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-504 - Northeast Minnesota CoC

1A-2. Collaborative Applicant Name: Hearth Connection

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Hearth Connection

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	0
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	0
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	2
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
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	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
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)	Yes	0
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	1
44.	Other Homeless Assistance Provider(s)	Yes	3
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	County Economic Development	Yes	1
47.			

1B-2.	Open Invitation for New Members.	

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 NE CoC maintains an open, low barrier membership structure and invites new members to join on an ongoing basis. Membership is open to anyone who lives or works in the region and wants to participate in the CoC. The CoC communicates this invitation year round through multiple public channels, including a sign up form on the CoC website, posted meeting schedules with instructions for how to attend, regular email communications, and direct outreach by the CoC Coordinator and Board members. CoC invitation materials make it clear that new members can join at any time and that meetings are open to the public.

The CoC also issues a formal annual invitation through its publicly advertised Annual Meeting, which serves as the CoC's primary membership drive. The CoC Board reviews participation and conducts targeted outreach to broaden representation across the region. An invitation to the Annual Meeting and to join the CoC was posted on the CoC website, shared through flyers in community spaces, and emailed on April 17, 2026, to over 130 people. Invitees included representatives from local government, police and fire departments, Tribal programs, service providers, housing authorities, legislators, schools, public health, county health and human services, and other partners. The Annual Meeting flyer was also posted publicly on the CoC website and in community spaces.

Throughout the year, the CoC Coordinator conducts ongoing outreach to encourage new membership. This includes presentations to regional partners, follow up on all inquiries to join the CoC, and 1:1 conversations with individuals interested in participating. New members receive individualized support to understand the CoC's structure and how they can engage. The Coordinator also shares information about leadership opportunities at lived experience meetings, including youth and adult advisory groups.

These efforts resulted in several new Governing Board members in the past year, including a police chief, county commissioner, county youth outreach worker, and an economic developer. Board members are elected by the CoC membership at the Annual Meeting and throughout the year when vacancies occur.

Information about joining the CoC is available year round through the website, public invitations, and regular communication with partners across the region.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

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.

(limit 2,500 characters)

The NE CoC uses a transparent, year round process to solicit input from people with lived experience, youth, service providers, Tribal programs, local government, public health, housing authorities, and other partners. The CoC publicly posts its meeting schedule, sign up form, and instructions for joining meetings on its website, and all meetings are open to the public.

The CoC regularly reviews and shares PIT, HIC, Coordinated Entry, and System Performance data through Board, committee, and membership meetings. At the May 14, 2026 Annual Meeting, the CoC presented its Annual Report and facilitated breakout discussions on “Creative Solutions to Housing.” Input from these discussions is being used to shape CoC strategies and priorities.

The CoC also solicits feedback from partners outside the homeless response system. On April 10, 2026 the CoC Coordinator presented System Performance Measures and CE data to the regional Community Health Board and gathered input on coordination gaps and shared priorities.

Lived experience feedback is collected on an ongoing basis.The New Perspectives Committee meets bimonthly, and the Youth Empowerment Team (YET) meets twice per month. Coordinators bring CE updates, system data, and draft materials to both groups for review. Their feedback is reported back to the Board and membership and used to update CE processes, communication materials, and planning decisions. YET also led a youth needs assessment in Summer 2026, gathering input from youth, providers, and community members; results informed the CoC’s Youth Homeless System Improvement work and the 2026 YHDP application.

The Planning & Evaluation Committee develops CoC priorities, scoring and ranking criteria, and reallocation and ranking policies. Draft recommendations are posted publicly on the CoC website for review and comment before Board approval. Committee membership is open to anyone interested, and the CoC maintains an ongoing sign up form on its website.

The CoC also hosted a joint Coordinated Entry Retreat on September 9, 2026 with the St. Louis County CoC. About 50 participants discussed access gaps and resource challenges. Detailed notes were collected, summarized, shared with the CoC membership, and will be presented at the November CoC meeting. This information is being used to inform CE system improvements and CoC priorities and strategies.

Across all venues, feedback is documented and used to inform CoC policies, priorities, and planning.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

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 NE CoC uses a transparent, public process to notify and accept proposals from organizations that have not previously received CoC Program funding, including faith based organizations. All competition materials including the application forms and draft and final scoring and ranking criteria are posted on the CoC website. All CoC meetings and committees are open to the public, with instructions to join posted online.

On June 18, the CoC issued a public Call for Projects and emailed it to a broad list of organizations, including faith based organizations, county HHS, nonprofits, Tribal programs, local governments, PHAs, youth providers, mental health and substance use providers, victim service providers, and CCBHCs. The notice encouraged organizations without prior CoC funding to apply and included instructions for submitting Intent to Apply forms, local applications, and e snaps applications. Members and partners were encouraged to share the opportunity with other organizations.

Draft scoring and ranking criteria and reallocation policies were posted to the CoC website for public review and comment on June 18, with notice included in the Call for Projects email. These materials were developed by the Planning & Evaluation Committee, which is open to anyone and publicly advertised on the CoC website. The CoC Board approved the criteria and policies on June 30, and final versions were posted online. A follow up call for new projects and notice of final materials was shared on July 16 and announced at the July CoC meeting.

The CoC hosted a public webinar on June 30 that walked through the application process, priorities, scoring and ranking criteria, and reallocation policies. The same information was presented at the July 9 CoC membership meeting. Both sessions were open to the public and posted online. The CoC Coordinator also provided 1:1 technical assistance to applicants.

The Ranking Committee, made up of community members who do not receive CoC funding, reviews and scores all applications. The draft project listing was posted to the CoC website for public review and comment and emailed to the CoC email list and applicants on August 7. The CoC Board approved the final project priority listing on September 25. All applicants were notified of their score and rank and offered the opportunity to appeal. Four new projects were submitted, reflecting the effectiveness of the CoC's outreach to organizations not previously funded.

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

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

(limit 2,500 characters)

The NE MN CoC will strengthen the pathway from homelessness to housing by addressing a key gap identified through both system data and direct feedback from people experiencing homelessness: people often have difficulty navigating fragmented resources and connecting to available housing and supportive services.

The 2026 PIT identified 145 people experiencing homelessness, with 39% experiencing homelessness unsheltered. The CoC's New Perspectives Committee, a bimonthly group of 6–12 people with current or recent experience of homelessness, reviewed regional Coordinated Entry data in August 2026. Participants identified no housing openings, a lack of affordable housing, inadequate communication and resource-sharing among providers, and that people are sometimes "sent in circles" when seeking help. The CoC will use this feedback to improve coordination rather than placing responsibility for navigating the system solely on people experiencing homelessness.

The CoC will strengthen connections among outreach, shelters, Coordinated Entry, housing providers, Tribal partners, behavioral health and other community resources. Providers will use warm handoffs and coordinated problem-solving to connect people with housing opportunities, rental assistance, identification and benefits, transportation, employment resources, and other supports. When needed and appropriate, the system will also facilitate connections to substance use treatment and mental health care and coordinate with law enforcement and other public safety partners to promote safe, appropriate responses to people experiencing homelessness. This strategy will address the needs of individuals, families, youth and young adults, people experiencing chronic homelessness or disability, Tribal communities, and people with behavioral health or substance use needs. The CoC will track outreach-to-Coordinated Entry connections, housing placements, exits from unsheltered homelessness, connections to mainstream benefits and supportive services, and barriers identified through participant feedback. The New Perspectives Committee will review progress quarterly and recommend system improvements.

Implementation will begin in Year 1, with quarterly monitoring and annual review. Activities will leverage CoC and ESG resources, Minnesota Housing funds, local and Tribal resources, and mainstream health, behavioral health and public assistance programs. The CoC Board and CoC Coordinators will oversee implementation.

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

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)

Individuals experiencing homelessness in the NE CoC region have access to residential and higher-intensity substance use disorder (SUD) treatment within the region, although availability varies by community and some individuals must travel outside their immediate community to access the appropriate level of care.

The regional treatment system includes residential SUD treatment, withdrawal management/detoxification, co-occurring mental health and SUD treatment, medication-assisted treatment, recovery services, and aftercare. Examples include the Community Addiction Recovery Enterprise (CARE) in Carlton, a state-operated residential program providing SUD and co-occurring treatment; Pioneer Recovery Center in Cloquet, which provides residential treatment for women; and Mash-Ka-Wisen Residential Treatment Center in Sawyer, which provides culturally grounded residential SUD treatment. Mash-Ka-Wisen and Thunderbird-Wren Halfway House are operated by Minnesota Indian Primary Residential Treatment Center, Inc., whose board includes representatives from several Minnesota Tribal communities. Tribal SUD and behavioral health programs also provide culturally responsive services within the region.

People experiencing homelessness are connected to these services through CoC-funded outreach, shelters, housing providers, Coordinated Entry, case managers, county and Tribal human services, healthcare and behavioral health providers, hospitals, courts, and other community partners. Individuals may also self-refer or be referred directly by treatment providers. Comprehensive assessments help determine the appropriate level of care, and treatment providers coordinate referrals when residential, withdrawal management, or other higher-intensity services are needed. CoC projects work to maintain housing engagement during treatment whenever possible and coordinate with treatment providers around discharge planning, benefits, transportation, and connections to permanent housing and community-based recovery supports. Because the CoC is geographically large (15,000 square miles) and predominantly rural, transportation and distance can be significant barriers. Providers assist individuals in accessing treatment in neighboring communities when the needed level of care is not available locally.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The NE CoC partners with a network of county, Tribal, nonprofit, healthcare, and behavioral health providers to connect people experiencing homelessness with outpatient mental health and substance use disorder (SUD) treatment. Services are available across the six-county CoC and through regional providers and telehealth, which is particularly important in our large, rural area. Outpatient services include mental health and SUD assessments, individual and group counseling, cognitive behavioral therapy, motivational interviewing, relapse prevention, co-occurring treatment, medication management, medication-assisted treatment (MAT), psychiatric services, crisis intervention, suicide prevention, case management, peer support, and telehealth. Northland Counseling Center provides outpatient mental health and substance use services in Itasca and Koochiching Counties, including therapy, psychiatry, medication management, peer support, co-occurring treatment, and telehealth. Rainy River Recovery provides outpatient SUD treatment and recovery services in Koochiching County. Northern Pines Mental Health Center provides integrated mental health and SUD services in Aitkin County, including outpatient therapy, recovery services, crisis services, peer support, ACT, and case management. In Cook County, the Wilderness Outpatient Treatment Program provides SUD assessments, individual support, and group outpatient treatment through a licensed alcohol and drug counselor.

CoC projects connect individuals to these services through outreach, shelter, Coordinated Entry, housing case management, county and Tribal human services, healthcare providers, hospitals, and direct referrals. Individuals may also self-refer. Providers complete assessments and develop individualized treatment plans, with referrals to a different level of care when needed.

CoC projects coordinate with behavioral health providers around treatment participation, medication management, crisis needs, recovery goals, and housing stability. When individuals have co-occurring mental health and SUD needs, projects seek integrated or coordinated services rather than treating the conditions separately. Providers also use telehealth and regional referrals to reduce geographic barriers.

The CoC's approach is to connect people to the least restrictive and most appropriate level of outpatient care while supporting recovery, safety, housing stability, and successful transition to ongoing community-based services.

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

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

(limit 2,500 characters)

Peer support is important because people experiencing homelessness may face barriers to formal systems, but connecting with someone with lived experience can build trust, hope, and sustained engagement. Our CoC partners with behavioral health, substance use disorder, county, Tribal, and community-based organizations to provide access to peer recovery specialists and other peer supports

Northland Counseling Center provides State-certified Peer Support Specialists and Certified Peer Recovery Specialists in Aitkin, Grand Rapids, and International Falls. Using a strengths-based, person-centered approach, peer specialists help people identify strengths and recovery goals, develop wellness and crisis plans, build self-advocacy skills, overcome barriers, and connect with community resources. Services are available in the community, homes, Northland locations, and through telehealth. Northland's SUD program also uses Certified Peer Recovery Specialists to help people explore treatment and recovery options.

Brightwater Health provides Certified Peer Support Specialists in Carlton and Lake Counties. Peer specialists provide person-centered support focused on recovery, self-determination, overcoming barriers, and connection to community resources. Outreach centers in Cloquet and Two Harbors offer social connection, peer support, skill building, and recovery activities. Its homeless program provides outreach, housing assistance, case management, transportation, benefits assistance, and crisis intervention, creating opportunities to connect people experiencing homelessness with peer support.

The CoC also connects people to regional and virtual peer resources. Wellness in the Woods provides a statewide Peer Support Connection Warmline staffed by people with lived experience and a Virtual Peer Support Network facilitated by Certified Peer or Recovery Peer Specialists. These options provide accessible support for people who may not be ready for traditional in-person services.

CoC-funded outreach, shelter, and housing programs identify people who could benefit from peer support and make referrals or warm handoffs to peer specialists and recovery resources. Case managers and peer specialists work together to address barriers, support treatment and healthcare engagement, connect people to benefits and community resources, and promote recovery and housing stability. Telehealth and virtual peer services are particularly valuable in the CoC's large, rural geography.

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)

Through outreach, emergency shelters, Coordinated Entry, housing programs, case management, healthcare and behavioral health providers, county and Tribal human services, hospitals, crisis services, and other community partners, the NE MN CoC identifies individuals experiencing serious mental illness (SMI). CoC-funded staff build relationships with people experiencing homelessness, identify behavioral health needs, and make referrals for diagnostic assessments and appropriate services. Providers also identify individuals needing more intensive community-based support and coordinate referrals with county mental health units and intensive service teams.

The CoC has access to Assertive Community Treatment (ACT) and other intensive community-based models that combine outreach, care coordination, treatment, and practical support. The Carlton ACT Team, operated by Carlton County Public Health & Human Services, provides intensive services to individuals with SMI. Brightwater Health also provides ACT services for individuals with SMI or serious and persistent mental illness (SPMI) referred through county mental health systems. Services include psychiatry, medication management, case management, substance use treatment, crisis intervention, employment support, independent living skills, and housing support, primarily in individuals' homes or communities.

Northland Counseling Center provides community mental health services across Aitkin, Itasca, and Koochiching Counties, including case management, ARMHS, peer support, behavioral health home services, medication management, therapy, substance use services, and intensive residential supports for people with SPMI and complex needs. Northern Pines provides community mental health and behavioral health services in Aitkin County, including outpatient treatment, case management, medication management, crisis response, and other community supports.

CoC housing and outreach providers coordinate referrals and appointments, address transportation and other access barriers, and support individuals in maintaining housing while receiving treatment. With appropriate releases, housing providers participate in coordinated care planning and communicate with behavioral health providers. These partnerships are especially important in the CoC's rural service area, where geographic distance and limited transportation can make ongoing behavioral health care difficult to access.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The NE CoC partners with the Itasca County Wellness Court, a joint-jurisdiction specialty court involving Itasca County District Court and Leech Lake Tribal Court. The Wellness Court team includes judges, probation, law enforcement, county attorney, public defender, a coordinator, and a licensed alcohol/drug counselor. The CoC also coordinates with the Sixth Judicial District's Carlton County Recovery Court.

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)

To support housing stability and recovery for people experiencing homelessness or housing instability who are involved with the justice system, the NE MN CoC coordinates with the Itasca County Wellness Court, a joint-jurisdiction specialty court involving Itasca County District Court and Leech Lake Tribal Court, The CoC also coordinates with the Sixth Judicial District's Carlton County Recovery Court.

