

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

For questions regarding the local competition, email Brooke Matthews at 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 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

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

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

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)

Transitional Housing

DV Bonus – TH

Application Type

New project

Transition Grant

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
Eligible Applicant (HUD NOFO Sec II.A): The applicant is an eligible entity (nonprofit, state/local gov't, PHA, or tribal)?	
Eligible Participants (HUD Homeless Definition): 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")?	
Eligible SSO Activities (24 CFR 578.37/53): All proposed activities are allowable supportive services under CoC Program? (No housing rental assistance or other ineligible costs; SSO funds only for services.)	
Housing-Focused Design (HUD Quality Threshold): The project designed to help participants obtain & maintain housing? (Addresses barriers to housing, annual service needs assessment.)	
HMIS Participation: The project will participate in the CoC's HMIS (or use a comparable database if VSP) and maintain data quality?	
Coordinated Entry System: The project will take referrals only through Coordinated Entry (per CoC's CE system procedures)?	
Match Requirement (≥25%): The applicant will provide a 25% match (cash or in-kind) for all grant funds (excluding leasing)?	
<p>Certifications & Compliance: 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: Transitional Housing (TH)

Total Number of Units	Total Number of Beds

Housing Type:

- Dormitory Single Room Occupancy 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			

What is the funding source for these units and beds?

- CoC ESG Section 8 HUD VASH Mixed Funding Other

If Mixed Funding or Other provide details:

IV. Transition Grants Only

This section should only be completed if your organization is submitting a new project application to transition an existing CoC renewal project to a new project component.

Field	Response
Renewal Project Name (as listed on GIW)	
Renewal Grant Number (as listed on GIW)	

Renewal Project Program Type (Component you are transitioning from):

- PSH RRH SSO

New Project Program Type (Component you are transitioning to):

- TH SSO – Standalone SSO – Street Outreach

Please describe in detail how you plan to transition the project from the prior program type to the new program type within one year.

V. Application Questions for Narrative (50 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.

2. Project Plan: Housing Delivery (5 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?
- **Engagement Strategy:** What methods will your project use to actively engage participants, especially those who are often difficult to reach or have a history of non-engagement with services?
- **Implementation Timeline:** Provide a brief timeline for project start-up and key milestones (hiring, start of services, full capacity).

3. Anticipated Project Outcomes (6 pts)

Identify your anticipated project outcome(s) and explain how you will measure success. Provide specific, quantifiable goals for the grant term related to the following areas:

- **Housing Placement/Retention:** What percentage of participants will exit to permanent housing within 24 months? What percentage will exit to unsubsidized housing within 24 months? What is your strategy for achieving these outcomes?
- **Income/Employment:** What percentage of participants will increase their earned income? How does the agency collaborate with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income?
- **Self-Sufficiency:** How will the project measure improvements in health, education, or other areas of self-sufficiency? What is your strategy for promoting self-sufficiency?

4. Coordination with Other Organizations (4 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 (6 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). The applicant will need to provide a 25% match (cash or in-kind) for all grant funds (excluding leasing). What is the source of those match funds?

Cost-Effectiveness: Explain cost-effectiveness: e.g., expected cost per household or participant, and why the budget is reasonable for the outcomes. Mention any other funding leveraged to enhance cost efficiency.

6. HMIS (3 pts)

Does your agency currently participate in HMIS? Explain how the agency currently uses data to determine effectiveness of a project. Explain the agency's active data quality improvement plan.

7. Past Performance (4 pts)

a. Provide an example of a similar project that demonstrates the agency's capability to manage this project effectively. For instance, if the project involves tenant relocation, highlight the agency's previous experience with similar relocation efforts. Include backup information, including the data, showing the success of the similar project. What was the grant amount and how much was spent. Clarify whether or not the grant was spent down by the end of the grant period.

b. Does your agency have experience managing similar housing projects that successfully stabilize your target population? Please describe.

8. Grant Management (3 pts)

Has your agency previously received a CoC or HUD grant? Does your agency have a record of consistent grant management? Were your project expenditures consistent throughout the grant term? Did your agency submit all necessary grant reporting and documentation in a timely manner? Please explain any deficiencies or missed deadlines.

9. Agency Experience / Risk (2 pts)

Describe the agency's financial procedure for managing grants. Explain the qualifications and experience of agency staff managing the operations and fiscal.

10. HUD Priorities (6 pts)

How will the project address:

- a. Increasing self-sufficiency – wraparound services, partnerships with workforce development, increase in income, limited duration transitional housing model.
- 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 (8 pts)

a. Describe the supportive services that will be provided with this project. Explain the process for mandating and tracking participation in supportive services. How does this project prioritize treatment and recovery? Please specify how you will 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 disabilities as defined in 24CFR 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.).

BONUS POINTS (10 pts possible) (*Bonus Points are local CoC priorities and not HUD NOFO requirements*):

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 or a HUD-compliant comparable database if a victim service provider.	\$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 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.