

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: MN-506 - Northwest Minnesota CoC

1A-2. Collaborative Applicant Name: Northwest Minnesota Foundation

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute of Community Alliances

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:

- 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

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)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	No	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	2
4.	Community Mental Health Center (CMHC)	No	
5.	Disability Advocate(s)	No	
6.	Disability Service Organization(s)	No	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	2
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	0

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	No	
31.	Substance Abuse Advocate(s)	No	
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	Economic Development Organization(s)	Yes	0
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)

The NW CoC strives to create a transparent and accessible process for the recruitment of new members. This is done using a variety of tools and forms of communication to assure the invitation is widely available throughout the region. A recruitment letter is distributed annually to all current members to share within their networks. This letter is also distributed annually via email newsletters and social media resources across the region by the collaborative applicant. The NW CoC Coordinator and Collaborative Applicant staff invest in relationships with new and established organizations to encourage and recruit broad participation in the NW CoC. The NW CoC website has clearly defined CoC information and a link to the membership form for practical access throughout the year for prospective members.

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

The NW CoC actively seeks knowledge and input from diverse organizations and individuals to inform efforts to end homelessness. Membership includes school liaisons, county child welfare and social services, landlords, reentry programs, legal services, workforce development, public housing agencies, philanthropic organizations, health and insurance providers, people with lived experience, youth, and supportive housing programs. Committee and board meetings provide opportunities to exchange ideas and identify solutions to barriers. Collaboration with City governments helps support changes to laws impacting housing resources.

The NW CoC communicates and solicits input through:

- Emails, social media, and flyers promoting membership, meetings, and events;
- The CoC website, providing CoC content and local, state, and federal funding opportunities;
- Participation on sub-regional and regional housing/homeless committees to provide updates and seek input on planning;
- Monthly engagement with regional shelter entities;
- Partner presentations at in-person and virtual meetings;
- Canvassing service providers, community partners, and people with lived experience for needs assessments; and
- NW CoC Coordinator and Collaborative Applicant staff participation in regional groups, committees, and boards to exchange knowledge and ideas.

CoC communications are electronic and available in alternative formats upon request. In-person meetings are held in accessible spaces with virtual options. Virtual meetings offer real-time closed captioning and often use PowerPoints to visually summarize verbal information. AI technology further supports effective communication. Translation services are available for communicated information, helping ensure all individuals can provide input on the CoC's work, performance, and goals.

To advance its goal of preventing and ending youth homelessness, the CoC is using HUD Youth Housing System Improvement (YHSI) funds to better understand youths' experiences through a comprehensive needs assessment. This includes surveys of youth experiencing homelessness or housing instability, interviews with providers serving youth, and comparison of 2023-2026 HMIS, Sage, PIT/HIC, and McKinney-Vento data. The assessment is being completed with YHSI partners from the MN Tribal Collaborative and NECoC. Findings will be reviewed by General Membership, the Board, and Director's Council to guide regional efforts.

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)

The NW CoC invites interest from organizations not previously funded through the “Call for new projects” process. Our standard operating procedure for notifications of opportunities like this is to make it public on the CoC website, radio, tv, press releases, social media and email blasts. Personal communication with homeless coalitions and at meetings of similar groups is provided. The application process is publicly posted and addressed to the entire NW CoC membership distribution lists. Targeted outreach is made to new organizations to better understand the interest in making applications and where assistance may be needed. If organizations are unsure about applying for funding or need assistance due to never having applied before, the NW CoC Coordinator and Collaborative Applicant staff provide targeted support and technical assistance.

For the FY26 NOFO, the NWCoC received two applications from programs that were not currently receiving CoC funding, through this Collaborative Applicant. In addition, conversations were held with two additional potential applicants that felt, after hearing more about the process, that their organization was not quite prepared to submit an application in this funding round but are interested in applying next year once their organizations are more prepared. Of these two potential applicants, one was from a substance use treatment provider the other from a coalition of faith based emergency housing providers.

The NWCoC Performance & Evaluation Committee engages in an ongoing process to streamline the NOFO application scoring to better address the priorities of the communities being served, ensuring that the process encompassed the Strategic Planning Goals and Homeless Policy Priorities endorsed by HUD. Once the NOFO is release, the NWCoC makes all materials available on our website (and provides links to all HUD materials), local competition details and timelines are posted, and weekly Technical Assistance sessions are hosted. Upon submission, local applications are scored and ranked by a Rank & Review team, applicants are informed of their scores and ranking, then have a chance for factual corrections. The CoC Board approves the final ranking based on recommended rankings from the Rank & Review team. Final ranking are publicly posted for a comment period. The Collaborative Application is posted for review and approved by the CoC Board prior to final submission.

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)

Based on NWCoC system planning, Coordinated Entry (CE) evaluation, HMIS data, gaps analyses, stakeholder engagement, and feedback from providers and people with lived experience, the CoC identified a significant gap: households experiencing homelessness in rural and tribal communities face delays accessing housing, diversion assistance, behavioral health supports, and coordinated services due to geographic barriers, limited housing inventory, and fragmented service access. These analyses further identified needs among youth and young adults, families with children, veterans, survivors of domestic violence, people experiencing chronic homelessness, Indigenous communities, and people with behavioral health or substance use needs.

To address this gap, NWCoC will strengthen its homelessness response system consistent with 42 U.S.C. 11386b(d) by expanding diversion and housing problem-solving, improving CE access, strengthening outreach, increasing connections to mainstream benefits and behavioral health services, and prioritizing permanent housing. Targeted projects will serve youth, tribal communities, chronically homeless households, veterans, and families while maintaining equitable, no-wrong-door CE access. People with lived experience will inform this work through the Youth Action Board, Director's Council, and stakeholder engagement.

Performance measures include reducing length of homelessness, unsuccessful housing referrals, returns to homelessness, and unsheltered and chronic homelessness; increasing successful diversion and CE housing placements; and improving HMIS data quality and participation. Progress will be measured through HMIS, System Performance Measures, PIT/HIC data, CE reports, and stakeholder feedback.

Over the next 12 months, quarterly activities will include reviewing HMIS and CE outcomes, gathering stakeholder and lived-experience feedback, implementing identified improvements, monitoring performance, and reporting to the CoC Board and committees. Annual activities include the PIT Count, gaps analysis, Coordinated Entry evaluation, and strategic planning review. Funding includes HUD CoC and YHSI funds, Minnesota Housing resources, Regional Planning Grant activities, partner investments, and other federal, state, philanthropic, and tribal resources. Oversight will be provided by the NWCoC Board, Coordinated Entry Committee, HMIS partners, Youth Action Board, and Northwest Minnesota Foundation as Collaborative Applicant and CE lead.

1B-5a Confirmation of Plan Coverage.

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

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

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

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

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- 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 NW CoC is identified by HUD as a rural CoC.

The following is a list of substance use treatment options in our region:

- Sanford Community Behavioral Health (outpatient, peer recovery)
- Sanford Recovery Medicine Clinic (outpatient and MAT [medication assisted treatment] for opioid use)
- Bemidji Area Program for Recovery (outpatient treatment for adolescents and adults)
- Kai Shin Clinic (outpatient and peer recovery support)
- Sagent Behavioral Health (outpatient and peer recovery for teens and adults, inpatient is available, but is physically located outside the region)
- Oshkii Manidoo & Women's Wellbriety Center (serves women and youth through residential, out-patient, peer recovery and MAT services)
- Northern MN Addiction Wellness Center (inpatient, peer recovery, MAT treatment)
- Red Lake Chemical Health Programs umbrella: Red Lake Northern Winds (inpatient, outpatient, peer recovery, and MAT treatment for band members); Red Lake Substance Abuse Prevention Program (prevention and skills for a substance-free lifestyle for youth and adults); Red Lake Alcohol Rehab Program (inpatient); ObaaShiing Treatment Center (inpatient, outpatient, peer recovery, MAT treatment for adult and young adult men)
- Riverview Recovery Center (outpatient, peer recovery, MAT)
- Pine Manors (detox facility, inpatient, outpatient, MAT)
- White Earth Medication Assisted Therapy (outpatient, peer recovery, MAT)
- Alluma (youth and adults, outpatient and peer recovery support)
- EOSIS Northern Plains (inpatient)
- Face It Together (peer recovery support)
- HopeWorks Network / Recovery Partners (recovery housing, peer recovery, return to work program)
- Leech Lake Addiction and Dependency Programs
- Leech Lake Outpatient Program

Access to substance use treatment is available through a variety of pathways designed to meet people where they are, including self-referral or referrals and connections through a county social / human services provider, case manager, shelter staff, physician, or emergency department. For individuals in need of detox, connections to services also frequently occur through emergency department visits or encounters with law enforcement. Multiple points of access increases opportunities for people experiencing homelessness to connect with appropriate treatment and support when they are ready or when a need is identified.

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)

Mental health challenges are common among the population that our CoC serves and our CoC-funded projects and General Member partner organizations have been working to ensure they have solid partnerships with the services their clients need to thrive.

Two NWCoC General Members, Housing Matters and Evergreen Youth & Family Services, maintain staff or contracted therapists for clients. Other providers collaborate extensively with regional behavioral health providers to ensure participants can access appropriate mental health and substance use services.

Across the CoC, providers use common strategies including direct referrals and warm connections to treatment, case management to support ongoing care, transportation assistance, telehealth access, crisis intervention, and connections to psychiatric care, counseling, medication management, substance use treatment, and peer recovery. Providers also connect participants to 988, mobile crisis response, crisis outreach, and stabilization services when more immediate intervention is needed.

Several CoC-funded projects maintain ongoing relationships with behavioral health partners to strengthen coordination. BI-CAP collaborates with multiple mental health providers; Center City Housing coordinates with Sanford Health and its mobile crisis response unit; and MAHUBE-OTWA maintains a formal partnership with Lakeland Mental Health for referrals, consultation, training, and support. ICCC connects participants with behavioral health treatment and peer recovery resources based on individual need and location, including supporting continuity of care following inpatient treatment.

Alluma and Sanford Health Behavioral Health, both NWCoC General Members, provide direct behavioral health services in the region and actively participate in NWCoC governance and advocacy.

SUD providers for Outpatient (O) and MAT supports:

Sanford Community Behavioral Health (O)
Sanford Recovery Medicine Clinic (O / MAT)
Bemidji Area Program for Recovery (O)
Kai Shin Clinic (O)
Sagent Behavioral Health (O)
Oshkii Manidoo & Women's Wellbriety Center (O / MAT)
Northern MN Addiction Wellness Center (MAT)
Red Lake Northern Winds (O / MAT)
ObaaShiing Treatment Center (O)
Riverview Recovery Center (O / MAT)
Pine Manors (O / MAT)
White Earth Medication Assisted Therapy (O / MAT)
Alluma, Inc (O)
Leech Lake Addiction and Dependency Programs (O / MAT)
Leech Lake Outpatient Program (O / MAT)

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

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

(limit 2,500 characters)

The NWCoC connects individuals experiencing homelessness and substance use disorders with peer recovery and recovery navigation resources available throughout the region. These services may include Certified Peer Recovery Specialists who draw upon lived experience with substance use and recovery to help individuals explore treatment and recovery options, overcome barriers, connect with resources, and remain engaged in recovery.

Within the homeless response system, NWCoC Coordinated Entry and housing providers also help individuals identify and connect with appropriate community resources. Coordinated Entry guidance encourages staff to make warm handoffs by assisting individuals in contacting resources rather than simply providing a phone number or brochure. Housing providers similarly work with participants to identify available resources that can support their individual needs. These practices provide opportunities to connect individuals experiencing homelessness and substance use disorders with available peer recovery and related treatment supports

The following regional organizations provide peer recovery services

- Face It Together
- AA, NA, Al-Anon, etc.
- Sanford Community Behavioral Health
- Kai Shin Clinic
- Sagent Behavioral Health
- Oshkii Manidoo & Women's Wellbriety Center
- Northern MN Addiction Wellness Center
- Red Lake Northern Winds
- ObaaShiing Treatment Center
- Riverview Recovery Center
- White Earth Medication Assisted Therapy
- Alluma
- HopeWorks Network / Recovery Partners
- Leech Lake Addiction and Dependency Programs

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 NWCoC identifies people experiencing Serious Mental Illness (SMI) throughout the homelessness response system. Coordinated Entry uses a standardized Housing Assessment to identify conditions, strengths, needs, and vulnerability and determine appropriate interventions, beginning with diversion/rapid resolution and, when homelessness cannot be resolved, connection to the Priority List.

Behavioral health needs continue to be assessed during intake and ongoing case management. BI-CAP conducts outreach at locations frequented by people experiencing homelessness, uses persistent, person-centered engagement to build trust, and assesses behavioral health needs. Staff assist with appointments, applications, transportation, and provider coordination.

When SMI or other significant behavioral health needs are identified, projects connect participants to appropriate care. BI-CAP's PSH program coordinates with Beltrami County Adult Mental Health and other providers for psychiatric services, counseling, medication management, crisis response, ARMHS, PCA, and behavioral health case management. BI-CAP also operates a Housing Locator partnership with Beltrami County Health and Human Services for people with serious and persistent mental illness, coordinating housing placement and ongoing mental health supports with Adult Mental Health Case Managers.

