

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: NH-502 - Nashua/Hillsborough County CoC

1A-2. Collaborative Applicant Name: Harbor Homes Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: State of New Hampshire BHS

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Nonexistent	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

GNCOC has an open invitation for new members year-round on the GNCOC website. The GNCOC website's home page invites viewers to become involved in the GNCOC and provides resources and leadership and committee points of contact for interested prospective members. GNCOC also publishes an invitation for new members at least annually through postings at local member agencies, discussions at public community meetings, and public community outreach events such as the Homeless Memorial Day vigil.

As a result of its transparent and publicly available process, GNCOC's membership includes more than 80 organizations and local government agencies, including behavioral & primary health care providers, recovery housing providers, law enforcement representatives, business community representatives, elected public officials, faith-based organizations, people with lived experience, workforce development organizations, and local court system representatives.

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

The GNCOC is made up of 80+ agencies and individual stakeholders with knowledge of homelessness or an interest in preventing or ending homelessness. Membership is open year-round and meetings are open to the public to attend. At GNCOC meetings, members have the opportunity to vote and share feedback regarding performance, strategies, and priority-setting processes. Membership includes organizations representing state and local government, law enforcement, behavioral and physical health care providers, faith-based organizations, homeless service providers, workforce development partners, and more.

The GNCOC also regularly solicits opinions from a broad array of stakeholders through public community meetings, outreach events, focus groups, interviews, and surveys during the process of setting the CoC's strategies and priorities. During the development of the GNCOC's 2025 Strategy & Organizational Redesign Plan, the GNCOC engaged with over 75 community members, including service providers, business leaders, government officials, and 26 people with lived experience.

The CoC sought feedback and public comments on its PY25 HUD Action Plan through web and social media postings, newspaper advertisements, email outreach to local nonprofits, presentations to local government officials, virtual and in-person public hearings, and an online survey. The online survey was advertised on websites, social media, emails to service agencies, and posters with QR codes posted at nonprofit organizations, the library, the transit center, in grocery stores, and throughout the city. Paper copies were also available at the Senior Center.

The GNCOC also conducts a year-round survey for people with lived experience to share feedback on assistance and services; this survey is posted on the homepage of the GNCOC website.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

GNCOC holds an open competition for new and renewal projects each year. GNCOC notified the public that it was seeking project applications from organizations that have not previously received CoC Program funding through its Request for Proposals (RFP), public web postings, social media, email lists/blasts, and at meetings. The GNCOC notified its full 80+-organization membership by email of the FY26 RFP and notified the Nashua Area Interfaith Council and asked for assistance in sharing the funding opportunity with its nonprofit member organizations. The CoC Program competition is also discussed year-round at GNCOC Board meetings, which include non-CoC-funded members; GNCOC Membership meetings, which are open to the public; and at other community meetings so that all are made aware of the upcoming opportunity to submit project applications. As a result of this outreach, the GNCOC received proposals from 5 organizations, 3 of which have not previously received CoC funding.

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)

GNCOC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, to address the need for recovery-oriented housing and services for households experiencing homelessness, especially for older adults, veterans, families, & individuals with co-occurring SUD & SMI.

1. GNCOC identified the gap using HMIS data about populations & housing need. Chronic homelessness more than doubled from 2022-26, and CE by-name lists show many of the CoC's highest-acuity households are older adults, including veterans, w/ co-occurring SUD & SMI. Stakeholder feedback through Nashua's PY25 Action Plan also identifies a need for increased treatment & recovery services.

2. The GNCOC will meet this need through new initiatives that expand the CoC's continuum of recovery housing & services for multiple subpopulations. GNCOC's planned construction of 32 PSH units, including accessible & family units, will meet needs of elderly households, veterans, and families in recovery. New TH & PSH will create additional recovery & sober housing, and new street outreach will provide increased navigation and referrals to services. Programs will provide intensive case management, recovery/treatment access, and access to employment and job training to support increased income & self-sufficiency. Harbor Care & the City of Nashua are also opening a resource center where community members can fulfill basic needs & connect with critical support networks aimed at long-term housing stability. Community Health Workers will deliver housing navigation, case management, and service referrals.

3. Performance measures include reduced homelessness, lower length of time homeless, increased income & employment, increased exits to unsubsidized housing, expanded PSH capacity, and positive health and recovery outcomes.

4. 32 new recovery units: currently under site control; ER 12/2026; construction 6/27-8/28; occupancy 9/28. New TH & PSH: beginning 7/27. New Street Outreach: beginning 8/27. Resource center: opening 8/26 7 days/wk

5. Funding sources include CoC, CoCBuils, HOME ARP, leveraged Mainstream Vouchers, Medicaid/Medicare reimbursement, FQHC grant funds, CDFA Tax Credits, City of Nashua HOME, NHHFA opioid capital grant, equity/land, private philanthropy, permanent mortgage loan.

6. Harbor Care, City of Nashua & GNCOC Executive Committee

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

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	66%

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

(limit 2,500 characters)

N/A

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 CoC partners with providers of outpatient treatment for health and substance use disorders with a range of appropriate levels of care, interventions, medication management, suicide prevention, and recovery support. CoC program staff refer clients to these partners, and these partners also refer patients to the GNCOC when they are treating households who are homeless or at risk of homelessness.

Key outpatient substance use and mental health providers that treat GNCOC participants include:

- Harbor Care, the CoC's Collaborative Applicant. Harbor Care operates CoC PSH programs along with other temporary and permanent housing for people experiencing homelessness. Harbor Care also operates an outpatient substance use rehabilitation program, Medication-Assisted Treatment, outpatient mental health support services, and the statewide Staff Sergeant Fox Suicide Prevention Program. All patients are accepted, regardless of insurance status, and patient navigators connect uninsured clients to mainstream benefits, including Medicaid.
- Greater Nashua Mental Health Center (GNMH), which has strong referral relationships with CoC providers. GNMH provides an array of outpatient substance use treatment services, outpatient therapy, psychiatric evaluation, medication management, Assertive Community Treatment, and other community support services for individuals with mental health and substance use disorders. GNMH employs a Homeless Outreach Clinician who collaborates with City of Nashua Community Health Workers to engage homeless households, particularly unsheltered households, and connect them to treatment and CoC services.
- The Doorway of Greater Nashua, which provides a complete assessment, coordinated referral to treatment and supportive services for anyone living with a substance use disorder. The Doorway provides crisis stabilization, evaluation, transportation assistance, and support accessing outpatient treatment.
- Lamprey Healthcare, which provides behavioral healthcare to underserved/underinsured patients, providing on-site services to guests of the Nashua Soup Kitchen and Shelter and collaborating closely with GNMH to integrate primary/ mental health care.
- Both local emergency departments in the CoC work closely with GNCOC member agencies. These agencies offer some form of substance use disorder treatment, with several offering Intensive Outpatient Services, Partial Hospitalization Programs and Recovery Housing, and MAT programs

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

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

(limit 2,500 characters)

The CoC partners with multiple organizations that provide access to peer recovery specialists, peer support specialists, and recovery navigation. Households are referred to peer support through contact with outreach services, shelters, housing and service programs, and treatment providers. Peer programs also connect participants experiencing or at risk of homelessness with CoC resources.

The State of NH funds peer recovery service organizations across the state, called Recovery Community Organizations (RCOs), that provide substance use recovery services at no cost to participants. RCOs offer peer recovery coaching, telephone support, mutual aid groups, and family support programs. The GNCOC's RCO is Revive Recovery. Revive's Peer Recovery Support Specialists assist with individual recovery planning; crisis response and resources; resolving barriers to employment, housing, and educational needs; connections to mental health resources; and connections to recovery oriented social network events, activities and other wellness related opportunities. Revive Recovery also provides facilitated structured recovery groups at the Hillsborough County House of Corrections (HCHOC), ensuring that justice-involved individuals receive access to peer-led-supports.

Other key peer support and recovery navigation partners include:

- HEARTS, a community-based program funded by the NH DHHS Bureau of Mental Health Services. HEARTS operates a peer center that provides day services, support groups, and peer support and navigation for those who need mental health services. HEARTS is a member of the GNCOC and accepts referrals from homeless service agencies and other social service agencies across the CoC, as well as self-referrals from any interested individual.

- Greater Nashua Mental Health (GNMH), which staffs peer positions throughout the organization, including in intake, ACT, CSS, emergency services, and CTI programs. GNMH peer intake workers also provide case management and navigation support for clients waiting to be assigned to a care team.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The GNCOC identifies individuals experiencing serious mental illness through street outreach, intake, and ongoing case management. The CoC partners with treatment providers to connect individuals with comprehensive mental health services necessary to promote stability.

As a member of the GNCOC, the City of Nashua Division of Public Health and Community Services (DPHCS) has Community Health Workers (CHWs) that are active in outreach services in collaboration with other partnering organizations to connect with individuals that have untreated and treated serious mental health issues. CHWs coordinate initial assessments, appointments, enrollment and assistance to connect individuals to mental health services provided by agencies such as Greater Nashua Mental Health (GNMH) and Harbor Care. CHWs remain connected with the individual to ensure continuation of services. DPHCS develops MOUs with partnering organizations to maintain a systems approach to maximize continuity of care. In addition, DPHCS has a relationship with social workers at local hospitals that reach out to the CHWs when individuals are in the emergency room or inpatients that need to be connected to community mental health services before discharge.

DPHCS operates the Winter Warming Station and ensures that individuals with SMI are connected to comprehensive treatment. Guests are connected to therapeutic services and other mental health services including clinical support and stabilization, behavioral redirection, supportive counseling, resource navigation and clinical referrals.

GNMH's PATH worker participates in the CoC's coordinated street outreach to engage homeless and unsheltered households and connect them to mental health services.

Local housing, shelter, and service agencies that identify individuals experiencing SMI make warm hand-offs to GNMH. GNMH also provides support to clients in CoC housing programs collaboratively with the housing provider in order to address service needs and prevent evictions. CoC PSH & TH provider Harbor Care also provides clients with clinical support for SMI including behavioral health assessments, counseling, treatment planning, crisis support, and coordination with outside providers including doctors, nurses, physician assistants, behavioral health providers, and health educators. These services are available both to CoC program participants and to individuals across the community, regardless of insurance or income, in person & by telehealth

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

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

(limit 500 characters)

The CoC works closely with Greater Nashua Mental Health Center (GNMH), which operates the Nashua Recovery Court Treatment Program and the Community Connections Mental Health Court. These offer recovery-based treatment for SUD and SMI as an alternative to incarceration, reducing recidivism and connecting participants to supportive services.

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)

CoC agencies and community partners coordinate with specialty courts and civil commitment providers to support clients in navigating court orders and other justice system interactions, accessing treatment, sustaining recovery and moving towards stable housing and independence. Greater Nashua Mental Health Center (GNMH), which operates the Nashua Recovery Court Treatment Program and the Community Connections Mental Health Court, is a participating CoC member agency. GNMH accepts referrals from and makes referrals to CoC housing, shelter, and service programs to support individuals with mental and substance use disorders and individuals who pose a danger to themselves or others. GNMHC's court programs help divert individuals who would otherwise be facing incarceration into a comprehensive treatment program designed to minimize the chance of recidivism while providing effective, lasting recovery and supports. The CoC partners with inpatient civil commitment providers alongside crisis responders, law enforcement, and EMS to ensure individuals receive timely evaluation, stabilization & treatment consistent w/ NH RSA 135-C governing Involuntary Emergency Admission (IEA). CoC participants who are involved with the judicial system or subject to involuntary commitment receive comprehensive case management, transportation support, and housing stabilization services as they navigate these systems to promote housing stability and prevent returns to homelessness.

