

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: AR-501 - Fayetteville/Northwest Arkansas CoC

1A-2. Collaborative Applicant Name: Northwest Arkansas Continuum of Care

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Northwest Arkansas Continuum of Care

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	No	
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)	Nonexistent	
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	

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

As a public facing agency, the Northwest Arkansas Continuum seeks community input and invites new partners through a number of avenues. Since 2025 we have increased our general membership by 30 percent through a combination of outreach efforts, enhanced community engagement, and becoming an active partner in local decision making. We maintain an active CoC listserv that currently has 220 recipients who receive all relevant communication. As the CoC is tasked with developing a regional response to homelessness, it is incumbent upon this agency to have fully transparent membership guidelines and expectations. We have solicited the support of multiple entities with no prior CoC engagement and have successfully developed a network of providers that touch on nearly every aspect of homeless services. Our primary recruitment tools include our website (nwacoc.com), our general membership meetings (open to the public on the first Wednesday of every month), a robust social media presence, and one-to-one contact with providers, local government, and related social services. NWA CoC maintains intact working relationships with a cross-section of community partners who serve as conduits for increasing our membership and ensure that our composition is truly representative of the entire region. These efforts, primarily the result of the Executive Director, have resulted in the incorporation of new and non-traditional CoC members. In particular NWA CoC has courted the participation of faith-based communities to further strengthen the response system in the area. We actively seek new members and incorporate that into the daily functions of the agency, recognizing that a CoC that is not growing is in fact diminishing. Membership is viewed as an adjunct of effective practice and NWA CoC recognizes that without new partnerships, the clients cannot achieve the type of stability and independence envisioned for them.

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)

Northwest Arkansas Continuum of Care has established high standards of performance, both in terms of its community engagement and the necessity for continuous improvement. To that end, the CoC invites on-going feedback through our social media platform, our website (nwacoc.com) and through our Annual Membership meeting (the first Wednesday of each October). Member agencies may also provide suggestions for improvement in policies by electing to participate on our established committees, serving as members of the NWA CoC Board of Directors, and providing direct feedback to the Executive Director and HMIS Lead. NWA CoC has worked on the following topical areas this past year (in accordance with recommendations from the region): increased coordination of inclement weather response; greater cooperation with local government entities; broadening the scope of our outreach efforts; improving data quality and reporting; furthering our presence in the church and faith-based community; seeking out non-traditional partners and reengaging with agencies that had formerly left the CoC; improving integration with other systems-based agencies; and, finally, providing greater hands on guidance to agencies utilizing federal dollars and programming. All of these areas became priorities as a result of input from stakeholders across the region and, using that as an impetus, NWA CoC has been able to achieve tangible improvements within each. Additionally, NWA CoC serves two rural counties and, historically, those counties have been adversely affected, both by their remoteness and a lack of communication. NWA CoC, over the course of the past several years, has incorporated broader outreach efforts in rural areas and formalized partnerships with agencies serving those areas. This was a result of input from partners in these locales as well as data-driven feedback which highlighted deficiencies in these counties. NWA CoC works toward continuous improvement and, specifically, we engage in gaps analysis to better identify services that are either absent from the region, or deficient in terms of funding. This gaps analysis is part of a larger strategy to improve the CoC's performance and generate interest in funding new programs across the catchment area. The CoC will soon embark on a new strategic plan designed to incorporate these findings and will be spearheaded by stakeholders from a wide-array of local organizations, both private and public sector.

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

(limit 2,500 characters)

Northwest Arkansas Continuum of Care has sought improvement in the recruitment, retention, and coordination of faith-based organizations and other non-traditional agencies. This was a result of membership input and an understanding that without the involvement of these entities, the homelessness response would be far less effective. Churches occupy a prominent role in the communities of our catchment area and the CoC recognizes the inherent value in both their reach and the substantive help they provide. As of August 2026, eight of NWA 41 members are faith-based organizations, a 50 percent increase from this same time last year. These churches number among those who provide direct care services in the community including the following program areas: inclement weather shelter (Genesis Church of Fayetteville, Christ and Neighbor Church of Rogers), street outreach (Genesis Church and St. Paul's Episcopal Church), community meals (First Presbyterian Church of Bentonville, First United Methodist Church of Rogers, St. Paul's Episcopal Church), recovery services and housing (Genesis Church of Fayetteville), community meals (St. Paul's Episcopal Church and Genesis Church) and 24/7 emergency shelter services (Good Shepherd Lutheran Church). Most of these churches are new to CoC membership and have become active participants in case conferencing, general membership meetings, and have worked toward greater coordination with existing service providers. In addition to faith-based organizations, the CoC has actively encouraged non-traditional providers to apply for both ESG and HUD/CoC funding, several of these organizations with no prior CoC involvement. This includes agencies that focus on faith-based recovery as well as reentry programming. At this time, NWA CoC has opened dialogue with non-profits that focus on both the material and spiritual components of human services, a dimension to social work that has long been neglected under its historical implementation. NWA CoC also participates in regional recovery networking collaboratives which bring together rehabilitation and recovery specialists, most of whom have a religious dimension to their program. NWA CoC works hand in hand with these partners to provide housing supports post-recovery and actively encourages their steps toward utilizing both state and federal funding streams.

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

(limit 2,500 characters)

This question turns fundamentally on two factors: a regimented gaps analysis and the ability of a CoC to effectively coordinate its own regional response. In terms of Northwest Arkansas Continuum of Care, a seamless gaps analysis has been created utilizing constant stakeholder feedback and input. NWA CoC is heavily reliant on data-driven decision making and employs subject matter experts from the University of Arkansas in the field of statistical analysis. NWA CoC has met with the following entities as part of this on-going effort, including but not limited to: Benton County Mental Health Court and Benton County Drug Court, Washington Regional Medical Center, Springdale and Fayetteville Crisis Intervention Teams, City of Fayetteville community services dept, Fayetteville Housing Authority, Madison County Community Response Committee, City of Rogers Community Development Block Grant Program, City of Bentonville CDBG Program, Circles NWA, Community Clinic of NWA, and dozens of other entities that can furnish insight into housing and homelessness but are not themselves homeless service providers. Data-driven analysis has demonstrated that primary gaps in regional services include: crisis support stabilization units, comprehensive street outreach, gap housing for recovery and diversion court programs, housing for treatment court, long-term care assistance for the elderly and those unable to care for themselves either in shelter or their own residence, and youth homeless services. In terms of coordination, NWA CoC has launched the following initiatives: utilizing block grant funding for placement in recovery programming and sober living; identifying properties or new developments that could potentially be used as gap housing for treatment courts; trainings for case managers to provide assistance to clients with ARChoices applications for placement in long-term medical care facilities; and on-going efforts with the City of Fayetteville Housing & Community Services dept. to amplify street outreach efforts and solidify diversion options to ease the burden off shelter providers and government-funded housing programs. All of this is in addition to the tasks assigned to NWA CoC to facilitate more efficient and effective response among the traditional provider network. NWA CoC has begun regional mapping for ESG funds, a coordinated effort targeting specific populations and geographic areas to ensure maximum coverage and drive data-informed client care.

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

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

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	0%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The COPE program (Coalition Partnership Empowerment Project), a SAMSHA-funded initiative, currently provides training and drug abuse prevention programs to two rural providers in Northwest Arkansas: Madison County Health Coalition and Carroll County Hometown Health. These programs are designed to address community health needs in predominantly rural areas within the NWA CoC catchment area. These coalitions represent multiple entities across the two counties and bring together leaders in healthcare, local government, recovery programming, faith-based organizations, homeless services, and counseling agencies. In addition to the COPE program, the two rural counties have immediate access to acute services in the two urban counties, including the ability to refer directly to Vantage Point Behavioral Health in Fayetteville and the University of Arkansas for Medical Sciences. Providers in rural areas also participate in NWA CoC case conferencing for purposes of housing and shelter placement, attend recovery team meetings, and in general have access to the same services due to their close geographic proximity. NWA CoC facilitates communication and resource referrals between rural agencies and the recovery community in the urban counties through a combination of networking, training, and community engagement.