CoC outreach, shelter, Coordinated Entry, and housing providers connect court-involved individuals to housing, treatment, behavioral health services, benefits, and other supports. With appropriate releases of information, housing providers coordinate with probation, treatment providers, and court teams so housing needs and progress can be considered alongside treatment and supervision requirements.

Wellness Court uses court-ordered and court-supervised requirements to reinforce engagement in treatment and recovery. Participants are required to participate in appropriate substance use treatment, attend court hearings, complete drug and alcohol testing, and comply with probation and other conditions. These requirements provide a structure for ongoing engagement while CoC and community partners address barriers that can interfere with recovery and housing stability, including lack of housing, transportation, income, and access to behavioral health care.

Housing providers help participants obtain and maintain stable housing, connect to treatment and recovery supports, and develop the skills and community connections needed for greater independence. When authorized, providers can coordinate information about housing progress and service engagement with probation and treatment teams to support compliance with court requirements.

Through these partnerships, the CoC helps ensure that court involvement is coordinated with, rather than a barrier to, housing and recovery. The combination of stable housing, treatment, supervision, and practical supports provides participants with a pathway 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)

The CoC partners with county/Tribal behavioral health and regional crisis providers to connect people experiencing homelessness to 988 and local crisis services. CoC outreach, shelter, and housing staff use 988 and county crisis lines for consultation, crisis intervention, mobile crisis response, assessment, stabilization, and connection to ongoing care. Regional mobile crisis teams provide 24/7 community-based response and coordinate follow-up services.

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.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

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

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

(limit 500 characters)

The NE CoC has a formal, long-standing partnership with Northland Counseling Center (NCC), a state-certified CCBHC serving Itasca and Koochiching Counties. NCC staff serve on the NE CoC Board and have long provided services through CoC rental assistance programs.
NCC is also an active Coordinated Entry partner, with staff serving as assessors and navigators and operating Aurora Heights and Beacon Hill housing programs. This partnership integrates housing and behavioral health services.

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)

The NE CoC does not currently have a CoC Program-funded project that operates sober housing as defined in 24 CFR 578.93(b)(5). Due to the region's rural geography, recovery housing capacity is limited. Providers coordinate referrals to Certified Recovery Residences and recovery housing in nearby CoCs as needed. The CoC regularly shares funding opportunities and information on recovery housing resources with treatment and recovery providers to support development of future capacity.

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)

To facilitate warm hand-offs to housing and prevent homelessness, the NE MN CoC coordinates with crisis response systems, behavioral health and substance use disorder (SUD) providers, peer recovery programs, CCBHCs, ACT teams, and other community providers. Because the CoC is large and predominantly rural, strong cross-system relationships and direct communication are essential.

CoC-funded outreach, shelter, Coordinated Entry, and housing programs identify people at risk of homelessness or with behavioral health, SUD, or other complex needs. With appropriate releases of information, staff communicate directly with behavioral health providers, county and Tribal human services, healthcare providers, crisis teams, and treatment programs rather than requiring individuals to navigate multiple systems alone.

Northland Counseling Center, the CoC's long-standing CCBHC partner, exemplifies this approach. Northland staff participate on the CoC Board and in Coordinated Entry as assessors and navigators and operate CoC-connected housing programs. This creates direct pathways between behavioral health services, housing assessment, placement, and ongoing support. Similar coordination occurs with Brightwater Health, Northern Pines, the Carlton ACT Team, SUD treatment providers, peer recovery specialists, and county and Tribal behavioral health systems.

During a behavioral health or SUD crisis, CoC staff can connect individuals to 988, county crisis lines, mobile crisis services, emergency services, withdrawal management, or treatment. Following stabilization or treatment, housing and service providers coordinate follow-up, transportation, benefits, appointments, recovery supports, and other services needed for stability.

The CoC also works to prevent homelessness. County and Tribal human services, healthcare and behavioral health providers, treatment programs, and community partners can identify housing instability and connect individuals to Coordinated Entry, prevention resources, rental assistance, mainstream benefits, and other housing interventions. When people leave institutional, residential, or treatment settings, providers work toward discharge planning and direct connections to housing and community services.

The CoC's goal is to make transitions between systems as seamless as possible by connecting individuals directly to the next provider or service, addressing barriers, and keeping housing stability central to the service plan.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$726,038
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.	$429,147
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	59%
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.	$152,342

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).	80%

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)?	67.00%

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 NE MN CoC has an established process for consulting with the Minnesota Department of Human Services which administers ESG funds for non-entitlement areas of MN, and with organizations that receive or seek ESG funding in the NE CoC region.

The CoC participates directly in the State's ESG planning and allocation process. DHS consults with the CoC regarding homelessness needs, trends, service gaps, and regional priorities. During recent ESG competitive funding processes, the NE CoC Coordinator and CoC members, including a person with lived experience of homelessness, participated in reviewing applications for projects serving the NE CoC region and provided input into funding recommendations. This gives the CoC a direct role in shaping ESG investments.

The CoC maintains written standards that apply to CoC- and ESG-funded activities. These standards establish expectations for access to homeless services and housing, coordination with Coordinated Entry, and performance toward goals for safe shelter, rapid re-housing, and stable housing outcomes. The CoC's Performance and Evaluation Committee reviews project performance and reports to the CoC Board. When concerns are identified, the CoC Coordinator and committees work with providers on quality improvement.

The CoC consults with ESG recipients through ongoing communication, performance monitoring, Coordinated Entry activities, HMIS/data review, and CoC meetings and committees. ESG-funded providers, including Grace House Emergency Shelter and KOOTASCA Community Action's homeless services, participate in the regional homeless response system and provide information about emerging needs, service barriers, and outcomes.

The CoC also contributes regional information to Minnesota's Consolidated Plan and Annual Action Plan processes. PIT and HIC data, homelessness trends, service gaps, and barriers to housing are shared with State planning staff. Annual reporting and planning provide additional opportunities to identify priorities for ESG investment.

Going forward, the NE CoC will continue to participate in DHS ESG application review and consultation, engage people with lived experience in funding discussions, monitor ESG project performance, and use current HMIS, PIT/HIC, Coordinated Entry, and community-level information to communicate regional priorities. This ongoing consultation helps ensure ESG resources complement CoC funding and address priority needs in our rural region.

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)

Coordination with shelters is especially important in our large, rural region, where shelter capacity is limited and many communities rely on motel stays or other temporary arrangements.

Grace House in Grand Rapids is the largest emergency shelter in the CoC, with 20 beds, and has an Outreach Coordinator who serves as a direct link between shelter participants and the broader homeless response system. The Outreach Coordinator takes primary responsibility for conducting CE assessments, reducing the workload on shelter staff and navigators while providing participants with a consistent entry point into the system. Assessments result in a housing plan based on each person's circumstances and immediate goals. The Outreach Coordinator provides light-touch support while participants are waiting for a navigator or housing program to become available. This includes helping people obtain identification and other vital documents; apply for SNAP, General Assistance, MFIP, health insurance, and energy assistance; and complete housing and Section 8 applications. The Outreach Coordinator maintains weekly contact with participants to monitor progress on housing-plan goals, address emerging barriers, and prevent people from becoming disconnected from CE. When a participant is ready for more intensive assistance, the Outreach Coordinator facilitates a warm handoff to a navigator or appropriate housing program.

Weekly case consultation is another important mechanism for coordination. Shelter assessors, navigators, case managers, and homeless program staff review participants' situations, housing plans, current living arrangements, applications, barriers, and available resources. This allows the team to identify appropriate referrals and advocate for individuals as openings become available, rather than requiring participants to navigate the system on their own.

The CoC uses the same collaborative approach across the region. In each county, CE assessors, case managers, navigators, shelter providers, and homeless service programs communicate regularly to move people from assessment and the CE priority list to available housing and supportive services. Outreach also extends beyond traditional shelters to people experiencing unsheltered homelessness or who cannot access shelter because of eligibility requirements, pets, or other barriers. Staff help identify safe alternatives and connect people to CE and available assistance.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The NE MN CoC shares PIT, HIC, HMIS, and System Performance data with state and local government partners, consistent with applicable privacy requirements, HMIS policies, and data-sharing agreements. The CoC recognizes that reliable, timely data are essential to understanding the scope and characteristics of homelessness, identifying gaps in the homeless system, and informing planning and resource allocation.

We work with the Results Management Specialist for the MN Interagency Council on Homelessness. MN's HMIS Policy and Prioritization Committee has granted MICH results management specialist access to HMIS data for statewide analysis, with safeguards requiring statewide analyses to be shared with CoC Coordinators and requiring consultation with the CoC Coordinator when data is specific to a CoC. This process allows state partners to use HMIS information to understand statewide trends while maintaining appropriate CoC involvement and context.

All MN CoCs also share HMIS metric data with MICH to support statewide analysis of System Performance Measures. These measures include the number and percentage of people exiting to permanent housing destinations from emergency shelter, Coordinated Entry, Street Outreach, and transitional housing projects. Sharing these measures allows the State and CoCs to identify trends, compare system performance over time, and identify areas where additional attention or resources may be needed.

The NE CoC also provides PIT and HIC data to MICH annually. The CoC uses its annual PIT and HIC process not only to meet federal reporting requirements but also to strengthen local understanding of homelessness, including changes in the number of people experiencing homelessness, sheltered and unsheltered homelessness, household characteristics, and available housing and shelter resources.

At the local level, the CoC regularly shares homelessness data with county and other local government officials. In particular, PIT data are provided to local partners, including county-level information that helps officials understand the extent and characteristics of homelessness within their communities and inform local planning, outreach, shelter, housing, and service responses. The CoC works with state and local partners to provide appropriate, timely data while protecting participant privacy and ensuring that data are interpreted within the context of our rural communities and local homelessness response system.

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)

To better understand the circumstances of people experiencing homelessness, identify system gaps, and inform planning, the NE CoC uses information from sources beyond HMIS. Because the CoC is a large, rural region, no data system captures the full picture of homelessness or factors contributing to housing instability.

The CoC uses county and statewide health, behavioral health, public health, and community-level data alongside HMIS and PIT/HIC information. The MN Department of Health provides county-level health indicators, hospitalization information, and other measures that help the CoC understand community conditions and health needs. MN's All Payer Claims Database provides aggregated health-care utilization information by county and helps identify patterns in hospital and health-care use. These sources provide context for health needs and areas where stronger connections between housing and health services may be needed.

The CoC works with county and Tribal human service agencies, behavioral health providers, health-care organizations, shelters, and partners to understand patterns that may not be visible in HMIS. This information can identify barriers such as behavioral health and substance use needs, frequent crisis-system involvement, difficulty accessing treatment, transportation barriers, and challenges obtaining benefits or identification.

Individual-level health records, Medicaid claims, electronic health records, hospital admission/discharge information, and corrections data are not routinely integrated into the NE CoC's HMIS. Access to these data is governed by privacy laws, agency policies, and data-sharing agreements. When appropriate, providers coordinate directly with participants and partner agencies, with required releases of information, to support continuity of care and housing stability.

The CoC uses these complementary sources to interpret HMIS and SPM data in context rather than relying on HMIS alone. HMIS can show the number and characteristics of people experiencing homelessness and their housing outcomes, while community health and human-services data can help identify broader conditions and service-system pressures affecting those outcomes. The CoC will continue strengthening relationships with state, county, Tribal, health-care, behavioral health, and public health partners and pursue data-sharing opportunities that improve planning and care coordination while protecting participant privacy.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The NE CoC partners with the Northeast Minnesota Office of Job Training through its Heading Home Corps Housing Resource Navigator, who participates in Coordinated Entry. The Navigator helps people experiencing homelessness assess needs, set housing goals, connect with social services, and navigate resources. This partnership strengthens connections between housing stability and employment, income, education, training, and other workforce resources that can help people obtain and retain housing.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The NE CoC relies on strong cooperation with first responders and law enforcement across the entire homeless response system, including street outreach, to increase positive interactions, locate unsheltered people across a geographically vast rural region, and connect them quickly to Coordinated Entry, shelter, and housing. Outreach staff attend monthly Chief of Police meetings to coordinate responses to unsheltered homelessness, share information about individuals who may need support, and align outreach practices with local safety protocols.

Because first responders are often the first to encounter unsheltered individuals in remote areas, law enforcement regularly sends reports of people identified as homeless. Outreach workers follow up to complete CE assessments, offer shelter, and connect people to housing navigation. Officers also make direct referrals and contact outreach staff when they need guidance on how to safely approach someone in crisis or in an unsafe location. Outreach teams partner with county jails to complete CE assessments for people who are incarcerated or about to be released, reducing returns to homelessness by ensuring people transition directly to safe shelter or housing rather than returning to the streets. Staff also coordinate with school resource officers when youth or families are identified as unstably housed.

Organizations that provide outreach have strong relationships with law enforcement, including police and probation representation on their boards. The CoC Board Chair is a Fire Chief, and another board member is a City Chief of Police, providing oversight of the CoC's public safety response and ensuring CoC policies and priorities promote individual and community safety. These relationships create predictable communication channels, shared problem solving, and a clear pathway for first responders to connect people to CoC services.

Outreach and first responders coordinate approaches that promote individual and public safety and ensure people are located, engaged, and connected to CE. Case consultation with outreach and service providers helps match people on the CE list to housing that meets their needs, including shelter, unsubsidized units, and group home settings. This cooperation contributes to positive outcomes: successful exits from Street Outreach is 54.55% (2025 SPMs), demonstrating effective engagement and coordination with first responders.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Family and natural supports can be an important pathway out of homelessness when returning to a safe and appropriate family or support network is possible. We connect participants with programs that address family relationships, child welfare, safety, treatment, and housing barriers that can prevent reunification.

An example is the Kathleen Blatz Family Recovery Program, which grew from the Itasca Co. Children's Justice Initiative and serves families involved in the child-protection system. Recovery Specialists coordinate with participants, child protection case managers, treatment providers, and probation, helping families address treatment and other requirements associated with reunification.

AEOA provides another important resource for homeless and formerly out-of-home youth in Itasca County. Its LIFE (Living Independently from Experience) program provides transitional housing and individualized services to homeless youth ages 18–24 in Itasca and Koochiching Counties. AEOA's Free at Last program serves youth ages 16–24 who have been in out-of-home placement and provides case management, independent-living skills, and housing assistance. AEOA also provides youth street outreach and case management. These programs help youth stabilize, strengthen supportive relationships, and connect with services needed to pursue safe housing and, when appropriate, reconnect with family or other natural supports.

North Homes Children & Family Services provides child and family services in Grand Rapids, including foster care, family services, and Safe Harbor services. Its programs support family connections and provide outreach, case management, housing, and other services to youth experiencing exploitation or trafficking.

The CoC also works with county and Tribal child-welfare and family-preservation systems. MN's Indian Family Preservation framework includes placement prevention and reunification services, family-based services, counseling, crisis intervention, and connections to needed services. These systems are particularly important in the NE CoC's Tribal communities.

When reunification is appropriate and safe, CoC providers explore family and natural supports with participants, address barriers such as transportation and documentation, and coordinate warm handoffs to the receiving family, support network, or provider. When reunification is not safe or appropriate, we help participants identify other stable housing and supportive relationships.