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 multiple crisis providers to coordinate care and provide crisis support for people experiencing homelessness, including: HEARTS (crisis respite center, short-term crisis housing); Revive (peer recovery crisis response); Harbor Care (statewide suicide prevention hotline & program for veterans & their families); Doorway of Greater Nashua (phone & in-person crisis screening and stabilization, evaluation, care planning, referral, recovery monitoring, transportation assistance)

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.	33

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)

Greater Nashua Mental Health PATH has a formal agreement w/ the CoC & collaborates w/ service providers including shelters, courts, veterans health administration, FQHCs, and mobile health vans. GNMH provides outreach at encampments when identified, refers clients to support their connection to treatment and recovery, and provides ongoing support and continued collaboration with referral sources and collateral providers to support care coordination.

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)

1. Harbor Care- Permanent Housing 3
2. Harbor Care- Permanent Housing Pollock
3. Harbor Care - Cynthia Day Family Center TH
4. Harbor Care - Transitional Housing Compass
5. Family Promise Transitional Housing

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC works closely w/ treatment & recovery providers to facilitate warm hand-offs to stable housing providers & prevent entry into homelessness through street outreach, partnerships with shelters & housing providers, and collaboration with police and first responders. The CoC coordinates with outpatient treatment providers; detox, residential, and inpatient behavioral health providers; peer recovery and treatment services; the local PATH provider; drug and specialty courts; and inpatient civil commitment providers to engage clients in services and provide access to stable housing, including prevention & diversion, crisis & respite housing, sober housing, recovery housing, TH, and PSH.

CoC housing and shelter providers including Harbor Care, Family Promise, Marguerite's Place, and Front Door Agency meet as needed to coordinate discharge & wraparound services in order to prevent or quickly resolve homelessness for individuals exiting institutions. Harbor Care operates two peer-run certified recovery houses and residential SUD treatment for pregnant & parenting women. The latter often provides women with the option to pursue treatment as an alternative to incarceration or as part of a transition from homelessness to stable housing.

Nashua Division of Public Health and Community Services CHWs work directly with property managers and landlords to secure housing for those in treatment and recovery services through an intake process and facilitate a warm hand-off by helping individuals complete housing applications and working with partner agencies. Staff help clients apply for rental subsidies, social security benefits and complete the needed mental health assessment to qualify for housing programs.

CoC partners also operate several shallow subsidy, respite, and short-term residential programs that can support individuals in transitioning from treatment programs to stable housing. HEARTS operates a short-term crisis respite center and short-term transitional housing. Individuals receive step-down services to support exit from institutions and connections with housing through City and CoC programs. Respite beds for individuals with substance use disorder are also available after hours, weekends, and holidays through a partnership between The Doorway of Greater Nashua and GateHouse Recovery Solutions. GNMH provides state-funded shallow subsidies to individuals with SMI to support them in accessing and maintaining stable housing.

1C-2. Supportive Services Investment.

Number

1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).

\$3,028,286

2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,736,749
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	57%
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.	\$176,949
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).	63%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?
	100.00%

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 ESG recipient in CoC's geographic area is the State of New Hampshire Bureau of Human Services (BHS). GNCOC has and will continue to consult with the State in the planning and allocation of ESG funds. The State of NH regularly participates in GNCOC meetings. During the annual planning and allocation of ESG funds, the BHS administrator holds presentations and open discussions at the GNCOC meeting, which includes review of the current NH ESG program design; policies and procedures; expected available funds and examples of how to allocate funds; the process for evaluating outcomes; performance standards; HMIS policy and standards; and feedback and discussion regarding information presented. The GNCOC Collaborative Applicant, Harbor Care, leads coordination with the GNCOC on the State of NH annual Action Plan to ensure ESG activities align with community needs and priorities. Additionally, GNCOC members, including the City of Nashua Dept of Public Health, are consulted during the annual ESG planning process through membership in NH's Housing and Community Development Planning Council. GNCOC agencies also participate in the Balance of State CoC, which is operated by the NH ESG recipient, which ensures collaboration and consultation in planning and allocation of ESG funds. Finally, GNCOC participates in a statewide HMIS implementation, which provides data to inform planning and allocation of funds.

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

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

(limit 2,500 characters)

The CoC coordinates with emergency shelter providers to connect individuals and families with CoC assistance through case management, shelter inreach, assessment, and the CoC's Coordinated Entry (CE) System. CE is the primary mechanism through which individuals and families are connected with CoC assistance. GNCOC trains emergency shelter providers and other human services agencies throughout the community to enter HMIS & conduct CE assessments. One shelter in the CoC does not receive federal funding and opts not to participate in HMIS. The CoC coordinates with this shelter to ensure access to CE and CoC assistance for their residents by providing staff from another agency who conduct CE assessments onsite.

GNCOC's coordinated provider network ensures that households receive community referrals, housing search assistance, and CE housing matches to help exit homelessness. The GNCOC's Coordinated Entry Committee is responsible for ensuring that all households in shelter are connected with CoC assistance. The Committee holds regular case conferencing to provide quick access to housing and CoC resources that are consistent with households' stated needs and preferences; monitors data quality and system performance; provides training for partner organizations; and oversees outreach to at-risk populations.

GNCOC also meets monthly with the other 2 New Hampshire CoCs to discuss each community's most vulnerable individuals to make sure their housing and service needs are addressed regardless of where they are geographically located.

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 GNCOC shares PIT, HIC, HMIS, and SPM data with state and local government, as permitted by law and in accordance with the CoC's HMIS Privacy Notice, in order to inform the homeless response system and ensure the CoC operates as a coordinated, data-driven system of care focused on measurable outcomes.

The GNCOC recently adopted a public-facing Balanced Scorecard as part of a strategic planning reorganization. The Executive Committee uses HUD System Performance Measures, along with HMIS and community data, to identify trends, prioritize improvement initiatives, and direct the work of CoC committees. Special attention is given to older adults, veterans, families, individuals experiencing chronic homelessness, and those with substance use disorders. The Executive Committee includes 3 state and local government officials representing both the State of NH and the City of Nashua.

Additionally, GNCOC System Performance Measure, PIT Count, monthly performance, Coordinated Entry data, monthly shelter data, and other HMIS data is shared through public dashboards that are made available to state and local governments to inform the homeless response system. GNCOC, through their HMIS contractor ICA, also shares HMIS data with state and local government for the NH State of Homelessness Report and through presentations to the NH Housing and Homeless Council.

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

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

(limit 2,500 characters)

The CoC uses multiple data sources alongside HMIS to improve care and coordination in its homeless response system.

To support the GNCOC's multidisciplinary response to unsheltered homelessness, partners including the Nashua Division of Public Health and Community Services, Nashua Fire, Nashua Police, Division of Community Development, Division of Administrative Services, Division of Public Works, and the Mayor's Office implemented formal encampment tracking using a Geographic Information System (GIS). This allows first responders, who often receive the first reports of unhoused individuals or encampments, to utilize GIS to identify encampment areas within Nashua. Nashua Community Health Workers follow up by visiting these sites to conduct outreach to connect with people experiencing homelessness who are least likely to request assistance and connect them to appropriate services. The GNCOC also uses data from Warming Centers to coordinate responses to unsheltered homelessness.

The GNCOC also uses data from Nashua School District to support identification and engagement of students experiencing homelessness. Nashua McKinney-Vento Liaisons presented data to the GNCOC General Committee, which was later distributed to 30 state and local government representatives across NH.

Harbor Care, who is the GNCOC Collaborative Applicant and operates multiple CoC housing programs, also offers primary care, family healthcare, preventive care, mental healthcare, substance use treatment, dental care, HIV/AIDS care coordination, an on-site pharmacy, and community health services for patients of all ages. Harbor Care combines HMIS data with Electronic Health Records to support care coordination and promote positive outcomes for clients.

Finally, the GNCOC will participate in a statewide mortality study using HMIS data and New Hampshire Division of Vital Records Administration death records in order to identify trends, risk factors, and opportunities to improve care coordination for homeless services across New Hampshire.

Together with HMIS, these additional data sources ensure the GNCOC operates as a coordinated system of care that responds holistically to the needs of people experiencing homelessness across the CoC.

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)

Partnerships include Harbor Care (HVRP for homeless vets); Greater Nashua Mental Health Supported Employment services (vocational support for those w/ behavioral health disorders); NH Director of Workforce Development (CoC Board member) and multiple partners that provide streamlined access to education & workforce development programming for participants in CoC PSH, TH and RRH (NH Community College, Nashua Adult Learning Center, St Joseph School of Nursing)

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)

In October of 2023, the City of Nashua convened a City-wide Strategy on Homelessness Response Team to address the growing housing instability issues resulting in increased homelessness and increasing encampments seen throughout the city. This team consists of leadership representatives from the Division of Public Health and Community Services, Nashua Fire, Nashua Police, Division of Community Development, Division of Administrative Services, Division of Public Works and the Mayor's office. Guided by this response team, the CoC, first responders, and law enforcement implemented systematic approaches and strategies to more effectively address unsheltered homelessness.

Street outreach teams work with Public Health and Community Services, Nashua Fire, Nashua Police, and Public Works to track encampments via Geographic Information System (GIS). This allowed first responders, who often receive the first reports of unhoused individuals or encampments, to utilize GIS to identify encampment areas within Nashua. Community Health Workers (CHWs) respond to reports by visiting these sites to conduct outreach to connect with people experiencing homelessness who are least likely to request assistance.

Co-response to encampments frequently occurs between CHWs, mobile health clinicians, mental health outreach workers, other outreach workers, and the Nashua Police Department's Homeless Outreach Team (HOT). In October 2025, the City of Nashua passed an ordinance that prohibits camping on public property. The City's largest encampment was closed in compliance with this ordinance on December 15th, 2025. The City-wide Strategy on Homelessness Response Team has met monthly consistently over the past three years to develop strategies and develop policies to address encampments and homelessness. The Division of Public Health and Community Services monitors all reported encampment locations. During the monthly meetings reports are presented on all activities at identified sites to address and schedule site clean ups.

As new encampments are identified, Nashua Police's HOT and CHWs work together to complete housing-focused and treatment-focused outreach to close the encampment. CHWs, Nashua Police's HOT, mental health providers, the mobile health clinic, peer support providers, and recovery support providers collaborate to refer individuals to the care and supports they need, increase housing and service engagement, and promote use of CoC services.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The GNCOOC assists with family and support-network reunification for all clients at intake. Households encountered by street outreach and households entering shelter are screened for diversion opportunities, and the Coordinated Entry assessment has a question specific to understanding if the individual/family in need has community, family or others that could help support them, even temporarily, with their housing needs. Clients can then access reunification support through agencies such as Family Promise, which provides case management, financial assistance, mediation, housing location support, and strengths-based problem-solving to support households in reunifying with family and support networks to avoid or resolve homelessness.

The CoC is also applying for a new transitional housing project, Harbor Care's Cynthia Day Family Center TH, that will support family reunification for women with substance use disorder and/or co-occurring mental health conditions. This project serves women with children, including women whose parental rights remain intact but who do not currently have physical custody and are actively working toward family reunification. For these participants, the individualized service plan includes a structured reunification path: on-site visitation, progressing to overnight visitation as appropriate, with full reunification as the goal during the participant's time in the program. For many of the younger women served, this means reunification with their own adult family members in addition to keeping mother and child together. If awarded funding, this TH program will expand available reunification supports for individuals experiencing homelessness in the CoC.

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 GNCOC coordinates closely with the City of Nashua, Nashua Police Department, Nashua Fire Rescue/EMS, Greater Nashua Public Health Network, healthcare providers, behavioral health providers, and other community partners to coordinate the region's response to homelessness. Public safety and local government representatives sit on the CoC Board and participate in multiple CoC committees, helping align community planning, coordinated entry, housing development, supportive services, and system performance with local, state, and federal priorities.

The CoC actively supports and strengthens coordinated community responses that improve public safety while helping individuals experiencing homelessness access housing, healthcare, behavioral health services, substance use treatment, and other needed supports. Individuals encountered by law enforcement, EMS, hospitals, public health, outreach providers, and other community agencies are routinely referred through the Coordinated Entry System and to CoC partners that provide housing, health care, crisis response, behavioral healthcare, veteran services, case management, employment supports, recovery programs, and support with legal interventions as appropriate.