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)

Arkansas operates on an insurance-mandated “levels of care” model for purposes of substance use and mental health treatment. Northwest Arkansas Continuum of Care fosters partnerships with multiple agencies to facilitate access to this care. Depending on the clients need, the following are available in this catchment area: detoxification and residential programs through Retreat at Sky Ridge and True Self Recovery (Carroll County) Dr. Paul’s Recovery Services (Carroll County), Acceptance Treatment (Benton and Washington counties), Eagle Crest Recovery (Benton County), and Vantage Point Recovery (Washington County). Detox, while not appropriate for all clients as it requires active use and a positive drug screen at admission, is followed by residential treatment services. Under Arkansas Medicaid, residential stays are limited to two, 30 day stays per year, and they cannot be consecutive. Residential care provides case management services, medical management, group therapy, and individual therapy. Clients and the respective providers interface with the CoC to work toward housing placements as they continue in treatment, avoiding the prospect of having achieved sobriety while finding oneself unhoused. Initial placements in recovery programs are often made through NWA CoC’s case conferencing calls as part of the agency’s diversion initiatives. Cognizant of the need to address on-going substance use among the unhoused population, the CoC makes direct referrals to the Crisis Stabilization Unit in Ft. Smith Arkansas, Hickory Grove Recovery in Morrilton, Arkansas, along with the agencies enumerated above. Arisa Health, among the state’s largest mental health providers, receives funds to place individuals in recovery programs that do not have insurance. Arisa Health is a long-standing member of NWA CoC and works closely with this office to identify clients whose most appropriate placement is in some form of treatment program, but lack the resources for placement with many of the SUD providers. NWA CoC also dedicates block grant money, as part of a step down program, to sober living placements. Recognizing that those leaving recovery may in fact become homeless, and to avoid a potential relapse, NWA CoC works with six separate sober living placements in the region to ensure continuity of recovery.

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)

Peer support services are often foundational to successful recovery. Northwest Arkansas Continuum of Care works hand in hand with multiple providers that employ licensed peer support specialists as part of their ongoing effort to ensure recovery. Additionally, the current grantees of HUD/CoC funds all have robust case management that can provide warm hand-offs to recovery programs where clients will have access to peer support services. These include the Micah 6:8 Initiative's Transitional Housing Project and the City of Fayetteville's Permanent Supportive Housing projects, both of which provide direct contact between clients and recovery services through intensive case management. Notable programs in our catchment area that utilize peer supports include PEARL (Benton County), Eagle Crest Recovery (Benton County), Day One Hope Center (Benton County), and Vantage Point (Washington County). More specifically, NWA CoC provides direct navigation for those seeking SUD treatment or other forms of recovery services. This is done by a combination of resource appropriation, case conferencing, liasoning with homeless service providers, and participation in recovery networking collaboratives. The NWA CoC Executive Director has a high degree of familiarity with recovery services and provides direct guidance to clients on how to access these programs. Homeless service providers make referrals through the NWA CoC hotline (479-717-7737) and individuals can also use this number of their own accord. The Executive Director then does a brief assessment of the individual and provides direct contact information (typically a cell phone number) to recovery specialists throughout the region. This same process is followed for individuals stepping down from residential treatment for purposes of housing and sober living placements. The CoC takes diversion out of homeless services seriously and makes conscious policy decisions to encourage recovery programming where appropriate. Understanding how challenging it can be to navigate that system, the Executive Director makes timely referrals to those in the treatment field best positioned to provide placement and on-going supports.

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)

The recognition that mental health has a disproportionate impact on homelessness is explicit in all aspects of social service work. To effectively coordinate a region-wide response to homelessness, NWA CoC has established (and in some case reestablished) relationships with regional mental health providers, including those with access to acute and crisis care. NWA CoC relies on existing partnerships with the Crisis Stabilization Unit in Ft. Smith, the only such agency in proximity to the catchment area, as well as the mobile crisis unit operated by the University of Arkansas Medical Sciences School. Additionally, NWA CoC receives regular participation at case conferencing and general membership meetings from local crisis intervention units attached to law enforcement. These CIT teams, paired with social workers, are located in each of our four major cities (Bentonville, Rogers, Springdale, Fayetteville) and are tasked with identifying those in crisis, assessing next steps, and making referrals to mental health systems when appropriate. Often law enforcement are the first to encounter an unsheltered person, are familiar with their circumstances and mental state, and are best positioned to make evaluative judgements regarding appropriate care. NWA CoC routinely interfaces with Freeman Health System in Springdale, Arkansas, the only hospital in the region with a psychiatric care unit, and will assist Freeman with housing or shelter placements once the client has been discharged from their care. Freeman also maintains an Assertive Community Treatment Team which focuses on youth in crisis, the only such program in the area. Greater coordination of mental health services also extends to existing relationships with Vantage Point Behavioral Health in Fayetteville (Washington County), which will accept direct admissions or those through a local emergency room. There is a case management element included in the services, as well, which extends to help with post-discharged placements and on-going medication management and referrals to a psychiatrist. In Arkansas generally, there is an increased recognition that mental health requires extensive networks of providers and a multidisciplinary approach. NWA CoC is uniquely positioned to bring many of those stakeholders together by activating existing professional relationships.

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 largest homeless services provider in Northwest Arkansas is 7hills Homeless Center in Fayetteville, Arkansas, a CoC member. 7hills has a formal agreement with Washington County Drug Court to assist with housing in their on-site units, an integral part of the client's engagement and compliance with the drug court program. The Executive Director of 7hills also formerly served as the Board Chair for Northwest Arkansas Continuum of Care, which has created a strong bond between the agencies.

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)

7hills operates numerous programs on its campus. The arrangement with drug court is one such program, but they also provide immediate shelter and gap housing for those awaiting placements in recovery programs. Their particular model is very much in keeping with encouraging independence and stability, specifically emphasizing the need for greater self sufficiency upon program exit. 7hills has a highly regimented homeless services program; it is unlike a typical provider in that they do not accept most forms of federal or state funding. Being embedded in the Fayetteville community for over a quarter century, they possess intact relationships with both public and private entities, allowing them to operate in a cross-disciplinary manner. This agency has existing working relationships with both the University of Arkansas for Medical Sciences (UAMS) and Washington Regional Medical Center, allowing them to quickly identify clients in crisis and respond with either access to their services or referrals to more appropriate placements. In terms of alignment with current federal priorities, 7hills supports programs whose primary focuses include workforce development, recovery and rehabilitation, and supportive services aimed at permanent, independent housing. As they are not current recipients of HUD/CoC funding, they pursue a more flexible approach to service provision and are not constrained by the obligations of federal funding. They are active participants in NWA CoC events, and promote CoC programming through cooperation with inclement weather shelter and outreach. They are able to leverage their position with Washington County Drug Court to offer site-specific housing models, undergirded by a firm commitment to stability upon transition. 7hills actively supports programs within the Fayetteville community whose purpose is to foster autonomy, in particular with Genesis Church and its recovery ministry. No other program in the area is more closely aligned with the administration's focus on non-traditional shelter models to maximize client independence.

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

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

(limit 500 characters)

Northwest Arkansas Continuum of Care actively promotes crisis services and facilitates contact between providers and those resources which are available in the region. Clients and providers notify the NWA CoC hotline and a formal referral can be made to crisis management services. NWA CoC additionally maintains relationships with the Crisis Stabilization Unit, the respective CIT/CIRT teams connected to local law enforcement agencies, and the UAMS mobile medical response unit.

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.	25
1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

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

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

(limit 500 characters)

There is currently one program in Northwest Arkansas affiliated with the CCBHC program: Arisa Health. Arisa has been a member of Northwest Arkansas Continuum of Care for many years. They are active in CoC meetings and other regional offerings of the Continuum. Arkansas Department of Human Services has assigned the Centers for Youth and Families to be the designated CMHC for the Northwest Arkansas region.

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)

NWA CoC has one program, currently funded through HUD/CoC dollars that can be fairly described as “sober housing.” The Micah 6:8 Initiative’s Transitional Housing project requires sobriety as a precondition for admission to that program and disallows substance use while participating in on-site programming. More generally, NWA CoC repurposes community block grant funds, in part, for placements in sober living throughout the region.

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)

Warm hand-offs to stable housing begin at the CoC level with the Coordinated Entry and case conferencing processes. Pursuant to HUD guidelines, and in conformity with the CoC program, NWA CoC operates under a formalized placement and referral regimen. Case conferencing occurs bi-weekly in the region and includes providers from across the spectrum of social services. Coordinated Entry, the policy mechanism that governs case conferencing prerogatives, leverages community participation in an effort to create a seamless placement into housing programs. Case conferencing includes the following frontline and secondary providers: 7hills Homeless Center, Salvation Army, New Beginnings Bridge Housing and PSH, City of Fayetteville Permanent Supportive Housing, Northwest Arkansas Women’s Shelter, Arkansas Support Network, Fayetteville Housing Authority, Micah 6:8 Transitional Housing, Bridges Realty, Veterans Healthcare System of the Ozarks, St. Francis House SSVF Program, and Springdale Police Department (CIT). Taken together, these entities represent a cross section of services, all of whom encounter clients in need of stable housing. Priority is accorded to individuals with the highest vulnerability scores, or alternatively, those that have been on the regional By Name list the longest. Case conferencing also handles the more challenging, sometimes intractable, client cases and utilizes a multidisciplinary approach to resolve their respective difficulties. This can include utilizing shelter or bridge housing as a stop gap before placement in permanent housing. NWA CoC has also committed itself, as a matter of internal policy, to diversion placements where appropriate. As clients often need recovery services prior to a housing opening, case conferencing identifies appropriate programming with the goal of permanent placement on the back end of recovery. As noted in question 1C-a1, NWA CoC has comprehensive engagement with treatments and recovery service providers, and facilitates placement in these programs where appropriate. Case conferencing picks up clients at both inflow and outflow of recovery programming.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$710,994
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.	\$194,000

