

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: NJ-504 - Newark/Essex County CoC

1A-2. Collaborative Applicant Name: Essex County Division of Community Action

1A-3. CoC Designation: CA

1A-4. HMIS Lead: NJ HMFA

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

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

Essex CoC hosts public meetings every second Thursday of each month at a central location accessible by bus and train options - these meetings are all recorded via meeting minutes and are posted on our website: https://essexcountynj.org/ceas_directory/main. At every meeting, the membership chair discusses the process for new members to join the CoC and there is a section on the website's default page that solicits new membership along with the contact and membership form. Essex CoC accepts new voting members two times a year and any prospective nonprofit or public member can send their membership form to our chairwoman so they can be added as voting members for the next upcoming membership cycle. Regardless of voting status, anyone can attend the meetings and participate as a non-voting member; CoC meetings are open and public and the CoC encourages participation from anyone or any organization that serves the homeless. Information about the CoC and public meetings are shared through other community meetings and new agencies that are engaged through specific initiatives are encouraged to join and participate. In addition, information about meeting participation is shared through the CoC's lived experience subcommittee to engage those with lived experience of homelessness.

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

The Essex CoC has a membership team that directly contacts agencies, organizations & individuals that have a direct, secondary, or even tertiary relationship with CoC consumers & encourages them to either meet individually with the executive board or attend the full body CoC meetings. The CoC also has a lived experience subcommittee to provide insight of those experiencing homelessness directly to the executive board. As a community, Essex CoC applies for any HUD TA opportunities to make sure we include all of the necessary partners who can strengthen the CoC's ability to serve homeless consumers. All Essex CoC meetings are public & performed at the exact same time each month (2nd Thursday of the month at 10am), in person at the Montclair Salvation Army, & all information is posted on the County/CoC's website.

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)

Per the CoC policy, the CoC application announcement was posted on the Essex County & CoC subsection of the website www.essexcountynj.org/ceas. There was an identical notification email sent to our listserv of monthly meeting participants. Notice of the CoC local competition being open & the acceptance of project applications was also discussed at an in person full membership CoC meeting. All notices specified that "All eligible nonprofit, local government entities & public housing authorities interested in serving persons experiencing homelessness in Essex County are encouraged to apply, even if they have not previously received HUD funding." The CoC held a TA session on 6/8/26 to ensure all agencies had an understanding of the expectations and how to complete a submission. These efforts resulted in 13 agencies that do not currently receive CoC funds to submit new project applications, with 10 of them being approved as part of the HUD submission.

1B-5 Plan for Comprehensive Strategies for Reducing Homelessness.

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

(limit 2,500 characters)

While the CoC does not currently have a full strategic plan to reduce homelessness that covers the full region, two of the majority municipalities within the CoC, Newark and Montclair, have recent plans. These plans outline gaps and strategies specific to their municipalities and are in line with strategies implemented by the CoC more broadly.

Even though the CoC does not have a formal document, the CoC Executive Committee annually discusses the primary gaps in the community. These gaps are informed by input from the full CoC membership as well as Lived Experience Advisory Board. They then identify potential strategies and assign CoC subcommittees to further the work and move initiatives forward. Examples of strategies currently being focused on include enhanced street outreach and better quality emergency shelter services and coordination.

1B-5a Confirmation of Plan Coverage.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	No
5. Identifies specific funding sources for planned activities	No

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
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1C. Coordination and Engagement

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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?	

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)

N/A - the CoC is not a rural CoC

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 Essex CoC has a number of service providers within its network that provide comprehensive services to address mental health and substance abuse among households experiencing homelessness. Upon intake to the system, clients work with staff to complete a screening to identify whether a connection to a mental health or substance abuse provider is needed. In some cases, the housing provider itself has access to mental health and substance abuse services on site, while in other circumstances, it would involve a warm hand off to the community provider who can assist.