GNCOC routinely collaborates with first responders and community partners during crisis response, hospital discharge planning, multidisciplinary case conferences, and complex care coordination involving individuals experiencing chronic homelessness, serious mental illness, substance use disorders, or significant medical conditions. This includes collaboration with law enforcement and first responders to utilize NH's involuntary commitment protocol to address individuals who pose a danger to themselves or others and to share information in accordance with SORNA. CoC agencies also participate in community planning efforts designed to reduce unsheltered homelessness, address and resolve encampments, respond to public use of illicit drugs, expand permanent housing opportunities, improve access to treatment and recovery services, and reduce reliance on emergency departments, EMS, and law enforcement through earlier intervention and housing stabilization.

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)

The GNCOC's primary local policy supporting this objective is Nashua Ordinance O-25-079, which added §225-6 to the Nashua Revised Ordinances. The ordinance prohibits using streets, sidewalks, squares, or other public property as a temporary or permanent camping place without authorization. For planned, coordinated enforcement, the ordinance requires 15 days' reasonable notice through signage, handbills, or direct communication & requires reasonable efforts to return identification, financial documents & other personal papers recovered during enforcement. The ordinance took effect with the opening of the City's overnight warming station in the 25–26 winter season, aligning enforcement w/ availability of an emergency alternative. The City also restricts campers, motor homes & other recreational vehicles from parking on public streets.

The GNCOC views the ordinance as beneficial because it establishes a clear process for promptly reclaiming public property while creating a defined period for outreach & service engagement. The CoC works w/ Nashua Police Dept, City Welfare, Public Health, shelters, hospitals, EMS & partners to connect individuals w/ shelter, benefits, healthcare, behavioral healthcare, treatment, transportation, housing navigation & Coordinated Entry.

Due to coordinated resolution efforts, Nashua PD currently reports no established or persistent encampments in the CoC. Isolated tents or temporary camps occasionally appear but are identified & resolved promptly. NPD uses a phased approach that begins by directing individuals to relocate. Continued noncompliance may result in an approximately \$100 citation and, when lawful directives continue to be ignored, potential arrest or court involvement. Since implementation, the # of exits from street outreach to a permanent destination has almost tripled (15 persons in 2025 to 43 in 2026). The CoC's plan is also supported by qualitative data collected through Nashua's FY25 HUD Action Plan, community surveys and stakeholder engagement indicates a strong need for services for unsheltered households.

The principal limitation is that an ordinance can clear a location but cannot independently resolve homelessness, particularly given the shortage of affordable and supportive housing. The GNCOC mitigates this limitation by pairing enforcement with outreach, seasonal warming-center capacity, shelter referrals, Coordinated Entry, and permanent housing resources.

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)

In October of 2025, the City of Nashua passed Ordinance O-25-079, prohibiting camping in public areas and permitting local enforcement to provide warnings and tickets to those who are unlawfully camping, sleeping or using any public property as a living accommodation that is not intended for human habitation. The City also restricts campers, motor homes, and other recreational vehicles from parking on public streets.

Since the implementation of the ordinance, there has been a significant reduction in the number of homeless encampments within the downtown area of the City. Nashua Police Department reports that there are currently no established or persistent encampments in the CoC's geographic area. Isolated tents, temporary camps, and vehicle encampments occasionally appear but are generally identified and resolved promptly.

When encampments are identified, local law enforcement partners with the Division of Public Health & Community Services Community Health Workers (CHWs) to conduct outreach, engage individuals residing in the encampments, connect them with available shelter and supportive services, and assist with applications for housing and other benefit programs. Nashua Police Department uses a phased approach that begins by directing individuals to relocate. Continued noncompliance may result in an approximately \$100 citation and, when lawful directives continue to be ignored, potential arrest or court involvement. To address the needs of individuals experiencing homelessness, in addition to the existing shelters, the City has continued to operate a seasonal low-barrier warming station, providing additional overflow protection from the extreme weather conditions during the winter months. This collaborative approach emphasizes both public safety and compassionate engagement while helping individuals access stable housing and appropriate community resources.

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

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

(limit 2,500 characters)

The GNCOC's primary local law regarding public use of illicit drugs is NH Rev Stat § 318-B, the Controlled Drug Act, which prohibits a person from possessing controlled drugs both in public and non-public spaces.

The GNCOC leverages this law to address public illicit drug use through a coordinated response involving the Nashua Police Department, Nashua Fire Rescue EMS, Harbor Care, Southern New Hampshire Health, Greater Nashua Mental Health, the City's Division of Public Health and Community Services, and other CoC partners. Law enforcement responds to criminal activity and public safety concerns while EMS provides emergency medical care and overdose response, including naloxone administration when appropriate. Individuals encountered using illicit drugs in public are routinely connected to emergency medical care, behavioral health services, substance use disorder treatment, withdrawal management, medication-assisted treatment (MAT), shelter, Coordinated Entry, and permanent housing resources whenever possible. The Mayor's Taskforce on Substance Use Disorders monitors data collection and continuation of care service data from AMR, Nashua Police Department, Revive Recovery and Nashua DPHCS.

Eligible individuals w/ SUD may have the opportunity to access alternative sentencing & incarceration options, such as participating in treatment. However, the law's primary limitation is that it does not independently establish a standard process for first responders to connect people experiencing homelessness with providers of shelter, housing, and other homeless services. The GNCOC mitigates this by coordinating extensively with first responders to collaboratively emphasize rapid engagement with treatment and housing resources that address the underlying causes of repeated public drug use while supporting long-term recovery.

GNCOC's response is supported by qualitative and quantitative data. Preliminary data suggests a slightly lower rate of overdoses and illicit drug use occurring in public spaces in 2026 compared to 2025. In 2025, EMS responded to 155 suspected opioid overdoses in Nashua; 28 (18%) occurred within public buildings or areas. In 2026 to date, EMS responded to 56 suspected overdoses in Nashua; 9 (16%) occurred within public buildings or areas. Additionally, qualitative data collected through Nashua's FY25 HUD Action Plan public engagement process supports the need for comprehensive treatment & recovery support for homeless individuals w/ SUD

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

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

(limit 2,500 characters)

The Greater Nashua CoC continues to experience public opioid and other illicit drug use, although data through July shows that Nashua is on track to see five consecutive years of declining opioid overdoses.

The prevalence of public drug use and public overdoses remains low and has decreased slightly since last year. According to Nashua Fire Rescue EMS, there were 155 suspected opioid overdoses in 2025, of which 28 (18%) occurred in public locations. Through the reporting period in 2026, EMS responded to 56 suspected opioid overdoses, including 9 (16%) occurring in public spaces, indicating that while most overdoses occur in private residences or other indoor settings, public drug use remains an important public health and public safety concern.

Nashua does not tolerate public use of drugs and adheres to the laws governing this. The CoC, first responders, and law enforcement address public illicit drug use through a coordinated response aligned with local laws.

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)

GNCOC utilizes established NH legal & clinical standards to respond to individuals experiencing behavioral health crises who present a danger to themselves/others. Harbor Care, Greater Nashua Mental Health (GNMH; State-designated CMHC & Mobile Crisis Response provider), Nashua Fire Rescue EMS, Nashua Police Dept, Southern NH Health & other community partners ensure individuals receive timely evaluation, stabilization & treatment consistent w/ NH RSA 135-C governing Involuntary Emergency Admission (IEA).

CoC providers & GNMH PATH Outreach collaborate w/ Division of Public Health and Community Services Community Health Workers (CHWs) to identify, engage & support individuals experiencing homelessness w/ mental health needs. CHWs & PATH Outreach connect individuals with appropriate BH services, housing resources & other supports. Crisis clinicians can respond independently or alongside law enforcement & EMS to assess individuals in crisis, de-escalate situations when possible, determine whether involuntary emergency admission is warranted & connect individuals to appropriate levels of care. When hospitalization is unnecessary, individuals are referred to community-based crisis stabilization or short-term respite services for observation, stabilization & links to ongoing treatment.

A limitation under NH law is that involuntary emergency admission requires statutory mental health criteria & cannot be initiated solely because an individual has SUD. GNCOC mitigates this through coordinated outreach, rapid access to residential SUD treatment, medication-assisted treatment, integrated behavioral healthcare, recovery housing when clinically appropriate, & transitional &/or permanent supportive housing.

GNCOC's response is supported by qualitative & quantitative data. In the 2026 PIT Count, there were 101 people experiencing homelessness w/ severe mental illness and 62 people with chronic substance abuse. Bed utilization data illustrates that providers initiate IEAs when needed; as of 8/27/26 there were 202 individuals occupying NH DHHS acute psychiatric beds who were admitted on an involuntary basis. Qualitative data collected through Nashua's HUD Action Plan supports the need for comprehensive behavioral health support for homeless individuals with SUD and SMI. Additionally, the NH DHHS 10-Year Mental Health Plan indicates that NH's mobile crisis response services are an effective intervention to enhance crisis response, treatment, and care coordination

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)

GNCOC supports compliance w/ SORNA & NH's Criminal Offender Registration Act (RSA 651-B). The NH Dept of Safety maintains the statewide registration database. The CoC utilizes the NH registration database as the primary mechanism for sharing information, including location information, in accordance w/ local laws & SORNA. The US DOJ's 2025 Substantial Implementation Review found NH meets, or does not substantially disserve the purpose of, SORNA for 9 of 10 criteria.

Case managers & other program staff assist homeless & formerly homeless sex offenders in maintaining compliant, up-to-date registration. Individuals subject to registration must maintain current information regarding residence, employment, identifying information, government identification, and landlord information when applicable. CoC policies & practices ensure compliance w/ state regulations.

CoC providers work collaboratively w/ law enforcement, probation/parole & other supervising agencies to assist participants in understanding & complying w/ registration requirements. GNCOC educates all housing providers on how to assist participants in maintaining current reporting requirements while connecting to housing, healthcare, employment & other services.

GNCOC has not identified local policies that hinder efforts to comply with SORNA. The only limitations to SORNA implementation under NH law are that NH does not make offenders' employment address information public & does not have an email notification system for its registry website. GNCOC mitigates this because providers maintain information about program participants' employment information and providers share this information to support safe housing placements and coordinated service delivery through established legal channels and multidisciplinary coordination with law enforcement, corrections, healthcare providers, and community partners. Information is shared consistent with applicable confidentiality laws, including HIPAA, 42 CFR Part 2, HUD requirements, and state privacy laws. The CoC's approach is supported by qualitative & quantitative data from the US DOJ's NH Implementation Review.

Through strong partnerships among homeless service providers, law enforcement, community supervision agencies & healthcare providers, the CoC promotes lawful information sharing, housing stability, accountability & public safety while ensuring individuals experiencing homelessness remain connected to appropriate supportive services

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)

GNCOOC's broad, collaborative, multi-agency network provides direct outreach to all populations experiencing homelessness across the CoC. All outreach workers use Coordinated Entry and all shelters provide access to CE. GNCOOC trains homeless service providers throughout the community to enter HMIS & CE data & trains health/human services staff to refer clients.

The GNCOOC has tailored its efforts to reach those least likely to request assistance by engaging a broad collaborative of partners in street outreach response and by proactively meeting individuals where they are at. The Division of Public Health and Community Services works with City Departments (Nashua Fire, Nashua Police, and Division of Public Works) to formally track encampments via a Geographic Information System (GIS). These first responders often receive the first reports of unhoused individuals or encampments and utilize GIS to identify encampment areas within Nashua and provide outreach to people experiencing homelessness who are least likely to request assistance.

Community Health Workers from the Nashua Soup Kitchen and Shelter, Greater Nashua Mental Health, Milford Addiction Recovery Coalition, Harbor Care and the City of Nashua Division of Public Health and Community Services visit encampment sites regularly to connect individuals to services. Community Health Workers speak 8 languages to accommodate the needs of all individuals experiencing homelessness or housing insecurity. The Division of Public Health and St. Joseph's Hospital send their mobile health clinic to known encampment locations to offer healthcare services and housing-focused outreach efforts. This is supported by additional community partnerships with the Nashua Public Library and Nashua Soup Kitchen and Shelter's food pantry.

