somerset: 24039930101, 24039930500, 24039930600
Owens Rapid Rehousing Consolidated Grant (MD0351L3B142207)	Three Oaks Homeless Shelter, Inc.	\$257,961	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Beyond Shelter Frederick Supportive Services	Beyond Shelter Frederick	\$150,000	Frederick: 24021750300*, 24021751003, 24021765100, 24021772200, 24021775400
Garrett County Homeless & Housing Services	F.A.C.E. Addiction Maryland	\$45,000	Garrett: 24023000200, 24023000600*, 24023000700
Waring - Rapid Re-Housing Project	Three Oaks Homeless Shelter, Inc.	\$165,266	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Project 23	Somerset County Health Department	\$630,148	Somerset: 24039930101, 24039930500, 24039930600; Wicomico: 24045000100, 24045000200, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603; Worcester: 24047950000, 24047951000, 24047951300
YMCA PSH	YMCA of Cumberland	\$203,244	Allegany: 24001000800, 24001001000, 24001001100, 24001001800
Project 1	Somerset County Health Department	\$383,320	Somerset: 24039930101, 24039930500, 24039930600; Wicomico: 24045000100, 24045000200, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603; Worcester: 24047950000, 24047951000, 24047951300
Wicomico Chronic II	Somerset County Health Department	\$26,482	Wicomico: 24045000100, 24045000200, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603
BHA PSH Frederick County FY 2024	MD Dept of Health - Behavioral Health Administration	\$270,354	Frederick: 24021750300, 24021751003, 24021765100, 24021772200, 24021775400
HRDC Leasing Supportive Housing Project	Allegany County HRDC	\$20,032	Allegany: 24001000800*, 24001001000, 24001001100, 24001001800
Wicomico Chronic I	Somerset County Health Department	\$26,549	Wicomico: 24045000100, 24045000200, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603
HFH Transitional	Harford Family House, Inc.	\$401,148	Harford: 24025301302, 24025302902, 24025306100*, 24025306200
Anna's House PSH	Associated Catholic Charities Inc.	\$374,729	Harford: 24025301302, 24025302902, 24025306100, 24025306200
LifeStyles DV Joint TH-RRH	LifeStyles of Maryland Foundation, Inc.	\$64,482	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Housing 1st SRO - Individual Project FY23	City of Frederick	\$38,170	Frederick: 24021750300, 24021751003, 24021765100, 24021772200*, 24021775400
Southern Crossing Joint TH-RRH	LifeStyles of Maryland Foundation, Inc.	\$123,377	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001

Haina PWD#13 Consolidated Grant (MD0319L3B142208)	Three Oaks Homeless Shelter, Inc.	\$243,138	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Nicholson - Permanent Housing Project #8 (MD0242L3B142312)	Three Oaks Homeless Shelter, Inc.	\$317,839	Calvert: 24009860703, 24009861003, 24009861004; Charles: 24017850202, 24017850709, 24017850802; St. Mary's: 24037876001
Supportive Services (City of Frederick)	City of Frederick	\$160,469	Frederick: 24021750300, 24021751003, 24021765100, 24021772200*, 24021775400
BHA PSH Allegany County FY 2024	MD Dept of Health - Behavioral Health Administration	\$43,039	Allegany: 24001000800, 24001001000, 24001001100, 24001001800
BHA PSH Lower Shore (Somerset & Wicomico) FY 2024	MD Dept of Health - Behavioral Health Administration	\$184,242	Somerset: 24039930101, 24039930500, 24039930600; Wicomico: 24045000100, 24045000200, 24045000500, 24045010101, 24045010102, 24045010502, 24045010603
WCCAC Street Outreach Program	Washington County Community Action Council, Inc.	\$200,000	Washington: 24043000400*, 24043000500, 24043000700, 24043000800, 24043010802
Transitional Housing 2026 (Cecil)	Cecil County Department of Community Services	\$76,797	Cecil: 24015030400, 24015030505*, 24015030906
HCAA Supportive Services Street Outreach	Harford Community Action Agency, Inc.	\$33,396	Harford: 24025301302*, 24025302902, 24025306100, 24025306200
BHA PSH Cecil County 5 Unit & 7 Unit FY 2024	MD Dept of Health - Behavioral Health Administration	\$151,757	Cecil: 24015030400, 24015030505, 24015030906
HFH Supportive Services	Harford Family House, Inc.	\$247,500	Harford: 24025301302, 24025302902, 24025306100*, 24025306200
FFNP Housing First Renewal FY26	Friends for Neighborhood Progress / City of Frederick	\$70,959	Frederick: 24021750300, 24021751003, 24021765100, 24021772200, 24021775400
SSO - Street Outreach (City of Frederick)	City of Frederick	\$242,573	Frederick: 24021750300, 24021751003, 24021765100, 24021772200*, 24021775400
Allegany County HRDC Transitional Housing (TH)	Allegany County HRDC	\$74,037	Allegany: 24001000800*, 24001001000, 24001001100, 24001001800

