

## **Introduction**

The Balance of State Continuum of Care (OC3) is accepting project applications for the FY 2026 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

## **Resources**

[HUD CoC Program Website](#)

To submit technical questions email [cocnofo@hud.gov](mailto:cocnofo@hud.gov)

For questions regarding the local competition, email Brooke Matthews at [brooke@caporegon.org](mailto:brooke@caporegon.org)

## **FY2025 HUD Policy Priorities**

HUD has the following six goals for this competition:

1. Ending the Crisis of Homelessness on our Streets.
2. Prioritizing Treatment and Recovery.
3. Advancing Public Safety.
4. Promoting Self-Sufficiency.
5. Improving Outcomes.
6. Minimizing Trauma.

## **Eligible Applicants**

Organizations are invited to apply if they are an eligible entity type and meet all funding conditions included in the NOFO. HUD will review all applications based on the criteria detailed in Section V of the NOFO. To be eligible for funding, an applicant must be one of the following entity types:

Governmental Entities: State, County, City/Township, and Special District Governments.

Tribal Entities: Native American Tribal Governments (Federally recognized) and Tribal Organizations.

Housing Authorities: Public Housing Authorities/Indian Housing Authorities.

Nonprofits: Nonprofits having a 501(c)(3) status with the IRS (other than institutions of higher education).

Other: Entities specified in the NOFO's "Additional Information on Eligibility."

## **Key Eligibility Notes**

Faith-based organizations may apply on the same basis as any other eligible organization.

Individuals are ineligible applicants.

All project applicants must meet all statutory and regulatory requirements in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381–11389) and the CoC Program Rule (24 CFR part 578).

## **Cost Sharing or Matching**

This Program requires cost sharing or matching, as described below.

24 CFR 578.73 of the Rule requires that recipients must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. 24 CFR 578.73.

Project applicants that intend to use program income as a match must provide an estimate of how much program income will be used for the match.

## **Selection Timeline**

HUD FY26 CoC Program NOFO Released	June 1, 2026
OC3 ITA Released	June 9, 2026
OC3 ITA Due	5:00 PM, June 16, 2026
OC3 Project Application Released	
OC3 Project Application Due	5:00PM July 17, 2026
Follow up questions/Budget and program adjustments (if applicable)	OC3 may request additional information from grantees as needed to make a funding decision.  OC3 may ask applicants to make program or budget adjustments prior to a final funding decision.
Notification to Applicants of Final Funding Recommendation	August 7, 2026
All approved applications completed in eSnaps	August 17, 2026
Final Submission to HUD via eSnaps	August 21, 2026
HUD Submission Deadline	5:00 PM August 26, 2026

## **Submission Instructions and Deadline**

The following components must be included in each proposal and submitted via email to [brooke@caporegon.org](mailto:brooke@caporegon.org) with the subject "Organization Name FY26 CoC Program NOFO Proposal" no later than 5:00pm on July 17, 2026:

**FY26 CoC Program NOFO Proposal**

**Submission Instructions:** Please complete the following form and send as a PDF named as follows: "FY26 CoC Program NOFO Proposal. Organization Name. Project Name" to [brooke@caporegon.org](mailto:brooke@caporegon.org)

*If you are applying for funding for multiple project types, please submit a separate proposal for each project.*

**I. Organization and Contact Information**

**A. Organization Information**

Field	Response
Agency/Organization Name	
Employer Identification Number (EIN)	
Unique Entity ID (UEI)	
Administrative Address	
City, State, Zip	
Phone	
Fax	
Website	
Executive Director Name	
Executive Director Phone	
Executive Director Email	

**B. Contact Information**

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

Contact Role	Name	Title	Phone	Email
Primary Contact				
Secondary Contact				

## **II. Organization & Proposal Information**

<b>Field</b>	<b>Response</b>
<b>Project Name</b>	
<b>Site Address</b> (if different than administrative address)	
<b>Proposal Request</b> (Total Funding Amount)	
<b>Total Project Budget</b>	
<b>Total Agency Budget</b>	

### **Is your organization a victim service provider defined in 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.)

Yes       No

### **Project Component Type (Select One)**

Permanent Supportive Housing

Rapid Rehousing

**Target Populations (Select All That Apply) (5 pts)**

- People experiencing chronic homelessness
- Seniors
- Veterans
- Families with children
- Youth (18-24)
- Persons living with disabilities
- Persons living with mental illness
- Persons living with substance use disorder
- Fleeing domestic violence
- Persons living with HIV/AIDS
- N/A – Project serves all subpopulations
- Other \_\_\_\_\_

Does your project serve families with children exclusively?