All community outreach partners meet monthly to discuss active encampment sites and coordinate street outreach efforts to address the needs of the community.

Individuals can also access Coordinated Entry through shelters, and NH's widely advertised 211 line, as well as through direct referral. For this reason, GNCOOC seeks to maintain a large outreach staff, a broadly trained homeless services staff, and a broadly informed health and human services staff across its catchment.

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

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

5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	Yes
	Other (limit 150 characters)	
9.		

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

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

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

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

(limit 2,500 characters)

Per the GNCOC CoC Program Policies and Procedures Manual, all projects serving families with children must demonstrate that they have established policies and practices that are consistent with the McKinney-Vento Act, and other laws relating to education and related services for homeless individuals.

This includes:

- requirements to inform homeless families and youth of their eligibility for McKinney-Vento education services during program intake
- not requiring children to enroll in new schools as a condition of program entry
- not establishing program requirements that prohibit children from remaining in their school of origin
- developing relationships with colleges to access higher education services specifically for homeless youth per the Higher Education Act.

The CoC Program Policies and Procedures Manual also requires projects serving families with children to designate a staff person to ensure that children are enrolled in school and connected to educational services in the community.

Individual member agencies distribute business cards with direct lines of communication for the McKinney-Vento Liaison at the Nashua School District. Local McKinney-Vento liaisons provide training to GNCOC members at all-staff meetings to ensure that all community partners working in the housing space are familiar with policies, procedures and protections for youth experiencing homelessness. McKinney-Vento Liaisons also attend family support meetings and hold open “office hours” at transitional housing programs and shelters.

Trainings to community partners include:

- What potentially qualifies as homeless (DOE and HUD definitions)
- How to contact local liaisons to refer youth
- How to handle conversations with youth/parents about potential eligibility and why it is important to inform the LEA of the need.

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)

GNCOC has a direct contact at the New Hampshire Division for Children, Youth and Families (DCYF) to aid in identifying potential services for youth that report having been involved in foster care or other child welfare services. This ensures the CoC can quickly identify the housing and service needs of youth transitioning from public systems of care who are homeless or at risk of homelessness. GNCOC connects eligible youth with housing opportunities such as Fostering Youth to Independence subsidies and the CoC's YHDP project. GNCOC also partners with the Nashua Children's Home, which provides a Transitional Living Program for youth aging out of DCYF care.

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)

There are no RHY-funded providers in the GNCOC geographical area. However, CoC providers collaborate and consult with RHY-funded providers across the state, such as Waypoint RHY and Street Outreach teams, to help identify and engage homeless youth that might be traveling between CoCs.

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)

Family Promise of Southern New Hampshire - Family Promise TH Residential Program

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

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

(limit 2,500 characters)

Family Promise of Southern New Hampshire's TH Residential Program provides families with children with supportive services focused on improving incomes to pay rent. As a condition of program participation, work-eligible adults are required to be employed, enrolled in a workforce training program, attending school, or actively engaged in a job search. Case managers help families meet this requirement and work toward self-sufficiency through resume building, interview coaching, and professional development, including educational opportunities through the Family Promise Education Scholarship Fund. Family Promise of Southern New Hampshire's Residential Program is structured around a 12-month goal for graduation into independent housing. Case managers meet weekly with residents to track progress, setting monthly goals alongside longer-term housing goals tied to the graduation timeline. Over the past three years, an average of 81% of all families entering Family Promise's residential program have exited into independent housing. While rising housing costs and decreased inventory have extended our families' length of stay beyond our 12-month goal during the last two years, the holistic model and intensive case management means families continue to exit into independent housing at strong rates.

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)

Family Promise of Southern New Hampshire's TH Residential Program integrates internal program requirements with a coordinated network of mainstream and community-based partners to support long-term economic independence, leverage mainstream funding, and support successful exits to unsubsidized housing. Case managers work with families to access available mainstream benefits such as TANF, SNAP, and WIC. FPSNH connects residents to NH EASY, New Hampshire's online portal for applying for and managing eligibility for state and federal benefits, helping participants access non-employment income supports and other mainstream assistance for which they are eligible. For veteran participants, FPSNH connects individuals to Easterseals NH as needs arise, supporting access to veterans-specific benefits and services.

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)

Family Promise of Southern New Hampshire's TH Residential Program provides families in its housing assistance program with parental support, including support with childcare, parenting, pregnancy-related and child healthcare, and education. Case managers in Family Promise of Southern New Hampshire's Residential Program connect families to affordable childcare options, make referrals to healthcare services including Medicaid enrollment and community health clinics, and provide weekly parenting education classes. Expecting and new mothers are also connected to resources for essential baby items. On-site childcare is provided by volunteers during parenting and financial education sessions.

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

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

(limit 500 characters)

The CoC partners w/ providers of specialized housing & services for veterans & their families, including the VA, Harbor Care (TH, PSH, SSVF, HVRP & suicide hotline), a local PHA (VASH), a veterans' landlord incentive fund, the VA Medical Center (case conferencing, healthcare access & housing placement). These partnerships were instrumental in ending veteran homelessness in the CoC, as certified by USICH in 2017, reflecting the CoC's strong ongoing coordination & supports for homeless veterans.

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)

GNCOC works closely with the NH Coalition Against Domestic and Sexual Violence (NHCADSV) and Bridges, the CoC's leading DV/SA & regional crisis intervention provider. Bridges offers emergency and transitional housing, education, child and victim advocacy, and support services. The CoC's CE line directly connects participants fleeing DV to Bridges. Bridges and NHCADSV members attend CoC meetings and provide trainings and education to CoC agencies and partners.

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)

Nashua DPH Community Health Workers collab w/the NH judicial branch, NH DOC, and NH DHHS to implement the Community Housing Program (CHP), providing temporary housing to court-involved individuals w/ SUD, including those re-entering the community under parole or probation or through referral from NH Drug/Treatment Courts. CHWs assist individuals with enrollment in CHP, finding housing opportunities that accept CHP, and collaborating w/parole officers to help individuals achieve self-sufficiency.

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)

NH Choices for Independence (CFI) Medicaid Waiver provides home & community-based support to individuals w/ high medical needs. GNCOC works closely w/ NH DHHS to support access to this benefit for homeless and recently housed individuals. NH DHHS' Adult Protection Unit also holds a monthly multidisciplinary provider wrap-around meeting to coordinate care for adults w/ high levels of medical needs, including those who are homeless, recently housed, & at risk of homelessness.

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)

Partnerships to serve aging & elderly homeless adults include Nashua DPH Community Health Workers (homeless elder outreach & care coordination, collab w/ Adult Protective Services, interim emergency respite placements, referrals to the Choices for Independence Medicaid waiver and assisted living), St Joseph Hospital (respite programs, support groups), Harbor Care (health care), Greater Nashua Mental Health (psych eval, med mgmt, therapy), VA PACT (elderly/disabled veteran TH respite beds).

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)

Harbor Care - Permanent Housing 3 PSH project prioritizes 8 dedicated units for individuals experiencing chronic homelessness.

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

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

(limit 2,500 characters)

Harbor Care's Permanent Housing 3 project provides onsite behavioral healthcare through an onsite clinician that works across Harbor Care's PSH portfolio. The clinician provides behavioral health assessments, counseling, treatment planning, crisis support, and coordination with outside providers including doctors, nurses, physician assistants, behavioral health providers, and health educators. This clinical capacity is delivered on-site at Safe Haven and, for the scattered-site portion, in participants' apartments, so behavioral health support reaches the person where they live rather than requiring travel to a separate clinic. Ongoing psychiatric care and medication management are coordinated through Harbor Care's Health and Wellness Center, a Federally Qualified Health Center for the Homeless, so a Safe Haven or scattered-site resident's clinical needs feed directly into their housing-side case management without a separate referral process.

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)

Harbor Care's Permanent Housing 3 project has a policy for assessing program participants' need for higher level of care. Program staff conduct ongoing assessment of each participant's housing stability, health, and functional status through regular contact at Safe Haven and home visits for scattered-site residents. When a participant's needs exceed what PSH-level support can safely provide, staff coordinate referral to assisted living, residential treatment, or other higher-acuity settings in partnership with Harbor Care's Health and Wellness Center's clinical team.

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)

Harbor Care recognizes that some participants stabilize enough to move toward less intensive housing. Harbor Care's Permanent Housing 3 project has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing. Through regular service plan reviews, staff assess housing stability, income, recovery, and personal goals. When a participant expresses interest in and demonstrates readiness for greater independence, staff develop an individualized transition plan identifying appropriate housing options, financial resources, and community supports. Employment-focused income growth services reinforces this path, giving participants who increase earnings a realistic route to unsubsidized 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.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/21/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The GNCOC has two processes for reallocation: voluntary and involuntary. With voluntary reallocation, a CoC Program Recipient and/or Subrecipient can voluntarily reallocate their funds in order to create a new project. The Recipient/Subrecipient can then apply for a new project using the reallocated funds if the proposed project meets HUD's eligible new project guidelines as established by the NOFO and will fill an identified local need.

The CoC's involuntary reallocation process is based on ongoing review of program performance to identify lower-performing or less-needed projects. CoC projects are evaluated through annual monitoring, ongoing review of project performance, and through the annual CoC competition. Factors considered through this process include outstanding HUD and CoC monitoring findings, outstanding obligations to HUD, effective and appropriate utilization of project capacity, effective spend-down of funds, HMIS data quality, provision of population-appropriate services, and impact on system performance measures including length of time homeless, exits to permanent housing, employment income, and returns to homelessness. CoC staff and CoC Ranking Committee use this process to identify lower performing or less needed projects that must reallocate. Funds are then made available through the CoC's local competition process for new project applications.

2. The CoC did not identify any low-performing or less-needed projects through the involuntary reallocation process during the CoC's local competition this year. Multiple applicants voluntarily reallocated their projects in order to expand the CoC's supply of transitional housing and recovery PSH, meeting a substantial need in the CoC for medium-term housing and PSH with recovery supports.

3. The CoC did not reallocate any low-performing projects this year. Multiple applicants voluntarily reallocated their projects to meet community needs for TH and recovery PSH.

4. The CoC did not reallocate any low-performing or less-needed projects because none were identified through the CoC's annual monitoring and local competition this year. Multiple applicants voluntarily reallocated their projects to meet community needs for TH and recovery PSH.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

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

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

(limit 2,500 characters)

1. In 2025 the GNCOC included “observation” counts for any individuals suspected of being unsheltered that were observed but not surveyed. In 2026, the GNCOC did not include an observation count methodology, as it was determined this method was inaccurate for data collection purposes. Additionally, in 2026 the GNCOC hosted a resource fair the morning after the nighttime PIT Count at the City’s warming station. Individuals who attended the resource fair were surveyed on where they spent the night.

2. There were no significant changes to the CoC’s PIT Count results due to not including observational counts.

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)

During the reporting period of January 1, 2025 to December 31, 2025, the GNCOC reduced the number of encampments in the CoC from 13 to 2. During this time period, the City of Nashua passed local ordinances prohibiting camping in public areas and parking recreational vehicles on public streets. These legislative changes were the result of public and first responder safety concerns relative to homeless encampments throughout the City. The ordinance was introduced concurrently with the opening of a new overnight warming station in the winter. The number of reported encampments has declined since these ordinances took effect. Encampments reported on both public and private property are addressed immediately through a coordinated response between law enforcement and outreach workers. The GNCOC works with Nashua Police, City Welfare, Public Health, shelters, hospitals, EMS, and other partners to reduce encampments by connecting individuals with shelter, benefits, healthcare, behavioral healthcare, treatment, transportation, housing navigation, and Coordinated Entry.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	13
2. Enter the reduction in the number of encampments during your evaluation period.	11

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	47
2. Enter the reduction in the number of people in encampments during your evaluation period.	12

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.	
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable

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)

GNCOC's plan to decrease first-time homelessness is data-informed to ensure resources are effectively targeted to those most at risk in the CoC. Data was collected through CoC & CE providers, diversion programs, HMIS, & research review. GNCOC's CE Subcommittee collects feedback about trends/changes in risk factors for 1st-time-homelessness from community providers & through statewide CE meetings. GNCOC also reviewed local HMIS data & research from institutions like the Annie E. Casey Foundation and Chapin Hall. Identified risk factors include safety, employment/income, family dynamics, mental/physical health, substance use, institutional discharge & population characteristics such as youth who are parenting.