3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	27%
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.	\$48,500
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).	34%

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

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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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)

Northwest Arkansas Continuum of Care has a systematic approach to the planning of ESG allocations in the region. As referenced in question 1B-5, the Executive Director meets with the agency leads who traditionally have applied for funding, and invites prospective grantees as well. Prior to this, NWA CoC releases all available public information from Arkansas Development Finance Authority, the state agency which administers ESG funding, to solicit interest from potential partners. The meeting breaks down the respective grant categories (typically emergency shelter, rapid rehousing, eviction prevention, and street outreach) and determines the required geographic coverage for each program type. The Executive Director creates a schematic, illustrating what agencies have historically applied for funding and how that funding has been distributed. Currently we have tacit agreements with all of the current and prospective grantees to provide both rapid rehousing and eviction prevention funds to the four county catchment area. Currently four providers receive (and will reapply for) emergency shelter funds. In particular, NWA CoC has emphasized the need for additional homelessness prevention dollars as this corresponds directly to inflow on the shelter side. Additionally, NWA CoC has reemphasized the need for a more robust frontline response, in particular through street outreach. The region has one current ESG street outreach grant, but it is insufficient to provide the service across the four county area. Street outreach is the primary mechanism by which client need is assessed and potential placements identified. Part of the regional gaps analysis has demonstrated that more resources are needed in this area and NWA CoC has commitments from two other agencies to apply for street outreach funds. NWA CoC recognizes that ESG funding must work in tandem with HUD/CoC funding, local government initiatives, and CDBG programs to maximize the reach of federal funds in the area.

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)

Including the domestic violence shelter providers, there are 242 total emergency shelter beds in the catchment area, with 150 being unrestricted by demographic. NWA CoC has extensive and long-standing relationships with each agency providing this service, and all participate as part of the Coordinated Entry Committee and/or in bi-weekly case conferencing. Shelter providers are the primary agencies placing homeless individuals on the regional By Name list, and provide the initial case management services geared toward permanent housing. As such they are integral parts of the CoC system in Northwest Arkansas. NWA CoC's relationship with emergency shelter providers is co-extensive with relationships with other forms of shelter, including that provided by domestic violence agencies, churches, and the Veterans Healthcare System of the Ozarks. NWA CoC, which also coordinates the regional inclement weather response, relies heavily on the expansion of shelter capacity during times of extreme weather. In conjunction with churches and other non-profits, the shelter system provides a seamless connector for the unhoused to be safe from the elements, either on site or through CoC referrals to other participating partners. Emergency shelters also rely on the CoC to identify alternate placements, facilitate client transportation to recovery programs, and provide data-driven analysis on service gaps. There is no better example in this region of cooperation than that between the shelter providers and NWA CoC, creating a symbiotic relationship for purposes of client care. NWA CoC additionally interfaces with the domestic violence programs in the region, who are participants in all facets of CoC operations. Despite differing rules governing client care and privacy, the domestic violence shelters are central to the regional effort.

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)

The Northwest Arkansas Continuum of Care shares all the PIT and HIC information via a yearly presentation conducted by the University of Arkansas's Social Work Department. The presentation is also held on the CoC website. All HMIS reporting and System Performance data reports are provided for the CoC membership and local/state government through various reports and presentations as requested. As major reports are due per HUD, all information is provided to agencies and community stakeholders.

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)

Northwest Arkansas Continuum of Care has formalized, as part of a shift in overall engagement, relationships with providers who serve the homeless but not in a traditional capacity. Those agencies that touch on the periphery of homelessness and remain integral partners in service provision include the following: law enforcement, recovery services, and health care systems. In terms of data sharing, NWA CoC cooperates with the CIT/CIRT teams in the region to find assistance and placement for the unsheltered that those agencies encounter. Law enforcement in this area is a key component to the homeless response, as they are often the first to interact and identify individuals struggling with homelessness. Springdale Police Department's CIT team has been especially valuable in this regard. For context, Springdale is the second largest city in the area but has virtually no homeless services and very few non-profit providers of any stripe. Unfortunately, the city has a large homeless population and as such, is heavily reliant on CoC providers for assistance. In addition to working directly with law enforcement agencies, NWA CoC has established permanent connections to Benton County Jail via their social work team. That facility is the largest of its type in the region, housing over 700 inmates. NWA CoC seeks data from the jail regarding those that have been "coded" as homeless at booking, working closely with the primary social worker on placement and resource options once the inmate is released. Benton County Jail participates in case conferencing, updates the By Name list with those currently incarcerated and informs the CoC of pending releases. This provides an opportunity for shelter and housing placements and grants corrections access to CoC resources. NWA CoC communicates routinely with local health care providers, including Washington Regional Medical Center, Mercy Healthcare System, and Freeman Heath. New Beginnings of NWA, which is a HUD/CoC recipient, also offers a medical respite program through a grant agreement with Washington Regional Medical Center, allowing the CoC to track data specific to the intersection of homelessness and health care.

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)

NWA CoC and its member agencies have strong collaborative relationships with Arkansas Workforce Development. Rose Sparrow, a career navigator for Workforce Development, has been the primary contact for the homeless service providers, and she has successfully provided employment for over 120 unique individuals over the past year. NWA CoC also has working relationships with the AARP SCSEP program (Senior Community Service Employment Program), an initiative that provides workforce training and employment for seniors, many of them currently or formerly unhoused. Goodwill Industries of Northwest Arkansas provides valuable on the job training and reentry programming for those clients with a history of incarceration, a challenging population for whom employment is often difficult to attain. NWA CoC makes referrals for Goodwill Services as part of its relationship with Benton County Jail as well as Benton County Probation and Parole. The Micah 6:8 Initiative Transitional Housing program (HUD/CoC funded), in addition to many of its residents utilizing Goodwill, has also partnered with American Indian Center of Arkansas to provide the following services: employment, job training, substance use counseling, and community resource referrals. This is an outstanding example of local resources being leveraged, through CoC funded programming, for workforce development. 7hills Homeless Center, the region's largest homeless service provider, offers multiple tracks for housing based upon client's active employment. This includes bridge housing out of the immediate shelter program, which is offered to those who have met employment requirements, and further assistance with permanent housing placements upon completion of the bridge program. SOURCES NWA, Arkansas Supportive Services, and Arkansas Support Network assist clients with qualifying disabilities in obtaining employment and job training opportunities. Each is utilized by CoC-funded programs.

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)

There are two primary street outreach programs in Northwest Arkansas, both operating out of the City of Fayetteville. The first is specific to medical outreach and is administered by 7hills Homeless Center. 7hills has a long history of partnering with Fayetteville Police Department and its Crisis Intervention Response Team, with CIRT being heavily reliant on 7hills for placement in lieu of jail. This relationship is beneficial to the client who in many cases can avoid incarceration merely by having a safe place to go. 7hills also utilizes its medical outreach program by accepting referrals from first responders who may not require intensive medical treatment but rather short term assistance. The City of Fayetteville also operates the Pick Me Up Program, an outreach initiative through Genesis Church designed for a two fold purpose: assist with public beautification projects and provide employment for the unhoused. Those employed through the Pick Me Up Program also serve as outreach for those individuals who cannot find shelter, notifying homeless service providers of those living on the streets and their respective needs. Pick Me Up, as a city sponsored program, retains a strong working relationship with Fayetteville Police Department. The City of Springdale Police Department are pioneers in the crisis intervention model for this region. Their CIT team is robust, well-organized, and has a large referral network for purposes of mental health and substance use placement. They are also active partners with NWA Continuum of Care. They make referrals directly to shelter programs in addition to their work in treatment and recovery, offering multiple service options through a centralized, front line agency. Cooperation with law enforcement has become critical to the homelessness response in the region, and NWA CoC integrates them at all levels of care.

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)

Family supports remain an integral part of CoC-funded services in Northwest Arkansas. As is true in many regions nationwide, there is often a dearth of agencies and providers that are willing to work with families. To ameliorate this concern, NWA CoC partners with Arkansas DHS, Centers for Youth and Families, the Child Advocacy Center, Teen Action Support Center, New Beginnings Youth Home, and Immerse Arkansas to provide the widest possible range of assistance. NWA CoC routinely receives referrals from local public school districts when they encounter families struggling with homelessness. There is also a partnership with the 100 Families Initiative out of Little Rock as well as Care Portal, a program under the 100 Families umbrella. Churches and other faith-based organizations retain a prominent role in both family services and reunification efforts. Taken together, all of these entities are able to provide all or parts of the services enumerated in this question. These services include transportation, referrals to out of region/out of state providers, case management and crisis intervention, along with temporary housing assistance. NWA CoC's PIT count data is used to identify service gaps for youth and families and, where possible, those gaps are closed through a combination of referrals and resource coordination. The ability to identify multiple programs and funding sources that can assist with family stabilization and reunification is an important component of NWA CoC's region-wide response to homelessness. Arkansas DHS, and in particular Benton County DHS and supervisor Gale Lohr, have been invaluable partners in this effort. Family reunification efforts remain a State prerogative, but NWA CoC will assist in providing appropriate housing options for individuals cooperating with court-ordered treatment plans for purposes of reunification with children.