- Yes
- No

Threshold & Eligibility Section: HUD’s NOFO indicates that renewal projects must meet **all minimum eligibility, capacity, timeliness, and performance standards or they will be rejected**. A “No” answer disqualifies the project from CoC funding.

Threshold Requirement	Yes/No
<p><b>Renewal Eligibility Timing:</b> HUD requires that only projects with grant terms ending in Calendar Year 2027 can renew in the FY 2026 competition. Does the project grant date expire between January 1 and December 31, 2027?</p>	
<p><b>Eligible Applicant (HUD NOFO Sec II.A):</b> The applicant is an eligible entity (nonprofit, state/local gov't, PHA, or tribal)?</p>	
<p><b>Eligible Participants (HUD Homeless Definition):</b> The project will serve only persons who meet HUD's definition of homelessness (e.g., literally homeless, fleeing DV) and no others (not serving those only "at risk")?</p>	
<p><b>Housing-Focused Design (HUD Quality Threshold):</b> The project designed to help participants obtain &amp; maintain housing? (Addresses barriers to housing, annual service needs assessment.)</p>	
<p><b>HMIS Participation:</b> The project will participate in the CoC's HMIS (or use a comparable database if VSP) and maintain data quality?</p>	
<p><b>Coordinated Entry System:</b> The project will take referrals only through Coordinated Entry (per CoC's CE system procedures)?</p>	
<p><b>Illicit Drug Use Policy (21 U.S.C. §856/§863):</b> HUD prohibits all CoC-funded projects to fund any project, service provider, or organization that operates illegal drug injection sites or "safe consumption sites", knowingly permit the use or distribution of illicit drugs on property under their control, or knowingly distribute drug paraphernalia. Respond to this question. This agency explicitly follows <b>21 U.S.C. §856/§863 laws</b>.</p>	
<p><b>Match Requirement (≥25%):</b> The applicant will provide a 25% match (cash or in-kind) for all grant funds (excluding leasing)?</p>	
<p><b>Certifications &amp; Compliance:</b> The applicant complies with all required HUD certifications and regulations (Fair Housing/EEO, Equal Access, Drug-Free Workplace, etc.), and the applicant has no disqualifying audit or civil rights findings?</p> <p>(To help answer this question, has your agency received notice of a judgment imposed against them for violations of:</p> <p>(a) the Fair Housing Act or a substantially equivalent state or local fair housing law for discrimination because of race, color, religion, sex, national origin, disability or familial status; or</p> <p>(b) Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Section 109 of the Housing and Community Development Act of 1974, the Americans with Disabilities Act, or the Violence Against Women Act or substantially equivalent state or local laws.)</p>	

### III. Project Component Details

Instructions: You must provide the total unit/bed counts and break down the expected households by characteristic.

Project Type: **Permanent Supportive Housing**

Total Number of Units	Total Number of Beds

Housing Type:

Clustered apartments       Scattered-site apartments       Single family homes/townhouses

Household Characteristics	Households with at Least 1 Adult & 1 Child (#)	Adult Households without Children (#)	Total (#)
Persons Over 24			
Persons age 18-24			
Accompanied Children under age of 18			
Total			

Project Type: **Rapid Re-housing (PH-RRH)**

Total Number of Units	Total Number of Beds

Housing Type:

Clustered apartments       Scattered-site apartments       Single family homes/townhouses

Household Characteristics	Households with at Least 1 Adult & 1 Child (#)	Adult Households without Children (#)	Total (#)
Persons Over 24			
Persons age 18-24			
Accompanied Children under age of 18			
Total			

## **V. Application Questions for Narrative (30 pts)**

The following questions require comprehensive, narrative responses. Please ensure your answers are detailed, align with the checkbox selections made in the application form (Target Populations), and **please keep your answers targeted and concise.**

### **1. Target Population and Rationale (3 pts)**

Describe the specific target population(s) your project is designed to serve (e.g., chronically homeless individuals, youth, families fleeing domestic violence, veterans, or a combination). Explain the rationale for focusing on this population within the Continuum of Care (CoC) and how their specific barriers (e.g., physical disability, mental health challenges, history of unsheltered homelessness) have informed your project design. Your answer must match the populations selected in the application form.

Does your project prioritize:

Elderly individuals (55 and older) and families.

Disabled individuals or families as defined by section 401(10) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(10)).