Tri-Valley Opportunity Council (TVOC) integrates housing services with Alluma, a CCBHC serving rural Northwest Minnesota. TVOC uses warm handoffs to connect participants to Alluma's behavioral health assessment, treatment, care coordination, targeted case management, counseling, outpatient care, addiction and recovery services, and 24/7 Mobile Crisis Response. During psychiatric or substance-related crises, Alluma's Mobile Crisis Response Team can provide face-to-face assessment, risk assessment, and de-escalation at participants' housing in Polk, Norman, and Marshall Counties.

NWCoC Member Organizations, including Sanford Behavioral Health and Alluma, also participate in CoC meetings and committees, helping identify barriers affecting people with SMI and supporting system-level collaboration. Together, Coordinated Entry, outreach, case management, behavioral health partnerships, crisis response, and housing-based services connect people with SMI to treatment while addressing barriers to long-term stability.

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)

While the NWCoC and its funded projects don't have formal agreements in place with the specialty courts, some of our General Members do have more formal arrangements such as Alluma having staff that work in their local jail to assist incarcerated individuals and Alluma also participates in the Tri-County Community Corrections Advisory Board.

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

(limit 2,500 characters)

The NWCoC region includes Adult Drug Courts in Beltrami, Mahnomen–White Earth Nation, Pennington, and Roseau–Lake of the Woods Counties, as well as DWI/DUI Treatment Courts serving Becker–White Earth Nation, Beltrami, Clearwater, Hubbard, Mahnomen–White Earth Nation, Norman, Pennington–Marshall, Polk, Red Lake, and Roseau–Kittson Counties. These specialty courts provide an important mechanism for coordinating treatment, accountability, and supportive services for individuals whose housing stability may be affected by substance use and justice-system involvement.

NWCoC-funded providers coordinate with local courts and related partners as appropriate to help participants maintain housing and comply with court-ordered requirements. For example, Tri-Valley Opportunity Council (TVOC) reported that, while it does not have a formal agreement with a specialty court, it coordinates with Polk County Social Services and the Polk County Sheriff's Department during civil commitment processes. TVOC described agencies working together to explain and de-escalate a commitment situation, helping ensure the individual understood the process and that the necessary arrangements were coordinated with as little additional trauma as possible. TVOC also partners with Alluma, whose staff work within the jail and help TVOC communicate with clients who are incarcerated and remain informed of court dates and case outcomes. This information allows housing staff to coordinate with landlords and housing programs and address changes that could otherwise jeopardize a participant's housing or program compliance.

Through these relationships, providers can incorporate court orders and treatment or civil-commitment requirements into individualized housing stability planning rather than allowing justice-system involvement to create unnecessary disruptions in housing. Coordination among housing providers, behavioral health partners, social services, law enforcement, and courts supports continuity of services while helping participants meet external requirements, preserve housing whenever possible, and continue progressing toward greater stability and 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)

988 Suicide & Crisis Lifeline

Sanford Mobile Crisis Response Services team and Helpline

Alluma's Mobile Crisis Response team and Helpline

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.	0

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

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

(limit 500 characters)

Alluma and Sanford Health both operate CCBHC's in the NWCoC region. Both organizations are General Members of the NWCoC and also have active participation in committees. Both organizations have formally committed to working closely with NWCoC-funded housing and supportive services projects through referrals, warm hand-off's, and care coordination where appropriate.

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)

Although we do not currently have any CoC Program funded projects that meet this criteria, we do have a newer program in our region that does provide these services.

We have been working with the Center for Hope / Recovery Partners to support them in becoming an eligible applicant for upcoming funding opportunities. They have become an active General Member.

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)

Individuals leaving treatment, health care, correctional, and other programs identified in Questions 1C-1a through 1C-1i who are experiencing or at risk of homelessness can be connected to the NWCoC Coordinated Entry System for assessment and access to appropriate housing resources. The NWCoC operates a Coordinated Entry System in which housing providers and Priority List assessors meet multiple times each month to review the needs of families and individuals on the Priority List and identify potential housing options. Assessors bring knowledge of each individual's circumstances and needs to these discussions and can facilitate warm hand-offs to housing providers when appropriate.

The NWCoC also recognizes that these relationships must work in both directions. Housing and homeless service providers routinely connect participants to treatment, health care, recovery, and other supportive services needed to promote housing stability. These referrals build and strengthen relationships between housing providers and treatment and service organizations, creating reciprocal pathways for coordination. As treatment providers work with individuals who are preparing to exit their programs and need housing assistance, they can connect those individuals back to the homeless response system and Coordinated Entry. This ongoing, two-way coordination helps partners address both an individual's treatment and recovery needs and their housing needs, with the goal of preventing discharge into homelessness and supporting long-term housing stability.

In addition, each of these treatment providers have been invited to become General Members of the CoC to increase the opportunities for collaboration.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,982,023
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.	\$1,030,571
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	52%
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.	\$207,198
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).	62%

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)?
	45.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The NWCoC coordinates with the State of MN ESG program to determine a plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients. Per NWCoC policy, the NWCoC has established and operates a coordinated assessment system, in consultation with the recipients of Emergency Solutions Grants program funds, that provides an initial, comprehensive assessment of the housing and services needs of individuals and families within the NWCoC's area.

The NWCoC has performance standards for the evaluation of NWCoC and ESG Program funded activities. The NWCoC reviews and updates, annually, the NWCoC written governance standards to ensure they reflect ESG program requirements for program administration. In 2020, all MN CoC Coordinators met with ESG staff to plan for data collection for ESG-CV1 participants and continue to monitor the success of the process. The NWCoC Performance and Evaluation Committee evaluates project performance quarterly and provides regular reports to the NWCoC Board. ESG subrecipient performance standards reflect the ESG purpose: (1) improve the number and quality of emergency shelters for homeless individuals and families; (2) help operate these shelters; (3) provide essential social services to shelter residents; and (4) prevent families and individuals from becoming homeless. Performance issues are addressed by the CoC Coordinator and CoC committees. The CoC staff and committees proactively discuss quality improvement plans for under-performing projects.

Every five years the State of Minnesota submits a Consolidated Plan to Housing & Urban Development that establishes goals for addressing the housing and community development needs of the state. The NWCoC participates in a variety of ways in this extensive process to provide information, data, barriers and needs of the region's homeless population to be incorporated in the Minnesota Consolidated Annual Performance Evaluation Report (CAPER). The NWCoC provides feedback on priorities, policies and alignment through participation in the Minnesota monthly homeless coordination meetings, including state staff from multiple departments, including the Office of Economic Opportunity which administers ESG funding. The DHS manager oversees Certifications of Consistency, for the State Consolidated Plan, CoC Coordinators, the Minnesota Tribal Collaborative, the HMIS lead agency and MICH.

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

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

(limit 2,500 characters)

The Northwest CoC (NWCoC) maintains ongoing partnerships with emergency, domestic violence, and youth shelters throughout its rural 12-county and three-Tribal-Nation region. Shelter providers are key partners in the CoC's Coordinated Entry System (CES), which provides standardized access, assessment, prioritization, and referral to CoC housing and services.

Coordination occurs at both system and household levels. NWCoC hosts monthly meetings with shelter and homeless-response partners and coordinates through CES User Group meetings, case conferencing, General Membership meetings, provider site visits, training, and technical assistance. These activities allow shelter staff and CoC-funded projects to identify barriers, discuss emerging needs, strengthen referrals, and improve coordination.

Shelter case managers help households pursue multiple housing pathways rather than relying solely on CoC-funded openings. NWCoC procedures direct shelter and community case managers to develop alternative housing plans with households, including applying for affordable housing, increasing income and benefits, and exploring other housing opportunities. Through CES, households needing more intensive assistance are assessed and prioritized for available CoC resources, while case conferencing coordinates services across providers and reduces duplication.

The CoC also coordinates specialized assistance for survivors of domestic violence. CES provides access to local DV shelters, screens for safety risks, and connects survivors to specialized services and housing assistance using a trauma-informed approach.

Shelter partners that are formal CoC General Members include ARCC Emergency Shelter, Care & Share of Crookston, Evergreen Youth & Family Services, Northwoods Battered Women's Shelter, Village of Hope, Violence Intervention Project, White Earth Homeless Program, and Youth Emergency Shelter & Supports (YESS Hubbard). The NWCoC Coordinator also continues outreach to Wolfe Center/New Day Center, Red Lake Homeless Shelter, The Door (Laporte), and Equay Wiigamig to strengthen partnership, engagement, and CoC membership.

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)

For a client's individual data, a consented HMIS ROI releases an individual's data to be viewed in HMIS by authorized users with a legitimate business purpose. A separate release is necessary for information in HMIS to be shared outside of HMIS, and HMIS policies, along with state and federal laws, dictate how, and in what situations, information from HMIS is shared.

In Minnesota, HMIS (Homeless Management Information System) data is shared with state and local governments through aggregated, non-identifiable data visualization tools. Personally identifiable information (PII) is strictly kept local and is not shared with broader government entities without specific legal warrants.

NWCoC's HMIS administrator, the Institute for Community Alliances (ICA), provides multiple resources for data analysis. Here are some examples:

- After HUD finalizes each CoC's annual submission for Point-In-Time (PIT) data, ICA aggregates the statewide count and shares it with CoCs and state partners. ICA also disaggregates the data by county, and sends this information to CoC, county, and state partners for their use.
- After HUD finalizes each CoC's annual submission for System Performance Measure (SPMs), ICA visualizes this data on a dashboard. This has been a standard practice for more than 6 years.

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

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

(limit 2,500 characters)

The NWCoC uses HMIS as its primary system for tracking homelessness services, housing outcomes, and system performance, while incorporating other data sources to identify service gaps and strengthen planning. These include the Point-in-Time (PIT) Count, Housing Inventory Count (HIC), Coordinated Entry (CE) outcomes, provider surveys, stakeholder engagement, lived-experience feedback, and regional needs assessments. Together, these sources provide a broader understanding of housing barriers, emerging trends, and unmet needs.

The NWCoC uses CE and HMIS data to evaluate system access, referrals, housing placements, and diversion and housing problem-solving outcomes. CE discussions include review of exit destinations, referral success, and opportunities to improve service delivery. Findings inform system improvements and resource allocation.

Qualitative information from providers, committees, planning activities, and stakeholders, including housing providers, Tribal Nations, local governments, behavioral health providers, schools, and youth- and family-serving organizations, helps identify barriers not visible in administrative data. Feedback from people with lived experience, including the Youth Action Board (YAB), also informs policy and program improvements.

The CoC works with statewide partners, the HMIS Lead, and HMIS Governing Board to review data trends, system performance, data quality, and planning information. The HMIS Lead interprets and presents data to support planning, Coordinated Entry, service delivery, compliance, and decision-making.

Youth homelessness needs assessments, strategic planning, and community surveys further identify needs among youth, families, Tribal communities, veterans, survivors of domestic violence, and people experiencing chronic homelessness. Integrating quantitative data with community input helps the NWCoC strengthen partnerships, coordinate services, and target strategies to improve housing outcomes. During annual recruitment, prospective General Members will also be asked what data they can contribute to strengthen the CoC's understanding of system challenges and successes.

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)

Many of the NWCoC's Member Organizations have employment and workforce development programs, including Rural Minnesota CEP, Inter-County Community Council (ICCC), Northwest Indian Community Development Center (NWICDC), Minnesota Assistance Council for Veterans, Bi-CAP, Beltrami County Workforce Impact, and Leech Lake Tribal College. ICCC, NWICDC, and Bi-CAP are also CoC-funded projects, streamlining access for housing clients to also access employment services.

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)

NWCoC's outreach approach recognizes that homelessness presents differently across its large, rural geography. Traditional outreach to visible encampments is not always effective because unsheltered homelessness is often dispersed and less visible. CoC-funded and partner agencies therefore build relationships with first responders, law enforcement, and other community partners who regularly encounter people experiencing homelessness and can connect them to housing and services.

For example, Tri-Valley Opportunity Council (TVOC) (a CoC-funded project) has a rural street outreach strategy that focuses on ongoing communication with local Police and Sheriff Departments, as well as food shelves, clergy, school homeless liaisons, hotels/motels, campground hosts, and other community contacts. These relationships expand the reach of the homelessness response system by ensuring that people encountered outside traditional service settings can be connected with housing staff and available resources.

This coordination also supports positive alternatives when a behavioral health crisis intersects with homelessness. TVOC partners with Alluma (the regional CCBHC and a NWCoC Member Organization) and uses 988 and Alluma's 24/7 Mobile Crisis Response Team. Through this partnership police, TVOC staff, participants, and 988 dispatchers as pathways for activating mobile crisis response. Alluma clinicians can respond directly to participants for assessment and de-escalation, and their mobile crisis team works in conjunction with local law enforcement and hospital emergency departments. This creates opportunities to connect people with clinical intervention and ongoing services rather than relying solely on emergency departments or the criminal justice system.

Through these relationships, law enforcement and first responders function as partners in identifying people with housing and service needs and connecting them to outreach and service providers. Housing staff can then provide or coordinate housing navigation, case management, behavioral health and recovery services, transportation, public benefits, and connections to the CoC's Coordinated Entry system. This cross-system approach helps turn first-responder contacts into opportunities for engagement, strengthens positive interactions, and increases access to CoC housing and supportive services.

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)

The NWCoC's funded projects use person-centered case management to identify and strengthen safe family and natural support networks as potential resources for resolving homelessness and maintaining housing. Reunification is voluntary and based on participant goals, safety, and individual circumstances.