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)

Cooperation with local law enforcement agencies takes place across a spectrum of CoC-related services. As noted in question 1C-7, NWA CoC retains strong partnerships with local Crisis Intervention and Response teams. The regional area with the highest number of unsheltered individuals is Washington County, one of four in our catchment area, but representing nearly two-thirds of the homeless population. Springdale Police Department and Fayetteville Police Department recruit and retain social workers who are tasked with responding to those in crisis with the presence of uniformed officers. Both CIT teams routinely participate in CoC program offerings, retain positive relationships with CoC-funded and ESG-funded programs, and have established a seamless network of referrals for placement purposes. As an example of non-interference with local law enforcement mandates, the CoC was an important part of the last clearing that occurred in this region, providing emergency housing placements for those removed from encampments. This effort included encouraging shelter providers to increase their bed capacity, providing short-term hotel stays when such capacity was unavailable, and operating a hotline for those who could not navigate the emergency response system without assistance. At no point did NWA CoC oppose the clearing, but rather used its capacity to mitigate the number of unhoused left on the streets. Cooperation with law enforcement and non-interference with policing extends to supporting local initiatives designed to assist the homeless in finding emergency shelter options. As a matter of course, it is always preferable for individuals to be sheltered in order to receive wrap-around case management services. Law enforcement and other first responders are often best positioned to understand why certain individuals choose to remain unsheltered and can provide interventions, in conjunction with their CIT teams, that assist clients in managing their anxieties regarding shelter. NWA CoC encourages providers to respond quickly to calls from law enforcement as this often results in an unhoused person being sheltered as opposed to incarcerated.

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 four urban areas within the four county catchment area of Northwest Arkansas Continuum of Care. In keeping with public sentiment and federal priorities, all four locations have public camping bans in place. The extent to which these are enforced is a prerogative of local law enforcement and government entities and is beyond the remit of the CoC. That said, as noted in question 1C-10, it is acknowledged by the CoC that shelter is preferable to being unhoused, in particular when this is viewed through the lens of effective case management. NWA CoC encourages sheltering among the unhoused in the following manner: ESG-funded street outreach through 7hills Homeless Center in Fayetteville, the City of Fayetteville's Pick Me Up Program, and Diva and Dude Community Outreach covering most of Benton County including the cities of Bentonville and Rogers. Additionally, the CR2H program in Fayetteville, a network of 85 churches, is crucial to offering supportive services to the unhoused. Local legislative action can only enforce encampments up to a certain point and the onus for resolving homelessness cannot be put on local law enforcement. Therefore, the best alternatives to unsheltered living remain robust programming that can actually address the mental health, substance abuse, and history of trauma that many unhoused persons face. Front line workers (i.e. outreach workers), in conjunction with law enforcement and CIT teams, are best suited to encourage removal from the streets to shelters. NWA CoC is also working toward implementation of a PATH grant in the coming year, in cooperation with Arkansas DHS, which will allow the CoC to quickly identify unsheltered people and begin the process of stabilizing them for independent housing. These are evidence-based initiatives that target mental health and substance use among those who traditionally inhabit encampments, providing alternative resources that discourage public camping and loitering. Reducing encampments is a function of robust local enforcement and strong social work practice operating in tandem.

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)

As noted in question 2A-4, the last encampment clearing in the Northwest Arkansas Continuum of Care catchment area occurred in the summer of 2025. There were approximately 47 individuals removed from the 19th Street property in Fayetteville, Arkansas, most of whom were able to move into emergency shelters due to an enlargement of shelter capacity. While there are sporadic encampments that occasionally spring up throughout the region, local law enforcement is typically vigilant about removing those sites and working to find appropriate shelter placements. NWA CoC is dependent on law enforcement to help curtail public camping and retains a direct relationship with officers in the field. In terms of NWA CoC's rural counties, encampments have not been a significant issue, a result of smaller unhoused populations and the tendency of rural residents to double up with family and friends. This is reflected in NWA CoC's PIT count data which indicates a small percentage of unsheltered in rural counties. Efforts to provide effective case management to those still residing on the streets continue through NWA CoC case conferencing, street outreach initiatives funded by ESG, as well as the utilization of community block grant dollars for purposes of diversion placements. Identification of client needs is a key component of appropriate placement, which may not be in the shelter system but rather in recovery or related services. Encampments tend to diminish with a more robust regional outreach response and a corresponding commitment to alternative services. As of this writing, there are no known encampments in the catchment area.

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)

By local statute, and in conformity with both state and federal law, public drug use is strictly prohibited in all communities within the NWA CoC catchment area. No current providers allow illicit drug use on their property, nor condone such use in the wider community. Current enforcement of public intoxication, possession of paraphernalia, and use or distribution is strong, and there is no indication that Arkansas intends to formally adopt any type of harm reduction model. Recent opioid settlement money has been made available, approximately \$159 million, to agencies to combat continued drug use and treat addiction. This money will be parceled out over the next 20 years to qualifying agencies that work in the substance use field. NWA CoC participates in community health meetings across the region. It is apparent from the tenor of those discussions that public health boards are committed to a wider treatment model and the repurposing of state and federal funds to combat drug use. Law enforcement retains a conspicuous presence in all of the urban communities and laws proscribing open drug use are rigidly enforced, resulting typically in incarceration. Arkansas has one of the highest incarceration rates for drug offenders in the United States and this extends to the homeless population if they violate drug laws. Northwest Arkansas possesses no official “injection sites” and this is actively discouraged by those receiving HUD/CoC funding. Additionally, NWA CoC providers, and those funded through ESG programming, do not offer “needle exchanges” or any other form of harm reduction as explicit provisions of their programming.

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)

By local statute, and in conformity with both state and federal law public drug use is strictly prohibited in all communities within the NWA CoC catchment area. In terms of overdose response, first responders and law enforcement receive specific training to administer NARCAN and related products. A strong policy combined with coordination with EMS providers helps to minimize overdose deaths in the region. Law enforcement works closely with public health agencies in Northwest Arkansas to ensure a swift and appropriate response for those suspected of possibly overdosing. Again, this policy is designed to mitigate the effects of public drug use on both the individual and community, as well as create safe open spaces for communities to enjoy. Public drug use is perceived as a blight on the community and as such laws exist to help curtail and prevent it. This is balanced against the community’s interest in protecting the needs of the individual to obtain appropriate treatment where incarceration may not be the most appropriate setting. Opioid settlement funds, available through the State of Arkansas, have recently been made available to agencies whose goal is the effective treatment of SUD. These funds are crucial to preventing an increase in public drug use and overdose deaths.

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)

Northwest Arkansas Continuum of Care is bound by current laws governing civil commitments in the State of Arkansas. Area agencies are cognizant of how civil commitment plays a decisive role in the prevention of harm to the individual and/or members of the community. NWA CoC has offered trainings on the intersection of mental health and homelessness, participates in public forums on community mental health, and works with mental health providers and state agencies to identify at-risk individuals who are in need of inpatient care. Arkansas continues to follow the public policy of 72 hour commitments for those who represent a danger to themselves and others, though there is model legislation being circulated that may ease restrictions on this timeframe. Mental health is no doubt a significant contributor to homelessness, with many clients experiencing some form of complex mental health condition. Most commonly, this is associated with diagnoses of schizo-affective disorder, bi-polar with psychotic features, and schizophrenia. NWA CoC PIT count data mirrors what public health agencies report in this regard. Law enforcement and the courts will mandate 72 hour holds in cases involving potential harm to self or others, and street outreach agencies make coordinated efforts to obtain the required assistance for clients in severe mental distress. NWA CoC is constrained by the current status of the law in regard to civil commitments, but recognizes that in certain cases, forced medication and involuntary treatment may benefit a client whose psychological state cannot be stabilized in a conventional services setting. NWA Continuum of Care works with mobile crisis units, the Crisis Stabilization Unit in Ft. Smith, Arkansas, as well as Crisis Intervention Teams to identify appropriate settings for clients at this level of risk.

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)

There is nothing in the current policies and procedures of Northwest Arkansas Continuum of Care that prevents data sharing for purposes of SORNA compliance. On a practical and agency level, this cooperation typically involves the following elements: contact with law enforcement when an individual is known to be an unregistered sex offender; prohibition of sex offenders in the vast majority of area programming, either HUD/CoC or ESG funded; referrals to appropriate placements that will work with sex offenders on housing and crisis stabilization. The primary example of SORNA compliance within the parameters of an individual program is at 7hills Homeless Center in Fayetteville. They are the only emergency shelter in the region that will accept sex offenders and they confirm registration of the offender with local law enforcement and cross check with the National Sex Offender database. Northwest Arkansas Continuum of Care accepts federal block grant money from three of the region's urban locales: Rogers, Bentonville, and Springdale. Along with the normal stipulations of accepting CDBG money, NWA CoC must also certify that it will comply with SORNA reporting requirements as a condition of accepting these funds. NWA CoC provides, through general operating and block grant dollars, emergency hotel vouchers for clients awaiting longer term placements. In cooperation with local law enforcement, NWA CoC will place known offenders only in hotels designated by law enforcement as appropriate for these clients. This protocol is followed by all agencies in the area that provide such services. Homeless service providers in general encourage cooperation with law enforcement and the courts among all of their client base, recognizing that client stability is in part a function of meeting legal obligations.