Once a client is engaged, all mental health and substance use providers complete a thorough assessment to establish the appropriate services based on the client's need. Services can include outpatient mental health or substance abuse, detox, medication management, inpatient behavioral health services or residential substance abuse treatment. If there are instances where clients are not able to connect with a service provider directly, the community does work with providers who operate mobile crisis response and crisis stabilization services. These providers will conduct outreach directly to the client, instead of requiring them to go on site. They can then complete the assessment and connection to a longer term service provider once they have deescalated the client's immediate needs. If needed, the CoC also has access to suicide prevention providers who are available 24/7.

Some specific providers of these services within the community include Collaborative Support Programs of NJ, Mental Health Association, Integrity, Pringle's Pit Stop, and Isaiah House.

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)

A large majority of agencies in the CoC who provide mental health and substance abuse treatment services provide peer support and recovery navigation options recognizing how successful peer support is in initial engagement and long term service participation. As example, one of the primary mental health providers for the community, Collaborative Support Programs of NJ strive to primarily hire staff who may have had mental health or substance abuse needs in the past as they are able to provide a personal approach that enhances the connection to the client and in many cases, their willingness to accept services. Additionally, they provide a number of their services at peer-led drop in centers, providing a safe space for clients to seek assistance and remain engaged.

As another example, Integrity House incorporates peer specialists throughout their substance abuse treatment program including their inpatient and outpatient services, as well as their halfway house.

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)

Essex CoC providers, including the CoC's coordinated entry, have incorporated mental health and substance abuse screening questions into many of their intake forms to help quickly identify clients who may need to be connected to substance abuse and mental health services. The CoC also relies on its PATH providers, Mental Health and Project Live, who provide community-based case management and outreach to help initially connect and provide treatment services to clients with persistent mental illness. In addition, all Counties within the CoC have an Arrive Together team which partners mental health providers with local police departments to help identify and address clients with mental health needs in real time. Lastly the CoC has a number of providers, including community based mental health providers, who offer community support services (CSS) throughout the region. These agencies provide outreach, engagement and intensive case management, medically assisted treatment programs and case coordination to those with serious mental illness.

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 has a number of providers who are connected with Drug Court, probation and parole as well as Mental Health Court, two provider examples who are working in connection with both Drug and Mental Health Court are Intergrity and Mental Health Association.

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)

Both providers identified in 1C-1d work with clients who are connected to Drug Court or Mental health Court to connect them to substance abuse and mental health services to avoid clients having to be incarcerated or experience recidivism within the justice system. Agencies conduct an assessment with the client to determine the type of treatment that would be most beneficial and either provide those treatment opportunities directly or connects them with the providers identified above. Service referrals may include sober living and detox and well as inpatient or outpatient mental health and substance abuse services. Both agencies provide peer support, resource navigation and ongoing case management to help clients address not only their treatment goals, but also conduct housing plans, connect them with the CoC's coordinated entry and identify housing solutions as they are working through their substance abuse and mental health treatment services. This coordination helps clients avoid entering homelessness upon completion of their treatment and avoid any issues with their court proceedings.

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)

Essex CoC has a 988 Mobile Crisis outreach response team through Mental Health Association who respond to non-life- threatening mental health, substance abuse, & suicidal crises throughout the region. The program utilizes trauma-informed, de-escalation & stabilization techniques & also offers safe & appropriate transportation to crisis stabilization & receiving centers, community behavioral health clinics, hospital EDs, and mental health and substance use providers.

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.	

You must enter a response in question 1C-1f.

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

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

(limit 500 characters)

The Mental Health Association is one of the agencies that provides the CoC's PATH services, provides Community Support Services and has a Center for Behavioral Health that provides comprehensive mental health services for clients in the community. The Mental Health Association also sits on the CoC's Executive Board.

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)

Integrity House, a new transitional housing provider within the CoC, operates a number of sober living recovery houses within the Essex CoC.

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 has established a large network of service and housing providers that coordinate to provide the full continuum of services needed to move clients from treatment to housing. Through these established partnerships, care coordinators, case managers and certified peer recovery specialists work directly with housing providers to identify appropriate placement options, complete referrals, address eligibility requirements, and coordinate services that promote housing stability. Warm hand-offs include direct communication between providers, scheduling appointments, confirming housing availability, assisting with transportation when needed and maintaining follow-up contact to address barriers and prevent disruptions in care. Housing planning is integrated into assessment, treatment, discharge planning, benefits navigation, and community reintegration services, ensuring individuals are connected to temporary, transitional, recovery, supportive, or permanent housing resources based on their needs. By combining housing navigation with ongoing behavioral health treatment, substance use disorder services, medical care, peer support, and care coordination, the network of providers are able to ensure individuals maintain housing stability and reduce the likelihood of entering or returning to homelessness.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	0%

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

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	
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You must provide a response in question 1C-3.