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 NE CoC cooperates fully with local jurisdictions and first responders and does not interfere with or impede law enforcement efforts to protect public safety. Across six rural counties, homeless program staff work within county behavioral health, emergency response, and public safety systems. Providers coordinate with law enforcement, mobile crisis teams, PHHS, EMS, and healthcare partners when individuals are in unsafe locations, experiencing behavioral health crises, or at risk of harm. Staff follow county protocols, defer to first responder direction, and share safety relevant information when legally authorized.
A City Chief of Police and a Fire Chief serve on the CoC Board, ensuring CoC planning and system coordination work is promote public safety. Their participation helps the CoC align its housing and service strategies with local safety protocols and supports effective coordination with law enforcement.
CoC outreach, shelters, and housing providers assist first responders by identifying individuals who need crisis intervention, supporting safety assessments, coordinating transportation or placement when people cannot remain safely in public spaces, and connecting individuals to crisis services, stabilization supports, or safe housing. Providers participate in multidisciplinary meetings, crisis calls, and information sharing processes that reinforce collaboration across the homeless response system and public safety partners.
The CoC's Coordinated Entry and HMIS privacy protocols ensure information is accessed only by authorized partners and shared solely for safety related purposes. Providers work closely with county crisis teams and law enforcement when individuals may meet Minnesota's civil commitment criteria, helping facilitate emergency evaluations and safe transitions to appropriate care.
The CoC also cooperates with legally required information sharing related to SORNA. Registration, notification, and enforcement remain the responsibility of law enforcement and corrections; CoC providers coordinate with those agencies when legally appropriate to support safe housing planning while maintaining confidentiality and complying with HMIS privacy requirements.
Across all counties, the CoC complements local enforcement and emergency response by ensuring individuals experiencing homelessness are connected quickly to housing, behavioral health care, substance use treatment, and other supports that promote individual and community safety.

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)

CoC jurisdictions have laws and practices regulating camping, RV habitation, public nuisances, obstructions, and use of public property. These policies address health, safety, sanitation, access, and property-use concerns. Examples include Cloquet's restrictions on overnight occupation of RVs and trailers on public streets and rights-of-way; Two Harbors' 72-hour restriction on recreational camping vehicles on streets or rights-of-way and prohibition on using them as living quarters during that period; and Aitkin's park regulations prohibiting overnight camping without a permit and unauthorized tents or structures. Two Harbors also has nuisance provisions addressing conditions that endanger health or safety, obstruct public property, or interfere with streets and rights-of-way. Silver Bay adopted Ordinance 590 in 2025 regulating recreational vehicles, campers, and other nonpermanent structures used for permanent habitation, with specified exceptions. Grand Rapids and International Falls also have public-property, nuisance, and right-of-way provisions addressing unauthorized or unsafe use of public spaces.

Our 2026 PIT identified 145 people experiencing homelessness, including 39% who were unsheltered. Unlike metropolitan areas with large, concentrated encampments, the NE CoC generally encounters smaller, dispersed situations involving individuals or small groups, including people camping temporarily, living in vehicles, or staying in locations not intended for habitation. Qualitatively, local providers report that transportation, limited shelter and affordable housing, and gaps in behavioral-health and substance-use services can make it difficult to connect people quickly to alternatives.

The CoC will leverage beneficial policies by strengthening communication among municipalities, law enforcement, public works, outreach providers, CE, shelters, and housing providers. When circumstances permit, jurisdictions will be encouraged to provide advance notice, engage outreach and CE, identify available alternatives, address transportation, and coordinate storage of essential belongings.

The CoC will mitigate restrictive policies through early outreach, current resource info, and stronger referral protocols. CE will pursue longer-term housing solutions so enforcement does not simply result in displacement. This approach respects local authority while increasing the likelihood that people leaving public property connect to shelter, housing, and services.

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)

Unsheltered homelessness is a significant concern, although the region's rural geography means homelessness is generally dispersed rather than concentrated in large, visible encampments. The 2026 PIT identified 145 people experiencing homelessness, with 39% counted as unsheltered. The CoC does not have reliable data indicating that all, or even most, of these individuals reside in tents or organized encampments; unsheltered homelessness also includes people staying in vehicles, abandoned structures, wooded or other outdoor locations, and other places not meant for habitation.

The CoC has not identified a large, persistent regional encampment comparable to those documented in some metropolitan areas. Instead, communities periodically encounter smaller groups or individuals living outdoors or in temporary camps. These locations can be dispersed, transient, and difficult to identify, and the number and location of tents and informal encampments can change quickly.

The CoC has dedicated outreach and navigation staff to respond to unsheltered homelessness. A HUD-funded Unsheltered Outreach Worker serves Carlton County, and Grace House in Itasca County has an Outreach Coordinator who conducts CE assessments and maintains weekly contact with people experiencing homelessness while they await connection to a navigator or housing program. Outreach includes people who cannot access traditional shelter because of eligibility requirements or other barriers.

Through State of Minnesota resources and a HUD-funded unsheltered homelessness grant, the CoC also has two housing navigators serving Itasca County. They develop housing plans, address documentation and other barriers, and connect people to shelter, housing, benefits, behavioral health, substance use treatment, and other resources.

The CoC will continue to monitor unsheltered homelessness through PIT, CE, HMIS, outreach contacts, and information from local governments and community partners. When tents or encampments are identified, the CoC will work with local jurisdictions to engage people before a site is closed whenever possible, complete CE assessments, identify safe alternatives, preserve service connections, and coordinate warm handoffs to housing and supportive services. This approach recognizes that the region's challenge is a dispersed unsheltered population that can be difficult to locate and connect to resources across a large rural geography.

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)

Local jurisdictions throughout the NE CoC have public-safety, nuisance, public-property, and other provisions that address unlawful drug activity and behavior affecting public health and safety. For example, Cloquet City Code §4.9 regulates synthetic drugs and prohibits unlawful possession. Local public-property and nuisance provisions also provide tools when activity affects safety or use of public spaces.

Minnesota law provides an important service-connection mechanism. Under Minn. Stat. §152.025, when a peace officer encounters a person suspected of a fifth-degree controlled-substance offense, the officer may refer the person to local services; upon request, the officer must, when practicable and available, provide a referral. Listed services include substance-use treatment and recovery, peer support, homeless shelters, detoxification, mental-health crisis services, naloxone, and other available community services.

The NE CoC's rural geography shapes the challenge. The 2026 PIT identified 145 people experiencing homelessness, with 39% unsheltered. Public drug use is generally dispersed among individuals or small groups. Outreach and partner feedback indicate that distance, transportation, and limited shelter, treatment, and behavioral-health capacity can delay service connections.

The CoC will leverage beneficial policies by strengthening communication among law enforcement, outreach, coordinated entry, shelters, behavioral-health and substance-use providers, and local partners. When appropriate, law enforcement will be encouraged to use referral mechanisms alongside enforcement and connect people to outreach and coordinated entry.

To mitigate restrictive or displacement-related effects, the CoC will encourage early outreach when public drug use or related activity is identified, maintain current resource information, and strengthen referral protocols. When an enforcement or public-property action affects a person experiencing homelessness, partners will seek, when circumstances permit, a warm handoff to shelter, treatment, recovery, behavioral-health, harm-reduction, or housing services.

The CoC will monitor service barriers through outreach, CE, HMIS, and partner feedback and use this information to improve referral pathways, transportation assistance when available, and coordination. This approach supports safe public spaces while increasing opportunities for people experiencing homelessness to connect with appropriate 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)

Overdose and substance use are ongoing concerns in the NE MN CoC, including among people experiencing homelessness. However, the CoC's large rural geography and dispersed population make it difficult to quantify illicit drug use specifically in public spaces or identify persistent locations where such activity is concentrated.

Minnesota Department of Health data show that residents of the six-county CoC experienced 15 fatal drug overdoses in 2024: Aitkin (2), Carlton (5), Cook (6), Itasca (1), Koochiching (0), and Lake (1). These are deaths among county residents and are not necessarily deaths that occurred within the county. The relatively small numbers also require caution when interpreting year-to-year changes. MDH's current county data provide information about overdose deaths but do not identify whether deaths or drug use occurred in public spaces.

A 2025 study of overdose deaths in 36 rural Minnesota counties from 2022–2024 included five NE CoC counties—Carlton, Cook, Itasca, Koochiching and Lake—and documented fentanyl and other substances in overdose deaths, including emerging concerns involving xylazine. The study demonstrates the importance of overdose prevention and treatment resources in rural communities but does not establish that illicit drug use or overdoses are widespread in public spaces within the NE CoC.

The CoC's outreach, shelter, Coordinated Entry, behavioral health, public health, Tribal and other community partners report that substance use can be a significant barrier to housing stability and may increase risks for people experiencing unsheltered homelessness. Outreach and navigation staff connect people voluntarily to substance use disorder treatment, mental health care, recovery supports, naloxone and other harm-reduction resources, while also addressing housing needs.

The CoC does not have reliable data indicating that illicit drug use is widespread in public spaces or concentrated in particular encampments. When concerns arise in public locations, the CoC works with local jurisdictions, public health, behavioral health and public safety partners to promote safety, engage people experiencing homelessness, connect them to appropriate services, and pursue housing solutions. The CoC will continue monitoring MDH overdose data, outreach observations and information from community partners to identify emerging trends and service needs.

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 law provides an important framework for responding when a person experiencing homelessness is in crisis and presents a danger to self or others. Under Minn. Stat. §253B.05, a peace or health officer may take a person into custody and transport the person for evaluation when there is reason to believe the person has a mental illness or developmental disability and is in danger of harming self or others. The statute also provides authority when a person is chemically dependent or intoxicated in public and presents such a danger. An examiner then determines whether an emergency hold is appropriate.

Minnesota's 988 and mobile crisis systems provide additional, less enforcement-oriented responses. In Itasca County, the NE CoC works closely with First Call for Help, which provides 24/7 mobile crisis response. Its crisis team can respond in community locations, including homeless shelters and public locations, assess and stabilize people experiencing mental health crises, and connect them with ongoing services. First Call's Crisis Reception Center also provides mental health and chemical health assessments, stabilization, addiction supports, housing resources, and Coordinated Entry access for people experiencing homelessness.

The primary challenge for the NE CoC is not a lack of legal authority, but providing timely crisis, behavioral health and substance use responses across a large rural geography. People experiencing homelessness may be in remote locations, vehicles, wooded areas or other places that are difficult for providers to reach. Limited treatment and housing capacity can also make continuity of care difficult after a crisis.

The CoC will strengthen coordination among outreach workers, shelters, Coordinated Entry, county and Tribal behavioral health agencies, mobile crisis teams, treatment providers and law enforcement. Staff will use 988/mobile crisis and behavioral health resources when appropriate, and law enforcement when there is an immediate safety concern or statutory authority for emergency intervention. Following a crisis, providers will make warm handoffs to mental health or substance use treatment, recovery supports and housing while maintaining the person's connection to Coordinated Entry.

The CoC Governing Board and Coordinators will monitor these efforts through provider coordination, HMIS/CE information and feedback from the New Perspectives Committee, identifying gaps in crisis-to-treatment-to-housing transitions.

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)

MN's sex-offender registration and community-notification laws provide a framework that can help the CoC protect participants, housing providers and communities while connecting people subject to registration requirements to appropriate housing. Minn. Stat. §243.166 requires registrants to provide primary and secondary addresses and, when a person lacks a primary address, to report where the person is staying with as much specificity as possible. Importantly for the homelessness system, a supervised public or private shelter providing temporary accommodations for homeless individuals is not considered a secondary address.

Minn. Stat. §244.052 establishes community-notification requirements based on an individual's risk level. Level III offenders are subject to broader notification, including information provided to community members and entities the person is likely to encounter, and Level III information is publicly available through the state's registry.

These requirements can create challenges for homelessness providers because housing is scarce throughout the rural NE CoC, and some housing opportunities may be unavailable because of registration status, location restrictions or the need to protect other vulnerable residents. The NE CoC will rely on law enforcement and corrections officials to provide legally required notifications and will establish clear protocols for providers to obtain and respond to information when a placement presents a safety or legal concern.

The CoC will strengthen coordination among law enforcement, corrections, shelters, housing providers and Coordinated Entry. When a registered individual is being considered for housing, providers will use the public registry and information lawfully provided by responsible authorities, consult with law enforcement when necessary, and document applicable placement or safety requirements. Confidential information in HMIS and CE will be protected and shared only as permitted or required by law.

The CoC Governing Board and Coordinators will maintain provider guidance on registry information, housing placement, confidentiality and notification requirements. The CoC will track housing barriers and work with law enforcement and housing partners to identify lawful alternatives when restrictions limit available housing. This approach supports SORNA and MN notification requirements while avoiding unnecessary disclosure that could further restrict access to housing.

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)

We use a coordinated, community-based outreach strategy to reach people experiencing homelessness throughout our large rural geography. Outreach is conducted on behalf of the CoC rather than by a single agency and is adapted to local needs. It uses multiple pathways to identify and engage people experiencing homelessness, including people who are unsheltered, isolated, or least likely to seek assistance. Staff connect with people in places they frequent, including shelters, food shelves, community meals, libraries, schools, businesses, health and behavioral health settings, and other locations. AEOA provides homeless services and housing assistance throughout Lake and Cook Counties, including prevention, rapid rehousing, housing search, case management, and community resource connections. Grace House provides outreach and coordinated entry assessment in Itasca County, while Northland Counseling Center housing navigators connect people to behavioral health, housing, and other supports. Aitkin and Koochiching Counties and Tribal communities rely on partnerships among county and Tribal programs, housing providers, schools, health and behavioral health providers, and local organizations.

The CoC prioritizes relationship-based engagement. Staff meet people where they are, provide information and assistance repeatedly when needed, and use warm handoffs to shelter, housing, health and behavioral health care, substance use services, benefits, employment resources, and other supports. Translation and communication accommodations are provided as needed.

People with lived experience shape outreach. The New Perspectives Committee provides guidance on how and where people experiencing homelessness can best be reached, while YET (a Youth Action Board) informs strategies for engaging young people. The CoC also uses community events, outreach materials, social media, 211, and other methods to reach people who may be reluctant or unable to engage with traditional systems.

The CoC coordinates existing outreach capacity and leverages available state, local, and federal resources. Particular attention is given to unsheltered people, rural and Tribal communities, youth and young adults, and people facing transportation, geographic, behavioral health, or other barriers. CE helps connect people and families to available assistance regardless of where they first enter the system.

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

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes

5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

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)	No
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

Ensuring that children, youth, and families experiencing homelessness can exercise their educational rights is an established requirement of the NE MN CoC's written policies and procedures. All CoC- and ESG-funded programs serving people experiencing homelessness must inform individuals and families, including unaccompanied youth, of their rights and eligibility for educational services under the McKinney-Vento Homeless Assistance Act.

Programs serving households with children or unaccompanied youth must have written procedures to ensure that children and youth are enrolled in and attending school, Head Start, or other appropriate public early childhood programs. Program procedures must address education rights and school stability during intake and/or case management and identify staff responsibilities for helping families access educational services. Programs are required to provide parents, children, and youth with information about their educational rights and how to access assistance, including contact information for appropriate school personnel, homeless education liaisons, and/or the Minnesota Department of Education. Programs must also designate and train staff to facilitate access to education and coordinate with schools and other education providers when needed. Where appropriate, programs assist families with transportation and other barriers that could prevent children and youth from enrolling in or regularly attending school.

The CoC promotes consistent implementation by making Minnesota Department of Education McKinney-Vento information and other educational-resource materials available to CoC-funded agencies. Programs are expected to establish partnerships or other communication processes with local school districts to identify and serve children and youth experiencing homelessness and to support school stability. The CoC also monitors compliance with these requirements through its annual CoC program competition. Applicants are evaluated on their implementation of practices connecting participants to K-12 education and early childhood development, with additional points available for projects that exceed minimum requirements. This provides an ongoing mechanism for the CoC to reinforce written policies, identify gaps, and encourage continuous improvement in connecting children and youth experiencing homelessness with educational services.