BI-CAP incorporates reunification into outreach, housing navigation, and individualized housing stability planning. Staff help participants identify and reconnect with supportive family or trusted individuals, facilitate communication, and assess whether reunification is safe and sustainable. When participants relocate, BI-CAP coordinates with providers in the receiving community to connect or transfer housing and community-based services and assists in identifying transportation and relocation resources.

ICCC uses intensive case management to develop reunification plans, assess safety concerns such as domestic violence, abuse, or exploitation, facilitate communication with identified supports, and address barriers throughout the process. ICCC can assist with transportation, lodging, and meals when travel is necessary. For family outside the service area, case managers coordinate with other agencies and connect participants to housing, employment, healthcare, behavioral health, public benefits, legal assistance, and other resources to support continuity before and after reunification.

MAHUBE-OTWA emphasizes strengthening natural supports as part of its rural housing navigation and stability work. Staff help participants identify family and trusted supports, facilitate conversations, provide mediation and problem-solving assistance, and explore housing options involving safe reunification. When appropriate, MAHUBE-OTWA assists with transportation, communication, and referrals to community resources.

NWICDC brings a culturally responsive family-strengthening approach. Its Family Services Department's primary focus includes strengthening and reunifying separated families. NWICDC complements this work with regular case management, in-house transportation, connections to elders and ceremonies, mental and medical services, recovery resources, food assistance, and housing-barrier reduction supports.

Together, these approaches allow the NWCoC to address both the relational and practical barriers to reunification while ensuring that reconnection supports participants' safety, choice, housing stability, and long-term well-being.

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)

The NWCoC cooperates with law enforcement, first responders, local governments, and behavioral health partners to advance public safety while connecting people experiencing homelessness to housing, shelter, treatment, and supportive services. CoC-funded providers do not interfere with or impede lawful local public-safety activities and assist first responders by providing pathways into the homeless response system.

For encampments and unsheltered homelessness, providers coordinate directly with public-safety partners. ICCC has a close working relationship with local law enforcement, which refers people experiencing homelessness for immediate shelter through its hotel voucher program; ICCC then assists with housing, employment, transportation, healthcare, and other stabilization needs. BI-CAP conducts housing-focused outreach to people living in encampments, vehicles, and other unsheltered locations and connects them to Coordinated Entry, shelter, housing navigation, behavioral health and substance-use treatment, and other services. MAHUBE-OTWA similarly collaborates with law enforcement and community partners to identify and engage unsheltered individuals and connect them with housing and services.

The NWCoC also cooperates with efforts to decrease public illicit drug use. CoC-funded projects do not permit public illicit drug use on their properties and do not interfere with law enforcement responding to illicit-drug situations. Providers complement enforcement by connecting individuals to treatment and recovery resources. For example, BI-CAP maintains relationships with substance-use treatment and crisis-response providers, while NWICDC operates an overdose-prevention program and refers individuals to SUD/ODU treatment and recovery partners.

When an individual presents a danger to self or others, CoC-funded providers follow applicable legal standards and may contact law enforcement or mental-health crisis teams without impeding their response. Regional providers utilize 988, mobile crisis, crisis outreach, and stabilization services; TVOC's partner Alluma also works with law enforcement and emergency departments to respond to behavioral-health crises.

For SORNA-related responsibilities, the NWCoC follows Federal and Minnesota requirements for lawful information sharing. Minnesota maintains its Predatory Offender Registry pursuant to Minn. Stat. §243.166.

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)

Encampments in the NWCoC's rural 12-county region are generally small, dispersed, seasonal, and less visible than metropolitan encampments. TVOC reports encampments are uncommon across Norman and Marshall Counties and much of Polk County; when identified in East Grand Forks and Crookston, they typically involve only 2-3 people during warmer months.

Local and state camping rules create both tools and challenges. Beltrami County permits dispersed camping on approximately 146,500 acres of county-managed land, but limits stays to 14 consecutive days in summer and 21 days the rest of the year; camping is prohibited in posted areas and within 1/4 mile of specified facilities. Minnesota Rules 6100.1350 similarly permits dispersed camping on state forest land but limits occupancy to 14 days in summer and 21 days otherwise and provides for removal of abandoned structures. These rules provide clear standards for prolonged or abandoned camps, but lawful dispersed camping means camping alone cannot always trigger immediate removal, especially because dispersed campers may also be individuals camping for recreation rather than homeless individuals. Bemidji also prohibits use of recreational camping vehicles for human habitation on public or private property except in licensed mobile-home parks.

NWCoC will leverage these standards through early coordination among land managers, law enforcement, outreach providers, behavioral-health partners, shelters, and Coordinated Entry. When camps violate applicable restrictions or present public-safety concerns, partners can coordinate lawful clearance while outreach staff engage occupants and provide warm connections to shelter, housing assessment/navigation, treatment, transportation, benefits, and other services. Where camping remains lawful, CoC partner organizations will mitigate displacement by using the allowable period for repeated, housing-focused engagement rather than waiting for enforcement.

Quantitative and qualitative data support this approach: the 2026 PIT identified 3 unsheltered people, down from 30 in 2025 (although data was not collected regarding if any of these identified individuals were in encampments or not). PIT, HMIS/CE data, provider reports, and law-enforcement/land-manager information will be used to target outreach and assess whether clearances lead to service and housing connections rather than relocation to another unsheltered site.

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)

Encampments in the NWCoC geographic area differ from the large, concentrated encampments more common in metropolitan areas. Northwest Minnesota is predominantly rural, with small communities spread across a large geographic area, so unsheltered homelessness is often less visible and dispersed. People may stay in tents or small groups in wooded or secluded areas rather than forming established encampments.

Tri-Valley Opportunity Council (TVOC) reports that encampments are uncommon in Norman and Marshall Counties and much of Polk County. In East Grand Forks and Crookston, TVOC has identified occasional summer encampments, typically involving only two or three people. Rural homelessness is also affected by informal supports such as neighbors, churches, and low-cost lodging.

In Bemidji, providers report that an encampment was cleared within approximately the last year and has not returned to use, although its location and number of occupants were not tracked. Anecdotally, small groups also camp in wooded areas near the community, but these groups tend to move frequently rather than establishing permanent encampments.

Outdoor homelessness is highly seasonal because Northwest Minnesota's severe winters make camping difficult to sustain. Tents and small camping groups are therefore more visible during warmer months and tend to be temporary.

The absence of large encampments does not mean unsheltered homelessness is absent. Providers continue to encounter people living outside and in other places not meant for habitation, while limited housing availability remains a significant barrier, particularly for people requiring additional support to obtain and maintain housing.

NWCoC therefore approaches encampments as part of rural unsheltered homelessness. The CoC and local partners identify people staying outdoors and connect them to outreach, Coordinated Entry, shelter, housing, and supportive services. Because encampments are small, dispersed, temporary, and often move locations, NWCoC does not currently have a reliable region-wide encampment count and is hesitant to report a number that inaccurately represents unsheltered homelessness in Northwest Minnesota.

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

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

(limit 2,500 characters)

The NWCoC works closely with law enforcement, treatment providers, corrections, and homeless service providers to reduce public illicit drug use while connecting individuals to appropriate treatment, recovery, housing, and other supportive services. According to the Pine to Prairie Drug Task Force (PPDTF), public drug use and overdoses are relatively uncommon in the NWCoC's rural 12-county region; most known overdose incidents occur in private residences or vehicles. PPDTF reports that the last overdose identified in a public space occurred approximately six years ago. PPDTF-assisted review of ODMAP data identified 498 overdoses, 6 possible overdose fatalities during a 12-month period across the NWCoC region.

State and local policies both affect this work. In 2023, Minnesota changed its drug paraphernalia statutes so that possession of drug paraphernalia, including paraphernalia containing residual amounts of controlled substances, is no longer a criminal offense. PPDTF reports that this can limit opportunities for law enforcement to intervene based solely on possession of paraphernalia when officers encounter suspected public drug activity.

Communities are also using local policy to address public use. East Grand Forks Ordinance No. 36, 4th Series, prohibits the use of cannabis products in public places within city limits, providing a local mechanism for addressing public cannabis use. The CoC will continue working with PPDTF and local jurisdictions to identify effective local practices while emphasizing connections to treatment and supportive services rather than relying solely on enforcement.

A beneficial practice is pretrial diversion, which creates an alternative pathway for eligible individuals involved with the justice system. Minnesota law specifically allows diversion programs to conduct chemical dependency assessments, make treatment referrals, monitor treatment and aftercare, and help participants connect with community resources. Within the NWCoC, these connections can include homeless response and housing resources when housing instability is identified, supporting both recovery and long-term stability.

CoC-funded housing providers prohibit illicit drug use on their properties and cooperate with law enforcement when illegal drug activity occurs. At the same time, providers work to connect individuals with treatment and supportive services.

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

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

(limit 2,500 characters)

According to the Pine to Prairie Drug Task Force (PPDTF), overdoses and illicit drug use occurring in public spaces are not commonly observed in the rural Northwest Minnesota CoC geographic area. PPDTF reports that the vast majority of known overdose incidents occur in private residences or vehicles rather than in public spaces. Northwest Minnesota's rural geography and inclement winter weather further limit the prevalence and visibility of outdoor or public-space drug use. PPDTF reports that the most recent overdose it identified as occurring in a public space was approximately six years ago.

With assistance from the PPDTF Commander, the NWCoC reviewed data from the Overdose Detection Mapping Application Program (ODMAP). ODMAP, supported by the High Intensity Drug Trafficking Areas program, provides near real-time suspected overdose surveillance data to public safety and public health agencies. For the NWCoC's 12-county geographic area during the most recent 12-month period reviewed, ODMAP data provided by PPDTF showed:

498 total overdose incidents

6 fatalities identified as possibly overdose-related

55 incidents involving naloxone administration

These data demonstrate that overdose remains a significant concern within the region even though reported incidents are not concentrated in public spaces.

There is not currently a comprehensive regional data source that specifically tracks whether illicit drug use occurs in public versus private locations. Therefore, the NWCoC relies on information from law enforcement and other community partners to understand local patterns. Available local information indicates that public-space drug use is relatively uncommon compared with use occurring in residences, vehicles, and other non-public settings. This pattern is consistent with the predominantly rural character of the 12-county region, which has few larger population centers and limited concentrations of public spaces where visible drug activity might occur.

The NWCoC will continue to coordinate with law enforcement, public health, housing, treatment, and other community partners to monitor overdose and illicit drug-use trends and respond to emerging concerns.

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)

Minnesota Statute §253B.051, Emergency Admission, provides an important public-safety tool but also presents challenges when responding to people experiencing homelessness in behavioral health or substance use crises. The statute authorizes peace and health officers to take an individual with mental illness, developmental disability, chemical dependency, or public intoxication into custody for evaluation or treatment when the person poses an immediate danger to self or others.

This authority allows intervention when an immediate safety risk exists and connection to evaluation or treatment rather than relying solely on a criminal justice response. However, local law enforcement reports challenges when individuals are significantly impaired or vulnerable but do not meet the statutory danger threshold.

This is particularly difficult for people experiencing literal homelessness. The statute permits an intoxicated person who does not pose a danger to be transported home, but someone experiencing homelessness may have no home to return to and may be unable to enter emergency shelter due to admission policies.

The NWCoC leverages emergency intervention when statutory criteria are met while strengthening alternatives when they are not. The CoC collaborates with law enforcement, behavioral health and substance use providers, crisis services, Coordinated Entry, and homeless service providers to facilitate referrals and warm handoffs. When detention is not appropriate, partners can connect individuals to voluntary treatment, crisis response, shelter, housing assessment, and other supports, including Coordinated Entry to address housing needs.

CoC-funded projects follow applicable legal standards when a person may pose a danger to self or others and engage law enforcement or mental health crisis teams when needed. For example, TVOC coordinated with a mobile crisis team and law enforcement when a client needed to leave a service site. Partners de-escalated the situation, achieved a peaceful resolution, and helped the client understand next steps.

When project records are required for an involuntary commitment proceeding, providers follow applicable legal requirements for subpoenas and disclosure of client records.

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)

NWCoC follows Minnesota's statutory framework governing predatory offender registration and community notification. Minn. Stat. §243.166 establishes registration requirements for predatory offenders, while Minn. Stat. §244.052 governs risk assessment and community notification for certain predatory offenders. Minnesota has not been determined by the U.S. Department of Justice SMART Office to have substantially implemented SORNA; however, Minnesota maintains its own Predatory Offender Registry and information-sharing requirements.

One important provision for the homeless response system is Minnesota's treatment of registrants without a permanent residence. State law excludes supervised shelters or facilities providing temporary accommodations for people experiencing homelessness from the definition of a registrant's "dwelling" and from certain secondary-address reporting requirements. This protects the location of homeless shelters while creating practical challenges in maintaining precise location information for registrants experiencing unsheltered homelessness.

Local law enforcement partners report that registrants without a home are required to provide the responsible law enforcement agency as much information as possible regarding the area where they are staying and maintain ongoing contact. Local law enforcement agencies also conduct compliance activities according to their departmental practices. This provides an important mechanism for maintaining accountability even when a traditional residential address is unavailable.

Minnesota's community-notification framework also balances public safety with restrictions on disclosure. Under §244.052, the Minnesota Department of Corrections uses a risk-assessment process to determine an offender's assigned risk level, which affects the scope of community notification. Consequently, CoC and homeless-service providers cannot treat registry information as unrestricted information or independently disclose protected location information.