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)

As referenced in question 1C-7, Northwest Arkansas Continuum of Care has the following outreach programs: 7hills Homeless Center which offers medical street outreach, an initiative designed to reach those who are medically vulnerable and/or experiencing significant mental health crises. The stated purpose of this outreach initiative is to identify individuals who are currently unhoused that would be an appropriate fit for either the 7hills emergency shelter or a placement with an outside entity (i.e. behavioral health units). This program is funded through state ESG dollars. Every Soul Matters Ministry, another NWA CoC member, provides community meals, showers, and resource referrals once a month. The City of Fayetteville created the Pick Me Up Program, a workforce development initiative which employs the unhoused in litter clean up and city beautification projects. Pick Me Up is also used to identify individuals who are discreetly camping and contact service providers for case management assistance. In addition to these programs, both located in Washington County, Diva and Dude Community Outreach of Benton County works with both the unhoused population as well as the A.L.I.C.E. population in the region. Diva and Dude routinely hosts resource fairs, community meals, and housing navigation meetings to better assist those in need of permanent housing options. In addition to these formalized outreach programs, NWA CoC is dependent on law enforcement to notify the CoC hotline or emergency shelters directly when a client is in need and facing potential criminal charges. This relationship acts as an integral part of the frontline response within the continuum. Outreach in Northwest Arkansas is also partially dependent on faith-based organizations, who often utilize their benevolence funds to assist the unhoused. When such an organization does not have resources to assist, they contact NWA CoC for referrals and general navigation of the homeless services sector. Effective outreach is a community effort: it is a combination of provider networking, charitable organizations, and local government, all three of which contribute to NWA CoC's outreach efforts.

1C-12. Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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

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

(limit 2,500 characters)

The NWA CoC's Written Standards meet HUD's requirements and address CoC expectations for all projects. During formal educational enrollment within local school districts- Individuals and families are screened according to the Federal McKinney-Vento Homelessness Assistance Act. Identified families and students are informed if criteria is met and provided a copy of federal rights by the district homeless liaison or school social worker. The Educational Liaison standard is included in our Written Standards, requiring projects that serve households with children to designate a staff person as the homeless liaison who ensures that children are enrolled in school and connected to appropriate services in the community, including early childhood projects such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education. This determination ensures families and students are aware of the available and appropriate services--removing barriers for a free and appropriate public education through the Education for Homeless Children and Youth (EHCY) program. Local Educational Agencies and Local School Districts work in collaboration with local nonprofit agencies and service providers to ensure all students and families possible are identified and informed of their rights.

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)

Coordination with the child welfare system is accomplished through a three-prong approach. First, Northwest Arkansas Continuum of Care utilizes the private non-profit sector for youth aging out of the foster care system. Second, in cooperation with Arkansas Department of Human Services, NWA CoC provided emergency assistance to families and youth through community block grant funds. Third, NWA CoC actively encourages new programming in the area designed to specifically target this demographic; most recently this has resulted in a incipient partnership with Immerse Arkansas, a Little Rock-area non profit. More specifically, under the first prong, NWA CoC includes among its general membership the following organizations that deal with youth and families: 100 Families Initiative, EverHope Children's Shelter, Immerse Arkansas, New Beginnings Youth Home, Care Portal, the Yvonne Richardson Community Center, Good Shepherd Lutheran Church Emergency Shelter, Arkansas Child Advocacy Center, Day One Hope Center, and Arisa Health. In terms of Arkansas DHS and the state foster care system, NWA CoC is actively engaged in providing bridge assistance to youth aging out of the system, including non-congregate shelter options for these individuals. The relationship is particularly strong with Benton County DHS who solicits support for clients and families from NWA CoC where needed and appropriate. Immerse Arkansas is a new addition to NWA CoC, and while their full portfolio of services is not yet available in the region, they have already begun offering much-needed mental health and counseling services to youth. They are fully engaged with state-funded agencies and services and bring those intact relationships to Northwest Arkansas.

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)

Assistance for runaway and homeless youth in the Northwest Arkansas region is driven by the following agencies: Fayetteville Public Schools Families in Transition Program, which seeks to implement proactive intervention strategies with families struggling with housing and income security; Immerse Arkansas, a Little Rock-area non-profit which has recently opened services in the region designed to provide clinical supports to families, youth, and runaways; Arisa Health, which operates a spectrum of youth services, including school-based therapy, a day treatment facility, and family counseling; Teen Action Support Center in Benton County which serves youth aging out of foster care or who have become homeless due to breakdowns in the family unit. The most successful strategy to prevent youth homelessness is a combination of familial and clinical supports. Northwest Arkansas Continuum of Care emphasizes preventative programming through these agencies, in conjunction with its collaboration with Arkansas DHS. In addition to the aforementioned services, within the past year Good Shepherd Lutheran Church of Fayetteville has opened a small emergency shelter on their property and, for the first time, will seek ESG funds to maintain it. This shelter works primarily with adults ages 18-24 who have been unable to remain in the home, have aged out of the child welfare system, have been on the run, or are otherwise unfit for congregate shelters in the area. Good Shepherd is seeking to expand their operations moving forward to be able to accommodate additional youth and families, and have refined their case management approach to work more closely with local agencies serving this demographic. NWA CoC also receives referrals regarding runaway minors and young adults who have interacted with law enforcement, and works closely with the Crisis Intervention Teams to find appropriate services in lieu of incarceration.

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)

NWA CoC has one HUD/CoC project which works primarily with families: Peace at Home Family Shelter has a current RRH project and, while it is not confined to families, they are able to serve families as part of their wider role in mitigating the effects of domestic violence. Those parents and children coming out of a DV situation are especially vulnerable, as they have typically lost both housing and income. Rapid Rehousing programs provide a needed bridge toward stabilizing the family unit.

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)

Peace at Home Family Shelter, located in the cities of Springdale and Fayetteville, Arkansas, is a well-established agency whose programming centers around family stabilization after a domestic violence incident. Peace at Home must follow the injunction against forced service provision which is common to all domestic violence programs. That said, Peace at Home offers the full range of wrap-around case management services, including but not limited to the following areas: employment and workforce development, housing stabilization, individual and family therapy, assistance with benefits applications, and referrals for healthcare. Cognizant of the rapid increase in rental prices in the region, Peace at Home encourages workforce development and skills acquisition so that clients are able to maintain independent housing once they leave the shelter. Case management is a skills-based model, identifying client areas of strength and tailoring recommendations for employment to those areas. Case managers and victim service advocates work closely with clients to determine what steps they need to take to better position themselves for housing. In response to growing economic pressures in the region, an emphasis on increasing skills to better position clients in the hiring pool has taken on greater importance. The data indicates that Rapid Rehousing works best when it is coupled with adequate employment and Peace at Home endeavors to position their client for the greatest possible success upon exit.

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)

The primary mechanism by which the above referenced program leverages other public initiatives is through the TANF (Temporary Assistance to Needy Families) program. As part of receiving TANF, eligible families utilize the TEA (Transitional Employment Assistance) program and Work Pays. Peace at Home, like all service providers, is conscious that the sole purpose of TANF funds is to stabilize families in the short term so that they can function independently of public assistance. As such, interventions designed to encourage employment and skills acquisition have become integral parts of case management. Peace at Home retains numerous contacts with Arkansas Workforce Development which allows them to refer clients interested in more gainful employment for immediate assistance. Some of these clients utilize TEA for educational purposes as well, and are able to additionally use the benefit for transportation and childcare through Child Care Aware of NWA. Peace at Home leverages all of the component parts of the TANF program to maximize client outcome and stability to ensure that once Rapid Rehousing money is used, the client is able to remain stable without recourse to other forms of public housing or assistance. This comprehensive approach to case management and housing has resulted in Peace at Home successfully utilizing their grant funds and achieving longer term results for their dollars than similarly situated RRH programs. From a larger perspective, social service agencies have had to recognize that, along with housing, employment to maintain that housing is not only logical, but ultimately necessary for the continued maintenance of the household. Government programs cannot fund individuals or families in perpetuity and changes to case management practices reflect this realization.