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 NE MN CoC has formal partnerships with child welfare agencies, public housing authorities, and youth-serving organizations to help youth transitioning from foster care obtain stable housing and supportive services. A key component is the CoC's formal role in HUD's Foster Youth to Independence (FYI) program.

Two regional PHAs participate in FYI with county public child welfare agencies through formal MOUs signed by the PHA, PCWA, CoC, and service provider. The CoC is a formal partner in these agreements, which establish shared responsibilities and a defined process for identifying eligible youth, certifying eligibility, and connecting them to Housing Choice Vouchers and supportive services. The Carlton Co. HRA and Itasca County HRA each partner with their county child welfare agency through this process. The CoC helps facilitate coordination among the housing, child welfare, and service systems and supports identification and connection of eligible youth to housing resources.

The CoC also connects youth to MN's Successful Transition to Adulthood for Youth (STAY) system. AEOA provides STAY in the Free at Last services in Itasca and Koochiching Counties, including independent-living skills, case management, employment preparation, and housing assistance for eligible youth. Lutheran Social Service provides STAY in Aitkin County. County and Tribal child welfare agencies provide additional transition planning and supports, including assistance with housing, education, employment, transportation, and permanent connections. Youth may also access extended foster care through age 21 and Education and Training Voucher resources for eligible post-secondary students.

Across the NE CoC's rural geography, youth can be connected through child welfare agencies, housing authorities, coordinated entry, housing and shelter providers, Tribal programs, schools, behavioral health providers, and other community organizations. CoC partners help youth navigate housing assistance and supportive services and work to address housing needs before a young person becomes homeless whenever possible. Youth with lived experience also inform the CoC's approach through YET and other lived-experience engagement.

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 NE CoC has not identified federally funded Runaway and Homeless Youth (RHY) programs operating within its six-county geographic area of Aitkin, Carlton, Cook, Itasca, Koochiching, and Lake Counties. However, RHY-funded resources are available in neighboring St. Louis County, which is geographically central to the broader northeastern Minnesota service area. Lutheran Social Service of Minnesota (LSS) operates the Renaissance Transitional Living Program in Duluth, a 10-bed program serving homeless youth ages 16–21. LSS has also operated RHY-funded emergency/self-referral beds and runaway/street outreach services for youth in Duluth. The CoC is aware of these adjacent resources and can connect eligible youth to services outside the CoC when appropriate. Other youth-serving organizations in and around the NE CoC provide outreach, shelter, housing, and supportive services, although these programs are funded through sources other than RHY.

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)

KOOTASCA Transitional Housing in Itasca County is a strong example of a CoC Transitional Housing project serving families with children experiencing homelessness. The program serves families with children and provides temporary housing and supportive services to help families address barriers to housing stability and transition to permanent housing.

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)

Increasing income is a primary goal for participants in KOOTASCA Community Action's housing programs. Many participants enter TH without employment and may lack the skills or education needed to obtain living-wage employment. Case managers work with each household to develop an individualized plan addressing employment, job training, education, and other barriers to increasing income and achieving housing stability.

KOOTASCA provides hands-on assistance with employment, including help completing job applications and connections to local employers and workforce resources. The agency has established partnerships with the local workforce center, county staff, Adult Basic Education, job counselors, local businesses, and other service agencies. Participants seeking additional education or job training are connected with career counselors, local college advisors, Adult Basic Education and GED programs, and community college educational and continuing education opportunities. Case managers work with participants to identify and connect with the agencies and resources most appropriate for their employment goals.

KOOTASCA also helps participants address barriers that can interfere with employment and income: transportation, child care, education, benefits, and other basic needs. Through these partnerships and individualized case management, participants are supported in obtaining employment, pursuing education or training, increasing earned income, and developing the stability needed to sustain permanent housing.

The project's outcomes demonstrate progress toward these goals. During the most recent reporting period, 3 of 4 TH leavers gained or increased earned income. One family of four entered the program after living in a vehicle while one adult was employed. By program exit, the family had increased its income, worked through significant debt and paid off a fine, and obtained permanent housing in a three-bedroom townhouse with a site-based subsidy. The family remained housed at the six-month follow-up.

KOOTASCA's approach combines housing with individualized employment planning, workforce and education connections, barrier reduction, and ongoing case management to help families increase their resources and ability to pay rent.

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)

KOOTASCA's TH project leverages mainstream family service systems to help families meet basic needs, increase household resources, and achieve housing stability. Some TH participants receive Temporary Assistance for Needy Families through the Minnesota Family Investment Program (MFIP), as well as other county-administered assistance.

Within the first week of enrollment, the case manager and participant establish goals and develop an individualized plan that identifies immediate needs, barriers to stability, and available resources. Participants are assisted with applications for county assistance, including MFIP/financial assistance, food support, medical assistance, and child care assistance. Case managers make referrals and actively help participants connect with county services and other mainstream benefits for which they may be eligible.

KOOTASCA staff maintain working relationships with county staff and, when appropriate, advocate directly with county workers to help resolve application or service issues. This hands-on coordination helps families access benefits and services that supplement their income and reduce expenses, strengthening their ability to maintain housing.

KOOTASCA also leverages community resources when mainstream systems do not directly provide a needed item or when an immediate need must be addressed. Staff coordinate with partners such as the Salvation Army, local food shelves, and the Community Sharing Fund to help families obtain food, household necessities, and other assistance.

In addition, KOOTASCA’s homeless prevention staff are certified MNsure navigators and can assist participants with health insurance enrollment and connections to medical coverage. By combining TH case management with enrollment in MFIP/TANF and other mainstream benefits, county services, health coverage, child care assistance, and community resources, KOOTASCA helps families maximize available resources while working toward stable, permanent housing.

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)

The TH program uses a whole-family, client-centered approach that combines housing assistance with services addressing the needs of both parents and children. Case managers work with each household to establish strength-based goals that support a transition to permanent, stable housing. Safe and reliable childcare is an important component of the family's housing and self-sufficiency plan.

Case managers connect families with County Health and Human Services to apply for childcare assistance and encourage families with young children to apply for early childhood programs. Parents are encouraged to enroll preschool-age children in KOOTASCA's Head Start and Early Head Start programs, which provide early education and additional support for children and parents. Families may also be connected to Invest Early and other local early childhood programming, some of which provides year-round childcare.

KOOTASCA provides or coordinates parenting support based on individual family needs. Case managers coach parents on practical skills such as meal planning, chore charts, positive role-modeling, and household routines. Parenting support, childcare classes, and essential supplies such as diapers, wipes, and other infant needs may be provided through other KOOTASCA funding streams or community partners. Case managers also help families access MFIP, SNAP, and other county assistance that can reduce financial barriers to caring for children.

When children have healthcare, mental health, educational, or chemical dependency needs, case managers connect families with local providers and support systems. These may include individual or family counseling, school-based supports, in-home services, support meetings, and county health and human services. Staff provide assistance in navigating these systems and work with county partners to address family concerns.

By combining housing with childcare access, early education, parenting support, healthcare and behavioral health connections, and assistance with basic needs, KOOTASCA addresses the needs of the entire household. This approach helps parents establish the stability and supports necessary to maintain housing while promoting the health, development, and educational well-being of their children.

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 NE MN CoC has a strong, longstanding partnership with the Minnesota Assistance Council for Veterans (MACV). A MACV representative serves on the CoC Governing Board, and the CoC has funded a Rapid Re-Housing program for homeless families that include a Veteran for many years. The CoC also collaborates with the MN Department of Veterans Affairs and participates in the statewide Veterans Homeless Registry.

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)

Advocates for Family Peace in Itasca Co. is a victim service provider offering emergency and transitional housing for survivors of domestic violence and their families. Its confidential emergency shelter provides 24/7 crisis housing, while TH includes housing placement, rental assistance, and case management. The NE MN CoC has a strong partnership with Advocates for Family Peace, and the CoC also coordinates with Advocates through CE to connect survivors with housing and wraparound services.

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 NE MN CoC has a formal partnership among Northland Counseling Center (NCC), the Itasca County Housing and Redevelopment Authority (ICHRA), and the Minnesota Department of Corrections (DOC). Through an MOU, DOC identifies and refers low-income individuals returning to community supervision who are homeless or at risk of homelessness, while NCC and ICHRA provide housing navigation, application assistance, and support identifying appropriate housing options.

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)

We partner with Fond du Lac Human Services, which integrates homelessness services with comprehensive medical, behavioral health, and social services. Its Long-Term Homelessness program provides case management, housing assistance, transportation, mental and chemical health services, and connections to mainstream resources, while the Min No Aya Win clinic provides primary and specialized medical care, helping people experiencing homelessness with complex health needs access coordinatated care.

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

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

(limit 500 characters)

The NE CoC partners with the Arrowhead Area Agency on Aging which serves all six CoC counties and connects older adults to housing resources, benefits, transportation, in-home services, and other supports. The CoC also connects older adults experiencing homelessness to Minnesota Housing Support, which serves people age 65+ and can support placement in assisted living, adult foster care, and long-term homeless supportive housing.

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)

Outreach Center Apartments in Carlton County is a Permanent Supportive Housing project that specifically designates two of its five beds for individuals experiencing chronic homelessness. The project currently exceeds this designation, with three of the five beds occupied by individuals who have experienced chronic homelessness. The project provides permanent housing and support services to help individuals maintain housing stability and address barriers associated with long-term 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)

Outreach Center Apartments (ORC) is a single-site CoC PSH project in Cloquet, consisting of five single-occupancy apartments for adults with disabilities who are experiencing homelessness and have serious mental illness (SMI). Two apartments are specifically designated for chronically homeless adults with SMI.

Participants are referred through the CE System and receive ongoing behavioral health services through Brightwater Health (formerly Human Development Center), which has a local office nearby. Brightwater provides counseling, substance use/addictions counseling, psychiatry, case management, and Adult Rehabilitative Mental Health Services (ARMHS). Brightwater Health staff provide supportive services, including case management and ARMHS, on-site at the Outreach Center Apartments and in the community. Participants can also access counseling and psychiatric services locally or through referral.

The Outreach Center Apartments building hosts community events that provide opportunities for social connection and engagement for people with mental illness. ORC staff also provide outreach and assistance with housing applications and other housing resources. The project is specifically designed to provide stable housing and ongoing behavioral health and supportive services to individuals whose mental illness has contributed to difficulty maintaining shelter and housing stability.

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)

Outreach Center Apartments has a policy and practice of monitoring participant needs and connecting residents to a higher level of care when their needs cannot be safely or effectively addressed through the services available through permanent supportive housing. Participants receive ongoing contact with project staff and behavioral health providers, who assess changes in mental health, substance use, daily functioning, housing stability, and ability to live independently. When a participant's needs indicate that a higher level of care may be appropriate, staff work with the participant and their treatment team to identify appropriate options, which may include residential treatment, assisted living, or other community-based services.

Brightwater Health provides behavioral health services, case management, psychiatry, and ARMHS to participants and plays an important role in assessing changing behavioral health and functional needs. Project staff coordinate with Brightwater Health and other service providers, as appropriate, to facilitate referrals and transitions to a higher level of care while maintaining housing stability whenever possible.

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)

Brightwater Health has an established policy and process for assessing participants' readiness to move to unsubsidized or other permanent housing from the Outreach Center Apartments. As part of ongoing behavioral health and supportive services, Brightwater staff assess changes in participants' functioning, stability, support needs, and ability to maintain housing with less intensive assistance.

For Outreach Center Apartments participants, the assessment considers housing stability, ability to manage daily living activities and lease responsibilities, income and ability to sustain housing costs, behavioral health stability, ability to access community resources, availability of natural and community supports, and the participant's level of ongoing service needs.

When a participant expresses interest in moving to less-supported or unsubsidized housing, Brightwater and ORC staff use a person-centered transition process to explore the participant's goals, preferences, strengths, concerns, and desired timeline. Staff work with the participant to develop an individualized transition plan that identifies appropriate housing, financial resources, ongoing services, and supports needed to maintain housing stability. Staff assist with housing searches and applications, budgeting, benefits or rental assistance, and coordination with community-based providers.

Readiness is individualized and does not require a participant to be completely independent. The goal is to support a successful transition when the participant is ready and has an appropriate plan and supports in place to maintain permanent housing.

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.	

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.	

	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.	09/28/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	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.	09/28/2026

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

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/07/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	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

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The NE CoC's reallocation process is outlined in the Ranking & Reallocation Policy, developed annually by the Planning & Evaluation (P&E) Committee and approved by the CoC Board on June 30. The P&E Committee reviews CoC data throughout the year, along with provider feedback and input from lived experience groups, to identify gaps and priorities. Using this information, the Committee drafted FY26 scoring criteria and ranking and reallocation policies in May. Drafts were posted on the CoC website and emailed to membership for public review and comment on June 18 and approved by the CoC Board on June 30. The CoC actively reviews performance through ongoing P&E Committee review of APRs and System Performance Measures and meets with agencies to understand causes of low performance and improvement plans. Projects may be reduced or reallocated if they do not meet threshold, show low performance, underspend funds, or no longer fit CoC needs. The Ranking Committee reviews all project applications and performance reports and scores and ranks projects using CoC approved criteria. Rationale for reallocation is documented and shared with applicants, and reallocated funds are posted on the CoC website and announced via email. Reallocation requires the project and CoC to plan to maintain housing for current participants.
2. Yes. The CoC identified low performing and less needed projects in FY26. Prior to the competition, the CoC identified two projects: AEOA Lake & Cook TH, which was no longer viable, and Fond du Lac Veterans PSH, which was better suited to another funding source. The CoC supported both agencies to transition to models or funding that better fit local needs. During the competition, the Ranking Committee identified 3 projects for reallocation because they were no longer needed or a fit for the CoC: Itasca PSH, Grace House RRH, and ICA HMIS Unsheltered. These projects were either designed for needs that have since been met or operated models no longer needed in their service areas.
3. Yes. The CoC reallocated 36% of our ARD from 5 projects: Itasca PSH, Grace House RRH, Fond du Lac Veterans PSH, AEOA Lake & Cook TH, and ICA HMIS Unsheltered. Two projects were reallocated due to performance, and three were reallocated because the project model was no longer viable or needed in their service areas.
4. The CoC reallocated low performing or less needed projects through both proactive identification and the competition, following the CoC approved process.

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

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)	CaseWorthy

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. The NE CoC made limited methodology changes between the 2025 and 2026 unsheltered PIT Counts. The primary changes were related to outreach and data quality. One county expanded its outreach capacity, allowing teams to cover more of the CoC's 15,000 square mile rural region and reach people staying in vehicles or hidden locations that were previously difficult to access. The Youth Empowerment Team supported outreach and marketing for the PIT Count and completed surveys, which increased survey completion and improved coverage. The CoC used the same survey tool, training approach, and overall methodology as prior years.
2. Although methodology changes were limited, several system conditions influenced the 2026 results. The CoC has only two site based emergency shelters across the entire geography. One shelter was closed for expansion during the 2025 PIT Count and operated a reduced hotel based model, which limited access to basic needs and reduced opportunities for people to connect with outreach staff. This contributed to higher unsheltered numbers in 2025. The shelter reopened in May 2025 with doubled capacity (from 10 to 20 households), increasing available beds going into the 2026 count and contributing to the rise in sheltered numbers (78 people in 2025 to 89 in 2026). During the same period, the CoC experienced significant reductions in state funded rapid rehousing and prevention resources beginning in fall 2025. These cuts reduced stabilization options and contributed to greater housing instability across the region. Combined with expanded outreach coverage and increased volunteer support, these conditions contributed to the increase in unsheltered numbers (43 people in 2025 to 56 in 2026).