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)

The County of Essex and City of Newark are the only direct ESG recipients in the CoC's areas and both sit on the CoC's Executive Board. ESG/CoC program staff from both entities participate in each jurisdiction's application and review committee for funding allocations for ESG & CoC. This coordination allows for funding decisions that best utilize the different funding sources available. The State of NJ also provides ESG funds within the CoC area and requires CoC approval, through letters of support, for all ESG priority projects. The CoC also provides comment on how the State uses its ESG funding through the public comment period. All data quality and performance reports for the CoC include all CoC providers including all ESG providers regardless of funding jurisdictions. These reports are made available, if needed by the ESG jurisdictions for review.

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

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

(limit 2,500 characters)

The CoC's Coordinated Entry program is the referral source for all CoC funded projects. All emergency shelters throughout the CoC connect clients to the coordinated entry system to ensure they are prioritized for all CoC assistance opportunities. Additionally, the coordinated entry agency hosts monthly coordinated entry meetings which include client level case conferencing in which all emergency shelters can attend. The case conferencing sessions allow emergency shelters to provide up to date information regarding any clients still seeking assistance and to help inform CoC referrals.

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)

In their role with the CoC Essex County and Newark are aware of the work, needs and priorities of the CoC and ensure this information is reflected in the goals of the Consolidated Plan. In addition, Essex County works closely with the other jurisdictions responsible for completing Consolidated Plans. Through these partnerships, homeless data, including PIT, needs & priorities are provided.

Outside of the Consolidated Plan jurisdictions, the CoC shares system performance data and other HMIS program outcome reports during public meetings and makes these reports as well as the HIC data available to any local government that requests the information.

The CoC's HMIS lead is a unit of NJ government which helps facilitate the sharing of system data for statewide system improvement. This structure has also led to a number of other State Departments requiring data entry into HMIS and their utilization of HMIS data in their system planning work.

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)

With support from a New Jersey Department of Community Affairs (NJ DCA) Data Driven Decision Making Grant (3DM), the Continuum of Care (CoC) implemented an Essex County Department of Citizen Service Data Lake and analytics platform. The platform integrates data from NJ Human Services programs including NJ SNAP, WorkFirst New Jersey Public Assistance, NJ FamilyCare and ABD Medicaid as well as in-person foot traffic and call center logs, with Homeless Management Information System (HMIS) data in a single, standardized platform. This integrated system supports system-wide planning, performance monitoring, and evaluation of services and outcomes related to homelessness prevention, assistance, and response.

In addition to the data lake project, the State of New Jersey recently rolled out its Medicaid Housing Supports Program which requires CMOs and Housing Supports Providers to utilize HMIS for client service tracking. This integration of health and housing services into the CoC's single HMIS platform not only improves the level of care coordination happening between the client's CMO, housing supports provider and coordinated entry case manager it is also a way for all providers to ensure there is no duplication of services and to streamline their efforts.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC and its providers work with the County's Workforce Investment Board to connect clients with employment and education and training opportunities. Vocational Rehab Services offers career counseling, supported employment, employment related evaluations to identify career paths and specialized services to assist clients in maintaining employment such as counseling to address the anxiety and stress of a new employment setting. The WIB also offer veterans specific services to access employment opportunities based on the skills they developed in services training. Specialized services for ex-offenders include assistance with obtaining IDs, federal bonding, on job training, connection to expungement resources and referrals to labor demand jobs that are open to employing ex-offenders.

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)

The CoC has a number of street outreach providers that cover the full CoC region and most have some partnership with law enforcement and first responders. One primary examples is with Bridges Outreach Services. Bridges maintains working relationships with police, EMS, and hospital emergency departments across Essex County so first responders have a reliable outreach partner when they encounter someone experiencing homelessness. First responders can refer directly to Bridges, and outreach staff follow up in the same day, offering a service-based response that supports positive outcomes for everyone involved.