NWCoC will leverage this framework by strengthening coordination among homeless service providers, law enforcement, and corrections/probation so that information can be shared through the entities legally authorized to receive or disclose it. When restrictions prevent CoC providers from directly sharing registry or location information, providers will work with the appropriate law enforcement or corrections agency rather than circumvent confidentiality requirements.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The NWCoC utilizes a region-wide outreach strategy to reach individuals and families experiencing homelessness across its 12-county area, including Red Lake Nation, White Earth Nation, and portions of the Leech Lake Band of Ojibwe. Because of the region's rural geography, the CoC relies on housing and outreach providers, Tribal partners, schools, shelters, health and behavioral health providers, local governments, and community organizations to identify and engage people experiencing homelessness, including those not connected to services.

The NWCoC operates a "no-wrong-door" Coordinated Entry (CE) system with multiple access points. Individuals may enter through shelters, social service and housing agencies, schools, Tribal organizations, healthcare providers, victim service organizations, outreach staff, and other partners. Access sites provide assessment, housing navigation, referrals to mainstream resources, and connections to housing and supportive services.

To reach people not otherwise engaged, the CoC leverages street and shelter outreach, Tribal and youth-serving organizations, schools, behavioral health providers, community partners, and annual Point-in-Time Count outreach. Community referrals and engagement through locations and organizations that regularly encounter people experiencing housing instability extend the CoC's reach beyond traditional homeless services.

Outreach emphasizes populations facing disproportionate housing barriers, including youth and young adults, Tribal communities, veterans, survivors of domestic violence, families with children, people experiencing chronic homelessness, and those with behavioral health or substance use needs. YHDP, Youth Housing System Improvement activities, the Youth Action Board, and other stakeholder engagement help incorporate lived experience and population-specific needs into outreach strategies.

The NWCoC evaluates outreach through HMIS, CE outcomes, PIT results, gaps analyses, provider feedback, and lived-experience input. The CoC reviews referral and diversion outcomes, service connections, and barriers to accessing housing resources and uses findings to improve outreach and service delivery.

Together, Coordinated Entry, community partnerships, targeted outreach, and ongoing evaluation help ensure people experiencing homelessness throughout Northwest Minnesota can connect to housing and supportive services.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes

3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

In 2012, the NWCoC adopted a policy Requiring School Enrollment and Connection to Appropriate Services for all children. This policy was updated in September of 2018 to insert "link" households to assure access to State McKinney Vento Services versus just working collaboratively. All NWCoC-funded agencies follow this policy and must certify this on the required NOFA Threshold Form. The

policy reads:

Educational and supportive service needs of families with minor children will be fully assessed upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent's or guardian's wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all family members.

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

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

(limit 2,500 characters)

The NWCoC coordinates with child welfare, social services, schools, juvenile justice, Tribal agencies, and youth-serving organizations to identify youth transitioning from public systems of care and connect them to housing and supportive services. Work from the NWCoC's YHSI (Youth Housing Systems Improvement) youth homelessness planning recognizes involvement with foster care and juvenile justice as a strong predictor of future homelessness and emphasizes proactive, cross-system strategies for youth exiting or with histories of involvement in these systems.

The NWCoC's YHDP network provides an important mechanism for this coordination. Through ICCC and its CAP agency partners, youth are identified through relationships with social services, juvenile justice, schools, mental health providers, and other agencies. The partners serve as Coordinated Entry access points and participate in biweekly youth case conferencing, where youth on the Priority List are discussed and connected to housing and services based on their needs. ICCC's YHDP provides rental assistance and intensive case management, while case managers connect youth to education, employment and training, healthcare, benefits, transportation, identification documents, and other supports needed to transition successfully to independence. ICCC also administers Homeless Youth Act resources that can address transportation barriers through assistance with car repairs, driver's license fees, and insurance, helping youth remain in school, employed, and stably housed.

NWICDC provides a culturally responsive pathway for Native youth and coordinates with government entities, county agencies, schools, Tribal agencies, community organizations, and participants' families when appropriate. YHDP participants receive individualized case management and development plans focused on housing stabilization, life skills, healing, and self-sufficiency. NWICDC also provides or connects youth to emergency supports, employment and training, public assistance, health services, cultural programming, housing navigation, and family healing and reunification services. Its Family Services Department works with parents and youth and coordinates with county and Tribal agencies to strengthen and reunify families, including supervised visitation, counseling, and culturally grounded family supports.

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)

The Northwest Continuum of Care (NWCoC) coordinates its homeless response system with RHY-funded and other youth-serving providers to connect youth experiencing homelessness with outreach, emergency shelter, transitional housing, Coordinated Entry, and longer-term housing and supports. Evergreen Youth & Family Services (while not a CoC-funded program, is an active General Member of the CoC) operates documented HHS-RHY Street Outreach and Basic Center services, including its youth emergency shelter, and NWCoC planning records also identify an RHY Transitional Living Program. Evergreen provides youth-focused emergency shelter, transitional housing, mobile outreach, behavioral health and substance-use supports, case management, housing navigation, employment services, and juvenile justice connections.

Coordination occurs through the NWCoC's broader youth homelessness response and Coordinated Entry system, which uses multiple access points and a "no wrong door" approach. Youth are assessed and referred to available housing and services based on need, vulnerability, eligibility, and available resources. RHY services complement the CoC's Youth Homelessness Demonstration Program (YHDP), which includes projects operated by ICCC and NWICDC, with ICCC leading a regional subgrant structure that includes TVOC, Northwest Community Action, and MAHUBE-OTWA. These partners provide housing assistance, outreach, case management, housing navigation, employment, behavioral health, and other supports for youth experiencing homelessness.

Alluma, an NWCoC General Member, further strengthens the regional response through Street Outreach that is funded from non-RHY sources but collects similar data and provides similar services. Alluma also provides other Youth and Family Services, including outpatient therapy, school-based services, substance-use treatment, psychiatry, and other behavioral health supports.

By coordinating RHY services with Coordinated Entry, YHDP, and other youth-serving partners, the NWCoC links youth to crisis intervention, housing opportunities, and ongoing supports that promote stable housing.

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)

None of our RRH or TH projects are primarily or exclusively for families with children, but Tri-Valley Opportunity Council's DV RRH and TH-RRH projects are available for families with children.

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)

Tri-Valley Opportunity Council's DV RRH and TH/RRH projects as serving individuals and families fleeing domestic violence and pairing housing assistance with individualized case management and supportive services. Case managers develop individualized self-sufficiency goals that include participants' employment goals, life skills, financial stability, and tenant readiness.

To increase earned income, Tri-Valley's case managers connect participants to Vocational Rehabilitation, CareerForce, DEED, and Employment and Training services. Staff assist participants with job searches, resumes, and interview preparation and can help participants use day-labor opportunities as an interim source of income. Case managers also assist participants with college applications when additional education can lead to higher-paying employment.

The projects address practical barriers that can prevent families from obtaining or maintaining employment. Participants are offered transportation assistance to attend employment-service appointments, and families can be connected with Child Care Assistance, Early Learning Scholarships, and Head Start to help parents obtain and maintain childcare while working or pursuing employment. Once employed, participants can continue receiving motivational support, budgeting assistance, financial literacy services, and referrals for credit counseling to strengthen their ability to manage income and sustain rent payments.

Together, these services address both employment skills and barriers to employment so families can increase earned income, strengthen financial self-sufficiency, and develop the resources necessary to pay rent and maintain permanent housing.

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)

Tri-Valley Opportunity Council's DV RRH and TH/RRH projects listed in 1C-13 leverage substantial mainstream family-service resources by integrating CoC-funded housing assistance with Tri-Valley Opportunity Council's existing federally and state-funded programs and formal partnerships with county social service systems. Rather than using CoC funds to duplicate mainstream services, housing case managers connect families to these resources as part of individualized self-sufficiency and housing stabilization plans.

A primary connection is with Polk, Norman, and Marshall County Social Services. Tri-Valley housing staff work closely with county social workers and income-maintenance offices to connect participating families to MFIP, Minnesota's TANF program, as well as SNAP/Food Support and General Assistance. Case managers assist families with applications and renewals, while county staff facilitate access to these mainstream benefits. This coordination enables eligible families to draw on public benefit resources outside the CoC grant to strengthen household financial stability while receiving TH/RRH assistance.

The projects also leverage Tri-Valley's broader portfolio of publicly funded family supports. Families have access to SNAP Outreach and Application Assistance, Head Start and Early Head Start, Child Care Aware, Early Learning Scholarships, LIHEAP Energy Assistance, MNSure enrollment assistance, and the Family Resource Center. Tri-Valley specifically identifies state grants supporting SNAP Outreach, Child Care Aware, Early Learning Scholarships, the Family Friend and Neighbor Project, Family Homeless Prevention and Assistance, and other community services.

These leveraged programs address expenses and barriers that directly affect a family's ability to sustain housing. Child Care Assistance, Early Learning Scholarships, and Head Start help participants obtain and maintain child care, including while pursuing employment; Energy Assistance helps with utility costs; SNAP helps meet food needs; and MNSure navigation helps families access health coverage. Tri-Valley's case managers coordinate these resources with CoC housing assistance so families can use mainstream benefits and family-service funding to meet essential needs while working toward greater income and long-term housing stability.

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)

Tri-Valley Opportunity Council's DV RRH and TH-RRH projects combine housing assistance for individuals and families fleeing domestic violence with individualized case management and connections to a broad range of family services. The housing intervention provides the foundation for safety and stability, while case managers help families address the needs of both parents and children that can affect their ability to obtain and maintain permanent housing.

Families with young children can be connected to Tri-Valley's family and early childhood service network, including Child Care Aware, Child Care Assistance, Early Learning Scholarships, Head Start, and Early Head Start. These resources help families access childcare and early learning opportunities while parents work toward employment, education, and greater self-sufficiency. Case managers coordinate these services alongside housing assistance rather than treating housing and family needs separately.

Parenting and family stability are addressed through case management that considers the needs of the entire household. Because these projects serve survivors of domestic violence, case managers also work with professional domestic violence agencies when families face separation or reunification decisions, including situations involving homelessness, incarceration, treatment, medical needs, or mental health concerns.

Case managers also connect families to mainstream health and family-support systems, including assistance accessing health coverage and appropriate healthcare services. Educational supports extend beyond early childhood services: staff assist families in addressing children's educational needs and can support parents pursuing additional education and employment-related goals.

By coordinating housing assistance with childcare and early learning, parenting and family supports, healthcare connections, education, and individualized case management, Tri-Valley addresses the interconnected needs that influence a family's ability to achieve safety, increase self-sufficiency, and maintain permanent housing.

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)

The CoC's providers maintain strong Veteran partnerships. TVOC partners with local/regional VSOs for referrals, benefits navigation, and housing coordination; BI-CAP partners with County Veteran Service Officers, the VA, and Veteran service providers; ICCC connects Veterans to Veteran Services; and MAHUBE-OTWA partners with Veteran-serving organizations. The CoC also includes local Department of Veterans Affairs and MACV representatives as General Members.

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

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

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

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

(limit 500 characters)

The NWCoC partners with victim service providers through TVOC, ICCV, and BI-CAP (all CoC-funded programs).

TVOC maintains MOUs with Community Health and Community Violence Intervention Council

ICCV partners with the Violence Intervention Project

BI-CAP partners with Heart's Haven Shelter

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

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

(limit 500 characters)

The NWCoC partners with Beltrami County Jail through BI-CAP's homeless outreach program. BI-CAP (a CoC-funded program) conducts outreach at the Jail and collaborates with it and community partners to coordinate person-centered services, connect individuals to Coordinated Entry, and facilitate access to permanent housing resources. ICCV also serves youth transitioning from institutions, including jail and treatment settings.

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)

The NWCoC's Park Place PSH project, operated by Center City Housing Corp., partners with Sanford Health to provide a full-time nurse onsite. The nurse provides health monitoring, mental health advocacy, healthcare referrals, and medication access, providing specialized supportive services for people residing in their supportive housing program with high medical needs.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

NWCoC-funded programs and Member Organizations serve aging individuals through Tri-Valley Opportunity Council's Senior Programs and Northwest Community Action's partnerships with facilities serving people with specialized needs. Dancing Sky Area Agency on Aging strengthens this work by providing CoC members training on aging services, dementia, accessibility, and resources for older adults.

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)

Center City Housing Corp.'s Park Place PSH project prioritizes individuals experiencing chronic homelessness. The project works with NWCoC Coordinated Entry to receive referrals for available units and specifically targets households experiencing chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Center City Housing Corporation's Park Place PSH provides onsite supportive services designed to help tenants with significant behavioral health needs access and remain engaged with appropriate care. Staff provide advocacy and referrals to mental health providers and transportation to mental health, substance use treatment, sobriety-related services, and other off-site appointments. Participants can also receive assistance with accessing devices and private space for telehealth appointments. Park Place coordinates with Sanford Health and the mobile crisis response unit, meeting quarterly to support access to crisis services when needed.

Onsite, staff engage participants regularly, invite them to activities, provide transportation, and help develop life skills. Park Place also offers onsite community-building activities and common spaces that encourage socialization. These services complement connections to community-based mental health and substance use treatment while supporting housing stability and opportunities for positive social connection.