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

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

(limit 2,500 characters)

The NE MN CoC is extremely rural and geographically vast, with long distances between communities and only two cities with populations over 10,000. Both cities prohibit camping on public property, and as a result no formal encampments occurred during the evaluation period. Unsheltered situations in our region are isolated and typically involve individuals staying in vehicles, sheds, ice houses, or wooded areas rather than organized encampments.
Even without formal encampments, the CoC took consistent actions to reduce unsheltered homelessness and prevent encampments from forming. CoC outreach staff and homeless program staff monitor known outdoor locations, respond quickly when individuals are identified, and connect people to shelter, diversion, housing navigation, and supportive services. Outreach and shelter providers maintain close working relationships with local law enforcement, who notify staff when individuals are staying in unsafe or prohibited locations. Staff also contact law enforcement when they need assistance locating someone, addressing safety concerns, or coordinating a response. Across all partners, the focus is on getting people off the streets as quickly as possible to promote individual and public safety.
Weekly case consultation meetings help resolve barriers, identify openings, and move people into safer locations as fast as possible. Providers also coordinate with mobile crisis teams, hospitals, and behavioral health partners when individuals are in crisis or need stabilization services. These coordinated actions reduce the amount of time people remain outdoors and prevent situations from developing into encampments.
The CoC will continue using CE, HMIS, PIT, and outreach data to monitor unsheltered trends, maintain rapid response protocols, and ensure encampments do not develop in this rural region.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

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 NE MN CoC did not have any confirmed encampments during the evaluation period. The CoC is extremely rural and geographically vast, with long distances between communities and only two cities with populations over 10,000. Both cities prohibit camping on public property, which prevents encampments from forming and supports rapid response when unsheltered situations occur. In this context, unsheltered homelessness typically involves individuals staying in vehicles, sheds, ice houses, or wooded areas outside of city limits rather than organized encampments.

Because encampments are rare, the CoC's plan focuses on preventing encampments from developing and reducing the amount of time people remain outdoors. CoC outreach staff and homeless program staff monitor known outdoor locations, respond quickly when individuals are identified, and connect people to shelter, diversion, housing navigation, and supportive services. Outreach and shelter providers maintain close working relationships with local law enforcement, who notify staff when individuals are staying in unsafe or prohibited locations. Staff also contact law enforcement when they need assistance locating someone, addressing safety concerns, or coordinating a response. Across all partners, the priority is getting people off the streets as quickly as possible to promote individual and public safety.

Weekly case consultation meetings will continue to resolve barriers, identify openings, and move people into safer locations as fast as possible. Providers will maintain coordination with mobile crisis teams, hospitals, and behavioral health partners to ensure individuals with significant mental health or substance use needs are connected to stabilization services rather than remaining outdoors.

The CoC will continue using CE, HMIS, PIT, and outreach data to monitor unsheltered trends and review progress through the CoC Board and committees. If encampments emerge, the CoC will implement coordinated response protocols, increase outreach presence, and prioritize housing navigation and shelter access to reduce the number of people staying in encampments.

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 NE MN CoC is reducing first time homelessness by expanding targeted prevention, improving early identification, and resolving housing crises quickly. First time homelessness decreased from 89% in 2024 to 83% in 2025, and the CoC is building on this progress.

The CoC works closely with regional Family Homeless Prevention and Assistance Program grantees and serves as the community advisory, reviewing quarterly reports and guiding prevention strategies based on regional needs and trends. Providers screen for risk factors such as eviction filings, unaffordable rent burdens, and loss of income, and connect households to financial assistance, mediation, non cash benefits, and natural supports. Local Homeless Prevention Aid supports families with children who are at risk, and CoC agencies partner with schools to identify students early and quickly connect them to prevention services.

Early identification is built into Coordinated Entry (CE). The CE prescreen tool identifies households at risk of losing housing and connects them immediately to prevention providers. The CoC implemented Housing Problem Solving (HPS) in February 2026 to rapidly resolve housing crises. In the first six months, 111 households completed HPS assessments; 25 resolved their crisis without entering CE, and 51 completed full CE assessments and were placed on the priority list. HPS uses a short, solution focused conversation to identify the fastest path to stability and rapidly connect households to one time or short term assistance when appropriate.

The CoC gathers guidance from people with lived experience through our adult and youth advisory committees to understand where people seek help and how to connect them to prevention sooner. Providers refer households to Justice North for legal advocacy to prevent evictions and maintain strong relationships with landlords to negotiate payment plans and resolve lease issues. When safe and appropriate, providers support family reunification so households can stabilize without entering shelter. Navigators also work with households who are doubled up and at risk of losing their temporary housing, helping them stabilize and avoid entering the homeless response system.

The CE Committee, Planning & Evaluation Committee, and CoC Board review HMIS and CE data quarterly, including first time homeless trends and movement on and off the CE priority list. The CoC Coordinator oversees implementation and reports progress to the CoC Board and committees.

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

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

(limit 2,500 characters)

The NE CoC has reduced the average length of time homeless from 77 days in 2024 to 69 days in 2025, and for adult households from 77 to 63 days. These improvements reflect a combination of strategies the CoC implemented to resolve housing crises faster and improve movement through Coordinated Entry (CE).

The CoC made improvements to CE to help people move to housing more quickly. The CoC implemented Housing Problem Solving (HPS) in February 2026. In the first 6 months, 111 households completed HPS assessments. Of those, 51 completed a full CE assessment and were placed on the priority list, and 25 resolved their housing crisis without a CE assessment. HPS uses a short, solution focused conversation to identify how to rapidly resolve a housing crisis and connects households to one time or short term assistance when appropriate.

Assessors and providers attend weekly case consultation to review households on the HPS and CE priority lists, identify barriers, resolve stalled referrals, and determine the fastest housing pathway. Navigators help people locate units, complete applications, gather documents, and connect to employment services that support long term stability. Shelter and TH providers create housing goal plans with all clients and provide regular check ins to support progress.

Providers and navigators maintain relationships with local landlords and contact them as often as weekly to identify openings and help people move into housing faster.

The CoC expanded outreach and navigation to identify people experiencing homelessness or at risk earlier and help them move quickly toward safe, stable housing. Two new SSO projects were submitted this year to increase capacity for early engagement, problem solving, and navigation across the CoC's large rural geography.

The CoC Coordinator oversees these strategies and reports to the CoC Board and committees. The CoC Board reviews monthly reports on movement on and off the CE priority list, length of time people remain on the list, and active referrals to identify issues and system improvement needs. The Planning and Evaluation Committee reviews System Performance Measures quarterly, including LOT homeless, and identifies projects with clients experiencing longer episodes. When issues appear, the Committee works with providers to understand barriers and resolve data quality problems that contribute to inaccurate or inflated LOT homeless. SPM progress is reported to the CoC membership at the Annual Meeting.

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?	45.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The NE CoC reviewed HMIS APR data for all Transitional Housing (TH), Rapid Re Housing (RRH), and Permanent Supportive Housing (PSH) projects for the period 7/1/2024 – 6/30/2025. The report included every TH, RRH, and PSH project operating during this period regardless of funding source.
To calculate the percentage of exits to unsubsidized permanent housing, the CoC summed all program participant exits from TH/RRH/PSH to the four HUD defined destinations in HMIS Data Element 3.12: 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.
The CoC then divided this total by the total number of people who exited TH/RRH/PSH during the reporting period, minus persons who exited to destinations that excluded them from the calculation (deceased persons). This produced the CoC's rate of successful exits to unsubsidized permanent housing for TH/RRH/PSH collectively.
As part of the CoC's annual project performance review, the CoC also evaluated each project's rate of exits to unsubsidized permanent housing using APR data and awarded additional points to projects that met the benchmark. This reinforced the CoC's priority of helping households stabilize in permanent housing without ongoing subsidy and encouraged providers to strengthen housing retention and stabilization practices.
Based on HMIS data for the reporting period, 45% of program participants exiting TH/RRH/PSH moved to unsubsidized permanent housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	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

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

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	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

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

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	42	0	42	100.00%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	38	5	43	100.00%
4. Rapid Re-Housing (RRH) beds	37	0	37	100.00%
5. Permanent Supportive Housing (PSH) beds	31	0	31	100.00%
6. Other Permanent Housing (OPH) beds	93	5	90	96.77%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	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)

Not applicable. The CoC bed coverage rate is above 85%.

3A. Policy Initiatives

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

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

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

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

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

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	MN 504 List of TH...	09/24/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	MN 504 List of Co...	09/25/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/28/2026
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	MN 504 CoC Local ...	09/24/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	MN-504_2026 Compe...	09/24/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	MN 504 HUD 2996 C...	09/24/2026
09. 3A-2a. Project List for Other Federal Statutes	No	MN 504 3A-2a. Pro...	09/24/2026
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	MN 504 Advancing ...	09/25/2026
11. Other	No		

Attachment Details

Document Description: MN 504 List of TH/RRH/PSH Projects and Treatment Providers with OnSite Substance Use Treatment

Attachment Details

Document Description: MN 504 List of CoC Program Projects and Units that require Substance Use Treatment.

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description:

Attachment Details

Document Description: MN 504 CoC Local Competition Scoring Tools New and Renewal Projects FY2026

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: MN-504_2026 Competition Report

Attachment Details

Document Description: MN 504 HUD 2996 Certification for OZ Preference Points

Attachment Details

Document Description: MN 504 3A-2a. Project List for Other Federal Statutes

Attachment Details

Document Description: MN 504 Advancing Recovery by Prohibiting Illicit Drug Enablement Policy Statement

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	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

MN 504

List of TH/RRH/PSH Projects and Treatment Providers with OnSite Substance Use Treatment

Rural CoC – On-Site Treatment Availability

The MN 504 CoC is included in the list of Rural CoCs for the 2026 CoC Program Competition located at: https://www.hud.gov/sites/dfiles/CPD/documents/CoC/List-of-Rural-CoCs-for-2026-CoC-Program-Competition.pdf?utm_source=chatgpt.com

The CoC has entered the actual percentage of TH/RRH/PSH projects with substance use treatment available on site in Question 1C-1. Because MN-504 is a Rural CoC, HUD's FY2026 CoC Application Detailed Instructions state that rural CoCs receive full points for identifying access to treatment rather than demonstrating on-site treatment in at least 30 percent of TH/RRH/PSH projects.

Community-based substance use treatment available to persons served by the CoC, and the processes through which participants access those services, are described in the response to Question 1C-1 in the CoC Application.

MN 504

1C-1f

List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

The NE MN 504 CoC does not have projects or units that require Substance Use Treatment.

NORTHEAST MINNESOTA
CONTINUUM OF CARE (MN 504)
Supportive Service Participation Policy and Participant Acknowledgment

Policy Purpose

The Northeast Continuum of Care (CoC) establishes policies and expectations for organizations participating in and administering housing programs within the Northeast CoC. These policies are intended to promote accountability, meaningful engagement in supportive services, and long-term housing stability for individuals and families served through CoC housing programs.

This policy establishes minimum expectations for housing programs in which participation in supportive services is a program requirement. The policy is intended to promote active engagement while ensuring that enforcement of service participation requirements does not, by itself, result in the loss of housing or an involuntary program exit.

Participating housing program providers are responsible for implementing these requirements within their respective programs and for ensuring that participant agreements, service plans, leases, occupancy agreements, and related program documents are consistent with applicable federal, state, local, and funding requirements.

The objective of this policy is to promote participant engagement, individualized support, accountability, and long-term housing stability while minimizing the risk of a return to homelessness.

1. Guiding Principles

The following principles guide the implementation of supportive service participation requirements within Northeast CoC housing programs.

1.1. Housing Stability

The Northeast CoC and participating housing program providers are committed to supporting participants in obtaining and maintaining housing stability. Providers are expected to work collaboratively with participants, including participants who experience barriers or are reluctant to engage in supportive services.

1.2. Service Engagement

When supportive service participation is a requirement of the applicable housing program, participants are expected to engage in supportive services consistent with their individualized needs, goals, and program requirements.

1.3. Constructive Accountability

Service participation expectations should be addressed through reasonable engagement, outreach, and supportive interventions. Providers should seek to resolve barriers to participation and avoid punitive actions that could unnecessarily jeopardize housing stability.

1.4. Individualized Support

Supportive services should be tailored to the participant's individual needs, strengths, circumstances, and identified goals.

2. Service Engagement Requirements

The Northeast CoC establishes the following minimum expectations for participating housing program providers:

2.1. Individualized Service Planning

Providers will work with participants to develop individualized supportive service plans based on the participant's needs, goals, strengths, and applicable program requirements.

Supportive services may include, but are not limited to:

- Case management;
- Health and wellness services;
- Employment or education assistance; and
- Life skills training.

2.2. Reasonable Engagement

Participation is defined as reasonable engagement with the supportive services identified in the participant's service plan. Reasonable engagement may include attending scheduled meetings, responding to reasonable outreach, communicating with program staff, participating in agreed-upon services, or working toward mutually established goals.

2.3. Individualized Service Plans

Participants may work with program staff to modify or adjust their service plans as appropriate to ensure that services remain relevant, appropriate, and feasible.

2.4. Protection for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking

Consistent with 24 CFR 5.2005(b)(1), assistance may not be denied on the basis, or as a direct result, of the fact that a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.

3. Non-Engagement and Provider Response

3.1. Non-Engagement

Participating housing program providers will establish and implement reasonable procedures for responding when a participant is not engaging in required supportive services.

Examples of non-engagement may include:

3.1.1. The participant does not communicate with program staff for a period of one month. Communication may occur in person, through an online meeting, by telephone, text message, email, or another method agreed upon by the participant and program staff.

3.1.2. The participant does not meet with program staff, either in person or remotely, for a period of six months.

3.1.3. The participant does not provide information, or utilize available assistance to obtain information, necessary to verify eligibility or the need for continued participation in the program within the timeframe required for compliance with applicable funding requirements.

3.2. Provider Response

When a participant is not engaging in supportive services, the provider and program staff will make reasonable efforts to identify and address barriers to participation. Provider responses may include:

3.2.1. Conducting outreach to identify barriers to engagement, including health, scheduling, transportation, communication, trust, or other identified barriers.

3.2.2. Offering alternative service delivery methods, including home visits, virtual meetings, peer support, or other appropriate accommodations.

3.2.3. Documenting outreach and engagement efforts and modifying the participant's service plan as appropriate.

4. Program Exits

4.1. Protection of Housing

A participant may not be exited or removed from a housing program solely because of noncompliance with a supportive service participation requirement.

4.2. Other Grounds for Program Exit

Participants may be exited from a housing program for other permissible reasons, consistent with the applicable lease, occupancy agreement, program requirements, and funding regulations, including:

4.2.1. Voluntary exit.

4.2.2. After repeated attempts and/or referrals, including at least three documented attempts, the participant fails to provide information, or utilize available assistance to obtain information, necessary to verify eligibility or the need for continued participation in the program within the timeframe required for compliance with applicable funding requirements.