Outreach staff lead engagement with individuals, which keeps interactions focused on trust, choice, and connection to services.

Bridges provides first responders with information on CoC resources, coordinated entry, and the drop-in centers across the CoC so they can share accurate options in the field. Referrals from first responders are tracked in HMIS, allowing the CoC to measure how these partnerships lead to housing and service engagement.

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)

All case managers tied to CoC funded housing projects work with clients on a holistic level which includes not just financial, substance abuse and mental health support but also support in social and community needs. This includes focusing on building client support networks and assisting in family reunification efforts. Once households are successfully connected with services, case managers complete a service plan with the client which includes determining the level of family and community support the client currently has. If there is no support identified, this area will be flagged as an area of focus. CoC case managers have provided conflict resolution services, coordination with child welfare case workers and connection to diversion programs that can assist with relocation when appropriate. Many CoC programs have been very successful in reconnecting clients with family members as well as their children who can then reside with them in their permanent housing placements.

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)

All CoC providers act in partnership with law enforcement and first responders and do not interfere or impede their ability to advance public safety. As described above, in many cases street outreach coordinate with law enforcement to conduct outreach efforts and are a primary point of contact for law enforcement agencies when someone experiencing homelessness needs assistance. Additionally Essex CoC has an Arrive Together program in which law enforcement officers are trained in crisis intervention and paired with certified mental health screeners through RWJ Barnabas Health who respond together to calls involving behavioral health and mental health crises. These partnerships have been extremely successful and provide compassionate, specialized medical and mental health support while reducing injuries, arrests and uses of force during crisis calls.

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 currently no laws, policies or practices that hinder the CoC's ability to quickly connect those residing in tents and encampments with housing and supports. The partnerships with law enforcement explained above have improved the CoC's ability to address the needs of clients residing in encampments by allowing for early and safe engagement practices and service connection before encampments may be cleared. The biggest barrier that has been found to serving those in encampments is access to low-barrier shelter options and affordable housing to help end the homeless experience of those in encampments.

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)

The CoC has seen a reduction in the numebr of encampments identified between 2025 and 2026 as outlined below. Per the CoC's primary street outreach provider, the CoC currently has two active encampments. Bridges' Mobile Teams are actively engaging with residents of both sites to resolve their homelessness and to work towards housing outcomes.

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)

There are currently no laws that hinder the CoC's ability to assist those experiencing homelessness and substance abuse. Because of the Arrive Together program, the CoC is able to quickly assess and connect clients to services who may need them. In cases where it is needed, NJ law does allow police officers to take someone who is publicly intoxicated into treatment, but because of the partnership built through the Arrive Together program, many times, the client can be connected to detox or treatment through the service provider connection.

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)

The CoC does not maintain data tied to the current status of overdoses and illicit drug use in public spaces. As described above, the CoC and its partners are working with law enforcement when needed to provide service connection to any experiencing unsheltered homelessness who may need substance abuse treatment.

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)

There are currently no laws that hinder the CoC's ability to assist those experiencing homelessness and a mental health crisis. Because of the Arrive Together program and the statewide 988 Mobile Crisis Outreach Response Teams, the CoC is able to quickly assess and connect clients to services who may need them.

In cases where it is needed, NJ law does allow for involuntary commitment due to danger to self, other, or property. There is a Psychiatric Emergency Screening Service that can be initiated by anyone including housing providers or other community members. The PESS team provides mobile outreach for individuals experiencing acute psychiatric distress. The team conducts outreach with the police so in the instance that someone meets criteria for the program but is not cooperative, they can be transported for involuntary hospitalization to receive assessment and treatment planning.