### **2. Project Plan: Housing Delivery (2 pts)**

Detail your comprehensive project plan for addressing the identified housing needs of your target population. Include the following components:

- **Housing Acquisition/Retention Strategy:** How will the project secure and maintain housing units?  
Does your project meet NSPIRE guidelines, including a bathroom and kitchen in each unit?

### 3. Achieving Outcomes (4 pts)

- a. Describe how your project promotes self-sufficiency.
- b. Describe how your agency promotes treatment and recovery services. Describe any partnerships your agency has with SUD service providers.
- c. Describe your agency's strategy for collaborating with first responders and law enforcement.
- d. Describe how this project utilizes Coordinated Entry to ensure that eligible targeted populations are engaged to fill vacancies.

### 4. Coordination with Other Organizations (2 pts)

Describe your plan for coordination with other organizations to ensure comprehensive and well-rounded assistance. Specify how your project will collaborate with and leverage the resources of:

- **Local Agencies:** Non-profit partners, healthcare providers, local government.
- **Mainstream Resources:** Federal or state programs (e.g., Medicare, Medicaid, SSI, SNAP, TANF).

## 5. Use of CoC Program Funding and Budget Justification (3 pts)

Clearly detail how the requested CoC Program funding will be used to support your project. Describe the primary costs that will be covered by the grant (e.g., rental assistance, operating expenses, supportive service staff salaries, administrative costs). Justify the necessity and reasonableness of these costs in relation to the scope of services and the number of participants the project plans to serve. The applicant must contribute a 25% match (cash or in-kind) for all grant funds (excluding leasing). What is the source of those match funds?

## 7. Past Performance (5 pts)

Over the past 2 years, detail your project's performance and fiscal stewardship. Cite key metrics like bed/unit utilization, % of funds expended, and housing outcome rates. If any significant targets were **not** met (e.g. less than 100% spending or lower-than-expected permanent housing exits), **explain why and describe corrective actions or improvements implemented.**

## **10. HUD Priorities (6 pts)**

Please explain in detail how your project supports the goals of this NOFO:

- a. Promote economic self-sufficiency – wraparound services, partnerships with workforce development, increase in income.
- b. Prioritization of Treatment and Recovery - on-site behavioral health treatment, robust wraparound supportive services, and participation requirements.
- c. Advancement of Public Safety – partnerships with law enforcement and first responders, Trauma Informed training, prohibitions on public camping and public drug use, working to shift those residing in encampments into appropriate shelter.

## **11. Supportive Services (5 pts)**

- a. Describe the supportive services that will be provided with this project. Will participation in support services be mandatory?

**BONUS POINTS (10 pts possible)** (Note: The following bonus items reflect local priorities and are not mandated by HUD's FY 2026 NOFO.)

1. Is this the only project providing these services to the target population in the designated geographic region? (3 pts)

2. Will more than 50% of the awarded project funds be used within an Opportunity Zone? [Opportunity Zones | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#) (2 pts)

3. Does your agency currently have a policy or statement that addresses illicit drug use that:

(1) Prohibits housing projects from operating drug injection sites or "safe

consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction;"

(2) Describes what remedies will be taken for housing projects determined to be in violation of the above;

(3) Encourages the provision of substance use disorder treatment and recovery housing

(4) Does not restrict or prohibit housing projects that require program participants

to be sober or to participate in treatment as a condition of assistance in accordance with

24 CFR 578. (5 pts)

## Summary Budget

Please complete the funding request for the total term of the project on the dedicated budget form below. The dollar amounts referenced in the narrative must match the final amounts in the budget form.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$0
10. Admin (Up to 10% of Sub-total in #9)			\$0
11. HUD funded Sub-total + Admin. Requested			\$0
12. Cash Match			\$0
13. In-Kind Match			\$0
14. Total Match - Required			\$0
15. Total Project Budget for this grant, including Match			\$0

## Certification and Submission

By signing below, the Executive Director certifies that all information contained within this proposal is true, complete, and accurate, and that the organization commits to complying with all CoC Program requirements, including the execution of required agreements, submission of data to the CoC's HMIS, and participation in the Coordinated Entry system.

Project applicants must certify affirmatively to the following:

- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

Signature of Executive Director: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your commitment to ending homelessness in the Oregon Community Continuum of Care (OC3). Proposals must be submitted electronically to [brooke@caporegon.org](mailto:brooke@caporegon.org) no later than 5pm on July 17, 2026. Late or incomplete submissions will have 25% of points deducted if the omission is corrected prior to July 24, 2026.