4.2.3. Lease or occupancy agreement violations related to safety, property damage, or criminal activity.

4.2.4. Physical or verbal threats to the safety and well-being of program staff, residents, or neighbors.

4.3. Grievance and Appeal Process

Participating housing program providers must maintain a grievance or appeal process through which participants may challenge an involuntary program exit. Providers may utilize grievance procedures established within their organizational policies, provided those procedures comply with applicable CoC, federal, state, local, and funding requirements.

5. Accountability and Transparency

5.1. Provider Accountability

Participating housing program providers are responsible for implementing supportive service participation requirements consistent with this policy and applicable program requirements.

5.2. Reporting and Monitoring

Providers will maintain appropriate documentation regarding service participation, engagement efforts, and housing retention and will provide information to the Northeast CoC as required for program monitoring, reporting, and compliance purposes.

5.3. Participant Input

Participating housing program providers are encouraged to include program participants in advisory committees and other appropriate feedback mechanisms to inform service delivery and program development.

5.4. Continuous Improvement

The Northeast CoC and participating providers will use participant feedback, program outcomes, and applicable best practices to support continuous improvement in supportive service delivery and housing stability.

6. Participant Acknowledgment

A staff member has reviewed this policy with me, explained the supportive service participation requirements applicable to my housing program, and answered my questions.

I acknowledge that I have received and discussed this policy and understand the expectations for reasonable engagement in supportive services while participating in this program.

I understand that failure to engage in supportive services, by itself, will not result in the loss of my housing or removal from the housing program.

Participant Name (Printed): _____

Participant Signature:_____

Date: _____

NORTHEAST MN
CONTINUUM OF CARE

Staff Name (Printed): _____

Staff Signature: _____

Date: _____

AEOA LIFE Program

Transitional Housing Participant Agreement

This Transitional Housing Participant Agreement ("Agreement") is entered into on the _____ day of _____**, 20**, by and between the **AEOA LIFE Program** ("Program") and _____ ("Participant").

The property owner, **MRM Management Co.**, has agreed to lease the property located at **105 NE 5th Street, Apartment _____, Grand Rapids, Minnesota 55744**, to the AEOA LIFE Program. The Program, in turn, provides transitional housing to the Participant under the terms and conditions outlined in this Agreement.

1. Transitional Housing

Your participation in this housing program is considered **transitional and temporary**. You have been approved to reside in the dwelling by your LIFE Program Counselor.

The purpose of transitional housing is to provide a safe and stable place to live while you develop the skills, resources, and plans necessary to transition to permanent independent housing.

The maximum length of stay is **two (2) years or until the Participant reaches age 25, whichever occurs first**, unless otherwise permitted by applicable program requirements.

Your LIFE Counselor will work with you to develop and maintain an **Independent Living Plan**. This plan will identify goals and steps to help you prepare for long-term, independent living.

The length of your stay may vary depending on your individual circumstances, progress toward your goals, housing needs, and program requirements.

2. Occupancy Fee and Damage Deposit

The LIFE Program has entered into a lease with the property owner and is responsible for the rent and damage deposit required under that lease.

The Program provides the apartment to the Participant as transitional housing. The Participant is responsible for complying with the terms of this Agreement, the applicable property lease, and their Independent Living Plan.

The Participant will be required to contribute toward an occupancy fee based on income and program requirements. The amount will be determined by the LIFE Counselor.

Any required participant occupancy fee payment must be made through the LIFE Program as directed by Program staff.

Utilities

- AEOA will pay charges for electricity as provided under the housing arrangement.
- The Participant is responsible for cable television, telephone, internet, or other optional services they choose to obtain.
- Any such services must be obtained and maintained in the Participant's name and at the Participant's expense.

3. Care and Maintenance of the Apartment

The Participant is expected to keep the apartment clean, safe, sanitary, and in reasonable condition at all times.

The Participant is responsible for damage caused by themselves or by individuals they allow into the apartment, beyond ordinary wear and tear.

Upon moving out, the Participant must leave the apartment in substantially the same condition in which it was provided, except for reasonable wear and tear.

The Participant must promptly report maintenance concerns, damage, safety concerns, or needed repairs to the LIFE Counselor.

4. Personal Property and Risk of Loss

The Participant is responsible for their personal belongings and should take reasonable steps to protect their property.

AEOA, the LIFE Program, and the property owner are not responsible for loss of or damage to the Participant's personal property except where required by law.

Participants are encouraged to obtain renter's insurance or other appropriate coverage for their personal belongings.

5. Furniture and Household Items

Furniture, appliances, household supplies, and other items provided in the apartment remain the property of the property owner, AEOA, or the LIFE Program, as applicable.

These items may not be removed from the apartment without prior written authorization from Program staff.

The Participant is responsible for returning provided items in reasonable condition when moving out, subject to ordinary wear and tear.

6. Smoke-Free Housing

The apartment and building are smoke-free.

Smoking or use of cigarettes, cigars, vaping devices, e-cigarettes, or similar products is not permitted inside the apartment or in any area where smoking is prohibited by the property owner or applicable law.

The Participant must properly dispose of smoking-related waste and must not leave cigarette butts or other debris around building entrances or common areas.

Violations of the smoke-free policy may result in corrective action, up to and including termination of participation in transitional housing, consistent with applicable law and program procedures.

7. Pets and Animals

Pets are not permitted in the apartment unless an animal is legally required to be accommodated under applicable law.

The Participant must obtain approval from the Program and comply with all applicable housing requirements before bringing any animal into the apartment.

Unauthorized animals may result in corrective action and may require the animal to be removed.

8. Alterations and Decorations

The Participant may not paint, remodel, install fixtures, make alterations, or make other permanent changes to the apartment without prior written approval from the Program and/or property owner, as required.

The Participant may be responsible for the cost of repairing damage resulting from unauthorized alterations or actions.

9. Access to the Apartment

The property owner may enter the apartment as permitted by the lease and applicable Minnesota law, including for inspections, maintenance, repairs, necessary services, or to show the apartment to prospective residents, purchasers, lenders, workers, or contractors.

Except where immediate entry is permitted or required by law, reasonable notice will be provided as required by law.

The LIFE Program may also conduct reasonable inspections and compliance checks related to the Participant's participation in the program, consistent with applicable law and program requirements.

The Participant understands that Program staff may maintain access to the apartment for legitimate program purposes, including emergencies, safety concerns, maintenance, inspections, and compliance with the Independent Living Plan.

10. Moving Out

The Participant should provide written notice to their LIFE Counselor as soon as they know they will be moving out.

A minimum of **15 days' notice** is requested, and **30 days' notice is preferred**, unless circumstances or applicable law require otherwise.

Before moving out, the Participant must:

- Remove all personal belongings and trash from the apartment.
- Return all keys provided by the Program or property owner.
- Leave the apartment reasonably clean and in good condition.

- Return all furniture, appliances, and household items provided with the apartment.
- Complete any required move-out procedures with the LIFE Counselor.

11. Program Compliance and Termination

The Participant understands that continued participation in transitional housing depends on following this Agreement, the applicable lease requirements, and the Participant's Independent Living Plan.

The Program may take corrective action or terminate a Participant's housing or program participation for violations, including but not limited to:

1. Failure to participate in or make reasonable progress toward the Independent Living Plan.
2. Significant or repeated complaints related to behavior in or around the dwelling.
3. Intentional or significant damage to property.
4. Criminal activity or conduct that violates program or housing requirements.
5. Allowing unauthorized individuals to stay in the apartment.
6. Gang-related activity or involvement in criminal gang activity.
7. Use or possession of alcohol or controlled substances in violation of program requirements or applicable law.
8. Failure to maintain a reasonably clean, sanitary, and safe living environment.
9. Theft or intentional misuse of property belonging to roommates, the Program, the property owner, or others.
10. Smoking or vaping in prohibited areas.
11. Violent, threatening, or abusive behavior.
12. Repeated or serious violations of the Participant Agreement or applicable lease.

Whenever appropriate and permitted by law, the Program will work with the Participant to address concerns, identify corrective steps, and provide an opportunity to resolve violations before termination.

Nothing in this Agreement is intended to waive or replace any rights or procedures provided to the Participant under applicable federal, state, or local law.

12. Personal Belongings After Move-Out

If the Participant leaves the program or is required to move out, the Participant is responsible for removing personal belongings from the apartment.

If belongings remain after move-out, the LIFE Program may hold them for up to **30 days**, subject to applicable law and Program procedures.

The Participant should contact their LIFE Counselor to arrange a reasonable time to retrieve belongings.

All keys must be returned. Failure to return keys may result in additional action as permitted by the lease and applicable law.

13. Complaints and Housing Concerns

If the Participant has concerns about the apartment, property, neighbors, roommates, maintenance, safety, or other housing-related issues, the Participant should contact their LIFE Counselor as soon as possible.

The LIFE Counselor will work with the Participant to understand the concern and, when appropriate, communicate with the property owner or other parties to help resolve the issue.

Participants are expected to communicate concerns respectfully and give the Program an opportunity to address problems before they escalate.

Participant Responsibilities While Living in Transitional Housing

14. Independent Living Expectations

Participants are treated as young adults and are expected to take an active role in managing their housing and personal responsibilities.

The purpose of the LIFE Program is to support participants in developing the skills needed for independent living. Program staff will provide guidance, resources, and support, but the Participant is ultimately responsible for working toward their own goals.

Once goals are established, the Participant is responsible for completing agreed-upon steps and communicating with their LIFE Counselor regarding progress, barriers, and completed goals.

Failure to participate in the program or make reasonable progress may affect continued eligibility for transitional housing.

15. Address and Contact Information

The Participant is responsible for providing current contact information to their LIFE Counselor.

Current Address: _____

Phone: _____

When moving to a new permanent address, the Participant should complete an official change-of-address form with the U.S. Postal Service and follow Program instructions regarding their address.

16. Keys and Apartment Security

The Participant will receive keys to the apartment.

- Keys must be kept secure and returned when the Participant moves out.
- Keys may not be duplicated or provided to another person without authorization.
- If a key is lost, the Participant must notify Program staff immediately.
- The Participant is responsible for ensuring the apartment is locked and secured whenever they leave.
- The Participant may be responsible for costs associated with lost keys or unauthorized duplication when permitted by the applicable lease and law.

17. Occupancy Fee Responsibilities

Monthly Occupancy Fee/Participant Contribution: $_____

The Participant's required occupancy fee contribution will be based on income and/or applicable program requirements, up to a maximum of $_____ per month.

The occupancy fee or other required participant payments must be made as directed by Program staff.

The Participant is expected to communicate with their LIFE Counselor promptly if they anticipate difficulty making a required payment.

18. Apartment Cleanliness

The Participant is expected to maintain a clean, safe, and sanitary home.

Participants are expected to:

- Clean up after eating and cooking.
- Wash dishes promptly and avoid allowing dirty dishes to accumulate.
- Store food appropriately and avoid leaving food or garbage out.
- Sweep and clean floors regularly.
- Take garbage to the designated dumpster when needed.
- Keep bathrooms, kitchens, bedrooms, and common areas reasonably clean.
- Report maintenance or sanitation concerns promptly.

Maintaining a clean home is an important part of developing independent living skills.

19. Outdoor Areas and Garbage

The Participant is expected to help maintain the appearance and cleanliness of the property.

A dumpster is available in the parking lot for household garbage. Garbage should be disposed of properly and should not be left in or around the building.

Participants are expected to respect shared outdoor areas and help keep the property clean and safe.

20. Recycling

When recycling services are available, Participants are expected to follow the property's recycling requirements.

Items may include:

- Aluminum or pop cans
- Glass
- Newspaper and other paper products
- Plastic

Participants should follow any additional recycling instructions provided by the property owner or Program.

21. Temporary Absences

If the Participant plans to be away from the apartment for several days, they should notify their LIFE Counselor in advance whenever possible.

Providing this information helps staff respond appropriately in the event of an emergency, maintenance issue, or other concern involving the apartment.

Repeated failure to communicate planned absences may be addressed as a program compliance concern.

Independent Living Plan and Participant Commitments

The Participant understands that transitional housing is intended to help develop the skills and resources necessary for independent living.

The Participant agrees to work with their LIFE Counselor on the following responsibilities:

1. _____ I will contact my LIFE Counselor at least once each week for a check-in, or as otherwise agreed upon with my Counselor.
2. _____ I will provide requested paperwork, documentation, and income verification in a timely manner.
3. _____ I will notify my LIFE Counselor within 72 hours of a significant change in income, living arrangement, pregnancy, or medical circumstance when such notification is relevant to my program participation or housing needs.
4. _____ If I have not completed high school or obtained a GED, I will work toward completing my educational requirements.
5. _____ I will actively work toward obtaining and maintaining employment or another appropriate source of income to support my transition to independent living.
6. _____ I will develop and follow a personal budget, with priority given to housing, food, transportation, and other essential needs.
7. _____ I understand the importance of protecting my financial resources and will make responsible decisions regarding lending or giving money to others.

8. _____ I will follow applicable federal, state, and local laws.
9. _____ I will not participate in gang-related or criminal activity.
10. _____ I will follow LIFE Program requirements regarding alcohol and drug use.
11. _____ I will not host parties or gatherings at my residence that violate program, property, or lease requirements.
12. _____ I will not have overnight visitors without prior approval when approval is required by the Program.
13. _____ I will not allow another person to move into or reside in my apartment without prior Program approval.
14. _____ I understand that my LIFE Counselor may have access to my residence for authorized program purposes, including inspections and compliance checks, consistent with this Agreement and applicable law.
15. _____ I understand that continued participation in the LIFE Program may be affected by serious or repeated failure to participate in my Independent Living Plan, refusal to address educational or employment goals, gang-related or criminal activity, prohibited substance use, violent or threatening behavior, or repeated violations related to unauthorized visitors or housing requirements.

Acknowledgment and Agreement

I understand that the purpose of the AEOA LIFE Program is to provide transitional housing and support while I develop the skills, resources, and stability necessary to live independently.

I understand that I am responsible for participating in my Independent Living Plan, maintaining my housing, communicating with Program staff, and working toward my identified goals.

I have had an opportunity to ask questions about this Agreement and understand that I am expected to follow the requirements described above.

I understand that violation of this Agreement, the applicable housing lease, or program requirements may result in corrective action or termination of my participation in transitional housing, subject to applicable law and program procedures.

I understand that this Agreement does not eliminate or waive any rights or protections provided to me under applicable law.