GNCOC's strategies are:

- Robust prevention services accessed through 211, a well-advertised CE access point for statewide & GNCOC CE systems that refers callers to rental, food, benefits, healthcare, utility, school supply, & furniture assistance. GNCOC's direct CE line also has a dedicated prevention protocol. Prevention orgs include Family Promise (rent/utility assistance, legal referrals & case management), Bridges (DV services), and Front Door Agency (eviction/foreclosure prevention, housing & utility assistance, moving/start-up costs, case management & referrals). Additionally, per NH statute RSA 165, all local NH welfare departments provide rent, food & utilities to low-income individuals. Community agencies of all types, including homelessness services, healthcare services, and landlords, refer at-risk households for assistance. The Director of Nashua's Welfare Dept is an active member of the GNCOC.
- Diversion for all clients prior to entering shelter, coordinated through CE assessments & diversion agencies including Family Promise, which helps households avoid homelessness & access community assistance and resources as available & appropriate. Additionally, Division of Public Health and Community Services CHWs work directly with property managers and landlords to secure housing for clients exiting treatment and recovery services.
- Upstream coordination. GNCOC has discharge protocols for foster care, health care, mental health facilities, & corrections facilities. Through its YHDP CCP, GNCOC is developing formal referral paths w/ juvenile justice & drug court systems, local hospitals & mental health/SUD facilities, & DCYF to prevent 1st-time homelessness among youth.

The GNCOC Executive Committee is responsible for overseeing the plan

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 GNCOC's strategies to reduce length of time homeless are:

-Intentional, housing-focused outreach and robust diversion services to support homeless households in identifying and quickly accessing a safe, affordable pathway out of homelessness. Shelter and outreach staff are trained regularly on supporting quick access to housing for all households.

-Comprehensive employment and workforce development services & partnerships to support households in increasing earned income, improving economic stability, and increasing the possibility of accessing unsubsidized housing. All GNCOC projects have integrated employment supports; CoC partners offer additional tailored education and employment services for populations including veterans, youth and young adults, people with serious mental illness, and people with substance use disorder.

-Regular case conferencing using by-name lists of individuals and families with the longest lengths of time homeless, as well as highest vulnerabilities and barriers to housing, and prioritizes these households for assistance. GNCOC's CE Committee meets regularly and monitors CE referrals to ensure successful placements. By-name lists are created using HMIS and Comparable Database data.

-Coordinated Entry that prioritizes households w/ longest lengths of stay & highest vulnerabilities and barriers for the CoC's most intensive housing resources, and regular monitoring of CE referrals to ensure swift entry to housing

-Active pursuit of new federal, state & local funding such as CoCBuils, HOME ARP, and LIHTC to increase short-term, recovery, and permanent housing in the CoC.

-Strong landlord partnerships & an Incentive Fund for signing bonuses, enhanced security deposits & risk mitigation funds. Together with building new housing, this helps mitigate the CoC's extremely low rental vacancy rate, which is a significant barrier to households quickly exiting homelessness.

-CoC competition policies that evaluate programs on how quickly participants' homelessness is resolved

-In 2026, the GNCOC adopted a data-driven public-facing Balanced Scorecard for strategic planning. The Executive Committee uses HUD SPMs, HMIS, and community data to identify trends, assess and improve program performance, and direct the work of CoC committees.

The GNCOC Executive Committee is responsible for overseeing the CoC's plan.

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

32.12%

Describe how you calculated the data for this response.

(limit 2,500 characters)

GNCOCC calculated the data by running a report in HMIS to count people exited from TH, RRH, and PSH programs during the reporting period 10/1/24 - 9/30/25.

During this time period, 193 people exited to any destination. Of those, 62 people (32.12%) exited to unsubsidized housing:

- Staying or living with family, permanent tenure: 10
- Staying or living with friends, permanent tenure: 6
- Rental by client, no ongoing housing subsidy: 40
- Owned by client, no ongoing housing subsidy: 6

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

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

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	177	12	143	75.66%
2. Safe Haven (SH) beds	5	0	5	100.00%
3. Transitional Housing (TH) beds	199	24	223	100.00%
4. Rapid Re-Housing (RRH) beds	37	0	37	100.00%
5. Permanent Supportive Housing (PSH) beds	148	0	148	100.00%
6. Other Permanent Housing (OPH) beds	75	0	75	100.00%

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)

ES bed coverage rate of 75.66% is due to 46 Rescue Mission shelter beds that are not entered into HMIS. Historically the Mission has declined to collect and report data in HMIS and does not accept funding that requires HMIS data collection.

In the next 12 months the GNCOC will continue discussions with Mission leadership. GNCOC will provide education on the benefits of using HMIS by communicating how increased HMIS bed coverage improves the CoC's ability to maintain funding and secure new funding for housing programs that will serve Mission clients, and highlighting the importance of including Mission clients in the CoC's system performance monitoring. GNCOC will provide an opportunity for Mission leadership to raise concerns and will attempt to address concerns regarding capacity by offering the Mission free technical assistance and a free HMIS export option to support developing a workflow for unifying HMIS and Mission data. GNCOC will also propose a comparative analysis between Mission clients and GNCOC HMIS data to highlight the proportion of clients served by the Mission that are already in GNCOC's HMIS. ICA and the CoC Data Committee will include these steps in GNCOC's 2027 PIT and HIC planning.

3A. Policy Initiatives

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

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

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

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

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

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	Attachment 1C-1. ...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Attachment 1C-1f....	09/25/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Attachment 1C-3. ...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/25/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/25/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1. HUD-2996 Ce...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. GNCOC Poli...	09/25/2026
11. Other	No		

Attachment Details

Document Description: Attachment 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with OnSite Substance Use Treatment

Attachment Details

Document Description: Attachment 1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: Attachment 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2A-8b. FY 2026 HDX Competition Report

Attachment Details

Document Description: 3A-1. HUD-2996 Certification for Opportunity
Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. GNCOC Policy to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

NH-502 Greater Nashua Continuum of Care
Attachment 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with OnSite
Substance Use Treatment

Applicant	Project Name	On-Site Treatment Provider
Harbor Homes, Inc. d/b/a Harbor Care	Permanent Housing 3	Harbor Care
Harbor Homes, Inc. d/b/a Harbor Care	Permanent Housing Pollock	Harbor Care
Harbor Homes, Inc. d/b/a Harbor Care	Cynthia Day Family Center Transitional Housing	Harbor Care
Harbor Homes, Inc. d/b/a Harbor Care	Transitional Housing Compass	Harbor Care

NH-502 Greater Nashua Continuum of Care

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

Applicant	Project Name	Number of Units*
Harbor Homes, Inc. d/b/a Harbor Care	Permanent Housing Pollock	17 units
Harbor Homes, Inc. d/b/a Harbor Care	Cynthia Day Family Center Transitional Housing	6 units
Harbor Homes, Inc. d/b/a Harbor Care	Transitional Housing Compass	10 units

*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

NH-502 Greater Nashua Continuum of Care
Attachment 1C-3. Language from Project Supportive Service Agreements

Language from Project Supportive Service Agreements

Harbor Homes, Inc. - Permanent Housing 3

Harbor Homes, Inc. - Permanent Housing Pollock

Harbor Homes, Inc. - Cynthia Day Family Center Transitional Housing

Harbor Homes, Inc. - Transitional Housing Compass

The Supportive Services Participation Agreement will include language substantially as follows:

"Each Participant shall work collaboratively with Harbor Care to develop, implement, and regularly update an Individualized Service Plan (ISP). The Participant agrees to actively participate in the supportive services identified in the ISP. Required supportive services shall be individualized and based upon the Participant's housing stabilization needs, physical and behavioral health needs, recovery goals, income and employment objectives, life skills, strengths, preferences, and other identified barriers to maintaining permanent housing. The frequency, duration, and intensity of required supportive services shall be determined through the person-centered planning process and documented in the ISP. The Participant agrees to meet with their assigned Case Manager at least monthly to review progress toward ISP goals, update the ISP as needed, and participate in the supportive services identified therein. Harbor Care will make reasonable accommodations and modify service expectations whenever warranted by changes in the Participant's needs, circumstances, or disability- related considerations."

Language from Project Supportive Service Agreements

Front Door Agency - YHDP Transitional Housing



The Youth Homelessness Demonstration Program
Transitional Living Program: Rules and Expectations

- Although the lease will be with the Front Door Agency, the youth MUST abide by all rules outlined in the lease. This is temporary, transitional housing and stays are not guaranteed beyond 8 months. Reassessment at month 3, and every 2 months thereafter to determine need for continued stay.
- Overnight guests are NOT allowed. Guests are not allowed between the hours of 9pm and 8am.
- Animals – There are no pets allowed in our program, even permitted in lease. Fish, other small animals or an emotional support animal are considered on a case-by-case basis and only if the client can successfully budget the cost of having it into their monthly budget. An emotional support animal MUST have proper documentation to be considered. Monthly budget items related to a pet include regular vet visits, shots, treatments, food and all items involved with animal care treatment. If a participant is unable to care for its basic needs, then an emotional support animal will not be allowed.
- The Front Door Agency will cover the cost of rent and all utilities. Cable and streaming services will NOT be provided by the Front Door Agency
- Maintenance – All maintenance requests will be made to the property owner/property manager. Property owner/property manager may vary between units.
- All units will be fully furnished by the Front Door Agency. Furniture must stay at the unit will not be able to move with program participants upon move out. Participant will be liable for any damages/theft of Front Door Agency provided furnishings.
- Outside furniture will NOT be permitted. Participants will not be allowed to bring personal furniture items such as a bed, couch, dresser, table, etc.
- All furniture is to remain in the room it was originally placed in prior to participant moving in.
- Participants will be provided with a “move-in basket” with items such as: bed comforter, a pillow, sheets/pillowcase, body wash, feminine products, laundry detergent, toothbrush/toothpaste, deodorant, socks/underwear, razors/shaving cream, shampoo/conditioner, cleaning supplies, basic food items.
 - While FDA will provide starting supply of toilet paper, paper towels, soap and other cleaning/hygiene products, participants will be expected to replace these items on their own. Participants may choose to reach out to agencies such as Corpus Christi, Nashua Soup Kitchen and Shelter to seek out donations of these items. Case Manager can assist in locating possible sources of donations.
- Space heaters are not permitted at any transitional living program apartment. Heated blankets may be permitted if they contain safety shut-off switches to prevent them from being a fire hazard. Heated blankets must be inspected by Front Door Agency staff member before client use. Candles will not be permitted.
- Air conditioners may be provided by Front Door Agency if they are not already provided by the landlord/property manager. Use of air conditioners must follow guidelines in lease.
- Alcohol use and drug use, including marijuana in any form are not permitted at any transitional living program unit. Narcan may be provided to participant upon request.
- No tobacco use of any kind will be permitted in the unit or on the property. This includes cigarettes, cigars, vapes and any other forms of tobacco.
- Participants will not make copies of apartment keys.
- Participants will not share room codes if in shared living arrangement.



Case Management Expectations:

- Case manager will meet with youth at least 1x/week for months 1-3 and every other week months 4-8. The youth will have say in frequency of case management meetings and where they take place.
 - 1 meeting per month MUST be held at the apartment the youth is subletting from FDA. Case manager will give at least 48 hour's notice before entering unit.
 - The meeting at the apartment will include an inspection of the unit. This inspection may be completed by program manager instead of case manager.
- Topics of conversation during case management should be client driven. However, the case manager may want to focus on areas such as: health, financial literacy, employment, education, housing, daily-living skills, etc.
- The case manager reserves the right to call for a wellness check on a youth if they are concerned for the wellbeing of the youth.