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)

Combining housing assistance with the enumerated categories in this question is a function of the following: Peace at Home partners with community agencies in possession of programming and funding streams that assist with stabilizing the family unit. Homelessness and domestic violence undermine the integrity of the family and a multi-disciplinary response is required to rehabilitate the affected individuals. To this end, Peace at Home, like all of the area providers, are reliant on Child Care Aware of Northwest Arkansas which provides a range of family supports and interventions. This includes parenting classes, anger management classes, child care assistance, help with state applications to subsidize daycare costs, and counseling where appropriate. Additionally, Peace at Home partners with Community Clinic of NWA, a multi site community health provider that connects parents to prenatal care, child wellness exams, and limited case management services. If a patient has needs that are unmet at Community Clinic, referrals are made for specialty care to one of the region's three primary healthcare systems. In order to support families with young children, particularly those who will be entering the public school system, Peace at Home coordinates with Head Start of NWA and the local public school districts to ensure that children have access to educational services. The local public schools each have a homeless liaison as part of their administrative function who works closely with victims of domestic violence, and generally those displaced by homelessness, to provide essential services to eligible children. Finally the Yvonne Richardson Community Center in Fayetteville offers after school programming to those in need in the community, and is a hub for parenting resources.

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)

Northwest Arkansas Continuum of Care has long standing relationships with the Veterans Healthcare Systems of the Ozarks, the VA HUD-VASH team and St. Francis House which administers the SSVF program in the area. The current Chair of the NWA CoC Board is the lead outreach social worker for the VA and both entities (VA and SSVF) are regular participants in case conferencing and Coordinated Entry. NWA CoC curates and fosters that relationship through a collaborative placement partnership.

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
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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)

NWA CoC has formal partnerships (with each agency being dues paying CoC members) with the following organizations: for domestic violence, the two primary shelters in the catchment area, Northwest Arkansas Women's Shelter (Benton County) and Peace at Home Family Shelter (Washington County); for human trafficking, Hub of Hope (Benton County) and Freedom Finders (Washington County). The development director for Peace at Home is a current CoC board member as well.

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)

As referenced in question 1C-1d, NWA CoC features a member agency that works closely with Washington County Specialty Courts, specifically Washington County Drug Court. 7hills Homeless Center assists the courts with gap and transitional housing as part of close cooperation with justice and reentry programming. Additionally, NWA CoC works with Returning Home, a reentry program in Washington County and rural Madison County, along with Magdalene Serenity House which is under contract with the DOC

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)

New Beginnings of NWA, a current HUD/CoC recipient, operates A Place to Heal medical respite program in conjunction with their bridge housing. This is a compelling collaboration between a HUD-level grantee, an area hospital, and BCBS of Arkansas. 7hills Homeless Center features an ESG-funded medical street outreach program in collaboration with University of Arkansas for Medical Sciences and Restoring Hope Clinic, a clinic operating on the 7hills property utilizing doctors and medical staff.

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)

The Micah 6:8 Initiative, a HUD/CoC recipient through NWA Continuum of Care, operates a transitional housing program for individuals ages 50 and older. Many of these clients have advanced medical needs and Micah 6:8 case management assists in the identification of appropriate community supports, including but not limited to: Vantage Point Geriatric Psychiatric Unit and assisting clients with ARChoices applications for both home health and Medicaid Long Term Care.

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)

Current AR-501 Permanent Supportive Housing projects include the City of Fayetteville HEARTH Program and New Beginnings of NWA. These two HUD/CoC funded initiatives serve those who meet the definition of chronic homelessness, and currently provide support to 27 households and 55 unique individuals, a vital component of assisting this highly vulnerable population. Wrap around case management, funded through CDBG dollars, is an important component of this programming.

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)

As scatter-site permanent supportive housing projects, behavioral health services are accomplished on site through a combination of referrals to community providers and individually tailored programming through PSH case management. Because Northwest Arkansas CoC's PSH programs are not single site (i.e. the non-congregate shelter model that some CoC's follow) on-site behavioral health looks similar to in-home health care services. When the City of Fayetteville's HEARTH case managers receive requests for mental health and/or behavioral health services, they contact community providers who are able to provide formal assessments and, when appropriate, a diagnosis and referral. Scatter-site PSH and TH projects are heavily dependent on resources in the wider community. Fayetteville, Arkansas has the following mental health service providers that accommodate PSH clients for purposes of treatment: Vantage Point Behavioral Health, Springwoods Behavioral Health, Community Clinic, UAMS Mobile Health, The Joshua Center, Children's Advocacy Center, and Samaritan Community Center. Recently, the State of Arkansas has undergone a change in state-wide mental health service contracts, moving from Arisa Health to The Centers of Little Rock. This agency will be tasked with providing mental health services to those who do not have qualifying insurance, and identifying providers that are able to meet client needs. Permanent supportive housing recipients must work with case managers to apply for Arkansas State Medicaid and the PASSE Program, administered by Empower, that covers managed behavioral health care. This is standard practice among all providers in AR-501's catchment area so that clients are able to receive required mental health supports. Additionally, while there is no traditional "on-site" provider (as this is impossible in scatter site, market driven housing), mental health supports are immediately available through community case management and the CoC's Coordinated Entry process. NWA CoC provides a network of referrals for PSH clients through community engagement and the CoC hotline (479-717-7737) for both acute and chronic mental health conditions.

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)

Referral for residential treatment and long-term care is accomplished through a variety of case management modalities. Intensive case management is an adjunct of all permanent supportive housing projects receiving HUD/CoC funding and acceptance of such services is a condition of program participation. As referenced in 1C-19b, case management services for both City of Fayetteville HEARTH and New Beginnings of NWA involves coordinated referral services for both acute and chronic care. This extends beyond mental health care to both residential recovery services and long-term care Medicaid. In terms of recovery, routine case management visits typically can identify when a client may be in need of SUD treatment and, upon client request, case managers will refer to one of the following recovery services: Vantage Point which provides all levels of client recovery services, Eagle Crest Recovery services (all levels of care), Acceptance Treatment (residential, peer recovery, and partial hospitalization), VA Healthcare System of the Ozarks substance abuse services (all levels of treatment), and Hickory Grove Recovery (all levels of treatment). Per PSH policy, periodic review of client records and program participation will result in treatment recommendations when appropriate. Regarding health care and referrals to long-term care facilities, PSH case managers are trained to complete the ARChoices application which is the mechanism by which long-term care Medicaid, in-patient rehabilitation, and skilled nursing are funded in Arkansas. Case managers will consult with the client's primary care doctors, the client themselves, and any related medical resource that has knowledge of the client's condition. While involuntary commitments to long-term care and skilled nursing are impermissible, PSH case managers are aware of the intersection of aging, chronic homelessness, and the costs associated with this combination of factors. As such, PSH policies typically mandate that clients actively seek medical treatment, cooperate with medical provider recommendations, and seek long-term placements when they are unable to care for themselves in a safe manner. Where mandated or appropriate, PSH case managers may also contact Arkansas Adult Protective Services for further legal interventions.

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)

As a matter of course in community case management, and site-specific case management, service workers are tasked with raising the income level of clients while they are program participants. Identifying work-readiness and build upon client skills so that they are able to gain employment and, by extension, greater self-sufficiency. While this is not practical for all PSH clients, some of whom have debilitating conditions that make gainful employment impossible, PSH case managers work to identify those clients who are able to raise their standard of living and obtain more permanent forms of housing. An extension of this is greater cooperation with Arkansas Workforce Development, TANF Work Pays programs, and regional vocational rehabilitation programs. In Northwest Arkansas, individuals with disabilities, and who are placed in PSH projects, work with the following organizations: CIRCLES NWA, Goodwill Industries, SOURCES Community Independent Living Services, Open Avenues, and Pathfinder, Inc. Pursuing a variety of tracks, and utilizing a broad network of employers in the region, each of these organizations works with clients to build skills, broaden opportunities, and raise income. PSH clients are encouraged to participate in these programs and use the skills acquired to obtain employment sufficient to achieve greater independence. As an adjunct of this, PSH clients and case managers work to identify low to moderate income housing, typically workforce or CORE housing programs, that while unsubsidized, provide affordable housing options. CORE housing works on a "floor and ceiling" income model, meaning that clients must have a minimum income and cannot exceed a pre-set maximum. This encourages PSH clients to raise income levels but provides realistic permanent housing options. Community Development of Northwest Arkansas (CoC member and representative on the CoC Board of Directors) operates several CORE housing complexes, including in Fayetteville where AR-501's PSH projects are located. Identification of readiness to move to permanent housing is one of the first assessments that all housing projects should complete. As referenced in 1C-13b, programs increasingly recognize the infeasibility of permanent government funding and, where possible, foster efforts to achieve independent and unsubsidized living. Finally, PSH case managers work with clients to improve family and social supports which can result in positive housing outcomes.

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.	06/04/2026
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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.	06/07/2026
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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.	08/17/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/18/2026
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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)

The NWA Continuum of Care's Reallocation Policy - "Objective criteria for both new and renewal proposals will be considered. For renewals, Annual progress Report (APR) information, fit within the homeless services delivery system, HMIS data quality, and cost efficiency will be critical factors. All projects will be scored by an elected unbiased review committee using the posted scoring rubric. All review committee members' scores will be added together for each project and the projects, whether new or renewal, will be ranked per the scores. Any new projects that fall below the available funding line (Annual Renewal Amount plus any bonus availability) will be rejected. Any renewal that falls below the funding line will be reduced or completely reallocated in order to include higher scoring new projects in the NWA COC application.