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

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

(limit 2,500 characters)

The State of NJ aligns its sex offender tracking with federal Sex Offender Registration and Notification Act by updating state rules to match national minimum standards. NJ combines the federal rules with its Megan's Law framework. All CoC providers adhere to all Megan's Law requirements and encourage families who will be served in their housing programs to utilize the registry when identifying an apartment.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The Essex CoC region has a number of organizations who provide outreach services which cover the full geographic area of the CoC and include both day and night outreach teams. Most recently, to increase the ability of the outreach team to respond to those who are least likely to request assistance, a 24 hour outreach team has been funded. Through the coordinated entry and suite of tools, we are making sure that consumers who are least likely to request assistance are engaged. Coordinated entry has recently implemented an outreach case manager who can do on the spot assessments, allowing consumers to remain where they are most comfortable but still receive the services and ensure they are still prioritized for housing opportunities. Outreach teams also bring mobile units of food, vaccinations, to encourage consumers to accept services. Services will also continue to be offered, even if the client originally refuses, outreach teams will continue to work on engagement with that client with the long term goal of eventual service engagement. Additionally, the outreach teams are equipped with mental health, substance use disorder, and local, county, and transit law enforcement who will engage persons living in encampments or places uninhabitable with plain clothes to ensure that they are not causing further stress to the consumer but rather offering a full range of support.

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)

It is Essex CoC policy that through the coordinated assessment, one of the larger pieces of the assessment process is screening for eligibility, and in this instance for educational services. If a family is identified as needing connection to educational services for the children in the household, coordinated entry will make that connection through the existing partnerships in the CoC. The CoC has great partnerships with all of the school districts that have large populations of people experiencing homelessness and have a good connection to our local community development offices to facilitate any conversations or case conferencing that has to happen between a smaller jurisdiction or a jurisdiction that does not have very many homeless persons if the responsibility for education services falls on them. Agency staff will work with all partners who may be able to help to ensure children's educational needs are not adjusted.

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 New Jersey Division of Children and Families (DCF) has local child welfare offices situated within each county in the State. The local offices are directly connected with the SNJ CoC through a designated staff, Resource Development Specialist (RDS). The RDS and the assigned child welfare worker will coordinate supports to assist in stabilizing households, specifically with youth transitioning out of foster/public welfare placements, with access to permanent housing. Additionally, there are a number of providers within the CoC that are service providers of DCF and provide a connection between the child welfare services and the CoC work. In addition, Essex CoC has worked with DCF to successfully fund FYI vouchers, better supportive youth aging out of foster care to obtain stability and long term housing.

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)

Covenant House, a CoC funded youth housing provider, receives RHY funds for their Maternity Group Home and Transitional Living program, both of which are in the Essex CoC region. Covenant House is an active provider within the CoC and also operates the youth coordinated entry access point for the CoC. Covenant House ensures that all youth in their RHY funded projects have access to all CoC opportunities and if youth are engaged through their coordinated entry access point that are eligible for RHY services, they are immediately connected. Covenant House also submits data for both of their RHY funded projects in the CoC's HMIS which is then included in the larger strategic planning.

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)

Turning Point Community Services provides RRH to families with children experiencing homelessness through their FirstStep Housing Division: Housing Assistance Program.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The CSS Division addresses the underlying causes of homelessness, ensuring families achieve independence and lasting stability. It is through our CSS Division that we ensure the families we serve remain in permanent housing. CSS includes four core components:

Case Management - TPCS utilizes a holistic, family-centered case management approach that integrates and coordinates various services. Individualized service plans with clear goals are developed to help clients overcome barriers to obtaining and maintaining housing. Case managers connect clients to internal and external resources, including benefits, childcare, healthcare, and legal services. Crisis intervention, emotional support, and problem-solving assistance are also provided during difficult times.

Life Skills and Empowerment Workshops - TPCS offers a variety of workshops designed to meet basic living and skill development needs. TPCS aims to empower residents with the knowledge and skills necessary to overcome challenges, ultimately enhancing self-confidence and supporting their journey towards sustainable housing solutions. Available both on-site and virtually, workshops cover topics such as stress management, financial literacy, parenting, job readiness, cooking and nutrition (including access to our food pantry), mental and physical health, education and GED preparation (we pay for course and exam), and etiquette.

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)

Consumers are connected to Medicaid, SSI/SSDI, VA benefits, SNAP, TANF, and workforce programs. Partnerships with local behavioral healthcare agencies, hospitals, and supportive housing providers enhance capacity and reduce reliance solely on grant funds.