Grounds For Removal From Program:

- The physical, sexual, emotional, and psychological safety of ALL staff and participants is our priority. Any behaviors, such as those mentioned, that cause harm to others will not be tolerated and may result in immediate dismissal to ensure the safety of all residents and staff.
- The use of drugs, including marijuana in any form is not permitted at any transitional living program unit. If it is found that a participant is actively using in their unit, or intends on keeping drugs in unit with intent to distribute, a meeting will be held with the participant, case manager, YHDP supervisor, Front Door Agency Human Resources Manager and the CEO of the Front Door Agency to determine if removal from the program is warranted.

By signing this document, I acknowledge that I have read and understand the items above. I have also had the opportunity to ask any questions I might have about the items above in order to ensure I understand expectations.

Participant Signature and Date _____

Unit Address _____

Housing Start Date: _____ Reassessment date: _____

Staff Signature and Date: _____

Language from Project Supportive Service Agreements
Family Promise of SNH - Family Promise Transitional Housing

FAMILY PROMISE OF SOUTHERN NEW HAMPSHIRE

Resident Policy and Procedure Acknowledgement Form

Each Participant shall work collaboratively with Family Promise of Southern New Hampshire (FPSNH) to develop, implement, and regularly update an Individualized Service Plan (ISP). The Participant agrees to actively participate in the supportive services, including case management, financial literacy classes, and family education. Required supportive services shall be individualized and based upon the Participant's housing stabilization needs, physical and behavioral health needs, childcare needs, income and employment objectives, life skills, strengths, preferences, and other identified barriers to maintaining permanent housing. The frequency, duration, and intensity of required supportive services shall be determined through the person-centered planning process and documented in the ISP. The Participant agrees to meet with their assigned Case Manager at least four times monthly to review progress toward goals, update the ISP as needed, and participate in the supportive services identified therein. FPSNH will make reasonable accommodations and modify service expectations whenever warranted by changes in the Participant's needs, circumstances, or disability-related considerations.

Getting Started

- I have entered the program voluntarily and understand violations may result in disciplinary action.
- All adults must be working full-time or participating in an approved employment program at least 30 hours per week.
- I must pass a drug test at move-in.
- I understand a \$250 cleaning fee is required at move-in.
-

Mandatory Attendance

- I will attend required meetings, classes, and case management sessions.
- I will attend dinner Monday through Thursday at 6:00 p.m. unless excused.
- I will clean my dishes and assigned table after meals.
- My family will be in the house by 10:30 p.m. unless approved otherwise.
- I will complete evening chores by 8:00 p.m.
- I will complete weekend chores by 8:00 p.m. Sunday.

Behavior

- I will treat staff, volunteers, and residents respectfully.
- I will communicate concerns with staff.
- My children and I will not enter another family's bedroom.
- Threatening or coercive behavior may result in immediate dismissal.
- I understand smoking is prohibited on campus.
- I understand suspected abuse or neglect must be reported.
- I may be subject to random drug testing.
- The program is drug and alcohol free.
- I am responsible for supervising my children.

- Visitors are not permitted without authorization.
- I will not post about residents, staff, or volunteers on social media.

Illness

- Medications must be stored safely.
- I will report contagious illness to staff.
- I understand monthly room checks may occur.
- I will sign in and out of the building.

Safety

- Open flames and candles are prohibited.
- I will not take photos or videos that compromise privacy.
- I will remain downstairs when using the stove or oven.
- Quiet hours are 8:30 p.m. to 7:00 a.m.
- Weapons are prohibited.

Children

- I will use a monitor if I leave a sleeping child in my room.
- Children must follow bedtime requirements.
- Childcare arrangements require staff approval.

Keys

- Lost keys or fobs require a \$20 replacement fee.
- All belongings must be removed and keys returned at move-out.

Immediate

- Violence
- Under the influence of drugs or alcohol
- Failed drug test
- Possession of drugs, alcohol, or paraphernalia
- Destruction of Property
- Theft
- Possession of a weapon
- Threatening behavior

“I _____ agree to the outlined program expectations and understand my program eligibility requirements”

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

NASHUA POLICE DEPARTMENT



Chief of Police Kevin Rourke
Main Phone: (603) 594-3500
Website: www.nashuapd.com

28 Officer James Roche Drive
Mailing Address: PO Box 785
Nashua, NH 03061-0785

September 25, 2026

To whom it may concern:

This letter of support serves as evidence of the Greater Nashua Continuum of Care's coordination and non-interference with local efforts to advance public safety.

The Nashua Police Department works closely with the Greater Nashua Continuum of Care to coordinate the region's response to homelessness. The Nashua Police Department sits on the Greater Nashua Continuum of Care Executive Committee and partners with local nonprofits to support public safety within the homeless services system.

Together, we work to support and strengthen coordinated community responses that improve public safety while helping individuals experiencing homelessness access housing, healthcare, behavioral health services, substance use treatment, and other necessary supports.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kevin Rourke", is written over a horizontal line.

Kevin Rourke
Chief of Police

**NH-502 Greater Nashua Continuum of Care
Attachment 1D-1. Local Competition Scoring Tool**

Blank PSH Renewal - GNCOG FY26 Renewal Project Scoring Tool

Agency:	
Project Name:	
Reviewer(s):	
Renewal Project Type:	PSH

Scoring category	Project Score	Available Points
Objective Criteria - System Performance Measures	0	40 (47%)
Objective Criteria - HMIS Data Quality and Financial Performance	0	15 (18%)
Alignment with CoC/HUD Policy Priorities	0	30 (35%)
Overall proposal - total score	0	85 (100%)
Overall proposal - total percentage scored of 100%	0.00%	

Threshold Criteria	Yes	No	Source
Project proposes to serve an eligible population for the project type?			Application Question 8, "Provide a detailed description of the scope of the project including the target population(s) to be served." PSH projects must serve homeless households with a disability who are literally homeless (Category 1), at imminent risk of homelessness (Category 2), or fleeing/attempting to flee domestic violence, dating violence, sexual assault, or stalking (Category 4)
Project proposes to use eligible costs for the project type?			- Application budget HUDEExchange - Eligible Costs for Each Program Component
Project applicant and subrecipient(s) are eligible entities?			Organization is a nonprofit or unit of local government
Match is greater than or equal to 25%?			Application budget
Project agrees to participate in CoC Coordinated Entry System (CES), and demonstrates participation in the Homeless Management Information System (HMIS) or other comparable system for DV providers?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient will not engage in racial preferences or other forms of illegal discrimination?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient agency will not operate drug injection sites or "safe consumption sites" knowingly distribute drug paraphernalia on or off of property under their control, or conduct any of these activities under the pretext of "harm reduction".			Yes for all applicants - affirmed in the letter of intent

If any of the above answers are NO, project does not meet threshold and is not eligible for funding.

Objective Criteria - Project System Performance Measures	Project Score	Project Performance Last Completed APR
Length of Time Homeless Average days from project enrollment to housing move-in 5 points: 15 days or less 4 points: 16-30 days 2 points: 31-60 days 1 point: 61-90 days 0 points: 91+days		
Exits to Permanent Housing % of exits that were to a permanent destination 5 points: 20 - 100% 2 points: 10 - 19% 0 points: Below 19%		
Exits to Unsubsidized Permanent Housing % of exits that were to unsubsidized permanent housing (<i>APR exit destinations- Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; Owned by client, no ongoing housing subsidy</i>) 10 points: 20 - 100% 5 points: 10 - 19% 0 points: Below 10%		
Returns to Homelessness % of exits that were to a homeless destination 5 points: 0-10% 0 points: 10-100%		
Increased Income - Employment % of participants that increased employment income 10 points: 20-100% 0 points: 0-19%		

Blank PSH Renewal - GNCOG FY26 Renewal Project Scoring Tool

Increased Income - Other Sources % of participants that increased un-earned income and benefits 5 points: 20 - 100% 3 points: 15 - 19% 1 point: 10 - 14% 0 points: 0 - 9%		
Subtotal	0	

Objective Criteria - HMIS Data Quality and Financial Performance	Project Score	Project Performance Last Completed APR
What percentage of the grant was expended during the last operating year? 5 points: 95-100% 3 points: 90-94% 2 points: 85-89% 0 points: 0-84%		
Amount of project funds (HUD and match) spent annually per household served 5 points: >\$10K 3 points: \$10-\$25K 2 points: \$26 – 50K 0 points: Over \$50K		
% of HMIS records with ‘null or missing values’ for universal elements? 5 points: 0 - 9% 2 points: 10 - 15% 0 points: 16 - 100%		
Subtotal	0	

Alignment with CoC/HUD Policy Priorities	Project Score
Project demonstrates that the project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc) in line with 24 CFR 578.75(h)? 10 points: Yes 0 points: No	
Project will provide onsite substance use treatment? 5 points: Yes 0 points: No	
Project will provide sober housing in accordance with 24 CFR 578.93(b)(5)? 5 points: Yes 0 points: No	
Project prioritizes individuals experiencing chronic homelessness and (a) provides onsite behavioral health care services, (b) has a policy to assess participants' needs for a higher level of care, and (c) has a policy to assess participants' readiness for moving on to unsubsidized/other permanent housing? 5 points: Yes 0 points: No	
The project will provide and/ or partner with organizations to provide eligible supportive services that are necessary to assist program participants in obtaining and maintaining housing, including connections to mainstream benefits such as Medicare, Medicaid, SSI, and SNAP. 5 points: Yes 0 points: No	
Subtotal	0

Blank PSH New - GNCOC FY26 New Project Scoring Tool

Agency:	
Project Name:	
Reviewer(s):	
New Project Type:	PSH

Scoring category	Project Score	Available Points
Objective Criteria - System Performance Measures	0	20 (31%)
Objective Criteria - Applicant Capacity and Services Provided	0	45 (69%)
Overall proposal - total score	0	65 (100%)
Overall proposal - total percentage scored of 100%	0.00%	

Threshold Criteria	Yes	No	Source
The project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i)			Application Question 8, "Provide a detailed description of the scope of the project including the target population(s) to be served." PSH projects must serve homeless households with a disability who are literally homeless (Category 1), at imminent risk of homelessness (Category 2), or fleeing/attempting to flee domestic violence, dating violence, sexual assault, or stalking (Category 4)
Project proposes to use eligible costs for the project type?			- Application budget HUDEXchange - Eligible Costs for Each Program Component
Project applicant and subrecipient(s) are eligible entities?			Organization is a nonprofit or unit of local government
Match is greater than or equal to 25%?			Application budget
Project agrees to participate in CoC Coordinated Entry System (CES), and demonstrates participation in the Homeless Management Information System (HMIS) or other comparable system for DV providers?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient will not engage in racial preferences or other forms of illegal discrimination?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient agency will not operate drug injection sites or "safe consumption sites" knowingly distribute drug paraphernalia on or off of property under their control, or conduct any of these activities under the pretext of "harm reduction".			Yes for all applicants - affirmed in the letter of intent
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.			Application - All Applicants Question 7 (households served), PSH Applicants Question 1 (units and beds requested)
The type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management).			Application - PSH Applicants Question 8
The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.			Application - PSH Applicants Question 9

If any of the above answers are NO, project does not meet threshold and is not eligible for funding.