Participant Name: _____

Participant Signature: _____
Date: _____

LIFE Staff Name: _____

LIFE Staff Signature: _____
Date: _____

AEOA Program Manager: _____

Signature: _____
Date: _____

Housing Information

Move-In Date: _____

Anticipated Move-Out Date: _____

Actual Move-Out Date: _____

Monthly Participant Occupancy Fee/Contribution: $_____

NE MN CoC 504 –NOFO NEW Project Scoring & Ranking Criteria

Organization	
Project Name	
CoC Model/Component	
Populations Served	
Date of Review	
Reviewer	

THRESHOLD CRITERIA

CRITERIA	ELIGIBLE	INELIGIBLE	DATA SOURCE
Eligible entity	Meets HUD requirements as outlined in the NOFO	Does NOT meet HUD requirements outlined in the NOFO	Project Application (ESNAPS)
Eligible population	Meets HUD requirements as outlined in the NOFO	Does NOT meet HUD requirements as outlined in the NOFO	Project Application (ESNAPS)
Date of Project App	Application is complete and includes all required attachments and is submitted to CoC Coordinator before the deadline.	Application is incomplete, does not include all required attachments and/or is submitted to CoC coordinator after the deadline.	Project Application (ESNAPS), Supplemental Application
HMIS	Project has capacity and plan to participate in HMIS (or other comparable database for DV providers)	Project does not have capacity and plan to participate in HMIS (or other comparable database for DV providers)	Project Intent to Apply
Match	Meets HUD requirement of 25% match for everything but leasing.	Does not meet HUD's match requirement of 25% match for everything but leasing.	Project Intent to Apply

CoC Participation	Applicant agrees to have a representative attend at least 50% of CoC Membership meetings annually.	Applicant does not agree to have a representative attend at least 50% of CoC Membership meetings annually.	Project Intent to Apply
CES	Applicant agrees to participate in the NE CoC Coordinated Entry System or equivalent system approved by the CoC, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the NE CoC Coordinated Entry Policies and Procedures.	Applicant does not agree to participate in the NE CoC Coordinated Entry System or equivalent system approved by the CoC, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the NE CoC Coordinated Entry Policies and Procedures.	Supplemental Application; HMIS CES Monitoring Report
HUD Monitoring	If applicant has current or previous CoC grants, they have no unresolved significant findings are identified or applicant provides proof of active coordination with HUD Field Office to correct unresolved significant findings.	HUD Monitoring Report is not provided (if applicable) or contains unresolved significant findings that should preclude applicant from inclusion.	Supplemental Application
Admin	Meets HUD requirements - Admin costs not greater than 10%.	Does NOT meet HUD requirements - Admin costs greater than 10%.	Project Application (ESNAPS)
CoC Annual Training	Applicant assures that CoC program staff will complete mandatory annual training.	Applicant does not assure that CoC program staff will complete mandatory CoC annual training.	Intent to Apply
Capacity, Drawdowns, and Performance (For Applicants With Existing CoC Grants or Who Have Operated a CoC Grant in the Past 5 Years)	Applicant confirms: • Quarterly drawdowns • Timely reimbursement of subrecipients (if applicable) • No unresolved HUD monitoring findings • All APRs submitted on time • No significant performance or capacity issues	Applicant does not confirm all of the following are true: • Quarterly drawdowns • Timely reimbursement of subrecipients (if applicable) • No unresolved HUD monitoring findings • All APRs submitted on time • No significant performance or capacity issues	Project Intent to Apply/SAGE

Project Type Thresholds	Proposed project demonstrates that it can meet HUD's minimum point requirement for the project component.	Proposed project does not demonstrate that it can meet HUD's minimum point requirement for the project component.		Intent to Apply; ESNAPS Application

EVALUATION AND RANKING STANDARDS					
CoC PRIORITIES					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Chronic Homeless (NEW PSH only)	75% of CoC-funded units are designated to serve chronically homeless individuals	50-74% of CoC-funded units are designated to serve chronically homeless individuals	This project does not designate at least 50% of units to serve chronically homeless individuals	**2/1/0**	ESNAPS Application
Veterans (PSH, RRH, TH, SSO)	50% or more of CoC-funded units or services are for veterans		<50% of CoC-funded units or services are for veterans	**1/0**	ESNAPS Application
Priority Project Type	Project will provide Permanent Supportive Housing (PSH)	Project will provide Transitional Housing (TH)	Project does not provide PSH or TH	**2/1/0**	Supplemental Application
CoC Participation	A representative from the applicant agency attended 75% or more of CoC Membership meetings from June 1, 2025 – May 31, 2026.	A representative from the applicant agency attended 50% - 74% of CoC Membership meetings from June 1, 2025 – May 31, 2026.	A representative from the applicant agency attended less than 50% of CoC Membership meetings from June 1, 2025 – May 31, 2026.	**2/1/0**	CoC Meeting Minutes; Supplemental Application
Experience Administering HUD Grants or Similar Funding Sources	Agency has experience successfully administering and spending HUD grants or similar funding (within past 5 years)		Agency does not have experience successfully administering and spending HUD grants or similar funding (within past 5 years)	**2/0**	Supplemental Questions

Proposed project meets community needs	Applicant clearly describes how this proposed project addresses existing community needs	[redacted]	Applicant description of proposed project does not reflect community needs	**2/0**	Supplemental Questions
NEW PSH, RRH, & TH, SSO, SO: Connecting participants to mainstream health, social, and employment programs	The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs, for which they are eligible to apply, that meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).		The proposed project does not have a specific plan for ensuring participants are connected to mainstream health, social, and employment programs.	**4/0**	Supplemental Application
CRITERIA SPECIFIC TO SERVING YOUTH, FAMILIES & CHILDREN					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Ending Family Homelessness	75 – 100% of CoC funded units or services are for families	50-74% of CoC funded units or services are for families	0-49% of CoC funded units or services are for families	**2/1/0**	ESNAPS Application
Ending Youth Homelessness	75 – 100% of CoC funded units or services are designated for youth households	50-74% of CoC funded units or services are designated for youth households	0-49% of CoC funded units or services are designated for youth households	**2/1/0**	ESNAPS Application
Connection to K-12 education (Applies to projects who serve households w/ children and	Exceeds HUD Requirement	Meets HUD Requirement	Does not meet HUD Requirement	**2/1/0**	Supplemental Application

unaccompanied youth) (PSH, RRH, TH)					
Early Childhood Development (Applies to projects who serve households w/ children and unaccompanied youth) (PSH, RRH, TH)	Exceeds HUD Requirement	Meets HUD Requirement	Does not meet HUD Requirement	**2/1/0**	Supplemental Application
Coordination Related to Children and Youth: Partnerships with Early Childhood Development & K-12 (Applies to projects who serve households w/ children and unaccompanied youth) (PSH, RRH, TH)	Agency has formal agreement in place with educational supports and services for children ages 0-5 (e.g. Pre-K, Head Start, Child Care, or home visiting) or K-12 Education. Agreement is provided.	Agency has informal agreement in place with educational supports and services for children ages 0-5 (e.g. Pre-K, Head Start, Child Care, or home visiting) or K-12 Education.	Agency does not have an agreement in place with educational supports for children ages 0-5 or K-12 Education.	**2/1/0**	Supplemental Application
SYSTEM PERFORMANCE MEASURES					
Returns to Homelessness (TH, RRH, PSH)	The project will track and monitor returns to homelessness for project participants using HMIS or a comparable database **and** the project will	The project applicant agrees to one of two required activities to reduce Returns to Homelessness.	The project applicant does not agree to track and monitor returns to homelessness for project participants using HMIS or a comparable database **OR**	**2/1/0**	Supplemental Application

	cooperate with CoC systemwide strategies to reduce returns to homelessness for project participants.		to cooperate with CoC systemwide strategies to reduce returns to homelessness for project participants.		
Increasing Employment Income (TH, RRH, PSH, SSO)	The project will support participants in increasing earned income through employment-related services or partnerships **and** the project will cooperate with CoC systemwide strategies to increase employment income for CoC program participants.	The project applicant agrees to one of two required activities to increase employment income for CoC program participants	The project applicant does not agree to support participants in increasing earned income through employment-related services or partnerships **OR** to cooperate with CoC systemwide strategies to increase employment income for CoC program participants.	**2/1/0**	Supplemental Application

SERVICES					
Supportive Services Participation (PSH, RRH, TH)	Proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.). Supportive service agreement (contract, occupancy agreement, lease or equivalent) provided.	Proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.). No supportive service agreement provided.	Proposed project will not require program participants to take part in supportive services.	**4/2/0**	Supplemental Application
Transitional Housing Support Services (TH)	Proposed project will provide 20 hours per week of customized services for		Proposed project will not provide 20 hours per week	**4/0**	Supplemental Application

	each participant (e.g. case management, employment training, substance use treatment, etc.) as applicable. *20 hours/week may be reduced proportionately for participants who are employed and does not apply to participants 62+ or who are handicapped or have a developmental disability*	[redacted]	of customized services for each participant		
Partnerships with First Responders and Law Enforcement (SO)	Project partners with first responders and law enforcement to engage persons living unsheltered and support them to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.		Project does not partner with first responders and law enforcement to engage persons living unsheltered and support them to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.	**4/0**	Supplemental Application
Substance Use Treatment Availability (PSH, RRH, TH)	Substance use treatment is available to participants who have substance use disorder and an agreement or letter of commitment was provided.	Substance use treatment is available to participants who have substance use disorder. No agreement or letter of commitment was provided.	Substance use treatment is not available to participants who have substance use disorder.	**2/1/0**	Supplemental Application
Substance Use Treatment Availability (SSO/SO)	Project has partnerships or referral pathways for participants who need access to substance use treatment.	[redacted]	Project does not have partnerships or referral pathways for participants who need access to substance use treatment.	**4/0**	Supplemental Application

Transition Project	Project is transitioning from a PH component (PSH/RRH) to TH or SSO.		Project is not transitioning from a PH component (PSH/RRH) to TH or SSO.	**2/0**	ESNAPS Application
DV BONUS PROJECTS					
Domestic Violence (experience) Rate of Housing Placement and Rate of Housing Retention DV Bonus Projects Only	Project Permanent Housing Placement rate is 90% or higher	Project Permanent Housing Placement rate is between 80-89%	Project Permanent Housing Placement rate is below 80%	**4/2/0**	DV Bonus Supplemental Questions
Domestic Violence (experience) DV Bonus Projects Only	Project has at least 5 years experience specifically serving DV/SA survivors	Project has 1-4 years experience specifically serving DV/SA survivors	Project has less than 1 year experience specifically serving DV/SA survivors	**4/2/0**	DV Bonus Supplemental Questions
Domestic Violence (specialized services) DV Bonus Projects Only	Project utilizes specialized services model specifically tailored to DV/SA survivors		Project does not utilize specialized services model specifically tailored to DV/SA survivors	**4/0**	DV Bonus Supplemental Questions

Summary of Total Points Possible by Category

					Total Points Possible by Project Type					
Category	**PSH (Singles)**	**PSH (Families)**	**RRH (Singles)**	**RRH (Families)**	**TH (Singles)**	**TH (Families)**	**SSO (Singles/Families)**	**SSO (Families)**	**SO (Singles)**	**SO (Families)**
CoC Priorities	15	15	13	13	13	13	13	13	12	12
Youth, Families, & Children	4	10	4	10	4	10	4	4	4	4
Services	8	8	8	8	10	10	4	4	8	8

NE MN CoC 504 –NOFO NEW Project Scoring & Ranking Criteria

Grant Admin Performance	12	12	12	12	12	12	10	10	10	10
System Performance	4	4	4	4	4	4	2	2	0	0
TOTAL	47	53	45	51	43	49	33	33	34	34
Maximum Points Possible for Objective Criteria	45	51	43	49	41	47	31	31	32	32
Maximum Points Possible for System Performance Measures	4	4	4	4	4	4	2	2	0	0
Maximum Points Possible for Requiring Services, Employment Income, and Returns to Homelessness	8	8	8	8	8	8	2	2	0	0

NE MN CoC 504 –NOFO RENEWAL Project Scoring & Ranking Criteria

FY 2026 NOFO

Organization	
Project Name	
CoC Model/Component	
Populations Served	
Date of Review	
Reviewer	

THRESHOLD CRITERIA

CRITERIA	ELIGIBLE	INELIGIBLE	DATA SOURCE
Eligible entity	Meets HUD requirements as outlined in the NOFO	Does NOT meet HUD requirements outlined in the NOFO	Project Application (ESNAPS)
Eligible population	Meets HUD requirements as outlined in the NOFO	Does NOT meet HUD requirements as outlined in the NOFO	Project Application (ESNAPS)
Date of Project App	Application is complete and includes all required attachments and is submitted to CoC Coordinator before the deadline.	Application is incomplete, does not include all required attachments and/or is submitted to CoC coordinator after the deadline.	Project Application (ESNAPS), Supplemental Application
HMIS	Project has capacity and plan to participate in HMIS (or other comparable database for DV providers)	Project does not have capacity and plan to participate in HMIS (or other comparable database for DV providers)	Project Intent to Apply
Match	Meets HUD requirement of 25% match for everything but leasing.	Does not meet HUD's match requirement of 25% match for everything but leasing.	Project Intent to Apply

CoC Participation	A representative from the applicant agency attended at least 50% of CoC Membership meetings from June 1, 2025 – May 31, 2026.	A representative from the applicant agency attended less than 50% of CoC Membership meetings from June 1, 2025 – May 31, 2026.	CoC Meeting Minutes; Supplemental Application
CES	Applicant participates in the NE CoC Coordinated Entry System or equivalent system approved by the CoC, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the NE CoC Coordinated Entry Policies and Procedures	Applicant does not participate in the NE CoC Coordinated Entry System	Supplemental Application; HMIS CES Monitoring Report
HUD Monitoring	HUD Monitoring Report is provided as applicable, and no unresolved significant findings are identified or applicant provides proof of active coordination with HUD Field Office to correct unresolved significant findings.	HUD Monitoring Report is not provided (if applicable) or contains unresolved significant findings that should preclude applicant from inclusion.	Supplemental Application
Admin	Meets HUD requirements - Admin costs not greater than 10%.	Does NOT meet HUD requirements - Admin costs greater than 10%.	Project Application (ESNAPS)
CoC Annual Training	Applicant assures that CoC program staff will complete mandatory annual training.	Applicant does not assure that CoC program staff will complete mandatory CoC annual training.	Supplemental Application
APR Submitted for Previous Grant Year (Renewals)	Applicant submitted an APR on time in Sage for the most recent completed grant year.	Applicant did NOT submit APR on time in Sage for the most recent completed grant year.	Project Intent to Apply/SAGE

EVALUATION AND RANKING STANDARDS

CoC PRIORITIES

NE MN CoC 504 –NOFO RENEWAL Project Scoring & Ranking Criteria

FY 2026 NOFO

CRITERION	MOST DESIRABLE	DESIRABLE	LEAST DESIRABLE	POSSIBLE POINTS	DATA SOURCE
Chronic Homeless (Renewal PSH Only)	More than 50% of households served had at least one chronically homeless individual	25-50% of households served had at least one chronically homeless individual	Less than 25% of households served had at least one chronically homeless individual	**2/1/0**	Annual Performance Report
Veterans (PSH, RRH, TH, SSO)	50% or more of CoC-funded units or services are for veterans		<50% of CoC-funded units or services are for veterans	**1/0**	ESNAPS Application
Priority Project Type	Project will provide Permanent Supportive Housing (PSH)	Project will provide Transitional Housing (TH)	Project does not provide PSH or TH	**2/1/0**	Supplemental Application
CRITERIA SPECIFIC TO SERVING YOUTH, FAMILY & CHILDREN					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Ending Family Homelessness	75 – 100% of CoC funded units or services are for families	50-74% of CoC funded units or services are for families	0-49% of CoC funded units or services are for families	**2/1/0**	ESNAPS Application
Ending Youth Homelessness	75 – 100% of CoC funded units or services are designated for youth households	50-74% of CoC funded units or services are designated for youth households	0-49% of CoC funded units or services are designated for youth households	**2/1/0**	ESNAPS Application
Connection to K-12 education (Applies to projects who serve households w/ children and unaccompanied	Exceeds HUD Requirement	Meets HUD Requirement	Does not meet HUD Requirement	**2/1/0**	Supplemental Application

youth) (PSH, RRH, TH)					
Early Childhood Development (Applies to projects who serve households w/ children and unaccompanied youth) (PSH, RRH, TH)	Exceeds HUD Requirement	Meets HUD Requirement	Does not meet HUD Requirement	**2/1/0**	Supplemental Application
Coordination Related to Children and Youth: Partnerships with Early Childhood Development & K-12 (Applies to projects who serve households w/ children and unaccompanied youth) (PSH, RRH, TH)	Agency has formal agreement in place with educational supports and services for children ages 0-5 (e.g. Pre-K, Head Start, Child Care, or home visiting) or K-12 Education. Agreement is provided.	Agency has informal agreement in place with educational supports and services for children ages 0-5 (e.g. Pre-K, Head Start, Child Care, or home visiting) or K-12 Education.	Agency does not have an agreement in place with educational supports for children ages 0-5 or K-12 Education.	**2/1/0**	Supplemental Application