Any renewal project may elect to voluntarily reallocate funds to create a new project that fits with the system in a better way. If a program voluntarily reallocates funds, the agency will state its intentions by submitting the new project request to be reviewed, scored, and ranked by the unbiased review committee and will not submit a request for renewal."

The Rank and Review Committee annually monitors each CoC grant recipient and completes a report to the CoC Board. The findings of the monitoring and evaluation report are used by the committee to determine whether a recommendation is made to the CoC Board to reduce or reallocate a project's funding. The committee considers fiscal responsibility, compliance with program guidelines, performance, outcomes and use of best practices when making a recommendation. The Board considers the R&R Committee's recommendations for renewed, reduced or reallocated funding. If the Board endorses the recommendation to reduce or reallocate funding, the grantee is notified by the Board and a notice of funding availability (NOFO) will be widely distributed in the community to redistribute the reallocated funds.

2.The R&R team through its scoring process did not identify any low performing or less needed projects.

3.The R&R team along with the CoC Board of Directors did not reallocate any low performing or less needed projects during its local competition.

4.The R&R determined through scoring that there were not any low performing or less needed projects during its local competition.This was determined through the ranking of the projects. All projects scored in the acceptable performance

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?	No
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

(limit 2,500 characters)

1.The NWA CoC did not change any methodology used to calculated sheltered PIT for FY2026.

2.With one exception, we did not change methods for our unsheltered PIT count. For one geographically isolated community, we made two changes to address a long-standing undercount. First, we coordinated with the local day shelter to conduct interviews for the six days following the PIT date (focusing on individuals who were homeless on that night). Second, we coordinated with that same provider to offer \$10 fast food certificates as incentives for interview completion. Changes in our PIT count showed more people in areas untapped in the past. Utilizing HMIS data and roster counts while conducting in person discussions with staff over the following 6 days did help to validate our numbers. Increasing our reach to rural providers also assisted in getting more surveys.

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)

Northwest Arkansas Continuum of Care, as a public facing agency, has been directly involved in the mitigation of homeless encampments in the region. In the last reporting period, the most significant clearing occurred in Fayetteville, Arkansas in June of 2025. This involved individuals encamped on University of Arkansas property, the so-called "19th Street parcel." Following a period of intense public scrutiny, University of Arkansas Police Department proceeded to sweep the area. Many of these individuals did not have a place to relocate to and accommodations needed to be made in existing shelter space. As the coordinator of the regional response, NWA Continuum of Care, in conjunction with the City of Fayetteville, 7hills Homeless Center, New Beginnings of NWA, Genesis Church of Fayetteville, and Salvation Army of Northwest Arkansas met to discuss provisions for accommodation that could reasonably be made. It was decided that the providers would identify the most vulnerable among the displaced population (12 individuals were so identified) and shelters would temporarily enlarge their capacity to meet this need. Vulnerability was predicated on health concerns, mental health afflictions, and families with minor children. Additionally, case managers from each of the participating providers assisted clients in identifying their principal barriers to shelter and housing so that CoC programming might be utilized for placement or appropriate referral. Finally, the CoC coordinated with local churches to provide food, emergency supplies, and in certain cases additional shelter space. Overall, approximately 47 people were removed from the encampment with 31 of those being sheltered immediately and another six entering shelter within the following week.

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.	1
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.	47
2. Enter the reduction in the number of people in encampments during your evaluation period.	47

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)

Plans to reduce homeless encampments moving forward follow a three-prong approach: cooperation with law enforcement, specifically Crisis Intervention Teams (CIT) to identify and provisionally assess unsheltered individuals; local initiatives to enlarge emergency shelter capacity, beginning in Washington County; improving and sustaining comprehensive landlord engagement strategies to increase access to affordable, market-driven housing. This approach involves NWA CoC improving region-wide coordination between these sectors and identifying funding streams, effective program models, and appropriate partnerships. Specific to law enforcement and the CIT program, they remain the best source of frontline information on the unhoused and unsheltered in the community. CIT teams play a prominent role in reducing encampments by assessments of individuals needs and corresponding referrals to treatment. Additionally, there are formative plans to increase shelter capacity in the region's largest urban area, with the goals of adding 50 congregate shelter beds in the coming 24 months. NWA CoC works to improve the referral network of existing housing providers by offering landlord incentives in the form of monetary payments, and encouraging direct contact between providers and property managers. By expanding market-driven access to housing, NWA CoC can identify suitable placement options for those experiencing both short term and chronic homelessness, options outside of the traditional emergency response network. Taken together, these are effective strategies for reducing public encampments and long term 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)

The nexus of this question is how CoC's can best manage inflow. Through Northwest Arkansas Continuum of Care, the region uses a combination of Point in Time Count information, coordination with public services, and placement in diversion programs. Currently, NWA CoC's catchment area has approximately 500 people on its regional By Name list; however it has many more that are doubled up in homes and apartments. Recognizing that these individuals can quickly fall into homelessness, efforts are made to identify supportive services outside of the homeless services sector that can stabilize them. This is done through communication with public school districts in the region, hospitals, and local government programs. NWA CoC, while not being able to utilize its own funds for those who do not meet the legal definition of homelessness, is well positioned to offer assistance of a proactive nature, due to its large network of providers. NWA CoC is also dependent on ESG eviction prevention funds to prevent first time homelessness and coordinates with grantees to ensure maximum coverage of the geographic area. This results in approximately 60 people per ESG cycle avoiding homelessness and reliance on emergency shelter services. The City of Fayetteville Public School District provides its own form of eviction prevention through their Families in Transition office. Diversion to treatment programs and sober living has also been crucial in reducing first time homelessness numbers. NWA CoC applies for, and receives, CDBG funds and a portion of this is used to pay the initial fees for sober living placements. Often these are much more appropriate placements for those who would otherwise be homeless upon exiting rehab. NWA CoC also works closely with Restore Hope of Little Rock, Arkansas and its 100 Families Initiative, a program designed to work with families on workforce rehabilitation and housing placement. By improving incomes and quality of employment, 100 Families helps families to avoid the tragedy of homelessness.

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)

Treatment, recovery, income, and employment are the key components to reducing time in homelessness. To that end, Northwest Arkansas Continuum of Care works collaboratively with providers in these areas to facilitate assessment and placement in qualifying programs. For the unhoused, they must possess at least three items to move from unsheltered to stability: some form of income, improved health outcomes, and access to housing. These three discrete categories must be accomplished precisely in that order, and NWA CoC supports programming that recognizes these fundamental realities. Firstly, NWA CoC assists providers with workforce and employment connections, and will provide in-depth training on applying for social security benefits, either retirement or disability. This has been a large service gap that is now being closed with the help of technical assistance from NWA CoC. In this region, income is essential to housing; there are very few subsidized units and Section 8 applications in most cities are closed. Secondly, CoC has launched initiatives that support treatment for mental health and substance use, recognizing that these health outcomes are integral to future housing stability. These often are more clinically appropriate placements for clients as opposed to emergency shelter and transitional housing programs. NWA CoC understands that these placements not only help step inflow to emergency services, but provide much needed assistance to clients who cannot stabilize without them. Finally, NWA CoC encourages new applications for housing projects, works with local developers to encourage set aside provisions for the unsheltered, and actively seeks new transitional housing programs as part of a larger effort to provide short term, effective relief to the unhoused.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	51.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Based on the data within HMIS, we ran a report for the year looking at all TH/PSH/RRH clients. There was a total of 109 exits from these programs with 55 of them going to positive housing destinations resulting in a 51% positive destination response. All the information can be found in the FY2026 Caper report.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/02/2026

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	192	50	242	72.73%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	32	30	62	85.48%
4. Rapid Re-Housing (RRH) beds	20	0	20	100.00%
5. Permanent Supportive Housing (PSH) beds	201	0	201	22.89%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

(limit 2,500 characters)

1.A total of 148 beds listed in our region are not included as beds with HMIS coverage (155 VASH vouchers (PSH) and 13 shelter beds (ES) contracted by the VA Coalition). VA contracted agencies in our region do not use the local HMIS data system for tracking clients, but their HIC numbers are included, causing our coverage rates to appear lower than they actually are. Inclusion of these beds in the calculation increases the CoC's bed coverage rate to 100% PSH and 78% in ES. The CoC is in conversation with our local Veterans Administration about their plan for HMIS implementation in the near future. To increase the utilization beds in PSH, we will continue to work with the VA to input the HMIS data and/or to assist us in providing a bridge of data from the HOME VA database to the HMIS database.