TPCS's strategic conservative financial operation has primed this program to be supplemented with resources from cash reserves and ongoing foundational grants. We have become medicaid certified Housing supports provider through the 1115 waiver and expect to increase agency revenue to provide support directly to the program.

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)

Clinical + Supportive Services Division (CSS)

The CSS Division addresses the underlying causes of homelessness, ensuring families achieve independence and lasting stability. It is through our CSS Division that we ensure the families we serve remain in permanent housing.

CSS includes four core components:

Case Management - TPCS utilizes a holistic, family-centered case management approach that integrates and coordinates various services. Individualized service plans with clear goals are developed to help clients overcome barriers to obtaining and maintaining housing. Case managers connect clients to internal and external resources, including benefits, childcare, healthcare, and legal services. Crisis intervention, emotional support, and problem-solving assistance are also provided during difficult times.

Behavioral Health Services - Our in-house licensed clinicians and social workers deliver high-quality, trauma-informed, and culturally competent care to women and children in TPCS's housing programs. Services include mental health support, counseling, therapy, and personalized treatment plans to address various mental health challenges. The goal is to help individuals navigate trauma, overcome issues, and develop effective coping strategies. In addition, they support children and parents by addressing mental health issues, developmental concerns, and provide parenting support to enhance family stability. TPCS has established key partnerships with healthcare institutions to connect our program participants with essential services beyond our in-house services.

Life Skills and Empowerment Workshops - TPCS offers a variety of workshops designed to meet basic living and skill development needs. TPCS aims to empower residents with the knowledge and skills necessary to overcome challenges, ultimately enhancing self-confidence and supporting their journey towards sustainable housing solutions. Available both on-site and virtually, workshops cover topics such as stress management, financial literacy, parenting, job readiness, cooking and nutrition (including access to our food pantry), mental and physical health, education and GED preparation (we pay for course and exam), and etiquette.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

In 2025, the NJ Dept of Community Affairs & NJ Dept of Veterans Affairs launched its Bringing Veterans Home Initiative with the goal of ending veteran homelessness in NJ. The program assigned each County a regional veteran coordinator and provides a full scope of diversion, short term emergency placements, case management & housing coordination. The program works with all SSVF & VA providers in the region & as of 7/1/26, NJ reached "functional zero" for veteran homelessness.

 nbsp;

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

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

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

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

(limit 500 characters)

Access Family Services is one of the CoC's primary victim service providers connecting victims to shelter and safety planning, mental health and ongoing supportive services. Access Family Services has also submitted two applications through the FY2026 CoC process for DV Transitional Housing and Rapid Rehousing. Covenant House is another CoC funded providers that serves as one of the State's leading agencies in serving victims of trafficking.

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

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

(limit 500 characters)

The primary agency for re-entry services in Hudson CoC is The Governor's Reentry Training and Employment Center which provides program participants with comprehensive, wraparound services: state and federal benefits, legal services, healthcare, housing referrals, and training and employment. The Reentry program also works with the County's Welfare office to provide housing referrals through a reentry focused housing partnership program.

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)

To address the needs of clients with higher medical needs that do not need to be supported in a hospital or in patient facility, Essex CoC has the Better Life Respite program.

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)

PACE, is a Program of All-Inclusive Care for the Elderly. It is a Medicaid/Medicare program designed to help older adults get the care that they need in their homes/community. A PACE care team is made up of an 11-discipline interdisciplinary team provides you and your family with multiple layers of support that enable you to live at home, where you want to be, with services designed around your needs and personal goals. PACE is both the healthcare provider and the insurance provider.

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)

Collaborative Support Programs of NJ has a permanent supportive housing program - Essex County CSPNJ Permanent Housing Combined that provides PSH for individuals experiencing chronic homelessness

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)

CSPNJ assess all participants upon intake and sets up an individualized service plan determining all needs including behavioral health. Those who qualify for and have a need for Community Support Services (CSS) will receive an initial Comprehensive Rehabilitation Plan Needs Assessment (CRNA) and Preliminary Individualized Rehabilitation Plan (PIRP) from CSP's staff licensed clinician which will identify the level of service needs provided by certified peer or licensed behavioral health staff at intervals determined in their PIRP. Clients will then receive an updated IRP at the required intervals. Areas identified and goals worked on include illness management, crisis intervention an coordination of permanent housing and natural supports.