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)

CCHC's Park Place does not have a specific written policy solely for assessing when participants need a higher level of care. Instead, staff assess changing needs through regular engagement with participants and individualized, person-centered housing stability planning. Park Place staff work directly with participants to identify barriers to continued housing stability and connect them with services appropriate to their needs. This may include advocacy and referrals to mental health providers, transportation to treatment, access to telehealth, off-site detox, and coordination with crisis services.

Park Place also has a full-time nurse onsite through its partnership with Sanford Health. The nurse provides health monitoring, mental health advocacy, referrals, and medication access, providing another opportunity to identify physical or behavioral health needs that warrant referral for more intensive assessment or care.

Through ongoing interactions, staff can recognize when a participant's physical, behavioral health, or functional needs may exceed what can safely be supported in permanent supportive housing. CCHC staff are also Vulnerable Adult Mandated Reporters. When staff have concerns that a participant is no longer able to adequately care for themselves, they make the appropriate vulnerable-adult report. This can initiate additional assessment and help identify whether the individual requires a higher level of care, such as assisted living or residential treatment.

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)

CCHC's Park Place does not use a formal move-on assessment process; rather, staff assess each participant's housing needs and goals through ongoing engagement and an individualized, person-centered housing stability plan. The plan focuses on maintaining housing while increasing life skills, self-determination, and income. Staff work directly with participants to identify and address barriers to long-term housing success and provide support with employment, education, income benefits, vital documents, transportation, and other resources.

Through this ongoing planning process, staff can discuss a participant's housing goals and consider whether their increased stability, income, and independent-living skills support pursuing another permanent housing opportunity. Because Park Place serves individuals experiencing chronic homelessness with significant barriers and disabilities, the primary goal remains safe, stable permanent housing, and participants are not required to move on from PSH simply because they have achieved greater stability.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/22/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2026
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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?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/07/2026
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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 NWCoC uses reallocation to strategically shift all or part of funding from eligible renewal projects to new projects that better address local needs and HUD priorities. Reallocation may be voluntary or initiated through the CoC's competitive review process.

Each year, renewal applicants provide information needed to assess threshold compliance and performance. The Ranking & Review Committee reviews project applications, APRs, HMIS data quality, spending, participation, adherence to deadlines, and other performance information. Projects may be considered for reallocation if they fail minimum thresholds, are low-performing, consistently underspend, have returned 10% or more of an award with a pattern of under-expenditure, or demonstrate significant financial, audit, capacity, eligibility, or expenditure concerns.

The Ranking & Review Committee recommends any full or partial reallocation to the Governing Board. Applicants receive their score and proposed funding amount and are notified of a reallocation recommendation at least five days before the Board meeting. Applicants may appeal their score, ranking, or funding amount before Board action.

The Governing Board discusses and votes on reallocation recommendations, with members whose agencies receive CoC funding recusing themselves. The Board makes the final decision to reduce or reject a renewal project or require a Performance Improvement Plan. Funds released through a reduction or rejection are made available through a competitive application process. The CoC also works with affected projects to prevent participants from becoming homeless as a direct result of reallocation.

In this NOFO process, there were two projects considered for re-allocation based on underspending, however neither was required to re-allocate. This was because both projects were YHDP projects and were therefore ineligible to be re-allocated to any project type other than YHDP. This would have meant the two projects would have simply re-allocated money to each other which was not reasonable.

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)	Institute for Community Alliances
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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.	Statewide
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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)

No changes in implementation were made to the PIT count between 2025 and 2026.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Evaluation Period: October 1, 2024-September 30, 2025

During the evaluation period, the NWCoC worked to reduce encampments and unsheltered homelessness through outreach, Coordinated Entry, diversion, shelter connections, housing navigation, permanent housing, and partnerships with law enforcement and community providers. Because encampments in rural Northwest Minnesota are generally small, dispersed, temporary, and often located in wooded or secluded areas, providers focus on identifying and engaging individuals rather than relying on large-scale encampment resolution activities.

CoC-funded providers conduct housing-focused outreach to people living in tents, vehicles, and other places not meant for habitation. BI-CAP engages unsheltered individuals, builds relationships with people reluctant to seek assistance, and connects them to Coordinated Entry, emergency shelter, RRH, PSH, mainstream benefits, behavioral health and substance use services, and other community resources. ICCC works closely with law enforcement, which refers individuals experiencing homelessness for immediate shelter through hotel vouchers; ICCC then assists with housing, employment, transportation, healthcare, and other stabilization needs. MAHUBE-OTWA similarly works with law enforcement and community partners to identify unsheltered individuals and connect them to housing and services.

Provider experience demonstrates why this individualized approach is appropriate. TVOC reports encampments are uncommon in Norman and Marshall Counties and much of Polk County. When encountered in East Grand Forks and Crookston, summertime encampments generally involve only two or three people. In Bemidji, providers also reported that an encampment was cleared and has not returned to use, although the number of occupants and location were not systematically tracked.

Through these coordinated activities, NWCoC sought to reduce the number of people remaining outdoors by resolving the underlying homelessness through shelter, housing, treatment, and supportive-service connections rather than simply relocating encampments.

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.	2
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.	9
2. Enter the reduction in the number of people in encampments during your evaluation period.	6

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

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

(limit 2,500 characters)

The NWCoC's plan to reduce encampments is to coordinate early with law enforcement, land managers, outreach providers, behavioral health partners, shelters, and Coordinated Entry so that responses to encampments address both public safety and the underlying homelessness. When an encampment must be cleared because of applicable restrictions or public-safety concerns, the CoC and its partners will support lawful local action while engaging people living at the site and connecting them to shelter, housing assessment and navigation, behavioral health or substance use treatment, transportation, benefits, and other services. Where camping is temporarily lawful, partners can use that time for repeated engagement and housing-focused outreach rather than waiting until enforcement becomes necessary. This approach seeks to prevent encampment clearances from simply displacing people to another unsheltered location.

The plan builds on practices already used by NWCoC-funded providers. BI-CAP uses housing-focused outreach specifically designed to reduce the number of people living in encampments, vehicles, and other places not meant for habitation by connecting them to Coordinated Entry, housing navigation, and community services. ICCC works with law enforcement to connect people experiencing homelessness to immediate shelter through hotel vouchers and then assists with housing and stabilization needs, while MAHUBE-OTWA works with law enforcement and community partners to identify and engage unsheltered individuals. By combining these approaches, the NWCoC will focus on identifying small and dispersed encampments early, engaging occupants before or during clearance, and helping people move from unsheltered locations toward shelter, permanent housing, and services rather than another encampment.

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 NWCoC has demonstrated meaningful progress in reducing first-time homelessness. In 2025, 719 individuals entered homelessness for the first time, compared with 853 in 2024 and 1,135 in 2023. This represents a 24% decrease from 2023 to 2024 and an additional 15% decrease from 2024 to 2025, for an overall 36% reduction from 2023 to 2025. The CoC's plan is to build on this progress by strengthening prevention, Diversion, Rapid Resolution, and connections to mainstream resources so housing crises can be resolved before individuals and families enter the homeless response system.

Diversion is central to this strategy. NWCoC's Coordinated Entry procedures require assessment of whether households can be more appropriately assisted through prevention resources before referral for supportive housing. This includes connections to the Family Homeless Prevention and Assistance Program (FHPAP), which can provide utility assistance, deposits, one-time rent payments, and short-term rapid rehousing through Community Action and Tribal Housing partners. The CoC's Diversion and Rapid Resolution Assessment also identifies whether a household can remain housed with prevention support or resolve its crisis through short-term assistance such as a deposit or first month's rent.

In 2026, the Coordinated Entry Committee approved a new Diversion workflow intended to strengthen this approach. The Committee is working with ICA, the HMIS provider, on implementation requirements, reporting needs, and system configuration. The workflow is designed to improve how Diversion activities are entered, documented, and reported.

The Committee is also strengthening performance measurement by tracking Diversion exit destinations; time from Diversion to a housing solution such as FHPAP; barriers at system entry and exit; strategies associated with positive housing outcomes; and barriers preventing households from obtaining housing. These data will help the CoC determine which interventions are most effective, improve referrals, identify service gaps, target provider training and technical assistance, and inform future funding decisions.

Through strengthened Diversion, prevention partnerships, improved data collection, and continuous evaluation of outcomes, NWCoC will seek to sustain and deepen the significant reduction in first-time homelessness already achieved, intervening earlier so fewer Northwest Minnesota households ever need to enter 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)

NWCoC recognizes reducing the length of time (LOT) people experience homelessness as a priority system performance measure. Average LOT was 100 nights in 2022, 114 in 2023, 89 in 2024, and 103 in 2025; median LOT was 30, 31, 42, and 56 nights, respectively. Although average LOT improved substantially in 2024, both measures increased in 2025, demonstrating the need for continued system improvement. NWCoC's Regional Planning Grant work plan establishes a specific goal to reduce LOT homelessness by 5%. The workplan also provides for Coordinated Entry (CE) System evaluation and technical assistance to providers.

NWCoC's primary strategy is strengthening CE so households move efficiently from identification to appropriate housing. CE uses standardized assessment, prioritization and placement, with referrals determined through the prioritization process and case conferencing. Housing providers notify the Priority List Manager of openings so households can be matched to available resources. The NWCoC CE Procedure manual requires the system to prioritize based on vulnerability and need and assist households in addressing barriers to stable housing. The CoC has identified limited affordable housing and increasing demand as major contributors to longer homelessness and has committed to prioritizing LOT reduction in system improvement efforts.

In 2026, the CoC is strengthening CE data and processes to identify where households encounter delays. Current improvements include comparing barriers at system entry and exit, adding assessment information to support more effective referrals and tracking barriers when households do not obtain housing. These enhancements are specifically intended to improve referral decision-making, outcome measurement and continuous system improvement.

The CoC is also updating CE training and workflows. Current plans include training on household engagement, eligibility and Priority List requirements and updated Diversion workflows, with ICA providing guidance regarding workflow and HMIS changes. Additionally, NWCoC's FY26 project review process rewards projects demonstrating reductions in LOT, reinforcing systemwide accountability for this outcome.

Through improved referral processes, case conferencing, provider training, barrier analysis, performance monitoring and accountability, NWCoC will work toward its 5% LOT reduction goal and use HMIS and CE data to identify and address factors delaying permanent housing.

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?	33.80%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

From the HMIS report on Exit Destinations that included all TH, RRH, and PSH projects, we found that there were 411 exits collectively from these programs in Calendar Year 2025 (1/1/2025-12/31/2025). Of those exits, 162 were to one of the following unsubsidized destinations: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; and Owned by client, no ongoing housing subsidy. This gives us a percentage of 33.8% of exits being to unsubsidized locations.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	164	13	150	84.75%
2. Safe Haven (SH) beds	0	0	0	0.00%

3. Transitional Housing (TH) beds	90	12	96	94.12%
4. Rapid Re-Housing (RRH) beds	124	0	124	100.00%
5. Permanent Supportive Housing (PSH) beds	86	0	86	100.00%
6. Other Permanent Housing (OPH) beds	562	0	562	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Based on the HDX Competition Report, Emergency Shelter (ES) is the only project type with an HMIS coverage rate below 85%, although it is very close to that benchmark at 84.75%. Within the ES category, non-Victim Service Providers have a coverage rate of 91.5%, while Victim Service Providers (VSPs) have a coverage rate of 0%.

Two domestic violence VSPs account for beds included in this calculation. Because VSPs cannot participate in HMIS, these providers must instead report through an HMIS-comparable database; however, their beds are not currently represented in the CoC's comparable database. Increasing VSP participation in a comparable database is therefore critical to improving the CoC's ES coverage rate.

NWCoC has identified several barriers contributing to limited comparable database participation. The current system has been challenging for VSPs to use, and there is not a clear, streamlined process for connecting households on the comparable database Priority List with Coordinated Entry and appropriate housing providers. Staff turnover has created an additional challenge, as incoming VSP staff have not consistently received training on the purpose, importance, and use of the comparable database.

NWCoC staff, including the CoC Coordinator and Coordinated Entry Priority List Manager, have begun planning improvements. The first step will be to research comparable database systems used by other CoCs and use those findings to inform discussions with local VSPs about whether an alternative system would better meet their needs. NWCoC will then engage each VSP individually to gather feedback and build provider buy-in.

VSP partners will subsequently work with the Priority List Manager and Coordinated Entry Committee to develop a shared plan for selecting an improved comparable database, establishing clear processes for connecting participating households with Coordinated Entry resources, and revising applicable policies and procedures. Following implementation, NWCoC will establish an ongoing training process so current and newly hired VSP staff understand how to use the system and why participation is essential. These improvements are intended to increase VSP participation, strengthen coordination between victim services and the broader homeless response system, and improve ES coverage.

The NWCoC does not currently have any Safe Haven beds.

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

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

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of Proj...	09/26/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of Projects ...	09/26/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Examples of Suppo...	09/26/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Selection a...	09/26/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/26/2026
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		

Attachment Details

Document Description: 1C-1 List of Projects with On-Site Substance Use Treatment

Attachment Details

Document Description: List of Projects that require substance abuse treatment

Attachment Details

Document Description: Examples of Supportive Service Requirement Agreements from Proposed Projects: Bi-Cap and TVOC

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Scoring Tools - 2 tools combined into 1 pdf

Attachment Details

Document Description: Local Selection and Priority Listing

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/26/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/26/2026
3A. Policy Initiatives	09/26/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

The Northwest CoC does not have any funded projects with on-site substance use treatment.