Objective Criteria - Project System Performance Measures	Project Score
Returns to Homelessness Project will provide services to ensure households exit to a positive housing destination and do not return to homelessness 7 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Exits to Unsubsidized Housing Project will provide services that lead to long-term economic independence and support households in exiting to unsubsidized housing 5 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Increased Employment Income Project will provide services to ensure households who are able to work can increase employment income 5 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	

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Increased Income - Other Sources Project will provide services to ensure households increase their un-earned income and mainstream benefits 3 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 1 point: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Subtotal	0

Objective Criteria - Applicant Capacity and Services Provided	Project Score
Population to be served: Points for each population served (up to 5 points) 1 points: Unsheltered households 2 points: Families with children 1 points: Elderly and/or disabled households 1 point: Households with substance use disorder (sober housing or onsite treatment)	
Applicant capacity and experience 5 pts: Has undertaken proposed project type before and has experience serving proposed subpopulation(s) to be served 3 pts: Has undertaken similar projects before and has experience serving proposed subpopulation(s) to be served 0 pt: Has never undertaken proposed project type before and/or does not have experience serving proposed subpopulation(s) to be served	
Applicant capacity and experience 5 pts: Has successfully managed multiple federal grants before that are similar to the CoC Program 3 pts: Has successfully managed one federal grant before, or has encountered challenges in managing federal grants that are similar to the CoC Program 0 pt: Has never managed a federal grant before that is similar to the CoC program	
Supportive services requirement Project demonstrates that the project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc) in line with 24 CFR 578.75(h)? 5 points: Yes 0 points: No	
Substance use treatment Project will provide onsite substance use treatment? 10 points: Yes 0 points: No	
Substance use treatment Project will provide sober housing in accordance with 24 CFR 578.93(b)(5)? 5 points: Yes 0 points: No	
Prioritizing families Project exclusively or primarily serves families with children and will provide (a) supportive services focused on increasing employment income, (b) support accessing mainstream benefits such as TANF, and (c) assistance with childcare, parenting support, pregnancy-related and child healthcare, and education 5 points: Yes 0 points: No	
Subtotal	0

Blank TH New - GNCOC FY26 New Project Scoring Tool

Agency:	
Project Name:	
Reviewer(s):	
New Project Type:	TH

Scoring category	Project Score	Available Points
Objective Criteria - System Performance Measures	0	20 (33%)
Objective Criteria - Applicant Capacity and Services Provided	0	40 (66%)
Overall proposal - total score	0	60 (100%)
Overall proposal - total percentage scored of 100%	0.00%	

Threshold Criteria	Yes	No	Source
Project proposes to serve an eligible population for the project type?			Application Question 8, "Provide a detailed description of the scope of the project including the target population(s) to be served." TH projects can serve households who are literally homeless (Category 1), at imminent risk of homelessness (Category 2), or fleeing/attempting to flee domestic violence, dating violence, sexual assault, or stalking (Category 4). YHDP projects must serve homeless youth.
Project proposes to use eligible costs for the project type?			- Application budget HUDEXchange - Eligible Costs for Each Program Component - YHDP projects may include YHDP Special Activities
Project applicant and subrecipient(s) are eligible entities?			Organization is a nonprofit or unit of local government
Match is greater than or equal to 25%?			Application budget
Project agrees to participate in CoC Coordinated Entry System (CES), and demonstrates participation in the Homeless Management Information System (HMIS) or other comparable system for DV providers?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient will not engage in racial preferences or other forms of illegal discrimination?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient agency will not operate drug injection sites or "safe consumption sites" knowingly distribute drug paraphernalia on or off of property under their control, or conduct any of these activities under the pretext of "harm reduction".			Yes for all applicants - affirmed in the letter of intent
Applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.			Application - TH Projects Question 6
Applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income			Application - TH Projects Questions 7 and 8
Project will assess the service needs of program participants and provide individualized services that will result in at least 20 hrs/week of engagement for participants, with limited exceptions defined in the FY26 NOFO. The project will create service plans for each participant as described in the FY26 NOFO.			Application - TH Projects Question 9
The project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)			Application - TH Projects Questions 11 and 12
Project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.			Application - TH Projects Question 12

If any of the above answers are NO, project does not meet threshold and is not eligible for funding.

Objective Criteria - Project System Performance Measures	Project Score
Returns to Homelessness Project will provide services to ensure households exit to a positive housing destination and do not return to homelessness 7 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Exits to Unsubsidized Housing Project will provide services that lead to long-term economic independence and support households in exiting to unsubsidized housing 5 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Increased Employment Income Project will provide services to ensure households who are able to work can increase employment income 5 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	

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Increased Income - Other Sources Project will provide services to ensure households increase their un-earned income and mainstream benefits 3 points: Services are described in detail and demonstrate applicant's prior experience in achieving this outcome for the target population(s) 1 point: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Subtotal	0

Objective Criteria - Applicant Capacity and Services Provided	Project Score
Population to be served: Points for each population served (up to 5 points) 1 points: Unsheltered households 2 points: Families with children 1 points: Elderly and/or disabled households 1 point: Households with substance use disorder (sober housing or onsite treatment)	
Applicant capacity and experience 5 pts: Has undertaken proposed project type before and has experience serving proposed subpopulation(s) to be served 3 pts: Has undertaken similar projects before and has experience serving proposed subpopulation(s) to be served 0 pt: Has never undertaken proposed project type before and/or does not have experience serving proposed subpopulation(s) to be served	
Applicant capacity and experience 5 pts: Has successfully managed multiple federal grants before that are similar to the CoC Program 3 pts: Has successfully managed one federal grant before, or has encountered challenges in managing federal grants that are similar to the CoC Program 0 pt: Has never managed a federal grant before that is similar to the CoC program	
Supportive services requirement Project demonstrates that the project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc) in line with 24 CFR 578.75(h)? 5 points: Yes 0 points: No	
Substance use treatment Project will provide onsite substance use treatment? 10 points: Yes 0 points: No	
Substance use treatment Project will provide sober housing in accordance with 24 CFR 578.93(b)(5)? 5 points: Yes 0 points: No	
Prioritizing families Project prioritizes families with children and will provide (a) supportive services focused on increasing employment income, (b) support accessing mainstream benefits such as TANF, and (c) assistance with childcare, parenting support, pregnancy-related and child healthcare, and education 5 points: Yes 0 points: No	
Subtotal	0

Blank SSO Street Outreach - GNCOC FY26 New Project Scoring Tool

Agency:	
Project Name:	
Reviewer(s):	
New Project Type:	SSO Street Outreach

Scoring category	Project Score	Available Points
Objective Criteria - System Performance Measures	0	15 (37.5%)
Objective Criteria - Applicant Capacity and Services Provided	0	20 (62.5%)
Overall proposal - total score	0	45 (100%)
Overall proposal - total percentage scored of 100%	0.00%	

Threshold Criteria	Yes	No	Source
Project proposes to serve an eligible population for the project type?			Application Question 8, "Provide a detailed description of the scope of the project including the target population(s) to be served." SSO street outreach projects can serve unsheltered homeless households with a disability who are literally homeless (Category 1), at imminent risk of homelessness (Category 2), or fleeing/attempting to flee domestic violence, dating violence, sexual assault, or stalking (Category 4). SSO projects cannot serve households that the recipient or subrecipient is providing housing assistance to.
Project proposes to use eligible costs for the project type?			- Application budget HUDEXchange - Eligible Costs for Each Program Component
Project applicant and subrecipient(s) are eligible entities?			Organization is a nonprofit or unit of local government
Match is greater than or equal to 25%?			Application budget
Project agrees to participate in CoC Coordinated Entry System (CES), and demonstrates participation in the Homeless Management Information System (HMIS) or other comparable system for DV providers?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient will not engage in racial preferences or other forms of illegal discrimination?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient agency will not operate drug injection sites or "safe consumption sites" knowingly distribute drug paraphernalia on or off of property under their control, or conduct any of these activities under the pretext of "harm reduction".			Yes for all applicants - affirmed in the letter of intent
Project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare Medicaid, SSI, and SNAP.			Application - All Applicants Question 8, SSO Street Outreach Application Question 9, and application budget match section
Project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.			Application - SSO Street Outreach Application Question 3
Applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.			Application - SSO Street Outreach Application Question 4
Applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.			Application - SSO Street Outreach Application Question 5

If any of the above answers are NO, project does not meet threshold and is not eligible for funding.

Objective Criteria - Project System Performance Measures	Project Score
Reductions in Unsheltered Homelessness - Exits to Housing Project will support participants in successfully exiting from places not meant for human habitation to permanent housing programs. 5 points: Services are described in detail and demonstrate applicant's capacity and/or prior experience in achieving this outcome for the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Increased Employment Income Project will provide services and/or referrals to ensure households who are able to work can increase employment income 5 points: Services are described in detail and demonstrate applicant's experience in meeting the needs of the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	

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Increased Income - Other Sources Project will provide services to ensure households increase their un-earned income and mainstream benefits 5 points: Services are described in detail and demonstrate applicant's experience in meeting the needs of the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Subtotal	0

Objective Criteria - Applicant Capacity and Project Plan	Project Score
Applicant capacity and experience 5 pts: Has undertaken proposed project type before and has experience serving proposed subpopulation(s) to be served 3 pts: Has undertaken similar projects before and has experience serving proposed subpopulation(s) to be served 0 pt: Has never undertaken proposed project type before and/or does not have experience serving proposed subpopulation(s) to be served	
Applicant capacity and experience 5 pts: Has successfully managed multiple federal grants before that are similar to the CoC Program 3 pts: Has successfully managed one federal grant before, or has encountered challenges in managing federal grants that are similar to the CoC Program 0 pt: Has never managed a federal grant before that is similar to the CoC program	
Plan to engage participants Project will provide services to engage participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. 5 points: Services are described in detail and demonstrate applicant's capacity to meet the needs of the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Plan to connect participants to treatment programs, shelter, and housing Project will provide services to connect participant to emergency shelter, treatment programs, and transitional housing. 5 points: Services are described in detail and demonstrate applicant's capacity to meet the needs of the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Engagement with first responders and law enforcement Project will partner with first responders and law enforcement to engage households in housing and services. 5 points: Services are described in detail and demonstrate applicant's experience and capacity in meeting the needs of the target population(s) 3 points: Services are reasonable and adequate to support households 0 points: Services are insufficient to meet the needs of the target population(s)	
Subtotal	0

Blank SSO Coordinated Entry - GNOC FY26 New Project Scoring Tool

Agency:	
Project Name:	
Reviewer(s):	
New Project Type:	SSO Coordinated Entry

Scoring category	Project Score	Available Points
Objective Criteria - Applicant Capacity and Project Plan	0	20 (100%)
Overall proposal - total percentage scored of 100%	0.00%	

Threshold Criteria	Yes	No	Source
Project proposes to serve an eligible population for the project type?			Application Question 8, "Provide a detailed description of the scope of the project including the target population(s) to be served." TH projects can serve households who are literally homeless (Category 1), at imminent risk of homelessness (Category 2), or fleeing/attempting to flee domestic violence, dating violence, sexual assault, or stalking (Category 4). YHDP projects must serve homeless youth.
Project proposes to use eligible costs for the project type?			- Application budget HUDEExchange - Eligible Costs for Each Program Component
Project applicant and subrecipient(s) are eligible entities?			Organization is a nonprofit or unit of local government
Match is greater than or equal to 25%?			Application budget
Project agrees to participate in CoC Coordinated Entry System (CES), and demonstrates participation in the Homeless Management Information System (HMIS) or other comparable system for DV providers?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient will not engage in racial preferences or other forms of illegal discrimination?			Yes for all applicants - affirmed in the letter of intent
Recipient and subrecipient agency will not operate drug injection sites or "safe consumption sites" knowingly distribute drug paraphernalia on or off of property under their control, or conduct any of these activities under the pretext of "harm reduction".			Yes for all applicants - affirmed in the letter of intent
The Coordinated Entry system is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			Coordinated Entry Application Question 2
There is a strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs.			Coordinated Entry Application Question 4
There is a standardized assessment process.			Coordinated Entry Application Question 5
The project will ensure program participants are directed to appropriate housing and services that fit their needs.			Coordinated Entry Application Question 5

If any of the above answers are NO, project does not meet threshold and is not eligible for funding.