For those that either do not have a qualifying diagnosis for CSS or are not Medicaid billing eligible for other reasons, a similar structure is followed, where at least annual services plans are completed and client goals are identified.

Case workers and peer support workers meet with individuals within their homes to work on the 8 dimensions of wellness including: physical, spiritual, social, intellectual, emotional/mental, occupational, environmental and financial health.

For any of the above, if a worker identifies a program participant in crisis, first an attempt will be made to stabilize the individual within the residence, second option is to see if a respite bed is appropriate and available, last measure is to call or transport the individual to the local screening center should they prove to be a danger to themselves, others or property.

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)

During visits and annual assessments CSPNJ observes and documents each client's activity of daily living skills. Should an individual show signs of inability to clean, cook, or maintain lease requirements, the first step is to see if increased support from CSPNJ staff and/or community care managers will allow the individual to remain independent or if the behavior is related to a temporary crisis that will pass. Should the individual continue to show a decline in the above skills or exhibit behaviors that could be dangerous to themselves or others in the community (hoarding, leaving cooking appliances on and unattended) a plan would be made to work toward alternate placement.

For physical health situations, an inability to safely ambulate in the community would lead to assessment for rehabilitation or long-term care through linkage to the program participants medical professionals. Should the situation be related to a relapse in substance use, if the individual is no longer able to remain sober with outpatient treatment models, a residential substance use treatment center would be located and the process of referral begins.

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)

When a client in the CSPNJ PSH program is able to demonstrate stable adequate income such that they are paying 75% or higher of their unit rent, the individual will be assessed for moving on to a non-CoC voucher. Assessment would also include ability to follow lease terms and demonstrate positive landlord tenant and community relations. When a client is paying 95-100% of the rent on their unit, should they remain at this level of income for 6 months or more, they would be moved off the voucher program and the voucher would be reissued to another individual off of the CoC's coordinated entry list.

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.	09/30/2026
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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.	09/30/2026
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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.	08/06/2026
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.	08/06/2026
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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. Per the CoC's funding policies, renewal projects may be considered for partial or reallocation for the following reasons, which would be determined based on the project's monitoring, performance or application review: underspending of current funding; failure to submit a timely application, project consistently fails to meet performance standards, applicant consistently fails to actively participate in the CoC; applicant shows an unwillingness to adapt their program to changing needs of the community and HUD requirements. The CoC lead uses the CoC spending report, APRs, HMIS data and client file reviews to evaluate the projects on the items above and presents that information to the review committee to evaluate whether reallocation may be appropriate.
2. Yes, during the review process the CoC identified a few projects that were underspending that were reduced through reallocation
3. Yes, the project reallocated some amount of funding from the majority of renewal projects. These cuts were done due to agency underspending as well as to account for the shift in HUD priorities.

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)	Foothold
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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.	Multiple CoCs
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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)

N/A - there was no major methodolgoy change in the PIT count between 2025 and 2026.

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)

The CoC has a number a street outreach providers that work in partnership with local officials and law enforcement to quickly engage clients residing in encampments. Providers conduct outreach with police officers to ensure safety of everyone involved and offer emergency placements as well as connection to substance and mental health services when needed. From the start of engagement, the goal of the outreach providers it to connect all clients with a safe place to sleep and continue service engagement. Outreach teams will also connect clients with the CoC's coordinated entry system for housing prioritization.

In addition to ongoing outreach, the NJ DCA has been conducting sprints which are time-bound, place-based efforts in which the Office of Homelessness Prevention worked with Essex County and Newark on two initiatives to move a defined group of people experiencing homelessness into housing. Each sprint is organized around a by-name list built with local partners and reconciled to HMIS, so outreach is directed at specific households rather than conducted broadly. Partners typically include municipal and county government, the Continuum of Care, shelter and street outreach providers, the coordinated entry administrator, DCA field offices and the public housing authority, behavioral health partners, local law enforcement where they are part of the local collaboration, and landlords. Engagement is structured through a stakeholder roster, a responsibility matrix, a communication plan and written handoff protocols, with daily coordination and a weekly case conference reviewing every household by name until the list is worked through.