1C-1f List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

The NW CoC does not have any projects that require substance abuse treatment.

Permanent Supportive Housing

Active Participation Understanding

As a participant in Bi-CAP's Permanent Supportive Housing Program, you are responsible to work toward a permanent housing plan. To assist you with this goal, a case manager is assigned to you. Case management and home visits are a requirement of this program.

Assistance provided by the case manager may include, though is not limited to, an initial intake/assessment, skill training and/or orientation to the care of a home, goal setting, career guidance counseling, budgetary counseling, employment counseling, personal effectiveness training, advocacy, assistance with overcoming barriers, and resource and referral to other agencies as needed to assist with a permanent housing plan.

All services are designed to assist you in becoming self-sufficient and to obtain permanent, adequate housing. A case manager will visit with you at least once a month. You may call your case manager at any time you need assistance.

I have read the above statement and understand the requirements of the supportive housing program.

Client Signature

Date

Case Manager

Date



Tri-Valley

Opportunity Council, Inc.

PO Box 607 ~ 107 North Broadway, Suite 200, Crookston, MN 56716-0607

Local ~ 218-281-5832 / Toll-Free ~ 800-584-7020 / Fax ~ 800-475-9021

Telecommunication Relay Services ~ 711

Melody Hedden
Chief Executive Officer

www.tvoc.org

Jodi Bachmeier
Chair of the Board

TRANSITIONAL HOUSING PROGRAM SERVICE AGREEMENT

Participant Name: _____

Unit Address: _____

Case Manager Name: _____

Enrollment Date: ____ / ____ / 2026

1. Purpose of this Agreement

The goal of the Tri-Valley Opportunity Council Transitional Housing (TH) Program is to support you in securing permanent, stable housing and achieving self-sufficiency. This program is funded through federal HUD grants, which require participants to actively engage in supportive services. This Agreement outlines your responsibilities regarding these mandatory services while you are enrolled in the program.

2. The Mandatory 20-Hour Weekly Service Requirement

As a condition of your enrollment in this transitional housing program and your occupancy sublease, you are contractually required to complete a minimum of **twenty (20) hours per week** of approved, goal-oriented supportive services.

These 20 hours will be tailored to your unique needs in your **Housing Stabilization Plan** and will typically include a combination of the following activities:

- **Employment Search & Career Development:** Submitting job applications, attending interviews, participating in workforce center workshops, and building resumes.
- **Life Skills & Financial Literacy:** Attending classes or individual sessions focused on budgeting, credit repair, tenant rights, and independent living skills.
- **Health & Wellness Support:** Engaging in mental health counseling, chemical health recovery groups, or medical appointments that support your stability.
- **Housing Search & Placement:** Actively looking for permanent apartments, meeting with landlords, and reviewing local market rates.
- **Case Management Meetings:** Attending mandatory face-to-face check-ins with your assigned Case Manager to track your progress.

3. Accountability and Tracking

- **Weekly Activity Logs:** You are responsible for documenting your activities on the provided *Weekly Activity Log*.
- **Verification Receipts:** For out-of-office activities (such as applying for jobs), you must collect signatures on your *Job Search Verification Form* or provide digital proof (such as application confirmation emails).

Community Action . . . People Helping People

The mission of Tri-Valley is to provide opportunities to improve the quality of life for people and communities.

“An Americans with Disabilities Act / Affirmative Action / Equal Opportunity Employer”

- **Submission Deadline:** Your completed and signed log, along with all verification receipts, must be turned in to your Case Manager every **Friday by : [AM / PM]**.

4. Temporary Variances and Accommodations

The agency understands that unavoidable life emergencies happen. If an illness, medical emergency, or sudden lack of childcare prevents you from reaching your 20 hours in a given week, you must contact your Case Manager immediately to complete an **Extension / Variance Request Form**. Temporary reductions in hours must be approved by the Program Manager and documented with a doctor's note or other official paperwork to protect your program status.

5. Consequences of Non-Compliance

Failure to complete the mandatory 20 hours of weekly services without a pre-approved variance is a serious program violation. Continued non-compliance will result in the following progressive steps under the agency's **Eviction Diversion Policy**:

1. **First Violation:** A formal meeting with your Case Manager to review barriers and update your *Housing Stabilization Plan*.
2. **Second Violation:** Issuance of an official **Notice of Non-Compliance** and a mandatory housing jeopardy review with the Program Director.
3. **Third Violation:** Issuance of a Minnesota statutory *14-Day Notice* and initiation of formal program termination and lease eviction proceedings.

6. PARTICIPANT ACKNOWLEDGMENT AND SIGN-OFF

By signing below, I acknowledge that I have read, understand, and agree to abide by the terms of this Service Agreement. I understand that completing the mandatory 20 hours of weekly services is a requirement to maintain my housing subsidy and my placement in this transitional housing program.

Participant / Resident:

Signature: _____ Date: _____

Agency Representative / Case Manager:

Signature: _____ Date: _____

Northwest Minnesota Continuum of Care (NWCoC)

2026 Renewal Project Applicant Scorecard

Applicant:
Project Name:

Section	Official/Document Points	Sheet Eligible Points	Reviewer Score	Percent Earned	Notes
Threshold Eligibility		-	-	-	YES / NO on eligibility
Applicant & System Performance			22	0	
CoC Participation			18	0	0.0%
Totals			40	0	0.0%

Threshold Eligibility

Criteria	ELIGIBLE	NOT ELIGIBLE	INFORMATION SOURCE	Eligible
GENERAL APPLICANT ELIGIBILITY				
Eligible Entity	Nonprofit organizations, states, local governments, instrumentalities of state and local governments, Indian Tribes and Tribally Designated Housing Entity (TDHE)	Any entity that does not meet criteria identified in earlier column.	Project Application	Eligible: Yes or No
SAM Registration	Applicants is registered with https://www.sam.gov/SAM before submitting their application	Applicants is not registered with https://www.sam.gov/SAM before submitting their application	SAMS Esnaps submission	Eligible: Yes or No
E-Snaps Access	Applicant does have access to e-Snaps	Applicant does not have access to e-snaps	Applicant disclosure	Eligible: Yes or No
Outstanding Delinquent Federal Debts	Applicant does not have outstanding delinquent federal debt	Applicant has outstanding delinquent federal debt	Applicant disclosure	Eligible: Yes or No
Debarments and/or Suspensions	Applicant is not debarred; suspended; proposed for debarment; or voluntarily excluded from doing business with the Federal government.	Applicant is debarred; suspended; proposed for debarment; or voluntarily excluded from doing business with the Federal government.	Applicant disclosure	Eligible: Yes or No
Match	25% match for everything but leasing	No required match	Project Application Budget	Eligible: Yes or No
HMIS Participation	Project participates (or plans to participate) in HMIS (or other comparable database for DV providers)	Project does not participate or plan to participate in HMIS (or other comparable database for DV providers)	Project Application ICA/CoC verification	Eligible: Yes or No
Eligible Population	Meets HUD requirements	Does NOT meet HUD requirements	Project Application	Eligible: Yes or No
Geographic Location	The applicant project is in NW CoC geographic area.	The applicant project is not in NW CoC geographic area.	Project Application	Eligible: Yes or No
CoC Policies	Applicant agrees to follow NW CoC Guidelines and Written Standards	Applicant does not follow NW CoC Guidelines and Written Standards	Project Application Application	Eligible: Yes or No
Financial/Administrative Management Project Type	Applicant has no outstanding HUD monitoring findings.	Applicant has outstanding HUD monitoring findings that are not in the process of being resolved.	Project Application Esnaps Application	Eligible: Yes or No
Fair Housing/Equal Access	Applicant certifies that they will meet all HUD requirements for Fair Housing / Civil Rights	Applicant does NOT certify that they will meet all HUD requirements for Fair Housing / Civil Rights	Project Application	Eligible: Yes or No

Applicant & System Performance

Renewal Applicants ONLY

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
2	Geographic priority areas.	Project is not in a NW CoC priority area. (0 points)		Project is in a NW CoC priority area. (2 points)	Project Application NW CoC geographic priorities	
8	Budget Expenditure	Spent 89% or less of grant award (0 points)	Spent 90-94% of grant award (4 points)	Spent 95% or more of grant award. (8 points)	ELOCCS Reports	
4	Quarterly Drawdowns	Drawdowns not made quarterly (0 points)		Drawdowns made quarterly (4 points)	ELOCCS Reports	
8	Data Quality	Most recent total QDQ score below 80%. (0 points)	Most recent total QDQ score between 81 - 90% (4 points)	Most recent total QDQ score above 90%. (8 points)	HMIS QDQ Reports	

Nikki look into with ICA

Additional Notes (Renewal Applicant) Section:

Eligible Points Total	22
Reviewer Score Total	0
Percent Earned	0.0%

CoC Participation / Collaboration

ALL APPLICANTS

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
4	Adapting programs to meet emerging needs / innovation	Project does not have evidence of meeting emerging needs (0 points)		Project is actively innovating to meet emerging needs (4 points)	Project Application	
2	Coordinates with federal, state, local, private, and other organizations	Applicant will not coordinate with federal, state, local, private and other organizations. 0 points	Applicant will coordinate with federal, state, local, private and other organizations. 1 point	Applicant will coordinate with federal, state, local, private and other organizations and is evidenced by supporting documentation. 2 points	Project Application and supporting documentation.	
4	Agency staff participates in General Membership meetings	Agency staff attended one meeting or less (0 points)	Agency staff attended 2-3 meetings (2 points)	Agency staff attended 4 or more meetings. (4 points)	(4 Meeting minutes	
2	Agency staff participation in CoC Committees	No staff participated on CoC Committees last year. (0 points)	Agency staff participated in at least one committee. (1 point)	Agency staff participated in more than one CoC Committee. (2 points)	Committee Meeting Minutes	
6	Participate in Case Conferencing If your project is required to participate in CE, you must participate in Case Conferencing.	Does not participate. 0-25% participating attendance (0 points)	Participates in Case Conferencing, but concerns around attendance or CES policy/procedure alignment 26-75% attendance (3 points)	Participates, collaborates and communicates with PLM at Case Conferencing 76-100% attendance (6 points) Examples of collaboration and communication include: -Updated case conferencing notes -Communicating program openings/referrals -Utilization of referral request form -Agency alignment with CES procedures and referral acceptance/denial policies -Advocating for creative solutions to serve individuals that are on the Priority List	Meeting minutes	

Additional Notes on CoC Participation (All Applicants) Section:

Eligible Points Total	18
Reviewer Score Total	0
Percent Earned	0.0%

Comment

The Coordinated Entry system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. The CoC has designated the Coordinated Entry Committee as the entity responsible for monitoring agencies compliance with all Coordinated Entry requirements including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations may result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process. Northwest Minnesota Continuum of Care (MN-506) is required to develop and operate a Coordinated Entry process that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a)

As in prior years, HMIS and CES renewal projects will be protected in Tier 1 and scored on project applicable questions only.

The CoC recognizes that a quality Homeless Response System is not only required by HUD to have a Coordinated Entry System administrator, but is a valuable tool to operate the system. The NWCoC Board has determined that there is still a need for transparency and accountability for the CES applicant. Thus, this application will be protected in Tier 1 and scored on the included project applicable questions only.

The CoC recognizes that a quality Homeless Management Information System (HMIS) is not only required by HUD but is used as a valuable tool to operate and evaluate our regional homeless response system. However, ranking and scoring HMIS like Supportive Housing Projects is not feasible due to the unique aspects of our statewide system.

Furthermore, the CoC recognizes that a robust homeless management information system needs sufficient funding and therefore wants to assure renewed funding of our system by placing one or more HMIS applications for at least 2.5% of the CoC's ARD at the top of Tier 1 if the request comes from the designated State System Administrator. Requests for over the ARD or 2.5%, whichever is greater, may be placed in Tier 2.