Maryland Balance of State Continuum of Care (MD-514)
CoC Statement Regarding
Advancing Recovery by Prohibiting Illicit Drug Enablement

Policy Statement: Prohibition of Illicit Drug Enablement in YHDP-Funded Housing Projects

The Maryland Balance of State Continuum of Care (MD-514), as Collaborative Applicant, maintains the following governing all CoC-funded housing projects operated by MD-514 subrecipients:

1. Prohibited Activities

No CoC-funded housing project within the MD-514 CoC may:

- Operate a drug injection site or “safe consumption site”;
- Knowingly distribute drug paraphernalia on or off property under the project's control;
- Knowingly permit the use or distribution of illicit drugs on property under the project's control; or
- Conduct, permit, encourage, or allow any of the above activities under the pretext of “harm reduction.”

This prohibition applies to all housing types and components funded through the CoC within MD-514, and is a binding condition of subrecipient participation in the CoC's YHDP award. It does not require program participants to be sober or to participate in treatment as a condition of receiving assistance, nor does it require termination of assistance for a first-time violation of a drug-related program policy or lease requirement, consistent with 24 CFR 578. It also does not restrict or prohibit any subrecipient project that elects to require sobriety or treatment participation as a condition of assistance in accordance with 24 CFR 578.

2. Remedies for Violations

Subrecipients found to be in violation of this policy are subject to a graduated corrective action process administered by the CoC Lead Agency:

- **Notice and corrective action plan:** Upon discovery of a violation, the CoC will issue written notice to the subrecipient identifying the specific violation and requiring submission of a corrective action plan within 15 calendar days.
- **Monitoring and technical assistance:** The CoC will conduct enhanced monitoring of the affected project, which may include site visits, file review, and staff training, until the violation is resolved.
- **Escalation:** Failure to submit or implement an approved corrective action plan, or a recurrence of the violation, will result in escalation to formal remedies, which may include suspension of further disbursements, reallocation of unspent funds to other eligible projects within the CoC, referral to HUD, and/or termination of the subgrant agreement, consistent with the subrecipient agreement and 24 CFR 578.

- **Documentation:** All violations, corrective actions, and outcomes will be documented and retained in MD-514's monitoring files and made available to HUD upon request.

This statement is distinct from, and does not modify, MD-514's separate participant-level grievance and termination procedures, which continue to require individualized, documented determinations before any participant is exited from a project for lease or program violations.

3. Support for Substance-Use Disorder Treatment and Recovery Housing

MD-514 affirmatively encourages and supports access to substance-use disorder (SUD) treatment and recovery housing across the CoC. Specifically, MD-514:

- Coordinates with local behavioral health authorities and SUD treatment providers to ensure Coordinated Entry participants have access to treatment referrals as part of housing navigation;
- Encourages subrecipients to establish formal partnerships or memoranda of understanding with licensed SUD treatment and recovery support providers;
- Supports the inclusion of recovery housing options within the CoC's housing inventory and will continue to prioritize partnerships that expand access to recovery-oriented housing for youth; and
- Includes SUD treatment access and referral pathways as a standing topic in subrecipient training and technical assistance.

4. No Restriction on Sobriety or Treatment-Conditioned Projects

Nothing in this statement restricts, discourages, or prohibits any CoC-funded housing project from requiring program participants to be sober or to participate in treatment as a condition of assistance, where such requirements are otherwise permissible under 24 CFR 578. MD-514 supports subrecipient discretion to design program models — including sobriety-required and treatment-first models — that best serve the populations they are funded to house, provided such models comply with applicable HUD regulations as applicable to the specific project type.

Section V.A Certification — Prohibition of Illicit Drug Enablement

This policy statement is submitted in support of, and is consistent with, MD-514's affirmative certification under Section V.A of the NOFO (Threshold Review) that it will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under its control, permit the use or distribution of illicit drugs on property under its control, or conduct any of these activities under the pretext of "harm reduction."