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.	4
2. Enter the reduction in the number of encampments during your evaluation period.	1

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.	10
2. Enter the reduction in the number of people in encampments during your evaluation period.	4

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

The CoC has seen a reduction in encampments based on the strategies above and will continue to partner with the state and municipalities to address encampments and unsheltered homelessness.

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)

Starting with COVID and while the eviction moratorium was in effect, the CoC built a relationship with the Courts and now regularly collects a master list of all eviction filings and was able to create a mailing out to each of these households with information and fliers so that they know about the wealth of services currently active in the CoC. This relationship is active and ongoing with direct communication to and from the New Jersey State Administration Office of the Courts. This relationship with the AOC has, as a result of our advocacy, begun to host more frequent court in-person and virtual public seminars to inform both landlords and tenants of their rights prior to and during eviction processes. Additionally, NJ Department of Community Affairs has awarded Essex County providers with funds focused on diversion and prevention which includes rental arrears, security deposits, and utility assistance among other creative ways to prevent homelessness like auto repair so that individuals may continue to work and have the funds needed to make payments on their rent. All of these efforts are advertised through our networks virtually, by paper flier, and at local community and CoC/CEAS meetings.

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

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

(limit 2,500 characters)

The CoC has adopted HUD Notice CPD 16-11 and prioritizes households with the longest lengths of homelessness for all housing opportunities. The CoC encourages programs to reduce barriers to program entry and focus on connection to and stabilization in housing to help reduce a households length of time homeless. Outreach providers focus on connecting clients with the CoC's coordinated entry system for prioritization for housing with no shelter or pre-service requirement to get into housing. The CoC also uses its coordinated entry system to identify and change any inefficiencies in housing programs, and works with clients to collect any housing documentation needed as soon as they start working with the client, ensuring there are no delays once a housing opportunity is identified for them. Lastly, the CoC has access to an increased number of housing navigation providers through the State's Medicaid Housing Supports program. Through the program, all clients that are experiencing homelessness and eligible for Medicaid can be connected to a housing supports providers who can work with them to get housing ready and in identifying housing opportunities and landlords in the community.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	36.00%
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Describe how you calculated the data for this response.

(limit 2,500 characters)

HMIS data was pulled for all Transitional Housing, PH Rapid Rehousing, PH – Permanent Supportive housing programs for 10/1/24-9/30/25. Because the reports included everyone enrolled during the period, records were filtered by discharge date so that only exits occurring within the reporting period were counted. Exits were then filtered using the HMIS Destination field to identify exits to the following unsubsidized permanent housing destinations: “Staying or living with family, permanent tenure”; “Staying or living with friends, permanent tenure”; “Rental by client, no ongoing housing subsidy”; “Owned by client, no ongoing housing subsidy”. The sum of the four destination totals was used as the numerator. The denominator was the total number of TH, RRH and PSH exits during the period to any destination. The measure was calculated by dividing the numerator by the denominator, producing the percent of program participants exiting TH, RRH and PSH collectively to unsubsidized housing.

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.	01/27/2026
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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	2,223	37	2,209	97.74%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	426	0	426	100.00%
4. Rapid Re-Housing (RRH) beds	290	0	234	80.69%
5. Permanent Supportive Housing (PSH) beds	1,363	0	1,044	76.60%
6. Other Permanent Housing (OPH) beds	54	0	54	100.00%

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)

The Rapid Rehousing bed coverage is incorrect. All programs are in either HMIS or a comparable database. The bed coverage should be 100%.

Permanent Supportive Housing: The only project that does not enter into the CoC's HMIS system for PSH is the HUD VASH program. While the VA is an active member of the CoC and Veterans Committee, there has been no commitment as of yet to enter information into HMIS. The CoC will work with the BVH program to identify other options if possible.

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

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

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

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

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

Attachment Details

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Submission Summary

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

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