Northwest Minnesota Continuum of Care (NWCoC)

2026 Renewal Project Applicant Scorecard

Applicant:
Project Name:

Section	Official/Document Points	Sheet Eligible Points	Reviewer Score	Percent Earned	Notes
Threshold Eligibility	-	-	-	-	YES / NO on eligibility
CoC Coordination & Engagement		64	0	0.0%	
Applicant & System Performance		73	0	0.0%	
CoC Participation		12	0	0.0%	
New TH Project		8	0	0.0%	
New SSO Project		5	0	0.0%	
New PH-PSH Project		5	0	0.0%	
New PH-RRH Project		6	0	0.0%	
Totals		173	0	0.0%	

Threshold Eligibility

Criteria	ELIGIBLE	NOT ELIGIBLE	INFORMATION SOURCE	Eligible
GENERAL APPLICANT ELIGIBILITY				
Eligible Entity	Nonprofit organizations, states, local governments, instrumentalities of state and local governments, Indian Tribes and Tribally Designated Housing Entity (TDHE)	Any entity that does not meet criteria identified in earlier column.	Project Application	Eligible: Yes or No
SAM Registration	Applicants is registered with https://www.sam.gov/SAM before submitting their application	Applicants is not registered with https://www.sam.gov/SAM before submitting their application	SAMS Esnaps submission	Eligible: Yes or No
E-Snaps Access	Applicant does have access to e-Snaps	Applicant does not have access to e-snaps	Applicant disclosure	Eligible: Yes or No
Outstanding Delinquent Federal Debts	Applicant does not have outstanding delinquent federal debt	Applicant has outstanding delinquent federal debt	Applicant disclosure	Eligible: Yes or No
Debarments and/or Suspensions	Applicant is not debarred; suspended; proposed for debarment; or voluntarily excluded from doing business with the Federal government.	Applicant is debarred; suspended; proposed for debarment; or voluntarily excluded from doing business with the Federal government.	Applicant disclosure	Eligible: Yes or No
Match	25% match for everything but leasing	No required match	Project Application Budget	Eligible: Yes or No
HMIS Participation	Project participates (or plans to participate) in HMIS (or other comparable database for DV providers)	Project does not participate or plan to participate in HMIS (or other comparable database for DV providers)	Project Application ICA/CoC verification	Eligible: Yes or No
Eligible Population	Meets HUD requirements	Does NOT meet HUD requirements	Project Application	Eligible: Yes or No
Geographic Location	The applicant project is in NW CoC geographic area.	The applicant project is not in NW CoC geographic area.	Project Application	Eligible: Yes or No
CoC Policies	Applicant agrees to follow NW CoC Guidelines and Written Standards	Applicant does not follow NW CoC Guidelines and Written Standards	Project Application Application	Eligible: Yes or No
Financial/Administrative Management Project Type	Applicant has no outstanding HUD monitoring findings.	Applicant has outstanding HUD monitoring findings that are not in the process of being resolved.	Project Application Esnaps Application	Eligible: Yes or No
Fair Housing/Equal Access	Applicant certifies that they will meet all HUD requirements for Fair Housing / Civil Rights	Applicant does NOT certify that they will meet all HUD requirements for Fair Housing / Civil Rights	Project Application	Eligible: Yes or No

CoC Coordination & Engagement

ALL APPLICANTS

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	avg	
						REVIEWER SCORE	
8	Substance Use / Treatment; peer recovery / peer support; participate with drug courts / other specialty courts; sober housing	Applicant will not provide or have access to treatment / recovery services. (0 points)	Applicant will have one or is implementing one or more of the following: available treatment onsite, dedicated beds for substance treatment, access to 24/7 detox; formal partnerships with CCBHC, sober housing, etc., or has dedicated a high % of funding for services. (4 points)	Applicant will have two or is implementing two or more of the following: available treatment onsite, dedicated beds for substance treatment, access to 24/7 detox; formal partnerships with CCBHC, sober housing, etc., or has dedicated a high % of funding for services. Must show supportive documentation. (8 points)	Project Application		
8	Mental health treatment / services	Applicant will not provide or assist with identification of individuals with serious mental illness, access to treatment (0 points)	Applicant will have one or is implementing one or more of the following: available treatment onsite, access to / use of 988, crisis contact centers, mobile crisis and outreach services, and crisis stabilization services. (4 points)	Applicant will have or is implementing two or more of the following: available treatment onsite, access to / use of 988, crisis contact centers, mobile crisis and outreach services, and crisis stabilization services. (8 points)	Project Application		
6	Participation requirements for services (max points for 100% of projects require services; ½ points if 50% of projects require services)	Applicant does not require program participants to take part in supportive services (0 points)	Applicant highly encourages program participants to take part in supportive services (3 points)	Applicant requires program participants to take part in supportive services (6 points).	Project application		
2	Coordinates with federal, state, local, private, and other organizations	Applicant will not coordinate with federal, state, local, private and other organizations. 0 points	Applicant will coordinate with federal, state, local, private and other organizations. 1 point	Applicant will coordinate with federal, state, local, private and other organizations and is evidenced by supporting documentation. 2 points	Project Application and supporting documentation.		
4	Educational Assurances (Family programs only)	Does not comply with NW CoC policy. (0 points)	Applicant complies with NWCoC policy and demonstrates efforts to improve relations and communications with local schools. Policy states: Applicant will work with McKinney Vento programs to maximize services and transportation needs to keep students within their school district. (2 point)	Applicant demonstrates a clear plan for collaboration with the school district or McKinney Vento Liaison. This includes MOUs, Letter of Support, or formal partnership agreement (4 points)	Project Application		
4	Coordination with Veteran Organizations	Applicant will not partner with Veteran Service Organizations 0 points		Applicant will partner with Veteran Service Organizations, making referrals, identifying and filling service gaps. 4 points	Project Application and supporting documentation.		

Catie

Jane

2	Addresses the needs of victims of domestic violence, dating violence, sexual assault and stalking	The applicant does not have a safety plan. (0 points)	Applicant has a safety plan. (1 point)	The applicant has a safety plan and is ready to implement the plan strategies and has resources available to serve individuals experiencing domestic violence. Strategies may include: Documented collaboration, MOUs, letter of support or partnership with agency providing advocacy services Centering client choice of meeting time/place Providing individuals with emergency support resources Informing individuals about best practices for developing exiting plans Completing referrals to agencies providing domestic violence services (2 points)	Project Application
2	Public Housing Authorities (PHA)/Housing & Redevelopment Authority (HRA) Partnerships	Agency does not coordinate with PHA. (0 points)	Agency coordinates with PHA but it is unclear how clients access vouchers. (1 point)	Agency has a clear and executable plan to ensure clients have access to Housing Choice Vouchers and other subsidized housing options. (2 points)	Project Application
4	Reduction in encampments	Applicant does not plan to work to reduce encampments (0 points)		Applicant can describe how they will work to reduce encampments or the number of people residing in encampments (4 points)	Project Application
6	Has implemented street outreach procedures	Applicant will not implement street outreach procedures. 0 points	Applicant will implement street outreach procedures by engaging with partner organizations to increase housing and service engagement. 3 points	Applicant will implement street outreach procedures by engaging with partner organizations to increase housing and service engagement. Applicant will show an increasing number of people exit to a positive destination. 6 points	Project Application
8	Housing & Healthcare Partnerships - These partnerships may be defined as collaborative relationships with hospitals, clinics, behavior health, dental, public health, substance abuse treatment facilities, etc. They may even be health services offered by agencies in-house.	The applicant does not partner with healthcare agencies. (0 points)	Applicant will have is implementing either: available healthcare onsite, assists in making referrals for needed healthcare. (2 points)	Applicant will have is implementing the following: available healthcare care onsite, assists in making referrals for health care, or will provide specialized supportive services for those with high level medical needs. (4 points)	Project Application
2	Program does not operate a harm reduction or safe use of illegal drugs site	Applicant will operate a harm reduction or safe use site. (0 points)		Applicant will not operate a harm reduction or safe use site. (4 points)	Project Application
4	Collaboration with mainstream and key support services	Does not collaborate with mainstream and key support services (0 points)	Uses best practices for connecting participants to mainstream resources (2 points) Mainstream resources may include: SNAP Social Services MFIP Mental Health Substance Use Faith-based services Medical/ dental Insurance	Applicant demonstrates a clear plan for collaboration with the mainstream resources, including MOUs, Letter of Support, or formal partnership agreement. Please provide documentation of actions taken. (4 points)	Project Application

4	Family / Support Network Reunification	Cannot describe how participants will be supported with family or support-network reunification efforts (0 points)	Applicant can describe how they will support participants with family or support-network reunification (case management, travel costs, arrangement of assistance in another geographic area) (4 points)	Project Application
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Additional Notes (All Applicants) Section:

Eligible Points Total	64
Reviewer Score Total	0
Percent Earned	0.0%

Applicant & System Performance

Renewal Applicants ONLY

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
3	Returns to Homelessness from PH	17% or more of participants (in 12 months) or 12% or more (in 24 months) returned to homelessness within 12 months of exit to PH (0 points)	8-16% of participants (in 12 months) or 7-11% (in 24 months) returned to homelessness within 12 months of exit to PH (1 points)	Less than 8% of participants (in 12 months) or less than 7% (in 24 months) returned to homelessness within 12 months of exit to PH (3 points)	HMIS Returns to Homelessness Report	
6	Reduction in the length of time homeless compared to prior years	no reduction in length of time (0 points)		applicant saw a reduction in the length of time participants were homeless (6 points)	HMIS?	
3	Decrease in unsheltered homeless in 2026 PIT compared to prior years	no decrease (0 points)	decrease of 0-19% of unsheltered homeless (2 points)	decrease of 20% or more of unsheltered homeless (3 points)	HDX - from PIT Counts	
3	Decrease in number of first time homeless	no decrease (0 points)	decrease of 0-19% of first time homeless (points)	(2 decrease of 20% or more of first time homeless (3 points)	HMIS?	
2	Decrease in number of individuals and families experiencing chronic homelessness by 5% between 2025 and 2026 PIT	No decrease (0 points)	Decrease of 1-4% (1 point)	Decrease of 5% or more (2 points)	HDX - from PIT Counts	
2	Demonstrated increase in Earned Income (non-governmental) - TH, RRH, SSO only	No increase (0 points)	1-19% of those staying in program had an increase; 1-24% of those leaving program had an increase (1 point)	20% or more of those staying in program had increase; 25% or more of those leaving program had an increase (2 points)	APR	WE SCORE
4	Plan to increase earned income, and or education/employment opportunities	Applicant does not have a plan for increasing income. (0 points)	Applicant identifies some best practices to connect clients to educational and income opportunities. Best practices may include: Demonstrated plan to center client choice Developing strength-based goals and plans with clients (2 points)	Applicant demonstrates implementation of strength-based plan to address the challenge of meeting educational, employment or income needs. Examples may include: -Job training -Applying for income-based services, such as SNAP or GA -Providing training opportunities, such as employment certificates, CPR training, etc. -Acquiring diploma, GED or educational certificates -Agency employment or internship opportunities -MN Rural CEP -Resume building or job search support -Vital document acquisition -Transportation services (4 points)	Project Application	WE SCORE
2	Non-Employment Income for those eligible to remain in PSH saw increase in any income--Maintain/ Increase - PSH only	Less than 10% of participants had increase any income (0 points)	11-19% of participants had increase any income (1 points)	20% or more of participants had increase in any income (2 points)	APR	WE SCORE
2	Demonstrated rate of unknown exit destinations in HMIS is less than 10%	Rate of documented unknown exit destinations is 10% or more (0 points)		Rate of documented unknown exit destinations is less than 10% (2 points)	HMIS - Core Report?	
4	Retention/Successful exits (PSH only)	Under 85% (0 points)	85-90% (2 points)	Over 90% (4 points)	APR	

4	Exits to permanent housing (TH/RRH only)	79% or less of participants exited to permanent destinations. (0 points)		80% or more of participants exited the program to permanent, unsubsidized destinations. (4 points)	APR	
8	YHDP Voluntary Reallocation Policy & Procedures (Bonus) YHDP Projects Only	Spent 89% or less of grant award, and/or failed to follow voluntary reallocation policy and procedures for program.	Spent less than 94% of grant award, and/or applicant displayed significant challenges in following voluntary reallocation policy and procedures for program. For example: Missed multiple deadlines for monthly budget reports Grantee is not meeting monthly budget benchmarks, and has not made significant efforts to correct issues Lack of participation with NOFO scoring process	Spent 95% or more of grant award, and/or grantee successfully adhered to voluntary reallocation policy and procedures for program. Successful examples: Grantee stayed on track with monthly budget deadlines Grantee is meeting monthly budget targets, or working with NWCoC Staff to correct deficiencies Grantee is participating regularly with NOFO Scoring Process	ELOCCS Reports, Monthly Budget Reports	
2	Geographic priority areas.	Project is not in a NW CoC priority area. (0 points)		Project is in a NW CoC priority area. (2 points)	Project Application NW CoC geographic priorities	WE SCORE
8	Budget Expenditure	Spent 89% or less of grant award (0 points)	Spent 90-94% of grant award (4 points)	Spent 95% or more of grant award. (8 points)	ELOCCS Reports	WE SCORE
4	Quarterly Drawdowns	Drawdowns not made quarterly (0 points)		Drawdowns made quarterly (4 points)	ELOCCS Reports	WE SCORE
8	Data Quality	Most recent total QDQ score below 80%. (0 points)	Most recent total QDQ score between 81 -90% (4 points)	Most recent total QDQ score above 90%. (8 points)	HMIS QDQ Reports	WE SCORE
8	Bed Utilization (Renewal Housing Projects Only)	An average of less than 85% of project beds. (0 points)	Average of 85-90% of project beds. (4 points)	Average of more than 90% of project beds (8 points)	Project APR	WE SCORE

Additional Notes (Renewal Applicant) Section:

Eligible Points Total	73
Reviewer Score Total	0
Percent Earned	0.0%

CoC Participation

ALL APPLICANTS

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
	4 Adapting programs to meet emerging needs / innovation	Project does not have evidence of meeting emerging needs (0 points)		Project is actively innovating to meet emerging needs (4 points)	Project Application	
	2 Agency staff participation in CoC Committees	No staff participated on CoC Committees last year. (0 points)	Agency staff participated in at least one committee. (1 point)	Agency staff participated in more than one COC Committee. (2 points)	Committee Meeting Minutes	we score
	6 Participate in Case Conferencing If your project is required to participate in CE, you must participate in Case Conferencing.	Does not participate. 0-25% participating attendance (0 points)	Participates in Case Conferencing, but concerns around attendance or CES policy/procedure alignment 26-75% attendance (3 points)	Participates, collaborates and communicates with PLM at Case Conferencing 76-100% attendance (6 points) Examples of collaboration and communication include: -Updated case conferencing notes -Communicating program openings/referrals -Utilization of referral request form -Agency alignment with CES procedures and referral acceptance/denial policies -Advocating for creative solutions to serve individuals that are on the Priority List	Case Conferencing Notes	we score