Objective Criteria - Applicant Capacity and Project Plan	Project Score
Applicant capacity and resources 5 pts: Project dedicates at least 1FTE to support the CoC's Coordinated Entry System 0 pt: Project dedicates less than 1FTE to support the CoC's Coordinated Entry System	
Project plan to provide services 5 pts: Project will incorporate a full range of diversion, assessment, and referral to housing and services 0 pt: Project will not provide these services	
Project plan - timeliness 5 pts: Project will begin hiring staff and spending funds within 45 days of grant execution 0 pt: Project will begin hiring staff and spending funds more than 45 days from grant execution	
Applicant experience 5 pts: Has successfully managed multiple federal grants before that are similar to the CoC Program 3 pts: Has successfully managed one federal grant before, or has encountered challenges in managing federal grants that are similar to the CoC Program 0 pt: Has never managed a federal grant before that is similar to the CoC program	
Subtotal	0

NH-502 Greater Nashua CoC - FY26 Scored and Ranked Project Listing

<u>Applicant Name</u>	<u>Project Name</u>	<u>Type</u>	<u>Score</u>	<u>Status</u>	<u>Rank</u>	<u>Amount Requested</u>	<u>Reallocated Funds</u>
Tier 1							
Tier 1 Priority 1							
Harbor Homes, Inc.	Permanent Housing 3	Renewal	88.24	Accepted	1	\$1,246,417	\$0
Tier 1 Priority 2							
Harbor Homes, Inc.	Permanent Housing Pollock	New	92.31	Accepted	2	\$570,555	\$570,555
Subtotal Tier 1						\$1,816,972	
Tier 2							
Tier 2 Priority 1							
Front Door Agency	YHDP Transitional Housing	New	66.67	Accepted	3	\$601,205	\$601,205
Tier 2 Priority 2							
Harbor Homes, Inc.	Cynthia Day Family Center Transitional Housing	New	96.67	Accepted	4	\$207,276	\$207,276
Harbor Homes, Inc.	Transitional Housing Compass	New	85.00	Accepted	5	\$376,211	\$376,211
Tier 2 Priority 3							
State of New Hampshire	HMIS- Nashua	Renewal	100.00	Accepted	6	\$26,622	\$0
Tier 2 Priority 4							
Nashua Soup Kitchen & Shelter	Coordinated Entry SSO (Bonus)	New	100.00	Accepted	7	\$80,000	\$0
Tier 2 Priority 5							
Family Promise of SNH	Family Promise Transitional Housing (Bonus)	New	80.00	Accepted	8	\$329,910	\$0
City of Nashua	Housing Access Through Compassionate Connections (SSO-Street Outreach Bonus)	New	71.11	Accepted	9	\$90,090	\$0
Subtotal Tier 2						\$1,711,314	
Planning							
Harbor Homes, Inc.	GNCoc Planning Grant	New	N/A	Accepted	N/A	\$151,414	\$0
Reallocated Projects							
The Front Door Agency, Inc	YHDP			Reallocated			-\$601,205
Harbor Homes, Inc.	Permanent Housing 2			Reallocated			-\$825,753
Harbor Homes, Inc.	Permanent Housing 11C			Reallocated			-\$328,289
Total Funding Request						\$3,679,700	

Available funding

ARD:	\$3,028,286
Tier 1 (60% ARD)	\$1,816,972
CoC Bonus:	\$500,000
Tier 2 (40% ARD + Bonus)	\$1,711,314
CoC Planning	\$151,414
Total eligible funding:	\$3,679,700

2026 HDX Competition Report

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

To Print this Workbook:

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

To Save This Workbook as a PDF:

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

On Accessibility, Navigability, and Printability:

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

For Questions:

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

2026 Competition Report - Summary

NH-502 - Nashua/Hillsborough County CoC

HDX Data Submission Participation Information

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

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

3) ***"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2026 Competition Report - LSA Summary & Usability Status
NH-502 - Nashua/Hillsborough County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

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

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As such, this category is marked "not applicable" (N/A) for every CoC.

2026 Competition Report - SPM Data

NH-502 - Nashua/Hillsborough County CoC

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	586	124.4	72.0
1.2 Persons in ES-EE, ES-NbN, SH, and T	806	192.3	118.0

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	619	378.9	174.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	838	466.9	243.5

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

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

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	18	3	16.7%	0	0.0%	2	11.1%	5	27.8%
Exit was from ES	44	6	13.6%	2	4.6%	3	6.8%	11	25.0%
Exit was from TH	97	5	5.2%	6	6.2%	2	2.1%	13	13.4%
Exit was from SH	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	76	2	2.6%	2	2.6%	3	4.0%	7	9.2%
TOTAL Returns to Homelessness	236	16	6.8%	10	4.2%	10	4.2%	36	15.3%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	810
Emergency Shelter Total	583
Safe Haven Total	6
Transitional Housing Total	252

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	36
Number of adults with increased earned income	6

Percentage of adults who increased earned income	16.7%
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Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	36
Number of adults with increased non-employment cash income	12
Percentage of adults who increased non-employment cash income	33.3%

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

Metric	Value
Universe: Number of adults (system stayers)	36
Number of adults with increased total income	17
Percentage of adults who increased total income	47.2%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	8
Number of adults who exited with increased earned income	1

Percentage of adults who increased earned income	12.5%
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Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	8
Number of adults who exited with increased non-employment cash income	4
Percentage of adults who increased non-employment cash income	50.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	8
Number of adults who exited with increased total income	5
Percentage of adults who increased total income	62.5%

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

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

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

Metric	Value
--------	-------

Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	580
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	119
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	461

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	714
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	198

Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	516
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Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	461
Of persons above, those who exited to temporary & some institutional destinations	38
Of the persons above, those who exited to permanent housing destinations	43

% Successful exits	17.6%
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Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	591
Of the persons above, those who exited to permanent housing destinations	178
% Successful exits	30.1%

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

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	235
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	229

% Successful exits/retention

97.5%

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	605	252	237	119	657
Total Leavers (HMIS)	475	134	26	83	411
Destination of Don't Know, Refused, or Missing (HMIS)	81	20	3	3	309
Destination Error Rate (Calculated)	17.1%	14.9%	11.5%	3.6%	75.2%

2026 Competition Report - SPM Notes
NH-502 - Nashua/Hillsborough County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

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

2026 Competition Report - HIC Summary
NH-502 - Nashua/Hillsborough County CoC
For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	189	131	177	0	177	74.0%	12	12	0	12	100.00%	143	189	75.66%
SH	5	5	5	0	5	100.0%	0	0	0	0	NA	5	5	100.00%
TH	223	199	199	0	199	100.0%	24	24	0	24	100.00%	223	223	100.00%
RRH	37	37	37	0	37	100.0%	0	0	0	0	NA	37	37	100.00%
PSH	148	148	148	0	148	100.0%	0	0	0	0	NA	148	148	100.00%
OPH	75	75	75	0	75	100.0%	0	0	0	0	NA	75	75	100.00%
Total	677	595	641	0	641	92.8%	36	36	0	36	100.00%	631	677	93.21%

1) † EHV = Emergency Housing Voucher
2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
5) Data included in these tables reflect what was entered into HDX 2.0.
6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2026 Competition Report - PIT Summary

NH-502 - Nashua/Hillsborough County CoC
For PIT conducted in January/February of 2026

Submission Information

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

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	166	161	168
Safe Haven Total	4	5	5
Transitional Housing Total	157	131	126
Total Sheltered Count	327	297	299
Total Unsheltered Count	33	38	47
Total Sheltered and Unsheltered Count*	360	335	346

% change 2025-2026

24% increase

3% increase

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.
2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
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PIT Count Type	Sheltered and Unsheltered	Sheltered and Unsheltered	Sheltered and Unsheltered	
Total Sheltered Count	29	41	47	
Total Unsheltered Count	13	20	29	
Total	42	61	76	26% increase

**Certification for Opportunity Zones
Preference Points****U.S. Department of Housing and
Urban Development**OMB Number: 2501-0044
Expiration Date: 02/28/2027**Type or clearly print the following information.**

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: Harbor Homes, Inc. dba Harbor Care**Assistance Listing number and Federal Program name to which the Applicant is applying:**

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

33011010202, 33011010700, 33011010500, 33011010802, 33011010202, 33011001800,

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The projects described in this application will reduce unsheltered homelessness in these opportunity zones, as well as stimulate economic opportunity and mobility, expand quality educational opportunities, and promote workforce development for those families residing within the Opportunity Zones listed above.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☒ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

Continuum of Care Policy on Recovery-Oriented Housing and Prohibition of Illicit Drug Enablement

Effective Date: July 15, 2026

Approved By: GNCOC Executive Committee

I. Purpose

The Continuum of Care (CoC) is committed to supporting housing programs that promote housing stability, recovery, health, safety, and self-sufficiency for individuals and families experiencing homelessness.

Consistent with the McKinney-Vento Homeless Assistance Act, the Continuum of Care Program (24 CFR Part 578), and other applicable federal laws and regulations, the CoC supports recovery-oriented services and access to substance use disorder treatment while ensuring that CoC-funded housing projects do not facilitate or enable the unlawful use or distribution of illicit drugs.

This policy applies to all projects receiving Continuum of Care Program funding through the CoC.

II. Prohibited Activities

Recipients and subrecipients operating CoC-funded housing projects shall not:

1. Operate, establish, sponsor, or maintain a drug injection site, supervised consumption site, or "safe consumption site."
2. Knowingly distribute drug paraphernalia on or off property under their ownership, lease, management, or control
3. Knowingly permit the manufacture, possession with intent to distribute, distribution, sale, or use of illicit drugs on property under their ownership, lease, management, or control.
4. Conduct, permit, encourage, or allow any activity prohibited by this policy under the pretext of "harm reduction" or any other service model.

Nothing in this policy shall prohibit staff from:

- responding to medical emergencies;
- administering or carrying naloxone in accordance with state law;
- providing overdose prevention education;

- making referrals to treatment or recovery services;
- providing case management or supportive services; or
- engaging in other lawful activities designed to improve participant health, safety, and housing stability.

III. Recovery-Oriented Services

The CoC encourages all CoC-funded housing providers to assist participants in accessing recovery supports and evidence-based treatment services, including, as appropriate:

- substance use disorder treatment;
- medication-assisted treatment (MAT);
- recovery coaching and peer recovery supports;
- outpatient or residential treatment programs;
- detoxification services;
- behavioral health services;
- recovery housing; and
- other community-based recovery resources.

Providers are encouraged to develop partnerships with qualified treatment providers and recovery organizations to expand participant access to these services.

IV. Project Requirements

Nothing in this policy shall restrict or prohibit CoC-funded housing projects from requiring program participants to maintain sobriety or participate in substance use disorder treatment as a condition of assistance when such requirements are permitted under 24 CFR Part 578 or other applicable federal law.

Each project shall administer its admission, occupancy, program participation, and lease requirements in accordance with applicable HUD regulations, grant agreements, fair housing requirements, and due process protections.

V. Monitoring and Enforcement

Compliance with this policy shall be evaluated through the CoC's monitoring, performance review, and grant oversight processes.

If the CoC determines that a recipient or subrecipient has violated this policy, the CoC may require one or more of the following corrective actions, as appropriate:

- submission and implementation of a corrective action plan;
- revision of policies or operating procedures;
- required staff training;
- increased monitoring or technical assistance;
- special conditions on current or future CoC funding;
- recommendation for reduction, reallocation, or non-renewal of CoC funding, consistent with applicable regulations and CoC governance procedures; and/or
- referral to HUD or other appropriate governmental authorities when warranted.

The CoC shall consider the nature, severity, duration, and frequency of the violation in determining the appropriate corrective action.

VI. Statement of Commitment

The CoC recognizes substance use disorder as a significant public health challenge and supports evidence-based approaches that promote recovery, improve health outcomes, and increase long-term housing stability.

The CoC is committed to ensuring that CoC-funded housing projects operate in compliance with federal law and this policy by prohibiting the operation of drug injection sites or safe consumption sites, the knowing distribution of drug paraphernalia, the knowing allowance of illicit drug use or distribution on property under a project's control, or the conduct of such activities under the pretext of harm reduction.