2.The CoC's goal is to continue to maintain these rates above 85% over the next 12 months with the following strategies: 1) Provide education to current/potential HMIS participating agencies on the use of community-wide data to inform program planning, 2) Engage and encourage HMIS participation with non-HMIS participating shelter/housing service agencies sharing the benefits of HMIS participation—scalable systems, information and resource sharing, funding leverage, and collaboration among service providers, 3) Explore technology funding resources to support participation in HMIS, and 4) Facilitate training for HMIS users and administrators to promote use of technology.

3A. Policy Initiatives

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

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

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

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

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

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of Projects ...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Units	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language of Suppo...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/27/2026
05. 1D-1. Local Competition Scoring Tool	Yes	AR501 Renewal Sco...	09/20/2026

06. 1D-2c. Local Competition Selection Results	Yes	AR501 Local Compe...	09/20/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	AR501 HDX 2026 Re...	09/20/2026
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	Opportunity Zones	09/27/2026

Attachment Details

Document Description: List of Projects requiring SAT

Attachment Details

Document Description: Units

Attachment Details

Document Description: Language of Supportive Services

Attachment Details

Document Description: Evidence of Coordination

Attachment Details

Document Description: AR501 Renewal Scorecard

Attachment Details

Document Description: AR501 Local Competition Results

Attachment Details

Document Description: AR501 HDX 2026 Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Opportunity Zones

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	09/27/2026
Submission Summary	No Input Required

**Fayetteville/NWA CoC 2026 Continuum of Care
Competition
Renewal Project Scoring Tool (AR-501)**

Measure	Scoring Methodology	Possible Points
A. System Performance Measures (SPM)		
1. SPM 7b. Successful PH Exits: Retention of PH	PSH/TH Housing Outcome: % of living leavers + stayers stably housed at contract year end. From APR: $(Q5a. \text{ total number of clients} - (Q23a + Q23b \text{ subtotal temporary} + \text{institutional} + \text{Other destinations})) \div Q5a., \text{ total number of clients.}$ - Staff scored Scoring: 100-95%= 6 pts., 94-85%= 4 pts., 84-75%= 2 pts., <74% = 0 pts.	6
2. SPM 7b. Successful Exits to PH: exiting to a permanent destination	Percentage of clients served in the project to meet this outcome. Highest rate of proposed exits to permanent housing destinations earns full points. Scoring: 100-95%= 6 pts., 94-85%= 4 pts., 84-75%= 2 pts., <74% = 0 pts.	6
3. SPM 4. Increase in Earned Income	Percentage of clients that increased income from employment from program entry to exit. From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) $\div$ Q5a Total Adults - Staff scored Scoring: 100–75% = 5 pts., 74–50% = 3 pts., 49–25% = 1 pt., < 24% = 0 pts.	5
4. SPM 4. Increase in Non-Employment Income	Percentage of clients that increased income from sources other than employment. From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) $\div$ Q5a Total Adults - Staff scored Scoring: 100–75% = 5 pts., 74–50% = 3 pts., 49–25% = 1 pt., < 24% = 0 pts.	5
5. SPM 2a. Returns to Homelessness	Staff scored. Percentage of clients served in the project in the last 24 months (from 11/1/2023-11/1/2025) who exited to permanent housing and returned to homelessness is: Scoring: <7% in 12 months = 5 pts., 8-11% in 12 months = 2.5 pts., >12% in 12 months = 0 pts.	5
B. Other Objective Criteria		
6. Maximizing the use of Mainstream resources	Percentage of clients served in the project receiving non-cash benefits such as mainstream health, mental health care, social, and employment programs. From APR: $(1 - (Q20b. \text{ Number of Non-Cash Benefit Sources, Adults with No sources}) \div Q5a., \text{ total number of adults.})$ - Staff scored Scoring: 100-95%= 5 pts., 94-85%= 3 pts., 84-75%= 1 pts., <74% = 0 pts.	5
7. Bed Utilization	Year-end Utilization APR Q2 & 5a stayers/total beds. - Staff scored	5

**Fayetteville/NWA CoC 2026 Continuum of Care
Competition
Renewal Project Scoring Tool**

	Scoring: 100-95%= 5 pts., 94-85%= 2.5 pts., 84-75%= 1 pt., <74% = 0 pts.	
8. Chronic Homeless Beds	Percentage of Chronically Homeless Served From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Staff scored Scoring: 100-95%= 5 pts., 94-85%= 2.5 pts., 84-75%= 1 pt., <74% = 0 pts.	5
9. Coordinated Entry Participation	Percentage referrals from Coordinated Entry with corresponding enrollments. Enrollments found outside of CES will required agencies to be placed on Corrective Action (unless approved emergency transfer) - Reporting Period- 7/1/2024-6/30/2025. Staff scored. Scoring: 100% = 4 pts., 99-91% = 2 pts., >90%= 0 pts.	4
10. HMIS Data Quality, and Timeliness	High data quality and timeliness of assessments. HMIS Staff will score. There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance 3) Timeliness Scoring: Meeting all 3 criteria= 5 pts., Meeting 2/3= 2.5 pts., Meeting 1 or none= 0 pts.	5
C. Project and Capacity Assessment		
11. Data-informed program research	Use of HMIS & other local data to guide program development & delivery. Scoring: yes, clear examples provided = 5 pts. yes, but examples provided were vague= 2.5 pts. No= 0 pts.	5
12. Supportive Service Requirements	Project will implement supportive services requirements. Scoring: Yes & clear plan provided = 5 pts. Yes, but implementation plan not addressed/vague = 2.5 pts. No= 0 pts.	5
13. Budget & Spenddown	Spend down of funds/match on latest APR submission. Staff scored. 100% = 6 pts., 99–95% = 5 pts., 94–90% = 4 pts., 89–85% = 3 pts., 84–80% = 2 pts., 79–70% = 1 pt., <70% = 0 pts.	6
14. Demonstrated Capacity to Manage CoC Reporting	CoC APR Review – accuracy and timeliness of reporting. Staff scored. Scoring: 5 pts.= timely submission & no inaccuracy of reporting, 2.5 pts. = Timely submission and errors 0 pts. = late submission	5

**Fayetteville/NWA CoC 2026 Continuum of Care
Competition
Renewal Project Scoring Tool**

15. Demonstrated Capacity to Preform Competitively in the CoC Competition	The project has been ranked in tier 1 and has not had a corrective action plan from the CoC Lead Agency in the last three competitions. Staff scored. Yes= 3 pts. No= 0	3
16. Capacity for CoC Awards & Contract Administration	The agency demonstrates clear accountability for APR submission and accuracy, strong internal grant management practices, and effective systems to maintain compliance and institutional knowledge across staff and Board leadership. Scoring: yes, clear examples provided = 3 points yes, but examples provided were vague= 1.5 points No= 0 pts.	3
D. Local and Other HUD Priorities		
17. Disability Access	Demonstrated compliance with disability rights laws and accessible participant processes yes, clear examples provided = 3 points yes, but examples provided were vague= 1.5 points No= 0 pts.	3
18. Alignment with Local /HUD Priorities	2 points for each goal this is in the project: a. Evidence of Project's collaborations with corrections partners/ law enforcement b. Staff training/screening for mainstream resources (e.g. PASSE, ARHome, TANF, substance abuse programs, mental health programs, & employment assistance) c. Promotion of/supporting volunteering, community engagement, and employment services d. Ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	8
19. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Scoring: Yes=6 points; Sometimes=3 points; No=0 pts.	6
20. Availability of Treatment and Recovery Services	Implementation of access to certified treatment and recovery services for program participants. Scoring: Project will provide treatment/recovery services to all participants = 5pts Project will provide treatment for some participants if participants want it = 2.5 pts. Project does not plan to implement treatment and recovery	5

**Fayetteville/NWA CoC 2026 Continuum of Care
Competition
Renewal Project Scoring Tool**

	services = 0 pts.	
Total Points:		100



FY2026 HUD NOFO Local Competition Projected Rejected or Reduced – Public Posting

The following renewal projects were accepted but reduced from the FY2026 GIW. All renewal projects were reduced.

RENEWALS

Agency Project	Project Type	GIW Amount FY2023	Reduction	Requested amount to HUD	Score based on Rank and Review
CoC HMIS	Renewal	\$95,625	\$5,000	\$90,625	97.5
Peace At Home DV	Renewal	\$68,090	\$10,000	\$58,090	79.8
New Beginnings Supportive Housing	Renewal	\$54,630	\$3,833	\$50,797	79.2
City of Fayetteville AR0043	Renewal	\$228,073	\$37,713	\$190,360	73.3
City of Fayetteville AR0071	Renewal	\$98,899	\$16,800	\$82,099	73.3

NEW PROJECT

Agency Project	Project Type	Amount Requested	Score based on Rank & Review
NWA Women's Shelter	New - DV	\$50,000	93
Micah 6:8 SSO	New	\$142,000	89.9
Micah 6:8 TH	New	\$87,930	83.9
City of Fayetteville TH	New	\$90,948	74.2

Per Rank & Review with approval from the NWA CoC Board of Directors