Additional Notes on CoC Participation (All Applicants) Section:

Eligible Points Total	12
Reviewer Score Total	0
Percent Earned	0.0%

New TH Projects

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
2	Project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain & maintain housing	Applicant does not demonstrate that they will provide or partner with other organizations to provide eligible supportive services.	Applicant does demonstrate that they will provide or partner with other organizations to provide eligible supportive services. (1 point)	Applicant does demonstrate that they will provide or partner with other organizations to provide eligible supportive services, providing examples and supporting documentation. (2 points)	Project Application	
1	The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months	Applicant does not have prior experience operating transitional housing or other projects. (0 points)		Applicant does have prior experience operating transitional housing or other projects. (1 point)	Project Application	
1	The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure, that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant	Applicant does not have prior experience operating transitional housing or other projects. (0 points)	Applicant does not have prior experience operating transitional housing or other projects but has a plan in place to ensure, that at least 50% of participants exit to permanent housing within 24 months and at least 50% of participants exit with employment income. (.5 point)	Applicant does have prior experience operating transitional housing or other projects (1 point)	Project Application	
1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.	The project will not be supplemented with resources from other public or private sources. (0 points)		The project will be supplemented with resources from other public or private sources. (1 point)	Project Application	
2	Demonstrate that the proposed project will assess the needs of program participants and provide 20 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.). The 20 hours per week may be reduced proportionately for participants who are employed. The 20 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. (2 points)	Applicant demonstrates that the proposed project will not provide assessments or the 20 hours per week of customized services for each participant. (0 points)		Applicant demonstrates that the proposed project will provide assessments and 20 hours per week of customized services for each participant. (2 points)	Project Application	
1	Demonstrate the average cost per household served for the project is reasonable, consistent with 2 CFR 200.404.	Applicant demonstrates the average cost per household served for the project is not reasonable. (0 points)		Applicant demonstrates the average cost per household served for the project is reasonable. (1 point)	Project Application	

Additional Notes on System Performance (Renewal Applicant) Section:

Eligible Points Total	8
Reviewer Score Total	0
Percent Earned	0.0%

New SSO Projects

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
1	The Supportive Services project is necessary to assist people in exiting homelessness and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.	Applicant did / will not conduct an annual assessment of the service needs of the program participants. (0 points)		Applicant did / will conduct an annual assessment of the service needs of the program participants. (1 point)	Project Application	
2	The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	Applicant does not have a strategy for providing supportive services to eligible program participants. (0 points)	Applicant does have a strategy for providing supportive services to eligible program participants. (1 point)	Applicant does have a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (2 points)	Project Application	
1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.	The project will not be supplemented with resources from other public or private sources. (0 points)		The project will be supplemented with resources from other public or private sources. (1 point)	Project Application	
1	The services provided are cost-effective consistent with 2 CFR 200.404	The project will not be cost-effective (0 points)		The project will be cost effective (1 point)	Project Application	

Additional Notes on System Performance (Renewal Applicant) Section:

Eligible Points	5
Total	
Reviewer Score	0
Total	
Percent Earned	0.0%

New PH-PSH Projects

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
1	The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.	The project proposed will not fit the needs of the program participants. (0 points)		The project proposed will fit the needs of the program participants (1 point)	Project Application	
1	The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services.	Applicant cannot describe how they will provide supportive services or assistance to ensure that participants are able to successfully obtain and retain permanent housing in a manner that fits their needs. (0 points)		Applicant describes their plan to provide supportive services and/or assistance to participants to successfully obtain and retain permanent housing in a manner that fits the participant's needs. If an expansion project, they demonstrate how they are expanding their services. (1 point)	Project Application	
1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.	The project will not be supplemented with resources from other public or private sources. (0 points)		The project will be supplemented with resources from other public or private sources. (1 point)	Project Application	
1	The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.	The project will not be cost-effective. (0 points)		The project will be cost-effective. (1 point)	Project Application	
1	The project will be designed to serve elderly individuals and/or individuals with a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. The units will prioritize these populations.	The project is not designed to serve elderly individuals with a physical disability/impairment or a developmental disability, not including substance use disorder. The units will not prioritize these populations. (0 points)		The project is designed to serve elderly individuals with a physical disability/impairment or a developmental disability, not including substance use disorder. The units will prioritize these populations. (1 point)	Project Application	

Additional Notes on System Performance (Renewal Applicant) Section:

Eligible Points	5
Total	
Reviewer Score	0
Total	
Percent Earned	0.0%

New TH Projects

ELIGIBLE POINTS	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA	INFO SOURCE	REVIEWER SCORE
1	The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months.	The provision of tenant-based rental assistance will not help individuals and families achieve self-sufficiency within 3 months or up to 24 months. (0 points)		The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months. (1 point)	Project Application	
1	The applicant has previously operated homelessness projects where outcomes for employment income were improved compared to the average project in the CoC.	The applicant has not previously operated homelessness projects where outcome for employment income were improved compared to the average project in the CoC. (0 points)		The applicant has previously operated homelessness projects where outcome for employment income were improved compared to the average project in the CoC. (2 points)	Project Application	
1	The average cost per household served is reasonable, consistent with 2 CFR 200.404, meaning that the costs for housing and services provided by the project are consistent with the population the project plans to serve.	The project will not be cost-effective. (0 points)		The project will be cost-effective. (1 point)	Project Application	
1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.	The project will not be supplemented with resources from other public or private sources. (0 points)		The project will be supplemented with resources from other public or private sources. (1 point)	Project Application	
2	The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.	The type of supportive services and assistance that will be offered to program participants will not ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. (0 points)		The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. (2 points)	Project Application	

Additional Notes on System Performance (Renewal Applicant) Section:

Eligible Points	6
Total	
Reviewer Score	0
Total	
Percent Earned	0.0%

Comment

The Coordinated Entry system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. The CoC has designated the Coordinated Entry Committee as the entity responsible for monitoring agencies compliance with all Coordinated Entry requirements including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations may result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process. Northwest Minnesota Continuum of Care (MN-506) is required to develop and operate a Coordinated Entry process that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a)

FY 2026 Ranking NWCoC

Total Annual Renewal Demand	1,982,023
Tier 1 60%	1,189,214
Tier 2 40%	792,809
DV ARD	126,418
YHDP ARD	833,544

Non-Ranked, Non-Competitive Projects

Accepted	Program	Project Number	Expiration	Project		Amount Requested	Ranking	
Yes	Northwest Minnesota Foundation	MN0410L5K062508	2027	Coordinated Entry System		\$70,841		Non-Ranked, Non-Competitive
Yes	Institute for Community Alliances	MN0441Y5K062506	2027	MN HMIS Northwest YHDP Renewal FY26	YDHP	\$14,168		Non-Ranked, Non-Competitive
Yes	Institute for Community Alliances	MN0521R5K062501	2027	MN HMIS Northwest Rural FY26		\$5,442		Non-Ranked, Non-Competitive
Yes	Institute for Community Alliances	MN0096L5K062518	2027	MN HMIS Northwest Renewal FY26		\$28,623		Non-Ranked, Non-Competitive

New and Renewal Project Ranking

Accepted	Program	Project Number	Expiration	Project	Restriction	Amount Requested	Ranking	
Yes	Tri-Valley Opportunity Council		2027	FY26 Special NOFO Rural TH Project - NEW / Transition to TH		\$103,653	1	Tier 1
Yes	Tri-Valley Opportunity Council, Inc	MN0604L5K062501	2027	FY26 DV THRRH TVOC Additional		\$140,180	2	Tier 1
Yes	Tri-Valley Opportunity Council, Inc	MN0434L5K062507	2027	FY26 DV BONUS TV RRH	DV	\$126,418	3	Tier 1
Yes	Tri-Valley Opportunity Council, Inc	MN0255L5K062514	2027	FY26 PSH TVOC		\$254,338	4	Tier 1
Yes	Inter- County Community Council	MN0442Y5K062506	2027	Youth Homeless Demonstration Project	YHDP	\$466,132	5	Tier 1: 445,551 / Tier 2: 20,581
Yes	MAHUBE OTWA COMMUNITY ACTION PARTNERSHIP			MAHUBE-OTWA Rural Housing Navigation and Stability NW	New	\$100,000	6	Tier 2
Yes	Bi-County Community Action Programs, Inc.	MN0095L5K062517	2027	Beltrami PSH		\$176,975	7	Tier 2
Yes	Bi-County Community Action Programs, Inc.			Beltrami SSO	New	\$109,386	8	Tier 2
Yes	Bi-County Community Action Programs, Inc.	MN0539L5K062503	2027	Conifer PSH		\$54,953	9	Tier 2
Yes	Bi-County Community Action Programs, inc	MN0178L5K062513	2027	AI PSH		\$83,846	10	Tier 2
Yes	Center City Housing Corp.	MN0580L5K062502	2027	Park Place - PSH		\$63,536	11	Tier 2
Yes	Northwest Community Action Inc.			FSD Supportive Services	New	\$80,000	12	Tier 2
Yes	Northwest Indian Community Development Center	MN0444Y5K062504	2027	YHDP Renewal #3 2026	YHDP	\$353,244	13	Tier 2

Total Ask \$2,112,661
Overage \$130,638

Reallocations/Rejections

Accepted	Program	Project Number	Expiration	Project	Restriction	Amount Requested	Notes	
	Tri-Valley Opportunity Council, Inc	MN0520R5K062501	2027	TVOC RRH Rural FY2022		\$103,653	Transitioning to new project	
	Inter- County Community Council	MN0176L5K062514	2027	ICCC PSH Renewal 2024		\$39,674	Not renewing	

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

MN-506 - Northwest Minnesota CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

MN-506 - Northwest Minnesota CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒		☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable			☒					N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

MN-506 - Northwest Minnesota CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	621	69.8	42.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	712	103.8	56.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

MN-506 - Northwest Minnesota CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	707	472.9	102.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	796	459.9	131.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

MN-506 - Northwest Minnesota CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	53	2	3.8%	0	0.0%	1	1.9%	3	5.7%
Exit was from ES	242	37	15.3%	8	3.3%	12	5.0%	57	23.6%
Exit was from TH	61	2	3.3%	2	3.3%	1	1.6%	5	8.2%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	250	16	6.4%	5	2.0%	13	5.2%	34	13.6%
TOTAL Returns to Homelessness	606	57	9.4%	15	2.5%	27	4.5%	99	16.3%

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Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	720
Emergency Shelter Total	629
Safe Haven Total	0
Transitional Housing Total	96

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Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	60
Number of adults with increased earned income	2
Percentage of adults who increased earned income	3.3%

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Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	60
Number of adults with increased non-employment cash income	10
Percentage of adults who increased non-employment cash income	16.7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	60
Number of adults with increased total income	11
Percentage of adults who increased total income	18.3%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	43
Number of adults who exited with increased earned income	9
Percentage of adults who increased earned income	20.9%

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Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	43
Number of adults who exited with increased non-employment cash income	12
Percentage of adults who increased non-employment cash income	27.9%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	43
Number of adults who exited with increased total income	20
Percentage of adults who increased total income	46.5%

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Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	605
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	135
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	470

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Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	886
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	167
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	719

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Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	264
Of persons above, those who exited to temporary & some institutional destinations	39
Of the persons above, those who exited to permanent housing destinations	174
% Successful exits	80.7%

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Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	683
Of the persons above, those who exited to permanent housing destinations	261
% Successful exits	38.2%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	581
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	506
% Successful exits/retention	87.1%

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FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	630	93	629	532	213
Total Leavers (HMIS)	579	49	156	180	130
Destination of Don't Know, Refused, or Missing (HMIS)	266	1	37	20	15
Destination Error Rate (Calculated)	45.9%	2.0%	23.7%	11.1%	11.5%

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Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

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2026 Competition Report - HIC Summary

MN-506 - Northwest Minnesota CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	177	150	164	0	164	91.5%
SH	0	0	0	0	0	NA
TH	102	84	90	0	90	93.3%
RRH	124	124	124	0	124	100.0%
PSH	86	86	86	0	86	100.0%
OPH	562	562	562	0	562	100.0%
Total	1,051	1,006	1,026	0	1,026	98.1%

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MN-506 - Northwest Minnesota

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	177	0	13	0	13	0.00%
SH	0	0	0	0	0	NA
TH	102	12	12	0	12	100.00%
RRH	124	0	0	0	0	NA
PSH	86	0	0	0	0	NA
OPH	562	0	0	0	0	NA
Total	1,051	12	25	0	25	48.00%

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For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	177	150	177	84.75%
SH	0	0	0	NA
TH	102	96	102	94.12%
RRH	124	124	124	100.00%
PSH	86	86	86	100.00%
OPH	562	562	562	100.00%
Total	1,051	1,018	1,051	96.86%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MN-506 - Northwest Minnesota CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

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2026 Competition Report - PIT Summary

MN-506 - Northwest Minnesota CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	141	111	101
Safe Haven Total	0	0	0
Transitional Housing Total	84	68	51
Total Sheltered Count	225	179	152
Total Unsheltered Count	35	30	3
Total Sheltered and Unsheltered Count*	260	209	155

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	35	15	10
Total Unsheltered Count	0	5	0
Total	35	20	10