GRANT ADMINISTRATIVE PERFORMANCE					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Funding management: unspent funds	Spent 95% or more of grant award.	Spent 90-94% of grant award.	Spent 89% or less of grant award.	**4/2/0**	Financial Assessment Form

Funding management: drawdowns	Grantee has had at least quarterly (4+)		Grantee has had less than quarterly (4+)	**4/0**	Financial Assessment Form
Bed Utilization (PSH, RRH, TH)	Average bed utilization is 90-100%.	Average bed utilization is 80-89%	Average bed utilization is less than 80%.	**4/2/0**	Project APR
Data Quality – Personally Identifying Information	92% or higher data quality for Personally Identifying Information	88-91% data quality for Personally Identifying Information	Less than 88% data quality for Personally Identifying Information	**2/1/0**	Project APR Q.06a

SERVICES (RENEWAL PROJECTS ONLY)					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Participant Service Requirements (PSH, RRH, TH)	Participants are currently required to participate in services while enrolled in the project.	Applicant has a plan in place to require participants to participate in services at the start of the new grant period.	Participants are not required to participate in services.	4/2/0	Supplemental Application
Substance Use Treatment Availability (PSH, RRH, TH)	Substance use treatment is available to participants who have substance use disorder and an agreement or letter of commitment was provided.	Substance use treatment is available to participants who have substance use disorder. No agreement or letter of commitment was provided.	Substance use treatment is not available to participants who have substance use disorder.	2/1/0	Supplemental Application
Substance Use Treatment	Project has partnerships or referral pathways for participants who need		Project does not have partnerships or referral pathways for participants	4/0	Supplemental Application

Availability (SSO/SO)	access to substance use treatment.		who need access to substance use treatment.		
Partnerships with First Responders and Law Enforcement (SO)	Project partners with first responders and law enforcement to engage persons living unsheltered and support them to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.		Project does not partner with first responders and law enforcement to engage persons living unsheltered and support them to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.	4/0	Supplemental Application
COORDINATED ENTRY					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Participation in Coordinated Entry	Program actively participates in Coordinated Entry including completing assessments and receiving program referrals.		Program does not actively participate in Coordinated Entry including completing assessments and receiving program referrals.	**2/0**	Supplemental Application; CE Priority List Monitoring Report
PERFORMANCE MEASURES (RENEWAL PROJECTS ONLY)					
CRITERION	**MOST DESIRABLE**	**DESIRABLE**	**LEAST DESIRABLE**	**POSSIBLE POINTS**	**DATA SOURCE**
Returns to Homelessness (12 months) (PSH, RRH, TH)	Less than 5% of participants returned to homelessness within 12 months of exit to permanent housing	5-9% of participants returned to homelessness within 12 months of exit to permanent housing	10% or more of participants returned to homelessness within 12 months of exit to permanent housing	**8/4/0**	HMIS Returns to Homelessness Report

Earned Income—Maintain/Increase	20% or more for PSH, 50% or more for TH, RRH, 10% or more for SSO/SO	10-19% for PSH, 40-49% for TH, RRH, 5-9% for SSO/SO	Less than 10% for PSH, Less than 40% for TH/RRH, Less than 5% for SSO/SO	**8/4/0**	HMIS APR (6/1/25-5/31/26)
Non-Employment Income—Maintain/ Increase	75% or more for PSH, 50% or more for RRH, 10% or more for TH and SSO/SO	50-74% for PSH, 40-49% for RRH, 5-9% for TH and SSO/SO	Less than 50% for PSH, Less than 40% for RRH, Less than 5% for TH and SSO/SO	**4/2/0**	HMIS APR (6/1/25-5/31/26)
Non-Cash Benefits	75% of project participants have at least 1 non-cash benefit at annual assessment or exit	60-74% of participants have at least 1 non-cash benefit at annual assessment or exit	Less than 60% of participants have at least 1 non-cash benefit at annual assessment or exit	**4/2/0**	HMIS APR (6/1/25-5/31/26)
Housing Stability (Retention)—Retain PSH or Exit to Permanent Housing (PSH ONLY)	More than 80% of participants remained in PSH or exit to permanent destinations.	75-80% of participants remained in PSH or exit to permanent destinations.	Under 75% of participants remained in PSH or exit to permanent destinations.	**8/4/0**	HMIS APR (6/1/25-5/31/26)
Exits to permanent housing (TH, RRH, TH/RRH, SSO)	More than 90% of participants exited the program to permanent destinations.	81-90% of participants exited the program to permanent destinations.	80% or less of participants exited the program to permanent destinations.	**8/4/0**	HMIS APR (6/1/25-5/31/26)
Exits to Permanent Unsubsidized Housing (TH, RRH, PSH, SSO)	20% or more of participants who exited to permanent housing exited to unsubsidized housing.	10-19% of participants who exited to permanent housing exited to unsubsidized housing.	Less than 10% of participants who exited to permanent housing exited to unsubsidized housing.	**2/1/0**	HMIS APR (6/1/25-5/31/26)
Successful Street Outreach Exits (SO)	15% or more of participants exited the program to permanent or transitional housing.	10-14% of participants exited the program to permanent or transitional housing.	Less than 10% of participants exited to permanent or transitional housing.	**8/4/0**	HMIS APR (6/1/25-5/31/26)

Summary of Total Points Possible by Category

			Total Points Possible by Project Type					
Category	**PSH (Singles)**	**PSH (Families)**	**TH/RRH (Singles)**	**TH/RRH (Families)**	**SSO (Singles/Families)**	**SSO (Families)**	**SO (Singles)**	**SO (Families)**
CoC Priorities	5	5	3	3	3	3	3	3
Criteria Specific to Serving Youth, Families & Children	4	10	4	10	4	4	4	4
Services	10	10	10	10	4	4	8	8
Grant Admin Performance	12	12	12	12	10	10	10	10
Coordinated Entry	2	2	2	2	2	2	2	2
System Performance (Renewals Only)	34	34	34	34	26	26	24	24
TOTAL	67	73	65	71	49	49	51	51

Maximum Points Possible for Objective Criteria	67	73	65	71	59	59
Maximum Points Possible for System Performance Measures	34	34	34	34	32	32
Maximum Points Possible for Requiring Services, Employment Income, and Returns to Homelessness	24 (36%)	24 (33%)	24 (37%)	24 (34%)	24 (41%)	24 (41%)

NE MN CoC 2026 NOFO
Local Competition Selection Results

Projects Accepted

TIER 1

RANK	SCORE	Agency	Program	Model	TOTAL Points Received	Points Possible	% of possible	Requested Funding Amount	ARA	Status	Reallocated Funds
1	2	Arrowhead Economic Opportunity Agency	Life Transitional Housing	TH	42	59	71.2%	$ 21,127	$ 21,127	Accepted	$0
2	3	Brightwater Health	Outreach Center Apartments PSH	PSH	41	59	69.5%	$ 27,458	$ 27,458	Accepted	$0
3	4	Kootasca Community Action Inc.	Itasca Family Transitional Housing	TH	41	59	69.5%	$ 32,556	$ 32,556	Accepted	$0
4	7	Minnesota Assistance Council for Veterans	Veterans Outreach Program	RRH	35	67	52.2%	$ 110,503	$ 110,503	Accepted	$0
5	NA	Servants of Shelter of Koochiching County	Northern Lights PSH	PSH	NA	NA	NA	$ 91,977	$ 91,977	Accepted	$0
6	NA	Hearth Connection	MN 504 CES Renewal	SSO-CES	NA	NA	NA	$ 37,423	$ 37,423	Accepted	$0
7	NA	Institute for Community Alliances	MN HMIS Northeast Renewal	HMIS	NA	NA	NA	$ 37,766	$ 37,766	Accepted	$0
8	8	Kootasca Community Action Inc.	Unsheltered Homeless SSO	SSO-Standalone	18	37	48.6%	$ 76,813	$ 76,813	Accepted	$0
Total Tier 1								$ 435,623	$ 435,623		

TIER 2

RANK	SCORE	Agency	Program	Model	TOTAL Points Received	Points Possible	% of possible	Requested Funding Amount	ARA	Status	Reallocated Funds
8	8	Kootasca Community Action Inc.	Unsheltered Homeless SSO	SSO-Standalone	18	37	48.6%	$ 4,042	$ 4,042	Accepted	$0
9	1	Arrowhead Economic Opportunity Agency	Lake & Cook SSO	SSO-Standalone	20	27	74.1%	$ 49,500	NA	Accepted	$0
10	9	United Way of Carlton & Pine County Area	NE Unsheltered Outreach Worker	SSO-Street Outreach	8	49	16.3%	$ 43,041	$ 43,041	Accepted	$0
11	5	Kootasca Community Action Inc.	KCA Scattered Site Transitional	TH	42	61	68.9%	$ 120,000	NA	Accepted	$0
12	6	Grace House	Grace House Support Services	SSO	38	59	64.4%	$ 59,840	NA	Accepted	$0
13	NA	Institute for Community Alliances	MN HMIS Northeast Expansion FY26	HMIS	NA	NA	NA	$ 25,000	NA	Accepted	$0
Total Tier 2								$ 297,381	$ 43,041		

Projects Not Ranked

Planning Grant (Unranked)

RANK	SCORE	Agency	Program	Model	TOTAL Points Received	Points Possible	% of possible	Requested Funding Amount	ARA	Status	Reallocated Funds
-	-	Hearth Connection	NE CoC Planning Grant	Planning	NA	NA	NA	$ 50,000	NA	Accepted	$0

Projects Rejected or Reduced

Projects Rejected or Reduced (Not included in project listing)

RANK	SCORE	Agency	Program	Model	TOTAL Points Received	Points Possible	% of possible	Requested Funding Amount	ARA (Reallocated Funds)	Status	Reallocated Funds
NA	NA	Kootasca Community Action Inc.	Itasca PSH	PSH	42	61	68.9%	$ 108,336	$ 108,336	Fully Reallocated	$108,336.00
NA	NA	Grace House	Grace House Rapid Rehousing	RRH	38	59	64.4%	$ 65,044	$ 65,044	Fully Reallocated	$65,044.00
NA	NA	Institute for Community Alliances	MN HMIS Northeast Unsheltered	HMIS	NA	NA	NA	$ 3,400	$ 3,400	Fully Reallocated	$3,400.00

Tier 1: $435,623
Tier 2: $297,585
Annual Renewal Demand: $726,038
CoC Bonus: $500,000
DV Bonus: $99,456

Note: HMIS and Coordinated Entry Projects and projects that have not yet completed a full operating year are not scored. Projects are ranked in Tier 1 per CoC Ranking Policy.

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MN 504

3A-2a. Project List for Other Federal Statutes

The MN 504 CoC **IS NOT** 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.

NORTHEAST MINNESOTA CONTINUUM OF CARE (MN 504) STATEMENT TO ADVANCE RECOVERY

FY2026 HUD Continuum of Care Program Competition

The Northeast Minnesota Continuum of Care (NE MN CoC) is committed to preventing and ending homelessness through a person-centered, housing-focused system that promotes housing stability, connection to services, recovery, and self-sufficiency.

The NE MN CoC Written Standards establish client choice, barrier-free access, individualized case planning, harm reduction, and connection to mainstream resources as guiding strategies for CoC and ESG-funded programs. The Written Standards also identify training and practices related to substance use disorder, motivational interviewing, and trauma-informed care as important components of serving people experiencing homelessness.

Consistent with these existing standards and with the FY2026 HUD Continuum of Care Program Notice of Funding Opportunity, the NE MN CoC affirms the following expectations for all CoC-funded housing projects submitted by the CoC:

1. Prohibition of illicit drug enablement activities

CoC-funded housing projects shall not operate drug injection sites or “safe consumption sites”; knowingly distribute drug paraphernalia on or off property under the project's control; knowingly permit the use or distribution of illicit drugs on property under the project's control; or conduct, permit, encourage, or allow these activities under the pretext of “harm reduction.”

Nothing in this statement is intended to prohibit lawful, evidence-informed harm-reduction practices that support participant health and safety, including overdose prevention, overdose response, education, referral, engagement, and connection to substance use disorder treatment and other health care services.

2. Response to violations

CoC-funded housing projects are expected to maintain and enforce reasonable policies addressing unlawful drug-related activity and conduct occurring on property under the project's control.

If a CoC-funded housing project is determined to have violated the requirements described above, the NE MN CoC may require appropriate corrective action consistent with the project's grant agreement, applicable HUD requirements, the CoC's Written Standards, CoC monitoring and performance procedures, and applicable law.

Corrective action may include technical assistance, development or revision of project policies and procedures, monitoring or follow-up, a performance improvement plan, or other remedies available to the CoC under applicable requirements.

Nothing in this statement requires a participant to be sober in order to receive housing assistance, requires participation in treatment as a condition of receiving assistance, or requires eviction or exit from assistance for a first-time violation of a drug-related program policy or lease requirement, except as otherwise permitted and implemented consistent with applicable HUD requirements and law.

3. Support for treatment, recovery, and recovery housing

The NE MN CoC encourages CoC-funded housing projects to assist participants, when appropriate and desired by the participant, in accessing substance use disorder treatment, mental health services, peer recovery support, recovery-oriented services, and recovery housing.

Projects are encouraged to develop and maintain partnerships with substance use disorder treatment providers, behavioral health providers, tribal and county behavioral health systems, recovery organizations, and recovery housing providers within and outside the NE MN CoC geographic area.

The CoC recognizes that recovery is individualized and may involve different pathways and supports. Consistent with the CoC's existing person-centered approaches, projects should engage participants in identifying services and supports that respond to their individual strengths, needs, goals, and preferences.

4. Participant choice and project requirements

Nothing in this statement restricts or prohibits a CoC-funded housing project from establishing sobriety or treatment participation requirements as a condition of assistance when such requirements are permitted under 24 CFR part 578 and other applicable federal, state, and local requirements.

At the same time, this statement does not alter the NE MN CoC's existing commitment to client choice, barrier-free access, and individualized case planning as reflected in the CoC Written Standards.

NORTHEAST MN
CONTINUUM OF CARE

Statement of Intent

Through this statement, the NE MN CoC affirms its commitment to advancing recovery while maintaining a housing-focused, person-centered approach to ending homelessness. The CoC will continue to encourage collaboration among housing providers, behavioral health providers, substance use disorder treatment providers, tribal and county systems, recovery organizations, and people with lived experience to strengthen pathways from homelessness to stable housing, recovery, and greater self-sufficiency.

This statement is submitted in support of the NE MN CoC's FY2026 HUD Continuum of Care Program application and is intended to address the FY2026 CoC Program NOFO criterion, “Advancing Recovery by Prohibiting Illicit Drug Enablement.”

Approved by the NE MN CoC Governing Board on September 25, 2026.

Signature: T. Maras

Tanya Maras, NE MN CoC Board Chair

Date: 9-25-2026